

Professional Standards Authority response to the General Optical Council's consultation on guidance about maintaining appropriate sexual boundaries and care of patients in vulnerable circumstances

1. About us

- 1.1. The Professional Standards Authority for Health and Social Care (PSA) is the UK's oversight body for the regulation of people working in health and social care. Our statutory remit, independence and expertise underpin our commitment to the safety of patients and service-users, and to the protection of the public.
- 1.2. There are 10 organisations that regulate health professionals in the UK and social workers in England by law. We audit their performance and review their decisions on practitioners' fitness to practise. We also accredit and set standards for organisations holding registers of health and care practitioners not regulated by law.
- 1.3. We collaborate with all of these organisations to improve standards. We share good practice, knowledge and our right-touch regulation expertise. We also conduct and promote research on regulation. We monitor policy developments in the UK and internationally, providing guidance to governments and stakeholders. Through our UK and international consultancy, we share our expertise and broaden our regulatory insights.
- 1.4. Our core values of integrity, transparency, respect, fairness, and teamwork, guide our work. We are accountable to the UK Parliament. More information about our activities and approach is available at www.professionalstandards.org.uk

2. 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

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.

3. Detailed comments

Guidance on Care of Patients in Vulnerable Circumstances

Question 2 - Is anything missing from the guidance or is there anything else we should consider?

- 3.1. Not that we are aware of.

Guidance on Maintaining Appropriate Sexual Boundaries

Question 3 - 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

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](#)

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.

Question 4 - 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:

- (i) opportunities for persons to use the Welsh language, and**
- (ii) treating the Welsh language no less favourably than the English language?**

- 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:

- (i) opportunities for persons to use the Welsh language, and**
- (ii) treating the Welsh language no less favourably than the English language?**

- 3.14. 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, and**
- (b) treating the Welsh language no less favourably than the English language?**

- 3.15. No.

Q8. Are there any aspects of our proposals that could discriminate against stakeholders with specific characteristics? (Please consider age, sex, race, religion or belief, disability, sexual orientation, gender reassignment, gender identity, gender

⁴ [Sexual behaviours between health and care practitioners: where does the boundary lie? | PSA](#)

⁵ [antecedent-amp-processes-of-professional-misconduct-in-uk-health-and-social-care.pdf](#)

⁶ [Maintaining professional boundaries | The HCPC](#)

⁷ [In practice: Guidance on maintaining clear sexual boundaries](#)

expression, pregnancy or maternity, caring responsibilities or any other characteristics.)

3.16. No

Q9. Are there any aspects of our proposals that could have a positive impact on stakeholders with specific characteristics? (Please consider age, sex, race, religion or belief, disability, sexual orientation, gender reassignment, gender identity, gender expression, pregnancy or maternity, caring responsibilities or any other characteristics.)

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.