**Guidance for Professional Practice New Sections 2026**

**AI**

| | Section | Proposed Addition |
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| **79** | Key points | • You remain clinically and professionally accountable for every decision, whether or not an AI tool or new technology has contributed to it.<br>• Use AI tools only within their intended, regulated purpose.<br>• You must not enter patient-identifiable information into open large language models.<br>• You should keep an accurate record of how AI informed your decision.<br>• You should be open and honest and declare when you use AI or a new technology as part of a patient care episode.<br>• You should be honest about the use of AI in the production of reports, educational and research materials and declare when and to what extent AI or new technologies have been used in work attributed to you. |
| **80** | Patient safety and clinical responsibility | AI should only be used where it supports or enhances clinical decision-making, not where it replaces it. |
| **81** | Patient safety and clinical responsibility | You must retain clinical and professional accountability for every decision made about a patient's care, whether or not an AI tool has contributed to it. |
| **82** | Patient safety and clinical responsibility | You must be able to override an AI-generated output where your clinical judgement leads you to a different conclusion. |
| **83** | Patient safety and clinical responsibility | You must keep an accurate, contemporaneous record of the use of AI in clinical care, including the tool used, the information provided to it, the output it produced, and how that output was, or was not, used in your clinical reasoning. |
| **84** | Patient safety and clinical responsibility | Where an AI scribing or ambient documentation tool has contributed to the record, you remain responsible for its accuracy and must review it, as part of your duty to keep full and accurate clinical records. |
| **85** | Patient safety and clinical responsibility | You must report adverse incidents, errors and near misses involving AI tools through your local incident reporting system and the appropriate national route, including the |

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| | | MHRA Yellow Card scheme for medical devices, and Learn From Patient Safety Events (LFPSE) or its equivalent in Scotland, Wales and Northern Ireland. |
| **86** | Patient safety and clinical responsibility | You should contribute to the ongoing audit and evaluation of AI tools in use in your practice, and raise concerns where you have reason to believe a tool is unsafe or being used outside its intended purpose. |
| **87** | Patient safety and clinical responsibility | Decisions made using AI must meet the same standards as traditional clinical judgement, taking into account scope of practice, clinical expertise and patient consent, and working within your area of expertise. |
| **88** | Evidence-based use | You should only use AI systems that have:<br>a. Relevant regulatory approval, and are registered with the UK Medicines and Healthcare products Regulatory Agency (MHRA) as a medical device where applicable.<br>b. Complied with relevant legislation, including GDPR for the nation where you practise.<br>c. Appropriate clinical validation. You should look for independent research that has evaluated the tool and its use in the context in which you intend to use it.<br>d. Demonstrated accuracy and safety. The accuracy of the outputs should be assessed, and where possible you should understand the size, composition and quality of the training and testing datasets.<br>e. You should also:<br>f. Be aware of limitations, bias, and uncertainty within AI models.<br>g. Avoid over-reliance. AI should augment, not replace, professional expertise. |
| **89** | Transparency and informed use | Be transparent with patients where AI contributes to their care, how it is being used, and whether you or your practice have any research or commercial interest in its use. Where possible, offer them the option to opt out of AI-assisted aspects of their care. |
| **90** | Transparency and informed use | You should keep an accurate record of how AI informed your decision. |
| **91** | Transparency and informed use | You should declare when you use AI or a new technology as part of a patient care episode. |
| **92** | Transparency and informed use | You should be honest about the use of AI in the production of reports, educational and research materials, and declare when and to what extent AI or new technologies have been used in work attributed to you. |

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| **93** | Transparency and informed use | Disclose AI use where appropriate in clinical documentation, reports or referrals, and educational or professional outputs. |
| **94** | Data governance and security | All AI tools must comply with data protection legislation, including GDPR for the nation where you practise, and with local information governance policies. |
| **95** | Data governance and security | You must not enter patient-identifiable information, or content from which a patient could reasonably be identified, into a generally available large language, vision language or voice language model. |
| **96** | Data governance and security | You must confirm secure data handling and appropriate consent for data use before deploying an AI tool in practice. |
| **97** | Clinical validation and verification | You should:<br>a. Verify AI outputs before applying them in clinical or other contexts.<br>b. Recognise that AI outputs may be incomplete, inaccurate, or outdated. Erroneous, and potentially harmful, information may be presented by the model with very high confidence.<br>c. Understand that large language models may be fixed or may evolve over time, making their outputs potentially inconsistent and non-replicable.<br>d. Maintain awareness of risks such as automation bias (over-trusting AI) and confirmation bias (favouring outputs that agree with your expectations). |
| **98** | Ai literacy | You should develop a working knowledge of AI systems, including their basic principles, clinical applications, and risks and limitations. |
| **99** | Continued professional development | You should include AI literacy in your continuing professional development, and consider how clinical and operational skills will be retained where AI automates tasks previously performed by clinicians |
| **100** | Continued professional development | You should ensure that you, and any colleagues who use AI tools in your practice, have appropriate training to use them safely and to interpret their outputs critically. |
| **101** | Continued professional development | You should ensure staff receive training before using AI tools clinically. |
| **102** | Skill retention | Optical businesses should ensure that:<br>a. Core clinical skills are maintained despite automation.<br>b. Staff remain competent to work without AI support if required. |
| **103** | Ethical and equitable practice | You should ensure AI use does not introduce or reinforce bias or inequalities, or disadvantage specific patient groups. |

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| **104** | Ethical and equitable practice | You should consider whether an AI tool is likely to perform equitably across the patients you serve, and you should not deploy it in a manner you have reason to believe would widen health inequalities. |
| **105** | Ethical and equitable practice | Where the tool is used in NHS-funded care, you must meet the data governance and clinical safety requirements of the nation in which you practise. |
| **106** | Ethical and equitable practice | You should consider accessibility and fairness in deployment. |
| **107** | Ethical and equitable practice | You should use AI in ways that enhance patient trust and autonomy. |
| **108** | Governance and oversight | Optical businesses must establish practice-level policies for:<br>a. AI tool selection and approval.<br>b. Monitoring performance and outcomes.<br>c. Auditing results, reporting safety incidents and responding to such incidents.<br>d. You must ensure compliance with regulatory standards, and you should follow any national or local guidance where available. |

**Expanding your scope of practice**

| | **Section** | **Proposed Addition** |
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| **109** | Key Points | • You must only practice within your scope of practice. This is dependent on the limits of your job role, services you provide and any legal restrictions<br>• You are responsible for deciding what is and is not within your scope of practice using your professional judgement based on the needs of your patients<br>• Your scope of practice may change over time as your knowledge, skills and experience develop<br>• When moving into a new area of practice or activity, you must ensure you have received appropriate training, qualifications and support to do so safely, effectively, lawfully and where relevant, to a recognised standard |
| **110** | Key points | This guidance does not change what you must do under the law |
| **111** | Training and competence | You must only work within your scope of practice[1]. This is dependent on the limits of your job role, services you provide and any legal restrictions. Your employer may also |

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| | | have its own policies in place about what sort of training is required for a particular role. |
| **112** | Training and competence | Your scope of practice may change over time as your knowledge, skills and experience develop. |
| **113** | Training and competence | You are responsible for deciding what is and is not within your scope of practice using your professional judgement. You should consider whether you:<br>a. Have the knowledge, skills and experience to carry out a particular activity safely, effectively, lawfully and where relevant, to a recognised standard<br>b. Can demonstrate that the activities meet your patient's needs (e.g. via standards, guidance, policies, research and audit data)<br>c. Have appropriate professional indemnity arrangements to cover all the activities |
| **114** | Training and competence | You should be able to maintain your competence through[2]:<br>a. Undertaking a sufficient level of ongoing activity<br>b. Undertaking relevant CPD<br>c. Keeping up to date with the latest evidence and guidance relevant to the activity and/or condition being managed<br>d. Seeking out opportunities to participate in collaborative reflective learning or mentorship where appropriate to gain experience and ensure you are supported to improve patient outcomes |
| **115** | Moving into new areas of practice or carrying out a new activity | When moving into a different area of practice or when carrying out a new activity you must consider whether your knowledge, skills and experience are sufficient to perform this safely effectively, lawfully (e.g. prescribing) and where relevant, to a recognised standard |
| **116** | | If you wish to widen your scope of practice, you must consider if any additional:<br>a. training and support,<br>b. qualifications,<br>c. facilities and equipment,<br>d. infection control procedures,<br>e. clinical governance arrangements,<br>f. risk assessments (including occupational health where relevant),<br>g. or professional indemnity is required.<br>See Expanding Scope of Practice Principles for Optometrists. |

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| **117** | | If you identify any gaps in your knowledge, skills and experience, you must address these appropriately*. The level required may be informed by your employer and professional body advice. Local guidance and policies may also set out training requirements for certain roles, for example the UK Ophthalmology Alliance (UKOA) has published recommendations for training and maintaining competence for the safe delivery of intravitreal injections by non-medical health professionals.<br><br>**Footnote: The Royal College of Pharmacy provides guidance on expanding prescribing scope of practice and recommended principles to consider when addressing gaps within knowledge, skills and experience including worked examples.* |
| **118** | | If you are asked to move into a new are of practice or carry out a new activity, you should consider whether this falls within your current scope of practice and if any additional requirements listed under AXX are available to include this new role to meet your patient's needs. If this falls outside of your current scope of practice, you must not undertake those roles and should raise this with your employer as soon as possible |

**Culture and Governance**

| | **Section** | **Proposed Additions** |
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| **119** | Key points | • Optical businesses must foster an open, transparent culture and meet their duties of candour when things go wrong.<br>• Optometrists must be able to exercise professional judgement free from undue operational or commercial pressure.<br>• Diaries must allow sufficient time for individual patient needs, with practitioner input sought before adding patients to full clinics.<br>• Adequate time should be provided for record-keeping, referrals, results review and follow-up.<br>• Trainees should have protected supervised learning time, and supervisors should hold the OptPE affix or equivalent.<br>• Optical businesses should support collaboration with other healthcare professionals, including locum access to local referral protocols and entry to CUES, MECS and HES pathways. |

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| **120** | Key points | This section sets out our guidance on the cultural and governance framework optical businesses should have in place, and on enabling staff, including optometrists, dispensing opticians, contact lens opticians, independent prescribers, optical assistants and support staff, to deliver safe, high-quality care. It complements the GOC's *Standards for Optical Businesses* (effective 1 January 2025) and should be read alongside the *Standards of Practice for Optometrists and Dispensing Opticians* and the College's *Clinical Governance Guidance* (2025). |
| **121** | Key points | You Should ensure that the services you provide are open and transparent. This includes fostering a just culture in which staff are encouraged to raise concerns and report incidents without fear of detriment, and fulfilling the professional, contractual and statutory duties of candour that apply to your practice when things go wrong. |
| **122** | Key points | You must ensure compliance with all legislation and regulations relevant to the operation of your optical businesses. The applicable framework differs across the four UK nations and may include — among others — the Opticians Act 1989, the Data Protection Act 2018 and UK GDPR, the Equality Act 2010 (or, in Northern Ireland, the relevant equality legislation), the Health and Safety at Work etc. Act 1974, and the General Ophthalmic Services regulations for England, Scotland, Wales and Northern Ireland. |
| **123** | Key points | You should have a system of clinical governance in place that is proportionate to the scale and scope of your practice. This system should enable reflection, record-keeping audit, learning from patient safety events and near misses (reported as appropriate to LFPSE in England, the local Health Board in Scotland, NIAIC in Northern Ireland, or Once for Wales), and continuous quality improvement. |
| **124** | Key points | You must respect patient and staff confidentiality. Information should be stored securely, accessed only by those who need it, and disclosed only where this is lawful and justified. You should support staff in making lawful public-interest disclosures and in documenting them appropriately. |
| **125** | Your team | You must ensure that optometrists and other registered staff are able to exercise their professional judgement when fulfilling their duties to meet their patients' needs. Registrants are personally accountable to the GOC and must remain free to act in the best interests of the patient in front of them. |

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| **126** | Your team | You must ensure that operational and commercial pressures do not inhibit the exercise of professional judgement. To meet this expectation, Optical businesses should:<br>a. Manage appointment diaries so that practitioners have sufficient time to accommodate patients' individual needs. Some patients including children, patients with learning disabilities, neurodivergent patients, patients with complex co-morbidities, and those requiring an interpreter or chaperone will reasonably require longer than a standard sight test appointment.<br>b. A practice should not use scheduling methods which do not act in the patient's best interests such as routine over-booking or ghost clinics, which results in insufficient time to deliver care safely and to the standard required by the Standards of Practice.<br>c. Provide appropriate rest breaks in accordance with the Working Time Regulations 1998 (and the Working Time Regulations (Northern Ireland) 2016).<br>d. Allow sufficient time within paid working hours for administrative tasks essential to safe care, including contemporaneous record-keeping, referral letters, review of test results and patient follow-up. |
| **127** | Your team | You should ensure that staff are adequately supervised and supported. Trainees on the Scheme for Registration should have protected time for supervised learning, and supervisors should hold the College's OptPE affix or equivalent recognition. |
| **128** | Your team | You should support staff to collaborate with other healthcare professionals where appropriate — including by providing access to local referral protocols (with particular attention to locum access), facilitating timely entry to CUES, MECS and Hospital Eye Service pathways, and enabling the secure and timely sharing of relevant clinical information. |
| **129** | Supporting staff affected by bullying and harassment | You must have a clear, accessible policy on bullying, harassment and discrimination that applies to all staff, including locums and trainees, and take reasonable proactive steps to prevent it, including harassment by patients and other third parties.<br><br>This should include a zero-tolerance position on abuse, violence, racism and sexual harassment directed at staff, with clear and lawful thresholds for warning, withdrawing |

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| | | services from, or declining to register a patient whose behaviour falls below an acceptable standard. |
| **130** | Supporting staff affected by bullying and harassment | You should ensure that staff who raise concerns are believed, supported, and not disadvantaged for doing so. |
| **131** | Supporting staff affected by bullying and harassment | You should investigate allegations promptly, fairly and proportionately, and treat emerging themes as patient-safety intelligence that informs your wider clinical governance system. |