



GOC response to consultation on draft guidance: Care of patients in vulnerable circumstances and Maintaining appropriate sexual boundaries

December 2025

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Executive summary

1. The General Optical Council (GOC) is the regulator for the optical professions in the UK. We currently register around 35,000 optometrists, dispensing opticians, optical students and optical businesses.
2. In January 2025 we introduced three updated sets of standards – Standards of Practice for Optometrists and Dispensing Opticians, Standards for Optical Students and Standards for Optical Businesses.
3. We developed new guidance on the care of patients in vulnerable circumstances and maintaining appropriate sexual boundaries to help registrants understand the new standards we had added on those topics.
4. We consulted on this draft guidance between 29 July 2025 and 21 October 2025. We received 23 consultation responses from a range of stakeholders.
5. Some respondents welcomed the draft guidance, recognising its value in helping registrants to comply with the new standards. We also received suggestions to improve the guidance.
6. For the care of patients in vulnerable circumstances guidance, respondents commented on the following:
 - the breadth of our definition of vulnerability;
 - editorial changes, such as specific wording to improve the clarity of the guidance or adding references to relevant legislation; and
 - the need for more detail in terms of practical examples, additional signposting, or more guidance on particular topics.
7. For the maintaining appropriate sexual boundaries, respondents commented on the following:
 - the need for greater clarity or detail in some areas;
 - more emphasis on protection for registrants; and
 - whether the guidance should encompass all relationships, not just ‘sexual relationships’.
8. We have carefully considered the feedback we received and made changes to both pieces of guidance particularly where editorial suggestions have improved clarity and where changes in emphasis have strengthened the guidance such as clarifying that adjustments to meet the needs of patients in vulnerable circumstances are not “reasonable adjustments” as required by law, and emphasising that all sexual misconduct is serious.

9. In both pieces of guidance, we have sought to strike a balance between being helpful and avoiding detailed prescription. This guidance needs to remain future proof and to provide sufficient space for registrants to exercise their own professional judgement as required by individual situations. While we have reviewed all suggestions for additional detail, we have not added all the detail that submissions requested.

Introduction

10. The GOC is one of a number of organisations in the UK known as health and social care regulators. These organisations oversee the health and social care professions by regulating individual professionals and some businesses/premises. We are the regulator for the optical professions in the UK. We currently register around 35,000 optometrists, dispensing opticians, optical students and optical businesses.

11. We have four primary functions:

- setting standards for the performance and conduct of our registrants;
- approving qualifications leading to registration;
- maintaining a register of individuals who are fit to practise or train as optometrists or dispensing opticians, and bodies corporate who are fit to carry on business as optometrists or dispensing opticians; and
- investigating and acting where registrants' fitness to practise, train or carry on business may be impaired.

Background to the consultation

12. This consultation sought views on two pieces of guidance to support registrant understanding of new standards that were introduced in January 2025. We consulted on guidance on:

- caring for patients in vulnerable circumstances and
- maintaining appropriate sexual boundaries.

Consultation process

13. Our [consultation on draft guidance](#) was open for 13 weeks from 29 July to 21 October 2025.

14. We received 23 consultation responses from a range of stakeholders. These included:

- four optometrists;
- one dispensing optician;
- two contact lens opticians;
- two therapeutic prescribing optometrists;
- five student optometrists;
- eight optical professional/representative bodies; and
- one patient representative body and optical services provider.

15. The organisations that were willing to be named were:

- Association of British Dispensing Opticians (ABDO)
- Association of Optometrists (AOP)

- Bexley, Bromley and Greenwich LOC [Local Optical Committee]
- The College of Optometrists
- FODO (The Association for Eye Care Providers)
- Optometry Wales
- The Professional Standards Authority for Health and Social Care (PSA)
- SeeAbility
- Welsh Optometric Committee

16. We are grateful for all the feedback we received and have taken it into account when drafting the final forms of these pieces of guidance.

Approach to producing this response

17. For the consultation we focussed our questions on where we could improve the guidance, asking how we could make the guidance clearer and whether anything was missing from the guidance. As a result, many submissions provided detailed feedback, suggesting drafting changes or highlighting points where they felt we needed to provide greater clarity.

18. We reviewed every comment received. We are unable to include individual responses to all these comments in this document but have provided a sample of the comments we received which represent the main areas of feedback, alongside our responses.

19. Any comments that have been included are produced verbatim, although we have made minor corrections to spelling and/or grammatical errors where we considered that these were obvious.

20. We have only included comments where the respondent has consented to their response being published (either alongside their name or anonymously). It is our practice not to include the names of individual respondents, even where they have given their consent for us to publish their response.

Next steps

21. We are publishing the finalised guidance alongside this document.

Responses to the guidance

22. For the consultation we focussed our questions on areas where we could improve the guidance, asking how we could make the guidance clearer and whether anything was missing from the guidance. We have provided the detailed feedback in the following sections.
23. However, many of the responses welcomed the introduction of one, or both, pieces of guidance, noting that they are a helpful supplement to the standards and will support registrants to comply with the new standards.
24. A sample of comments is available in the box on the following page.

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

FODO – the Association for Eye Care Providers

“We welcome the GOC producing additional guidance for registrants on the care of patients in vulnerable circumstances, to supplement the existing standards.”

SeeAbility

“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 over arching principles in place.”

Bexley, Bromley and Greenwich Local Optical Committee

“VERY HAPPY WITH GUIDANCE”

Contact lens optician

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

Association of British Dispensing Opticians - ABDO

“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 professionals identify where care or conduct falls short.”

Professional Standards Authority for Health and Social Care



GOC response

25. We are pleased that some stakeholders have found value in this guidance. We hope that it will support registrants to better understand and maintain the standards we introduced in January 2025.

Section 1: Care of patients in vulnerable circumstances

Approach to vulnerability

26. The GOC recognises that patients can be vulnerable for a range of reasons, including physical or mental health conditions, capability in managing their health, or handling a difficult set of life events. Levels of vulnerability may vary between contexts, and change over time, so registrants should consider a patient's vulnerabilities as part of each consultation.

27. While there was some praise for our approach to, and understanding of, vulnerability, some respondents submitted that our approach to vulnerability was too broad and others suggested it would be clearer if we explicitly recognised specific vulnerabilities.

28. A sample of comments is available in the box below.

“Learning and physical DISABILITIES must be included”

Optometrist

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

The College of Optometrists

“This paragraph could be expanded to include both transient and evolving levels of vulnerability.”

Welsh Optometric Committee

“Paragraph 14 on defining “vulnerable circumstances” is overly broad”

Association of Optometrists

“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.”

Professional Standards Authority for Health and Social Care

GOC response

29. Our approach to vulnerability follows best practice from across different regulated sectors. We explain what we mean by vulnerable circumstances in paragraphs 12-17 of the guidance, adopting the definition used within our standards. Focusing attention on specific vulnerabilities risks weakening the broad understanding of vulnerability we are promoting in this guidance, but to be more explicit, we have added physical health conditions and disabilities to the non-exhaustive list of types of vulnerability at paragraph 14. Vulnerability is not restricted to considerations such as ill health or disability and nor does a person's level of vulnerability remain the same in all contexts. We can all be vulnerable at different points in our life, perhaps because we are in a moment of crisis or because we are handling a difficult set of life circumstances.
30. [Our research](#) shows that markers of vulnerability can make people less likely to attend an eye care practice or be less satisfied with the service they receive.
31. As registrants are likely to interact with patients in a broad range of vulnerable circumstances regularly as part of their practice, it is vital that they can identify, support and treat these patients appropriately.
32. This is the approach that underpins the revised standards that we introduced in January 2025. As the purpose of the guidance is to support registrants to meet our standards, it is important that there is consistency in the definitions and approach across the two documents.

Additional guidance for managing a parent, carer, or chaperone attending with a patient in vulnerable circumstances

33. Some respondents requested additional detail to assist registrants to manage third parties who might attend treatment with a vulnerable patient. This could include a parent, carer or chaperone attending with the patient.
34. A sample of comments is available in the box on the following page.

“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.”

The College of Optometrists

“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.”

Optometry Wales

GOC response

35. We have amended the guidance to explicitly recognise the important role that families and carers play in supporting patients to receive effective eye care. These episodes of care and the conversations that need to take place may be more complex.

36. Standard 3(3) requires individual registrants to obtain valid consent including by someone authorised to act on the patient’s behalf. We have also published standalone [guidance on consent](#) which should be read in conjunction with this guidance and goes into these issues in more detail.

37. Paragraph 38 of the guidance advises registrants to seek help if they are unsure how to adjust their practice, including in how to manage consent in these circumstances and there may be a role for professional or representative bodies to provide a greater level of detailed guidance and support here. Paragraphs 41 and 42 refer to policies and procedures of businesses that can support caring for patients in vulnerable circumstances. These types of documents might provide

more practical support for registrants that are tailored to the specific situations in which care is given.

Clarify legal requirements

38. Some respondents suggested the guidance should differentiate more clearly between the legal requirements to make reasonable adjustments under the Equality Act 2010 and guidance to make adjustments to meet the needs of patients in vulnerable circumstances.

39. A sample of comments is available in the box below.

“...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.”

SeeAbility

“Referencing existing legislation would provide clarity for registrants by highlighting how the guidance document complements existing frameworks.”

Association of Optometrists

GOC response

39. We have reviewed the use of “reasonable adjustments” throughout the guidance and amended the wording to reduce the potential for misunderstanding and increase clarity. We have replaced “reasonable adjustments” with “adjustments to meet the needs of patients”. We consider that this clarifies that the guidance is referring to adjustments to meet the needs of patients in vulnerable circumstances rather than making legally mandated reasonable adjustments.

40. All three sets of the GOC standards require compliance with all legal requirements that apply. Registrants are obliged to understand and comply with any relevant laws including equalities legislation.

Suggestions beyond our remit

41. Several respondents made submissions that would require changes to the Opticians Act 1989 to be implemented, or that are the responsibility of other organisations.

42. A sample of comments is available in the box on the following page.

“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”

Dispensing optician

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

Bexley, Bromley and Greenwich Local Optical Committee

GOC response

43. Changes that require amendments to legislation and to the framework for funding eye care services fall outside of the scope of this consultation. We explored the issue of dispensing to vulnerable patients in our 2022 call for evidence. [After consultation we concluded](#) that there was insufficient evidence to support adding to the list of restricted activities and that there were risks of unintended consequences relating to costs and access for patients.

Clarification of what is meant by “work”

44. Several respondents made submissions that would improve the clarity and accuracy of paragraph 10 of the guidance, which refers to “settings in which you might work”, noting that registrants may have various roles or types of work to which this guidance may not apply. For example, registrants working in some

managerial roles or back office functions may not come directly into contact with patients in vulnerable circumstances.

45. A sample of comments is available in the box below.

“Paragraph 10: “the variety of settings in which you work”- some registrants may have “non-optical” jobs.... Therefore, it would be helpful to define if this refers just to their roles as registrants or includes “non-optical” roles...”

Association of British Dispensing Opticians

“Paragraph 10...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’”

Optometry Wales

“Comment: Delete the word “work” and replace with “engage in the regulated provision of eye care services.””

The College of Optometrists

“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’”

Welsh Optometric Committee

“...we would suggest changing to “you provide eye care” instead.”

FODO – the Association for Eye Care Providers

GOC response

46. Our Standards of Practice define the standards of behaviour and performance we expect all registered optometrists and dispensing opticians to meet, irrespective of where they work. As such, the requirement to consider and respond to the needs of patients in vulnerable circumstances applies to all registrants. This may extend to situations where registrants are not providing eye care, for example in a management role responding to a complaint.
47. Therefore, we have not amended this section and consider registrants are best placed to identify how the guidance applies to their professional circumstances.

Section 2: Maintaining appropriate sexual boundaries

Where sexual misconduct is not considered “serious”

48. A number of respondents suggested the guidance emphasise that any sexual misconduct is serious and should result in action. There are circumstances in which it may not be clear that a particular incident amounts to sexual misconduct but may still have a negative effect on public safety or public confidence. ‘Minor’ incidents can have a cumulative effect, and even imagined incidents can be harmful.

49. A sample of comments is available in the box below.

“...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’.”

Professional Standards Authority for Health and Social Care

“...even one incident is unacceptable.”

The College of Optometrists

“...experiences can be cumulative and registrants do not need to identify one major event ...should this read “who have experienced or believe they have experienced” as the shock can be as great even if imagined or mistaken”

FODO – the Association for Eye Care Providers

GOC response

50. We have amended paragraph 20 of the draft guidance to make clear that any sexual behaviour towards patients is inappropriate.

51. We have also added a paragraph at the beginning of the speaking up section to clarify that all sexual misconduct should be reported.

Scope of the guidance

52. There were various submissions that questioned the scope of this guidance.

Respondents questioned whether it:

- applies in different contexts, venues and locations;
- applies to various non-sexual relationships including a suggestion that it be amended to include all relationships;
- applies to patients who act inappropriately towards registrants; and
- should also acknowledge cultural differences and make reference to grooming.

53. A sample of comments is available in the box below.

“professional relationship”- does this need more explanation? What if you were to meet a patient’s relative in another venue or context?”

Association of British Dispensing Opticians

“...a number of the problems with this guidance could be solved by re-casting it as about relationships generally, not just sexual ones.”

Association of Optometrists

“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.”

Welsh Optometric Committee

“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). ...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.

...

The guidance would benefit from including information about grooming, making clear both what grooming is and that it is a form of sexual misconduct

...

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 boundaries for further information).”

Professional Standards Authority for Health and Social Care

GOC response

54. The GOC has considered submissions in relation to the scope of this guidance. Ultimately, this guidance is about maintaining appropriate sexual boundaries and therefore the focus is on sexual relationships rather than relationships more generally. We have made this the focus of the guidance because it is intended to help registrants to comply with the new standards we added on maintaining appropriate sexual boundaries 15.3 (14.3) and 15.4 (14.4). We have made several minor edits to the guidance to make explicit that it refers to “sexual relationships” to improve clarity.
55. Registrants should not be using their professional relationships to leverage sexual relationships. Paragraph 30 of the guidance says you must not use your professional relationships to pursue sexual relationships. Paragraph 30 is explicit that you must not use your professional relationships to pursue a sexual relationship with a patient’s relative or carer.
56. The guidance also addresses circumstances in which patients pursue registrants. Paragraph 23 advises registrants to seek help if they cannot stop unwanted behaviours safely. Paragraph 41 advises registrants to report such boundary violations.
57. Some text has been added at paragraph 22 to acknowledge that cultural differences can affect perspectives and at paragraph 21 to recognise grooming as a form of sexual misconduct.

Career progression

58. Some respondents asked us to clarify that relationships with colleagues or students should neither hinder nor advance career progression. One also highlighted the possibility that in those relationships one party may be more vulnerable, with the possibility of an abuse of power.

59. A sample of comments is available in the box below.

“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.”

Professional Standards Authority for Health and Social Care

“...should this read “must not advance or hinder”?”

FODO – the Association for Eye Care Providers

GOC response

60. We agree that these relationships should neither hinder nor advance career progression and have amended the guidance accordingly. We recognise that where there is a power imbalance there is also the potential for abuse of power, so have also added some text at paragraph 15 of the guidance to address that point.

Support for registrants

61. Various submissions requested more detail to support registrants in different circumstances.

62. Some respondents asked for more detail for registrants who are accused of sexual misconduct, including what happens if a report is made against a registrant, and what support is available to them.

63. Others were concerned about the safety of registrants who faced misconduct from patients and ensuring there is sufficient support for them.

64. There was a request for more detail about how a registrant might challenge inappropriate behaviour and how to manage the consequences of that challenge.

65. A sample of comments is available in the box below.

“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.

...

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.”

The College of Optometrists

“...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 behaviour with no fault to the registrant.”

Bexley, Bromley and Greenwich Local Optical Committee

GOC response

66. We agree that registrants should be supported and they can find this support from colleagues and employers, professional and representative organisations, indemnifiers or insurers, or legal representatives where necessary.

67. If an allegation of sexual misconduct has been made against a registrant, that registrant should seek appropriate advice, which could include legal advice or access support from their professional or representative body.

68. Employers have specific [legal requirements to protect their employees](#) including taking reasonable steps to protect them from sexual harassment, and paragraphs 61-63 remind businesses of expectations, including where a patient has violated boundaries.

69. In respect of challenging inappropriate behaviour, we consider that paragraph 41, read in conjunction with separate [guidance on speaking up](#) provides a sufficient level of detail for this guidance, particularly given the variety of contexts in which eye care is provided. There may be a role for professional bodies or other organisations to provide greater levels of detail or support, or for this to be brought to life through CPD. Workplace policies and procedures may also assist with a greater level of practical detail.

Inappropriate behaviour between colleagues

70. Some respondents requested additional detail to clarify where and how aspects of the guidance apply to behaviour between colleagues, both where we define inappropriate behaviour and where we discuss the requirements to speak up and report incidents.

71. A sample of comments is available in the box below.

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

Association of British Dispensing Opticians

“The paragraphs under the heading ‘speaking up and reporting incidents’ should be clearer ... 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.”

Professional Standards Authority for Health and Social Care

GOC response

72. The GOC has considered these comments and made amendments to the guidance to emphasise that sexual misconduct between colleagues is

unacceptable. Paragraph 19 (now 20) has been amended to clarify that unwanted sexual conduct between colleagues is unacceptable.

73. Paragraphs 41 and 42 (now 45 and 46) have been amended to explicitly reference behaviour between colleagues.

Maintaining boundaries online

74. Several respondents suggested we add some guidance to specifically address the online context where boundaries may appear less clear.

75. A sample of comments is available in the box below.

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

Optometry Wales

“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...”

The College of Optometrists

GOC response

76. We have added some text at paragraph 17 of the guidance noting that the principles of the guidance also apply to online behaviour. Registrants should not do anything online which they would not do in person. We consider that greater specific detail around the use of social media is beyond the scope of this guidance. There may be a role for professional organisations to provide this level of detail or for CPD providers to assist registrants in this regard.

Patient choice and access issues

77. Standard 15.4 (14.4) says, “You must not engage in conduct of a sexual nature with patients”. Some respondents suggested that preventing registrants from treating patients with whom they have a sexual relationship may reduce access

to optical care, particularly in remote locations, where the partner of a registrant may not have access to alternative eye care.

78. There was also a suggestion that not allowing registrants to treat the person with whom they have a sexual relationship may restrict patient choice because some people may want to be treated by a close relative.

79. Some respondents who made submissions on this theme declined permission to publish their submissions, so we have only provided one quote below.

“By restricting the ability for registrants to provide services for family members, you are actually removing “patient choice” from the optical landscape...”

Bexley, Bromley and Greenwich Local Optical Committee

GOC response

80. The standards that came into effect in January 2025 explicitly prohibit conduct of a sexual nature with patients. This guidance, which focuses on sexual boundaries, is to help registrants understand and comply with these standards. While standard 15(14) prohibits treating someone with whom you are in a sexual relationship, neither the standards nor the guidance prohibit treating a family member other than a spouse/partner.

81. If registrants are to provide treatment to other family members, they should recognise the power imbalances. Further, registrants are required to maintain appropriate boundaries in line with standard 15(14), and we expect registrants to exercise their professional judgement in all interactions.

82. We recognise that in some remote locations access to eye care may be limited. However, the GOC maintains that treating patients with whom you are in a sexual relationship can compromise patient safety and public confidence and requires registrants to comply with standard 15.4(14.4).

Legal requirements and definitions

83. Some respondents suggested that the guidance include legal definitions where terms have specific meaning in law, such as discrimination, harassment and vicarious liability.

84. A sample of comments is available in the box below.

“...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”

Professional Standards Authority for Health and Social Care

“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.”

Association of Optometrists

“Registrants may benefit from a table summarising their legal duties by role...”

The College of Optometrists

GOC response

85. The GOC has considered the level of detail to include in this guidance and has tried to strike a balance between being helpful and avoiding detailed prescription. This guidance needs to remain future proof and provide sufficient space for registrants to exercise their own professional judgement as required by individual situations, so we have tried to avoid prescriptive detail wherever possible.

86. However, we have sought to improve the clarity of this guidance. The section that describes what is meant by “inappropriate sexual behaviour” (paragraphs 17-20, now 18-23), has been expanded, and reference to the Equality Act 2010 has been added at paragraph 35 (now 38) of the guidance.

87. All three sets of standards require compliance with all legal requirements.

Section 5: Other areas

Impact assessment

88. We asked stakeholders whether there were any aspects of our proposals that could discriminate against stakeholders with specific characteristics. Of the 15 respondents that answered the question, nine said there were not, four were unsure, and two said there were. Two respondents provided additional details.

89. It is difficult to identify themes from a sample of two. Concerns raised included the possibility that the guidance on maintaining sexual boundaries reflected general discrimination against men, the need for greater protection for people with learning and other disabilities, and financial abuse of patients.

90. We also asked whether there are any aspects of the proposals that could have a positive impact on stakeholders with specific characteristics. Of the 13 respondents who answered this question, seven agreed, four were unsure, and two disagreed. Six respondents provided additional details.

91. While there was no consensus, the guidance was generally welcomed as likely to have positive impacts, which could be even greater following feedback from the consultation. The following themes were identified from the comments:

- inclusivity; and
- awareness.

92. A sample of comments is available in the box on the following page.

“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.”

Optometry Wales

“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.”

Welsh Optometric Committee

“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.”

FODO – the Association of Eye Care Providers

GOC response –

93. We note that there was no consensus on the likely impacts of these pieces of guidance. However, from the detailed comments the respondents provided we conclude that any potential negative impact is mitigated and a positive impact can be expected.

Welsh language

94. We asked stakeholders if the proposed changes would have effects, whether positive or negative, on: (a) opportunities for persons to use the Welsh language, and (b) treating the Welsh language no less favourably than the English language. Of the 13 respondents who answered the question, over half responded in the positive.

95. Five respondents provided additional details. Four of these were positive that publishing the guidance in the Welsh language would have positive impacts for those who use the Welsh language and promote its use.
96. We asked stakeholders whether the proposed changes could be revised so that they would have positive effects, or increased positive effects, on: (a) opportunities for persons to use the Welsh language, and (b) treating the Welsh language no less favourably than the English language. Of the 14 respondents who answered this question, 11 responded no or not sure and none provided further details.
97. We asked stakeholders whether the proposed changes could 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, and (b) treating the Welsh language no less favourably than the English language. Of the 13 respondents that answered the question, only one thought that anything could be done to reduce any negative effects. The only respondent that provided additional details said that the GOC had taken appropriate steps to avoid negative effects on the Welsh language.

GOC response –

98. We conclude that it is unlikely that our proposals will have any adverse impacts on Welsh language speakers.