

**Consultation responses on draft guidance:
Maintaining appropriate sexual boundaries and Care
of patients in vulnerable circumstances**

November 2025

We have redacted the participant data for anonymity in line with our GDPR obligations and consultation policy.

Respondent 1

General Questions

Are you responding on behalf of an organisation?

No

Which category of respondent best describes you?

Dispensing optician

Q1. How can we make the guidance clearer?

The guidance seems clear but rather misses the point. As someone who has had family members abused by healthcare workers, up to and including a carer applying for power of attorney to gain access to an aunt's money, and witnessed by the manager of her sheltered accommodation, what is really needed is increased regulation of non-registrants by bringing more patients within restricted categories for dispensing. I would argue that all people who identify as learning disabled, or have any other disability should fall within the remit of registered dispensing opticians / optometrists for dispensing. Other vulnerable groups include those who have granted power of attorney for their health and/or finances. Since most of these patients qualify for an NHS voucher a simple solution would be to restrict dispensing of all GOS3 patients as it is with children and registered sight impaired adults to GOC registrants or those working under close supervision such as student opticians or trained and certified optical assistants.

Q2. Is anything missing from the guidance or is there anything else we should consider?

"The main thing that is missing is further restriction on the dispensing of vulnerable patients beyond those currently recognised by the Opticians Act and GOC regulations (children under 16 and adults registered with their local authority as sight impaired or severely sight impaired). What is really needed is increased regulation of non-registrants by bringing more patients within restricted categories for dispensing. See Ability and many other sight loss support and learning disability charities advocate that all people who identify as learning disabled, or have any other disability should fall within the remit of registered dispensing opticians / optometrists for dispensing. Since most of these patients qualify for an NHS voucher a simple solution would be to restrict dispensing of all GOS3 patients as it is with children and registered sight impaired adults to GOC registrants or those working under close supervision such as student opticians or trained and certified optical assistants. Additionally private patients who qualify for the GOS3 complex lens supplement (prescriptions $\geq \pm 10.00D$ who are functionally blind without glasses), and patients buying safety eyewear to protect against injury

should also fall within restricted categories of dispensing. When supervising dispensing by non-registrants there should, as there is in pharmacy and dentistry, be a requirement that optical assistants have had a minimum level of training before they are let loose on real patients, restricted or otherwise. Financial abuse is the most prevalent in our sector and many patients are unaware of their choices or that they have been abused.

<https://www.lancshiresafeguarding.org.uk/media/1451/V2-Appendix-5-Safeguarding-Concerns-Guidance-Financial-Abuse-030419.pdf>.

<https://www.ageuk.org.uk/information-advice/health-wellbeing/relationships-family/protection-from-abuse/financial-abuse/>

Patients with high prescriptions are often fleeced, especially by domiciliary providers and non-registrants, and worse often get specs that are not fit for purpose. I've seen many instances of safety specs that are also not fitted correctly and present a danger to the wearer who should benefit at least from the professional indemnity insurance of a registrant who should at least be on the premises and in a position to intervene, and have personally verified the specs before delivery as happens with children. "

Q3. How can we make the guidance clearer?

Please don't use terms like 'the global majority' it is not in common parlance, is ambiguous in meaning, blames ordinary people for the actions of the state and big business today and in the past, and leads them to feel powerless and anxious that they are not wanted in society - as a white heterosexual male with grey hair I am not to blame for all the prejudice in the world but seem to be fair game to be treated prejudicially.

Q4. Is anything missing from the guidance or is there anything else we should consider?

If you can't change the Opticians Act just yet can you recommend that vulnerable patients are always seen by or under the supervision of a GOC registrant and that supervision means on the premises and in a position to intervene. Later the GOC could bring the vulnerable groups into restricted categories for dispensing within a new Opticians Act to protect them from financial and other abuse. New restricted categories should be: children, adults who are registered (severely) sight impaired, adults with learning difficulties, anyone registered as disabled, patients with complex lenses as defined by GOS (>/= +/-10.00D, prism controlled bifocals etc), safety eyewear where poor fitting could lead to injury, loss of an eye, or death.

Q5. Will the proposed changes have effects, whether positive or negative, on:

(a) opportunities for persons to use the Welsh language?

Not Sure

(b) treating the Welsh language no less favourably than the English language?

No Response

Please provide additional details.

No Response

Q6. Could the proposed changes be revised so that they would have positive effects, or increased positive effects, on:

(a) opportunities for persons to use the Welsh language?

Not Sure

(b) treating the Welsh language no less favourably than the English language?

Not Sure

Please provide additional details.

No Response

Q7. Could the proposed changes be revised so that they would not have negative effects, or so that they would have decreased negative effects, on:

(a) opportunities for persons to use the Welsh language?

Not Sure

(b) treating the Welsh language no less favourably than the English language?

Not Sure

Please provide additional details.

No Response

Q8. Are there any aspects of our proposals that could discriminate against stakeholders with specific characteristics?

"a) Yes"

Please provide additional details.

The protection of people living with learning and other disabilities needs to be greater by ensuring they can only be dispensed by or under the supervision of a GOC registrant. The guidance should recognise that financial abuse is the most prevalent in our sector, and extends well beyond ripping patients off by selling them more than they need or can afford. My great aunt left her optician £10,000 in her will? Was she coerced? The carer of another aunt managed to secure power of attorney for both finance and health and was only caught by accident before making an offer on a house which was to be left to her in the will. During domiciliary work practitioners are often asked to pass the patient their handbag and count money from their purse, complete cheques on the

patient's behalf, take money from a wad behind the clock on the mantle piece etc. Recognise that specs are usually delivered by a poorly paid lone optical assistant to a lone patient in their own home. I've lost count of the people I've sacked / seen sacked for dishonesty over the years and they always get jobs back in the optical sector. Even the registrants who were struck off get work as optical dispensing assistants and are drawn to situations where they can abuse the vulnerable, mainly for financial gain. When striking off registrants it should also be sanctioned that they cannot undertake the sale of spectacles in any capacity. The GOC has recently, following FTP cases, started to forbid registrants seeing children. It should also forbid them seeing patients in their own home or seeing any patient in a practice alone without other staff members on the premises.

Q9. Are there any aspects of our proposals that could have a positive impact on stakeholders with specific characteristics?

"a) Yes"

Please provide additional details.

I would hope that unwanted sexual advances to colleagues, and any sexual advances towards patients would now be clearly out of bounds.

Can we publish your response?

Yes, but please keep my name and/or my organisation's name private

Respondent 2

General Questions

Are you responding on behalf of an organisation?

No

Which category of respondent best describes you?

Therapeutic prescribing optometrist

Q1. How can we make the guidance clearer?

Its clear

Q2. Is anything missing from the guidance or is there anything else we should consider?

No

Q3. How can we make the guidance clearer?

Its clear

Q4. Is anything missing from the guidance or is there anything else we should consider?

No

Q5. Will the proposed changes have effects, whether positive or negative, on:

(a) opportunities for persons to use the Welsh language?

Not sure

(b) treating the Welsh language no less favourably than the English language?

Not sure

Please provide additional details.

No Response

Q6. Could the proposed changes be revised so that they would have positive effects, or increased positive effects, on:

(a) opportunities for persons to use the Welsh language?

Not Sure

(b) treating the Welsh language no less favourably than the English language?

Not Sure

Please provide additional details.

No Response

Q7. Could the proposed changes be revised so that they would not have negative effects, or so that they would have decreased negative effects, on:

(a) opportunities for persons to use the Welsh language?

Not Sure

(b) treating the Welsh language no less favourably than the English language?

Not Sure

Please provide additional details.

No Response

Q8. Are there any aspects of our proposals that could discriminate against stakeholders with specific characteristics?

"b) No"

Please provide additional details.

No response

Q9. Are there any aspects of our proposals that could have a positive impact on stakeholders with specific characteristics?

"b) No"

Please provide additional details.

No response

Can we publish your response?

Yes

Respondent 3

General Questions

Are you responding on behalf of an organisation?

No

What is the name of the organisation you are responding on behalf of?

No response

Which category best describes the organisation you are responding on behalf of?

No response

Which category of respondent best describes you?

Optometrist

Q1. How can we make the guidance clearer?

No response

Q2. Is anything missing from the guidance or is there anything else we should consider?

"Item 14, examples of vulnerable circumstances. Learning and physical DISABILITIES must be included. Learning difficulties, which are included, are trivial by comparison"

Item 20 ""Patients from a global majority background are less likely to be satisfied with the overall experience of visiting an opticians/optometrists"". Is this a misprint - should it be MINORITY? It does not make sense that a majority are dissatisfied"

Item 33. ""providing written information on next steps or treatment plans"" should be 'providing ACCESSIBLE written information'. This applies to patients with dyslexia, dementia, low vision as well as those with learning disabilities."

Q3. How can we make the guidance clearer?

No response

Q4. Is anything missing from the guidance or is there anything else we should consider?

No response

Q5. Will the proposed changes have effects, whether positive or negative, on:

(a) opportunities for persons to use the Welsh language?

(b) treating the Welsh language no less favourably than the English language?

No response

Please provide additional details.

No Response

Q6. Could the proposed changes be revised so that they would have positive effects, or increased positive effects, on:

(a) opportunities for persons to use the Welsh language?

(b) treating the Welsh language no less favourably than the English language?

No response

Please provide additional details.

No Response

Q7. Could the proposed changes be revised so that they would not have negative effects, or so that they would have decreased negative effects, on:

(a) opportunities for persons to use the Welsh language?

(b) treating the Welsh language no less favourably than the English language?

No response

Please provide additional details.

No Response

Q8. Are there any aspects of our proposals that could discriminate against stakeholders with specific characteristics?

"b) No"

Please provide additional details.

No response

Q9. Are there any aspects of our proposals that could have a positive impact on stakeholders with specific characteristics?

No response

Please provide additional details.

No response

Can we publish your response?

Yes

Respondent 4

Are you responding on behalf of an organisation?

Yes

Which category best describes the organisation you are responding on behalf of?

Optical professional/representative body

Q1. How can we make the guidance clearer?

"This is clear and helpful guidance which, in our view, strikes the right balance between clarity and detail – making it helpfully accessible. Comments:

Paragraph 6 – should this read “based on their needs and wishes” – otherwise it sounds paternalistic?

Paragraph 10 – as this paragraph is addressed to all registrants, “you work” is problematic as it might be interpreted as applying only to individual registrants; we would suggest changing to “you provide eye care” instead.

Paragraph 13 - should this read “at risk of abuse and neglect (including self-neglect)”?

Paragraph 15 – “patients in domiciliary care” might be interpreted as residential/care homes; should this be “receiving care in domiciliary settings”?

Paragraph – it might be helpful also to reference ‘safeguarding guidance’ of which there is much which is relevant to eye care (including sector specific guidance) viz “in line with your workplace policies, legal requirements and safeguarding and protect guidance”.

"

Q2. Is anything missing from the guidance or is there anything else we should consider?

No but it may be helpful to mention Protect guidance as in our response to Question 1 above. It can easily be overlooked that being radicalised (including self-radicalisation) is also a vulnerability and a form of exploitation and abuse.

Q3. How can we make the guidance clearer?

"This is clear and helpful guidance and a good draft. Comments:

Paragraph 36 should this read “must not advance or hinder”?

Paragraph 40 – first sentence is unclear; it seems to apply to patient confidentiality as in paragraphs 37-39 but then talks about informing the patient if consent cannot be obtained? Is this third party consent?

Paragraph 41 – suggest behaviour(s) as in paragraph 42 as experiences can be cumulative and registrants do not need to identify one major event

Paragraph 49 – should this read “who have experienced or believe they have experienced” as the shock can be as great even if imagined or mistaken

Paragraph 50 – “now” – better to say “since October 2024”?

”

Q4. Is anything missing from the guidance or is there anything else we should consider?

Not in our view.

Q5. Will the proposed changes have effects, whether positive or negative, on:

(a) opportunities for persons to use the Welsh language?

Yes

(b) treating the Welsh language no less favourably than the English language?

Yes

Please provide additional details.

Yes both a) and b). Publishing in the Welsh Language will make the guidance easier to use and discuss for native Welsh speakers and will help promote the use of the Welsh language amongst learners and more widely.

Q6. Could the proposed changes be revised so that they would have positive effects, or increased positive effects, on:

(a) opportunities for persons to use the Welsh language?

No

(b) treating the Welsh language no less favourably than the English language?

No

Please provide additional details.

No response

Q7. Could the proposed changes be revised so that they would not have negative effects, or so that they would have decreased negative effects, on:

(a) opportunities for persons to use the Welsh language?

No

(b) treating the Welsh language no less favourably than the English language?

No

Please provide additional details.

No response

Q8. Are there any aspects of our proposals that could discriminate against stakeholders with specific characteristics?

b) No"

Please provide additional details.

Q9. Are there any aspects of our proposals that could have a positive impact on stakeholders with specific characteristics?

"a) Yes"

Please provide additional details.

"a) Yes – they will encourage the sector always to be mindful of protected characteristics (especially if not immediately obvious) and may encourage people with protected characteristics to be more confident about speaking up about their vulnerabilities and/or reporting unacceptable sexual or sexualised behaviours. This will be to the ultimate good of patients and the professions. "

Can we publish your response?

Yes

Respondent 5

General Questions

Are you responding on behalf of an organisation?

Yes

Which category best describes the organisation you are responding on behalf of?

Other

Type your answer

Patient representative body and optical provider

Which category of respondent best describes you?

No response

Q1. How can we make the guidance clearer?

"We welcome the GOC producing additional guidance for registrants on the care of patients in vulnerable circumstances, to supplement the existing standards. The evidence points to people in vulnerable circumstances, including people with learning disabilities, being less satisfied with their optical care than amongst the general population, and registrants have also stated they are open to further advice and support in this area to help their professional practice.

In the sometimes short contact time that registrants may have we recognise that it may not be possible to identify if the patient has vulnerabilities, they may not wish to disclose their circumstances, they may have concerns about confidentiality, nor would they wish assumptions to be made about their vulnerability. We agree that this will be a case of professional judgment and it would not be advisable to probe unnecessarily.

However it may be worth reiterating that for patients who have a disability, the registrant would always be expected to ensure they are asked if they need any reasonable adjustments, this is not unnecessary information but something UK law requires.

There are times in the draft guidance where 'reasonable adjustments' are conflated with 'vulnerable circumstances' for both registrants and for businesses. However the law does not apply reasonable adjustments to everyone in a vulnerable circumstance. While it is good professional practice to ask about adjustments any patient may need (for example, to provide culturally competent care, and be aware of protected characteristics under the Equality Act 2010) it is important that the GOC distinguishes that the language of 'reasonable adjustment' specifically applies to the law on disability.

This could also link to the need (requirement) for patients to have a 'reasonable adjustment' flag on their NHS records, which in turn enables practitioners and businesses to abide by the NHS Accessible Information Standard requirements in ensuring that patients have communication in the right format for them.

These requirements apply to England and it would be helpful to understand if there are similar requirements in the rest of the UK and so link to these.

We particularly welcome the emphasis on ensuring that commercial pressures do not inhibit allowing patients the time they need and ensure that staff have that time to accommodate needs and that clear and transparent pricing, as well as information on eligibility for financial support under the NHS system, allows people to make informed decisions.

We think there could be some more detail on other places where eye care can be delivered and where patients would have a degree of vulnerability eg. residential care settings, day centres, homeless shelters, special schools, prisons, as while a person's own home is listed, it might be interpreted as 'sole' occupier premises in the guidance and not applicable to the settings described above.

Learning difficulties is outlined but this is very different to learning disabilities and should not be used interchangeably. We would ask that learning disability be explicitly listed and included as a potential marker of vulnerability given the prevalence of sight problems is much higher in this patient group but the evidence shows they are much less likely to get the eye care they need. Health systems use the word learning disability in terms of targeted healthcare interventions needed by this patient group (eg. registered learning disability nurses, annual GP learning disability health check).

"

Q2. Is anything missing from the guidance or is there anything else we should consider?

"Please see comment about the specific application of the requirements for reasonable adjustments only to people with a disability.

Children are mentioned but it would be worthwhile to have some separation out of the guidance so it is more specific to children, and allied to this whether there should be an explicit listing of mental capacity and cross referencing to the law/standards on consent.

We wondered if given there are a number of charities who are experienced in supporting patients in vulnerable circumstances it may be beneficial to signpost to these. We recognise that SeeAbility and Vision Care for Homeless People are also by virtue of delivering eye care and employing registrants

bound by the guidance so understand this may be conflicting, however there are resources we hold on how to make adjustments in practice. As an alternative there the national Public Health England guidelines on reasonable adjustments in eye care for people with learning disabilities (albeit these are not UK wide, they are government endorsed guidelines). Some further reading note may at least be useful for the guidance.

It would also be worth noting that some patients may be dealing with the emotional impact of a new diagnosis of a sight problem and on the eye care support pathway journey, so could be signposted to emotional or practical support for example, through national or local sight loss charities.

We wondered if the GOC will be recommending that registrants take part in additional training that may help in adapting their practice and business to needs of more vulnerable patient groups. We would be happy to offer training and as previously highlighted to GOC, SeeAbility is accredited to deliver the Oliver McGowan mandatory training on learning disability and autism.

"

Q3. How can we make the guidance clearer?

No Response

Q4. Is anything missing from the guidance or is there anything else we should consider?

No response

Q5. Will the proposed changes have effects, whether positive or negative, on:

(a) opportunities for persons to use the Welsh language?

Not sure

(b) treating the Welsh language no less favourably than the English language?

Not sure

Q6. Could the proposed changes be revised so that they would have positive effects, or increased positive effects, on:

(a) opportunities for persons to use the Welsh language?

Not sure

(b) treating the Welsh language no less favourably than the English language?

Not sure

Q7. Could the proposed changes be revised so that they would not have negative effects, or so that they would have decreased negative effects, on:

(a) opportunities for persons to use the Welsh language?

Not sure

(b) treating the Welsh language no less favourably than the English language?

Not sure

Q8. Are there any aspects of our proposals that could discriminate against stakeholders with specific characteristics?

"c) Not sure"

Q9. Are there any aspects of our proposals that could have a positive impact on stakeholders with specific characteristics?

"c) Not sure"

Can we publish your response?

Yes

Respondent 6

General Questions

Are you responding on behalf of an organisation?

Yes

Which category best describes the organisation you are responding on behalf of?

Optical professional/representative body

Q1. How can we make the guidance clearer?

"Paragraph 10. 'You should use your professional judgement to apply this guidance to your own practice and the variety of settings in which you might work'. Suggest clarifying to: 'You should use your professional judgement to apply this guidance to your own practice and the variety of settings in which you provide eye care'

Paragraph 15 states: 'For example, patients in domiciliary care may be considered vulnerable because the eye care professional has come into the patient's home to deliver their care'. Suggest clarifying to: 'For example, patients receiving eye care in domiciliary/mobile settings may be considered vulnerable because the eye care professional has come into the patient's home to deliver their care'.

Paragraph 16. This paragraph could be expanded to include both transient and evolving levels of vulnerability. A patient who was vulnerable during a first presentation with pain is less likely to be vulnerable as the condition improves. WOC believes this is particularly important in the context of WGOS episodes in primary care (such as independent prescribing presentations) traditionally managed in a hospital, where patients may receive care in a different setting to what they expect.

Paragraph 20. The following sentence is unclear: "Only 68% of patients who are confident in managing their own eye health are satisfied with the overall experience (vs 87% on average)." Could this be rephrased to avoid ambiguity, as it currently could either mean those who do not attend eye care consultations (and 'self manage'), or those who feel confident in their own knowledge of their personal eye health, are less likely to be satisfied with their eye care episode.

Paragraph 22. This paragraph appears to contradict itself. The registrant must not decide what vulnerabilities a patient has, but must also use professional judgement to decide what those vulnerabilities are? This is, however, better explained in paragraphs 24-29.

Paragraph 33. Consider replacing "shop" with "practice" for consistency.

Paragraph 37. This suggests “consulting your professional or representative body” but does not suggest or connect to the role of the GOC in supporting the profession to better understand and adhere to the published guidance.”

Q2. Is anything missing from the guidance or is there anything else we should consider?

“Paragraph 14. WOC believes that vulnerable circumstances can include unconscious bias from the practitioner, which may apply weighting to each of the characteristics in this (non-exhaustive) list

Paragraph 15. WOC believes this paragraph could be expanded. Vulnerable patients may include those who present suffering from acute eye pathology, in pain, who may not have as much time to consider a measured response to an offered treatment, or make decisions based on less information.

Paragraph 27-31. This section encourages registrants to be alert for vulnerabilities, screening for changes and taking action by following workplace reporting procedures. This outcome is inevitably more common in patients accessing Low Vision assessments, for which we in Wales have nationally agreed pathways in place, and nationally consistent screening for several vulnerabilities. The guidance could encourage practitioners to consider a patient holistically, offering referral to bodies such as social services where indicated, in addition to specific workplace policies which may be in place.”

Q3. How can we make the guidance clearer?

“Paragraph 25. Should the text “Treating a patient with whom you are in a relationship could lead to a lack of objectivity...” be specific to “sexual relationships” or is this meant to be a broader note not to treat those you are in a close relationship with, as per the GMC’s guidance?

Paragraph 40. If consent on identity disclosure cannot be obtained, you should, not must, inform the patient. Informing the patient may put them at increased risk of harm.”

Q4. Is anything missing from the guidance or is there anything else we should consider?

“Paragraph 20 and Paragraph 39. Any immediate risk of harm to a registrant, a colleague or a patient, as per safeguarding protocol, should result in immediate escalation (which may lead to contacting emergency services) where safety take priority over consent to report.

Paragraph 28. We feel that the GOC has a duty to recognise that protection of the public, in a circumstance where a patient is attempting to engage in or pursue a relationship with a registrant, means acknowledging the bias this

may have on the registrant providing care. The guidance could suggest that transfer of care to another professional may be a reasonable step."

Q5. Will the proposed changes have effects, whether positive or negative, on:

(a) opportunities for persons to use the Welsh language?

Yes

(b) treating the Welsh language no less favourably than the English language?

Yes

Please provide additional details.

WOC believes that, as guidance documents are readily available in Welsh, these changes to guidance will have no negative impact on the opportunities for persons to use the Welsh language, or it be treated any less favourably than the English language. As with all other GOC documentation, publishing in the Welsh Language will have a positive effect for persons who use the Welsh Language and will help promote the use of the Welsh language amongst learners and more widely.

Q6. Could the proposed changes be revised so that they would have positive effects, or increased positive effects, on:

(a) opportunities for persons to use the Welsh language?

No

(b) treating the Welsh language no less favourably than the English language?

No

Please provide additional details.

No Response

Q7. Could the proposed changes be revised so that they would not have negative effects, or so that they would have decreased negative effects, on:

(a) opportunities for persons to use the Welsh language?

No

(b) treating the Welsh language no less favourably than the English language?

No

Please provide additional details.

WOC believes that the GOC has made appropriate and reasonable steps to ensure no negative effect on the Welsh language for the proposed changes to guidance.

Q8. Are there any aspects of our proposals that could discriminate against stakeholders with specific characteristics?

"b) No"

Q9. Are there any aspects of our proposals that could have a positive impact on stakeholders with specific characteristics?

"a) Yes"

Please provide additional details.

The proposals do not specify the registrant by any definable characteristic throughout either document. This is a welcome step to make guidance as inclusive as possible.

Can we publish your response?

Yes

Respondent 7

General Question

Are you responding on behalf of an organisation?

Yes

Which category best describes the organisation you are responding on behalf of?

Optical professional/representative body

Q1. How can we make the guidance clearer?

"10. You should use your professional judgement to apply this guidance to your own practice and the variety of settings in which you might work.

Comment: Delete the word ""work"" and replace with ""engage in the regulated provision of eye care services."" in order to be specific that this relates to eye care, and not to other non-eye health jobs registrants may have.

15. Vulnerable circumstances can also include the situation in which the patient meets with the eye care professional. For example, patients in domiciliary care may be considered vulnerable because the eye care professional has come into the patient's home to deliver their care.

Comment: replace ""in domiciliary care"" with ""receiving domiciliary care""
"

Q2. Is anything missing from the guidance or is there anything else we should consider?

"Yes

In many cases a patient in a vulnerable circumstance would attend a healthcare setting with a family member, carer or friend. Guidance may be beneficial on managing consent, and what patient data and information should be shared with that family member, carer or friend. In addition, guidance on how to manage conversations around chaperoning the patient in the appointment would be helpful. These situations can be difficult, particularly where it may be unclear whether the third party has the legal authority to act on the patient's behalf, or where their presence might unintentionally influence the patient's ability to speak freely. More advice on how to navigate these conversations would be welcome. For example, when it may be appropriate to ask to speak to the patient alone, or how to maintain confidentiality while still ensuring appropriate support.

Guidance could be included on the principles for responding to patients with prior healthcare trauma.

Guidance may be appropriate on providing advice to registrants should they themselves becoming vulnerable (even if temporary) as a result of seeing a vulnerable patient. For example, if a patient becomes verbally or physically aggressive – (which could arise on account of the patients own vulnerability).

Digital exclusion – Consideration could be given of how online booking systems or digital-only communications may disadvantage certain groups.

Financial vulnerability – A stronger emphasis on transparent pricing and support navigating NHS entitlements would be useful.

Intersectionality - More explicit recognition of overlapping vulnerabilities (e.g. language + disability + low income) and how they can be compounding barriers to care would be helpful.

Registrants may benefit from a table summarising their legal duties by role (e.g. student vs registrant vs business) and/or a poster showing a flow chart or decision tree for how to manage different situations in practice.

"

Q3. How can we make the guidance clearer?

"40. In circumstances where consent on identity disclosure cannot be obtained, you must inform the patient. Please view our guidance documents on consent, disclosing confidential information and speaking up for further information.

Comment: A possible re-wording is needed to make this paragraph clearer.

41. If you have been in a situation where you have experienced inappropriate sexual behaviours, you should report this to your line manager if able to do so, or another appropriate individual in your workplace who will be able to investigate.

Comment: replace ""behaviours"" with ""behaviour"" just to be clear that even one incident is unacceptable.

42. You have a responsibility to speak up and take action if you become aware of inappropriate sexual behaviour(s) within your workplace. This could include challenging the behaviour with the perpetrator, reporting it to a line manager, or offering support to the individual who experienced the behaviour.

Comment: Could more detail be provided on what “challenging” the behaviour would involve, and consideration given to any unintended consequences that may arise as a result of a registrant challenging someone’s behaviour.

"

Q4. Is anything missing from the guidance or is there anything else we should consider?

"Yes

More guidance around what happens after a report of sexual misconduct has been made would be welcome. This could include information on what support is available to registrants who have been accused (which in some cases could be falsely), and where they can go for advice or representation. Ensuring that there is clear signposting to sources of professional or legal support would help to promote fairness and transparency throughout the process.

While the guidance provides clear expectations around maintaining sexual boundaries, there could be further consideration given to how this applies in the context of digital communication - especially with the increasing use of social media and online platforms by both businesses and individual registrants. For example, many optical practices now have a presence on social media, with individual team members or managers linked to accounts that allow for public and private interaction. It may be useful to include more specific advice on what constitutes professional and appropriate digital contact, particularly where personal messages may be sent to patients or colleagues outside of clinical need. Clear boundaries in this area would help registrants better understand what is considered acceptable, and where interactions may become inappropriate.

"

Q5. Will the proposed changes have effects, whether positive or negative, on:

- (a) opportunities for persons to use the Welsh language?
- (b) treating the Welsh language no less favourably than the English language?

No Response

Please provide additional details.

Q6. Could the proposed changes be revised so that they would have positive effects, or increased positive effects, on:

- (a) opportunities for persons to use the Welsh language?
- (b) treating the Welsh language no less favourably than the English language?

No Response

Please provide additional details.

No Response

Q7. Could the proposed changes be revised so that they would not have negative effects, or so that they would have decreased negative effects, on:

- (a) opportunities for persons to use the Welsh language?

(b) treating the Welsh language no less favourably than the English language?

No Response

Please provide additional details.

Q8. Are there any aspects of our proposals that could discriminate against stakeholders with specific characteristics?

No Response

Q9. Are there any aspects of our proposals that could have a positive impact on stakeholders with specific characteristics?

No Response

Can we publish your response?

Yes

Respondent 8

General questions

Are you responding on behalf of an organisation?

Yes

Which category best describes the organisation you are responding on behalf of?

Optical professional/representative body

Q1. How can we make the guidance clearer?

"Paragraphs 24-27 We are concerned that the onus on the optical registrant is too great – we can only ask reasonable questions related to optical healthcare. Registrants are not in a similar position to other healthcare practitioners, a GP for example, that maybe be in a position to consider overall health in depth.

Paragraph 48 – Highlighting a “free sight test” and “eyecare vouchers” is incorrect terminology. Presuming you are referencing the NHS GOS system, it should read “NHS funded sight test” and “NHS spectacles vouchers”.

“Eyecare Vouchers” were a branded corporate eye scheme and this could lead to confusion.”

Q2. Is anything missing from the guidance or is there anything else we should consider?

"Its important to recognize that some of the inequalities experienced by patients – particularly those in vulnerable circumstances – are directly linked to the chronic under funding of the NHS General Ophthalmic Services (GOS).

The current GOS sight test fee is shockingly low and has failed to keep pace with inflation or the true cost of delivering a thorough, person – centred eye examination. It is simply not financially viable to give every patient, especially those with complex needs, the time and care they truly require within the constraints of the current fee structure. This creates a structural barrier to equitable care, despite the best intentions of the practitioner.

Furthermore, the continued freezing of the NHS optical voucher values has had a real-world impact on patients from lower socioeconomic backgrounds. Many are embarrassed or distressed to discover that their NHS voucher values no longer cover even the most basic pair of spectacles. This undermines the purpose of the scheme and risks widening the health inequalities – particularly those who are already vulnerable or living in deprivation.

If we are serious about improving care for patients in vulnerable circumstances, we must address the systemic financial barriers that make it increasingly difficult for practices to deliver the standard of care these patients

deserve. Sustainable funding of both NHS sight test fees and voucher values is essential to ensuring true equity in access and outcomes.

"

Q3. How can we make the guidance clearer?

This is a document that is rigorous in its analysis of the safeguarding that is in place for staff within the workplace and for patients within the optical environment and we support the overarching principles in place. However, we would also like to see some consideration for the protection of staff members from patients who may for many reasons, cross the lines of acceptable behavior with no fault to the registrant. It must not be forgotten that staff members can also be placed in vulnerable positions, especially when working in a "closed door room" on their own. It cannot be presumed that the registrant is in a position of power. Staff safety and safeguarding should be paramount to the employer, and we feel the guidance should acknowledge this.

Q4. Is anything missing from the guidance or is there anything else we should consider?

"By restricting the ability for registrants to provide services for family members, you are actually removing "patient choice" from the optical landscape - in many instances family members will want to be seen by a close relative and this should be acknowledged. Equally some small independent businesses will not have an alternative staff member for the relative to see.

We have concerns that this guidance does not take into account, the commercial pressures of the optical industry which is funded very differently to other aspects of healthcare.

"

Q5. Will the proposed changes have effects, whether positive or negative, on:

- (a) opportunities for persons to use the Welsh language?
- (b) treating the Welsh language no less favourably than the English language?

No Response

Please provide additional details.

Q6. Could the proposed changes be revised so that they would have positive effects, or increased positive effects, on:

- (a) opportunities for persons to use the Welsh language?
- (b) treating the Welsh language no less favourably than the English language?

No Response

Please provide additional details.

No Response

Q7. Could the proposed changes be revised so that they would not have negative effects, or so that they would have decreased negative effects, on:

(a) opportunities for persons to use the Welsh language?

(b) treating the Welsh language no less favourably than the English language?

No Response

Please provide additional details.

No Response

Q8. Are there any aspects of our proposals that could discriminate against stakeholders with specific characteristics?

No Response

Q9. Are there any aspects of our proposals that could have a positive impact on stakeholders with specific characteristics?

No Response

Can we publish your response?

Yes

Respondent 9

General Questions

Are you responding on behalf of an organisation?

No

Which category of respondent best describes you?

Contact lens optician

Q1. How can we make the guidance clearer?

No Response

Q2. Is anything missing from the guidance or is there anything else we should consider?

No Response

Q3. How can we make the guidance clearer?

No Response

Q4. Is anything missing from the guidance or is there anything else we should consider?

No Response

Q5. Will the proposed changes have effects, whether positive or negative, on:

(a) opportunities for persons to use the Welsh language?

No

(b) treating the Welsh language no less favourably than the English language?

No

Q6. Could the proposed changes be revised so that they would have positive effects, or increased positive effects, on:

(a) opportunities for persons to use the Welsh language?

No

(b) treating the Welsh language no less favourably than the English language?

No

Q7. Could the proposed changes be revised so that they would not have negative effects, or so that they would have decreased negative effects, on:

(a) opportunities for persons to use the Welsh language?

No

(b) treating the Welsh language no less favourably than the English language?

No

Q8. Are there any aspects of our proposals that could discriminate against stakeholders with specific characteristics?

“b) No”

Q9. Are there any aspects of our proposals that could have a positive impact on stakeholders with specific characteristics?

“b) No”

Can we publish your response?

Yes

Respondent 10

General Questions

Are you responding on behalf of an organisation?

No

Which category of respondent best describes you?

Contact lens optician

Q1. How can we make the guidance clearer?

VERY HAPPY WITH GUIDANCE

Q2. Is anything missing from the guidance or is there anything else we should consider?

No Response

Q3. How can we make the guidance clearer?

No Response

Q4. Is anything missing from the guidance or is there anything else we should consider?

No Response

Q5. Will the proposed changes have effects, whether positive or negative, on:

(a) opportunities for persons to use the Welsh language?

Not sure

(b) treating the Welsh language no less favourably than the English language?

No

Q6. Could the proposed changes be revised so that they would have positive effects, or increased positive effects, on:

(a) opportunities for persons to use the Welsh language?

Not sure

(b) treating the Welsh language no less favourably than the English language?

Not sure

Q8. Are there any aspects of our proposals that could discriminate against stakeholders with specific characteristics?

"c) Not sure"

Q9. Are there any aspects of our proposals that could have a positive impact on stakeholders with specific characteristics?

"c) Not sure"

Please provide additional details.

Can we publish your response?

Yes

Respondent 11

General Questions

Are you responding on behalf of an organisation?

No

Which category of respondent best describes you?

Optometrist

Q1. How can we make the guidance clearer?

No Response

Q2. Is anything missing from the guidance or is there anything else we should consider?

No Response

Q3. How can we make the guidance clearer?

No Response

Q4. Is anything missing from the guidance or is there anything else we should consider?

No Response

Q5. Will the proposed changes have effects, whether positive or negative, on:

(a) opportunities for persons to use the Welsh language?

Yes

(b) treating the Welsh language no less favourably than the English language?

Yes

Please provide additional details.

No Response

Q6. Could the proposed changes be revised so that they would have positive effects, or increased positive effects, on:

(a) opportunities for persons to use the Welsh language?

Yes

(b) treating the Welsh language no less favourably than the English language?

Yes

Please provide additional details.

No Response

Q7. Could the proposed changes be revised so that they would not have negative effects, or so that they would have decreased negative effects, on:

(a) opportunities for persons to use the Welsh language?

No

(b) treating the Welsh language no less favourably than the English language?

No

Please provide additional details.

No Response

Q8. Are there any aspects of our proposals that could discriminate against stakeholders with specific characteristics?

"b) No"

Q9. Are there any aspects of our proposals that could have a positive impact on stakeholders with specific characteristics?

"a) Yes"

Can we publish your response?

Yes, but please keep my name and/or my organisation's name private

Respondent 12

General Questions

Are you responding on behalf of an organisation?

Yes

Which category best describes the organisation you are responding on behalf of?

Optical professional/representative body

Q1. How can we make the guidance clearer?

"Paragraph 10 states: 'You should use your professional judgement to apply this guidance to your own practice and the variety of settings in which you might work'.

Suggest clarifying to: 'You should use your professional judgement to apply this guidance to your own practice and the variety of settings in which you provide eye care'

Paragraph 15 states: 'For example, patients in domiciliary care may be considered vulnerable because the eye care professional has come into the patient's home to deliver their care'.

Suggest clarifying to: 'For example, patients receiving eye care in domiciliary/mobile settings may be considered vulnerable because the eye care professional has come into the patient's home to deliver their care'. "

Q2. Is anything missing from the guidance or is there anything else we should consider?

"Yes. It would be helpful to expand on the guidance relating to

- practitioner conversations around chaperoning the patient

- practitioner conversations around managing consent when family/carers attend with a vulnerable patient"

Q3. How can we make the guidance clearer?

No Response

Q4. Is anything missing from the guidance or is there anything else we should consider?

Yes, guidance would be welcome around maintaining boundaries specifically with regards to the digital space, social media etc.

Q5. Will the proposed changes have effects, whether positive or negative, on:

(a) opportunities for persons to use the Welsh language?

Yes

(b) treating the Welsh language no less favourably than the English language?

Yes

Please provide additional details.

We believe that publishing the guidance in the Welsh Language will have a positive effect for persons who use the Welsh Language and will help promote the use of the Welsh language amongst learners and more widely.

Q6. Could the proposed changes be revised so that they would have positive effects, or increased positive effects, on:

(a) opportunities for persons to use the Welsh language?

No

(b) treating the Welsh language no less favourably than the English language?

No

Q7. Could the proposed changes be revised so that they would not have negative effects, or so that they would have decreased negative effects, on:

(a) opportunities for persons to use the Welsh language?

No

(b) treating the Welsh language no less favourably than the English language?

No

Q8. Are there any aspects of our proposals that could discriminate against stakeholders with specific characteristics?

"b) No"

Q9. Are there any aspects of our proposals that could have a positive impact on stakeholders with specific characteristics?

"a) Yes"

Please provide additional details.

The guidance will support the profession to always be mindful of stakeholders with specific characteristics and to support discussions around vulnerabilities which will be positive for patients and the profession.

Can we publish your response?

Yes

Respondent 13

General Questions

Are you responding on behalf of an organisation?

No

Which category of respondent best describes you?

Student optometrist

Q1. How can we make the guidance clearer?

No Response

Q2. Is anything missing from the guidance or is there anything else we should consider?

No Response

Q3. How can we make the guidance clearer?

No Response

Q4. Is anything missing from the guidance or is there anything else we should consider?

No Response

Q5. Will the proposed changes have effects, whether positive or negative, on:

(a) opportunities for persons to use the Welsh language?

(b) treating the Welsh language no less favourably than the English language?

No response

Please provide additional details.

No Response

Q6. Could the proposed changes be revised so that they would have positive effects, or increased positive effects, on:

(a) opportunities for persons to use the Welsh language?

(b) treating the Welsh language no less favourably than the English language?

No response

Please provide additional details.

No Response

Q7. Could the proposed changes be revised so that they would not have negative effects, or so that they would have decreased negative effects, on:

(a) opportunities for persons to use the Welsh language?

(b) treating the Welsh language no less favourably than the English language?

No response

Please provide additional details.

No Response

Q8. Are there any aspects of our proposals that could discriminate against stakeholders with specific characteristics?

No Response

Q9. Are there any aspects of our proposals that could have a positive impact on stakeholders with specific characteristics?

No Response

Can we publish your response?

Yes, but please keep my name and/or my organisation's name private

Respondent 14

General Questions

Are you responding on behalf of an organisation?

Yes

Which category best describes the organisation you are responding on behalf of?

Optical professional/representative body

Q1. How can we make the guidance clearer?

"Unclear definitions: While the draft guidance documents attempt to provide clarification of key concepts, we have identified some gaps that could benefit from further clarification as detailed below:

Care of Vulnerable People

• Paragraph 14 on defining "vulnerable circumstances" is overly broad as it covers a wide range of mental health conditions and life events. Similarly, paragraph 32 in the draft guidance on maintaining appropriate boundaries implies that all patients with physical or mental illness are vulnerable. This dilutes the meaning of "vulnerability" and probably means that many more patients could be considered as vulnerable many of whom nonetheless would not need/benefit from adjustments or special treatment in the context of an eye examination. This will not help registrants identify vulnerable patients that require additional safeguards. Lack of reference to legislation: Whilst we recognise the importance of introducing guidance for the profession, we feel that these drafts risk causing confusion because they do not refer to legislation.

Care of vulnerable people:

- The guidance document does not reference the Equality Act 2010 and the Accessible Information Standards which exist to safeguard vulnerable groups with protected characteristics***
- Referencing existing legislation would provide clarity for registrants by highlighting how the guidance document complements existing frameworks. For example, the guidance document could state "If you work in a hospital setting, you should ensure that you meet the needs of patients in line with reasonable adjustments under the Equality Act 2010." This clearly shows professional guidance aligns with statutory duties."***

Q2. Is anything missing from the guidance or is there anything else we should consider?

"Areas of concerns in guidance document on the care of vulnerable people:

Use of an interpreter: While we support the requirement of reasonable adjustments, it is important that the guidance provides clarity on the use of an interpreter according to legislation.

- ***Paragraph 33 lacks alignment with the existing legislation and is overly broad in the duties of registrants as it suggests that an interpreter is needed for patients with a language barrier.***
- ***This extends mandatory legislation (language spoken is not a protected characteristic under the Equality Act) and could place disproportionate financial and practical burdens on practices.***
- ***We recommend that the guidance include clear reference to relevant legislation, practical criteria or examples of when an interpreter must be arranged (taking into account what might be considered a ‘reasonable adjustment’ under the Equality Act) and what type of interpreter is required (e.g. language translation, sign language, cultural mediation). This would help registrants apply the requirement consistently, ensure compliance with legislation, and allow businesses to plan for associated costs.***

Increased risk of discrimination: We recommend that the guidance document be reviewed to ensure that the advice provided does not cause an inherent risk of discrimination from professionals to patients.

- ***Paragraph 24 advises registrants to ask questions about patient’s social history, cultural factors, and personal beliefs. Conducting an adequate assessment is encouraged for proper treatment but professionals should be guided on whether questions about social, cultural history etc. are applicable to all patients or to those who appear or sound different. Since there are time constraints in a routine appointment and no clear criterion for deciding who qualifies for such assessments, registrants may inadvertently over-question those who look or sound different, increasing the risk of discriminatory practices.”***

Q3. How can we make the guidance clearer?

"Maintaining sexual boundaries

- ***The guidance consists of some terms that have legal definitions (e.g. sexual harassment) whilst others do not (e.g. inappropriate sexual behaviour, inappropriate sexual advances etc.). Using this range of terms may be intended to capture a wide range of circumstances, but it is likely to be confusing when the words lack a formal definition.***
- ***Further, the use of qualifiers in paragraph 16 such as “inappropriate” before other terms like “sexual behaviour” implies that some sexual behaviours are “appropriate” and others are not. We assume that the GOC is not intending to***

suggest that some sexual activity in the workplace is appropriate, but that is the implication of using the term “inappropriate”.

Changes and consequences:

- *We recommend that both guidance documents contain a glossary of key terms and that the definitions used are the legally defined terms or, where there is no legal definition, care is taken to ensure that the definition is compliant and compatible with relevant legal concepts. We suggest replacing the confusing terms with those recognised in legislation.*

Maintaining sexual boundaries:

- *The guidance document does not deal with law on harassment or discrimination and does not refer to employer duties in prevention or employers’ responsibilities towards their employees and patients.*

Discrimination laws extend protection from harassment to other protected characteristics, including sexual orientation, gender reassignment, religious and cultural beliefs, and treating someone unfavourably because of how they responded to previous sexual harassment.

- *The guidance places heavy emphasis on the power imbalance between professionals and patients, but makes little reference to inappropriate behaviour from patients towards staff, or the employer’s duty to prevent and address this. Nor does it cover the responsibilities of bystanders who may witness such behaviour.*

- *Advice for registrants experiencing unwanted sexual behaviour is to object, withdraw, and seek help, this oversimplifies how harassment occurs. Mention is made of the detrimental impacts of breaching boundaries, without any reference to the legal consequences.*

- *Without explicit reference to existing legislative requirements, the guidance risks creating inconsistency in practice, rather than providing clarity and reassurance in line with the law. By focusing almost exclusively on the actions of registrants, and not on employers’ duties, it may also unintentionally deter staff from raising concerns in the future.*

- *We recommend that the guidance document should including references to employer responsibilities in line with laws on discrimination, harassment, and vicarious liability. This would clearly guide registrants on how they should respond to incidents, consistent with legal protections. These measures would ensure registrants are confident, supported and protected in the workplace whilst being compliant with the law.*

- *The guidance document can also include a practical checklist for employers to showcase their evidence in complying with the law.*

Aligning the purpose of the guidance documents with the reality of optometric practice

Whilst we recognise that the GOC should look at other regulators like the GMC while drafting guidance documents, we recommend that they take into account the reality of optometric practice compared to other medical settings. This includes the nature of the clinical care provided and the likely expectations of patients when they seek that care.

Maintaining sexual boundaries:

• Paragraphs 24, 25, and 26 in the draft guidance says that registrants should not treat patients or colleagues with whom they are in a sexual relationship. We know that the GOC committee that oversaw the drafting of this guidance had some difficulty with this, recognising that conducting a routine sight examination for your life partner is not normally seen as problematic in the profession. We recognise that it is important for practitioners to avoid circumstances in which the quality of their care could be compromised by any personal relationship they have with a patient. However, we think that guidance that prohibits providing any care to a sexual partner applies better in higher-risk healthcare sectors where the care may be more invasive. The current guidance document feels disproportionate and slightly excessive as it does not acknowledge the ability of registrants to perform simple objective examinations while maintaining professional standards.

• We suggest that professionals be advised to consider in each case whether the care they provide could be compromised by their personal relationship with the patient, and if so, not to carry out that care. It could be suggested that while a simple eye examination where no pathology is suspected could carry less risk of care being compromised, providing treatment of an already-known pathology could carry more risk.

• In this regard we do not understand why the proposed prohibition only applies to people with whom the registrant has a sexual relationship. Our view is that the concern arises from the possibility that the quality of a registrant's care might be affected by the fact of emotional attachment. This could apply to other relationships, not just sexual ones. As we suggest below, a number of the problems with this guidance could be solved by re-casting it as about relationships generally, not just sexual ones."

Q4. Is anything missing from the guidance or is there anything else we should consider?

"Proposal for improvement in guidance document on maintaining sexual boundaries:

We believe that a number of the problems with the draft guidance are because it focuses on sexual relationships/"boundaries" rather than on relationships

more generally. We believe that this could be solved if the title and focus were changed from “sexual boundaries” to “appropriate relationships at work”, or something similar. There are several reasons for this:

- ***It is a more readily understood phrase***
- ***It would also allow for consideration of the appropriateness of a range of workplace relationships, not just those that could be defined as “sexual”***
- ***It would allow for guidance on providing clinical treatment for family members who are not sexual partners, since in our view this is about emotional attachment rather than sexual relationships***
- ***It would allow for reference to workplace behaviour that is not “sexual” but is inappropriate (offensive jokes of a nonsexual nature might be an example)***
- ***It also helps the understanding that sexual harassment, just one of the inappropriate behaviours that should be covered, is understood to be about power and misuse of power rather than simply about sex***
- ***It will allow the guidance to refer to legislation and best practice on equalities issues more generally, but without re-interpreting any of that material”***

Q5. Will the proposed changes have effects, whether positive or negative, on:

- (a) opportunities for persons to use the Welsh language?
- (b) treating the Welsh language no less favourably than the English language?

No Response

Please provide additional details.

No Response

Q6. Could the proposed changes be revised so that they would have positive effects, or increased positive effects, on:

- (a) opportunities for persons to use the Welsh language?
- (b) treating the Welsh language no less favourably than the English language?

No Response

Please provide additional details.

No Response

Q7. Could the proposed changes be revised so that they would not have negative effects, or so that they would have decreased negative effects, on:

- (a) opportunities for persons to use the Welsh language?
- (b) treating the Welsh language no less favourably than the English language?

No Response

Please provide additional details.

No Response

Q8. Are there any aspects of our proposals that could discriminate against stakeholders with specific characteristics?

No Response

Q9. Are there any aspects of our proposals that could have a positive impact on stakeholders with specific characteristics?

No Response

Can we publish your response?

Yes

Respondent 15

General Questions

Are you responding on behalf of an organisation?

No

Which category of respondent best describes you?

Optometrist

Q1. How can we make the guidance clearer?

No Response

Q2. Is anything missing from the guidance or is there anything else we should consider?

No Response

Q3. How can we make the guidance clearer?

No Response

Q4. Is anything missing from the guidance or is there anything else we should consider?

No Response

Q5. Will the proposed changes have effects, whether positive or negative, on:

(a) opportunities for persons to use the Welsh language?

Not sure

(b) treating the Welsh language no less favourably than the English language?

Not sure

Q6. Could the proposed changes be revised so that they would have positive effects, or increased positive effects, on:

(a) opportunities for persons to use the Welsh language?

Not sure

(b) treating the Welsh language no less favourably than the English language?

Not sure

Q7. Could the proposed changes be revised so that they would not have negative effects, or so that they would have decreased negative effects, on:

(a) opportunities for persons to use the Welsh language?

Not sure

(b) treating the Welsh language no less favourably than the English language?

Not sure

Q8. Are there any aspects of our proposals that could discriminate against stakeholders with specific characteristics?

No Response

Q9. Are there any aspects of our proposals that could have a positive impact on stakeholders with specific characteristics?

No Response

Can we publish your response?

Yes, but please keep my name and/or my organisation's name private

Respondent 16

General Questions

Are you responding on behalf of an organisation?

Yes

Which category best describes the organisation you are responding on behalf of?

Optical professional/representative body

Q1. How can we make the guidance clearer?

"This draft guidance is very helpful and we think with a few minor clarifications will be a most useful document for registrants to consult.

Paragraph 9 & 10: helpful to define ""must"" however might also be useful for registrants to define ""should"".

Paragraph 10: ""the variety of settings in which you work""- some registrant may have ""non-optical"" jobs i.e. be p/t within optics. Therefore, it would be helpful to define if this refers just to their roles as registrants or includes ""non-optical"" roles- bearing in mind their duty to not damage public confidence etc.

Paragraph 15: Can you clarify what is meant by ""patients in domiciliary care""?

Q2. Is anything missing from the guidance or is there anything else we should consider?

Apart from the suggestions above, no.

Q3. How can we make the guidance clearer?

"Paragraph 19 & 20: should this also reference inappropriate sexual advances towards or from colleagues?

Paragraph 20: We feel additional guidance would be helpful here such as protocols for recording information within the practice to flag the incident and warn colleagues should the patient return in the future.

Paragraph 26: We received feedback from a small practice where there was only one registrant available and they provided sight testing and dispensing for their wife? Is additional guidance needed to cover such a situation?

Paragraph 27: ""professional relationship""- does this need more explanation? What if you were to meet a patient's relative in another venue or context?

Paragraph 28: We are a little concerned that the responsibility here sits solely with the registrant ""you must etc"". Surely this might not be possible and therefore rewording to ""you should endeavour etc""

Paragraph 42: We would like to see more clarity around ""include challenging the behaviour with the perpetrator"" - what does this mean/what might this look like in practice/is this really appropriate to ask of a registrant?"

Q4. Is anything missing from the guidance or is there anything else we should consider?

Please refer to Q3

Q5. Will the proposed changes have effects, whether positive or negative, on:

(a) opportunities for persons to use the Welsh language?

Yes

(b) treating the Welsh language no less favourably than the English language?

Yes

Please provide additional details.

We support promotion of the Welsh language.

Q6. Could the proposed changes be revised so that they would have positive effects, or increased positive effects, on:

(a) opportunities for persons to use the Welsh language?

Not sure

(b) treating the Welsh language no less favourably than the English language?

Not sure

Q7. Could the proposed changes be revised so that they would not have negative effects, or so that they would have decreased negative effects, on:

(a) opportunities for persons to use the Welsh language?

Not sure

(b) treating the Welsh language no less favourably than the English language?

Not sure

Q8. Are there any aspects of our proposals that could discriminate against stakeholders with specific characteristics?

"b) No"

Q9. Are there any aspects of our proposals that could have a positive impact on stakeholders with specific characteristics?

"a) Yes"

Please provide additional details.

We believe this type of guidance encourages registrant awareness of patients & colleagues with protected characteristics.

Can we publish your response?

Yes

Respondent 17

General Questions

Are you responding on behalf of an organisation?

Yes

Which category best describes the organisation you are responding on behalf of?

Optical professional/representative body

Q1. How can we make the guidance clearer?

"Key points

2.1. We welcome the General Optical Council (GOC) issuing guidance to help registrants understand the standards expected of them in terms of maintaining sexual boundaries and caring for patients in vulnerable circumstances. Helping registrants to understand and meet standards can help to prevent misconduct from occurring.

The existence of clear and robust standards also helps give confidence to patients about the care they should expect to receive, and can help patients and other Professional Standards Authority for Health and Social Care professionals identify where care or conduct falls short.

2.2. We have highlighted in our response some areas where the sexual boundaries guidance was lacking in clarity, and made suggestions that we hope would help to make it a more effective tool for public protection – both in terms of guiding registrant behaviour, and in providing clarity for fitness to practise decisions. This is particularly in relation to the nature of relationships that are considered appropriate, and the duty to report inappropriate behaviour directed at a colleague.

2.3. We welcome the development of separate guidance specifically addressing the care of patients in vulnerable circumstances, and the recognition within it that vulnerabilities can arise from circumstances, not just personal characteristics, and can change over time. As far as we are aware, the GOC is the only healthcare professional regulator to have specific standalone guidance on this topic.

2.4. We are currently hosting a series of webinars focused on tackling sexual misconduct by health and care professionals. In early 2026 we will produce a report drawing on the learning from the webinars and including recommendations for the future contribution of regulators in this area. "

Q2. Is anything missing from the guidance or is there anything else we should consider?

"3.1. Not that we are aware of.

"

Q3. How can we make the guidance clearer?

"3.2. At paragraph 3, we recommend the guidance acknowledge that sexual misconduct/failing to maintain appropriate sexual boundaries is not just limited to unwelcome or uninvited behaviour. For example, as the guidance makes clear at paragraph 24, there are no circumstances in which it is appropriate to engage in conduct of a sexual nature with a patient, irrespective of whether the patient consents.

3.3. The guidance includes a helpful list of unacceptable sexual behaviours at paragraph 18, and goes on to note at paragraph 19 that a registrant must not 'display sexual behaviour or make inappropriate sexual advances towards a patient'. The use of the word 'inappropriate' in the sentence may inadvertently imply that some types of sexual advances towards patients could be 'appropriate'. This is not only wrong, but not in accordance with the Standards for optometrists and dispensing opticians which state that 'you must not engage in conduct of a sexual nature with patients...'. 1 We therefore recommend that the wording 'inappropriate and unacceptable' is deleted from paragraph 18, and 'inappropriate' from paragraph 19.

3.4. At paragraph 21, under the heading 'Serious sexual misconduct', we suggest the bar 1 Standards of practice for optometrists and dispensing opticians Professional Standards Authority for Health and Social Care 3 for reporting may be too high (for example, the GMC sets a lower threshold²). The GOC may also want to consider imposing a higher expectation on reporting for registrants in leadership or management roles, as is the case under Good Medical Practice. 3

3.5. Finally on this section, some greater coherence with the later section on speaking up might be helpful to underline the fact that action will be needed even when the misconduct, or suspected misconduct, does not qualify as 'serious'. The guidance should also acknowledge that the seriousness of the behaviour may not always be known, or known with the certainty that is implied by the wording of paragraph 21. More generally people – colleagues or victims – may not know with certainty that a particular incident or behaviour amounts to sexual misconduct. The guidance should be clear that reporting obligations apply where sexual misconduct is 'suspected'.

3.6. The guidance could also be clearer about the exact nature of the relationship between a registrant and a patient that would make it inappropriate (i.e. whether it needs to be sexual to be deemed inappropriate). At paragraph 24 it is stated that 'nor should you treat someone you are in a sexual relationship with'. At paragraph 25 a subtly different form of words is used, with the word 'sexual' omitted, as it refers to 'a patient with whom you are in a relationship' (the same paragraph later refers again to a 'sexual

relationship’). Some intimate relationships are not sexual, and therefore it would be useful for the guidance to be clear about whether it is referring only to a sexual relationship, or applies to any intimate relationship.

3.7. At paragraph 35, the guidance should make clear that creating ‘an intimidating, degrading, humiliating or offensive environment, whether intended or not’ may amount to sexual harassment under the Equality Act.

3.8. Paragraph 36 notes that relationships with colleagues or students must ‘not hinder career progression’. It might also be useful to make clear that neither should there be any suggestion or implication that entering into a relationship with a particular colleague will result in career advancement. Also within this paragraph, the guidance could refer to the fact that relationships of this type are not just ‘at risk of being seen as non-consensual’, but also inherently problematic given the vulnerability that stems from the power imbalance.

3.9. The paragraphs under the heading ‘speaking up and reporting incidents’ should be clearer that that duty to report inappropriate behaviour applies whether the behaviour is directed at a patient or a colleague. Paragraph 37 sets out what to do if a patient breaches boundaries and the following paragraph (38) outlines the requirement to report incidents directed at a patient. There is no direct mention in this section of the requirement to take action when the inappropriate behaviour is between colleagues. Although this may be implied under paragraph 42 (‘you have a responsibility to speak up and take action if you become aware of inappropriate sexual behaviour(s) within your workplace’) we would like to see it made abundantly clear that this includes behaviour directed at a colleague by a fellow employee. The 2 <https://www.gmc-uk.org/professional-standards/ethical-hub/identifying-and-tackling-sexual-misconduct#duty-to-notify> 3 Good medical practice - professional standards - GMC Professional Standards Authority for Health and Social Care 4 current guidance may imply a high bar for reporting in such cases.

3.10. Research we commissioned into sexual boundaries between health and care practitioners^{4,5} found that sexual misconduct directed at a colleague impacts both the colleague targeted, the wider workplace, and patient safety."

Q4. Is anything missing from the guidance or is there anything else we should consider?

"3.11. The guidance would benefit from including information about grooming, making clear both what grooming is and that it is a form of sexual misconduct. In the case of grooming, the behaviour displayed by the perpetrator may not appear unwanted or nonconsensual at the time. Perpetrators often rely on a power asymmetry to exploit their victim, and victims may not recognise the behaviour as grooming until after the event(s). The Health and Care

Professions Council's 'Maintaining professional boundaries'⁶ guidance may provide a useful template.

3.12. The guidance may also wish to mention that cultural differences can affect a person's view of personal boundaries and what is appropriate (see the General Pharmaceutical Council's guidance on sexual boundaries⁷ for further information).

"

Q5. Will the proposed changes have effects, whether positive or negative, on:

(a) opportunities for persons to use the Welsh language?

(b) treating the Welsh language no less favourably than the English language?

No Response

Please provide additional details.

"3.13. Not that we are aware of."

Q6. Could the proposed changes be revised so that they would have positive effects, or increased positive effects, on:

(a) opportunities for persons to use the Welsh language?

No

(b) treating the Welsh language no less favourably than the English language?

No

Please provide additional details.

No response

Q7. Could the proposed changes be revised so that they would not have negative effects, or so that they would have decreased negative effects, on:

(a) opportunities for persons to use the Welsh language?

No

(b) treating the Welsh language no less favourably than the English language?

No

Please provide additional details.

No Response

Q8. Are there any aspects of our proposals that could discriminate against stakeholders with specific characteristics?

"b) No"

Q9. Are there any aspects of our proposals that could have a positive impact on stakeholders with specific characteristics?

"a) Yes"

Please provide additional details.

"3.17. Yes.

3.18. As outlined in the GOC's own Impact Assessment Screening Tool, these two pieces of guidance are likely to have positive impacts for groups with a range of shared protected characteristics, including the characteristics of age, disability, sex and race. 3.19. However, as currently drafted, there are ways in which these positive impacts may not be fully realised, and we have recommended improvements in our response that we suggest could help with this.

"

Can we publish your response?

Yes