General Optical Council Fitness to Practise Annual Report 2011-12
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Presented to Parliament Pursuant to Section 32A(2) of the Opticians Act 1989 as amended by Schedule 2 paragraph 3 of the Health Care and Associated Professions (Miscellaneous Amendments) Order 2008
Foreword by Gareth Hadley, Chair of Council

This is the General Optical Council’s third annual Fitness to Practise report. It covers the period 1 April 2011 – 31 March 2012.

Our aim, in producing this report, is to share our fitness to practise (FTP) statistics openly and transparently with all our stakeholders. In this we include registrants, professional bodies, patient and public interest groups and the wider public whose safety is of paramount importance. We have a strategic intention to lead and innovate in health regulation. We also continuously monitor and improve our fitness to practise processes on behalf of both complainants and registrants.

During this year, numbers of complaints have again remained reasonably stable. We have, however, tracked a rise in the number of registrants involved in complaints, although the proportion of registrants against whom complaints were made remained below one percent. We have also seen a sharp increase in the length of hearings this year and we are currently investigating these issues to see if there are significant underlying causes which we should address.

We have continued to progress on changes to the Fitness to Practise rules, which are required to permit key improvements in the speed with which we can investigate and deal with complaints.

We have also taken steps in the investigation process to improve our ability to understand the seriousness of cases at an earlier stage, and thereby identify and deal with high risk cases more quickly. In addition, we have made improvements in our communications with complainants and the public, to improve the clarity of decisions and to make it easier to find out if a registrant has a sanction imposed, and the reasons for that.

The CHRE Performance Review published in 2012 noted that while the GOC has met the majority of the required standards in fitness to practise, we need to address issues regarding the length of time taken to schedule hearings, and ensure that our information governance is improved. We had already implemented a 30% increase in hearings days this year, and this will go up again in 2013 so that cases are not held up by hearings availability. We have also completed a major assessment of our information governance and will be implementing required improvements during the course of 2013. In addition, we will be conducting a detailed review of the entire complaints process from initial complaint through to final case decision, so that we can look to improve the overall efficiency of the way in which we approach and deal with fitness to practise cases.

Gareth Hadley, Chair
Introduction

The purpose of this report is to provide statistical information about the fitness to practise (FTP) process and where possible provide analysis of trends. We hope that in future years the analysis will be more detailed as we will have more data available to us.

We are committed to continuing with our programme of reform in relation to our fitness to practise process. This year we looked not only at legislative change but how we work with those stakeholders involved in fitness to practise investigations. One of our achievements is to develop a witness support programme which should allow us to provide better, more targeted support to those who give evidence at hearings. We understand the process of making a complaint and then giving evidence at a hearing is a stressful experience. We hope that the improvements we have introduced will ensure our witnesses are prepared and we have created an environment in which they can give their best evidence. We are pleased that this work has been recognised by the Council for Healthcare and Regulatory Excellence (CHRE)\(^1\) as good practice in its most recent performance review.

We continue to work with the Department of Health (DH) to introduce our new proposed Fitness to Practise Rules.

I hope that you find this report to be a useful explanation of our FTP process. If you would like to contact the FTP team please email us at ftp@optical.org

Fitness to practise – what does it mean?

The statutory function of the GOC is to protect, promote and maintain the health and safety of members of the public. The FTP team’s role within this is to ‘investigate and act where a registrant’s fitness to practise, train, or carry on business is impaired’.

The GOC must maintain its independence during the course of its work – it does not act as a complaints resolution organisation nor mediate between the registrant and the patient, although the majority of our investigations are triggered by complaints from members of the public. We conduct a thorough and independent investigation in order to ensure that the decision making committees are able to determine the appropriate action to take, whilst always having the GOC’s statutory function in mind.

The role of the FTP Committee is to determine whether the past behaviour of the registrant means that their current fitness to practise is impaired. During the course

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\(^1\) now renamed the Professional Standards Authority for Health and Social Care (PSA)
of our investigation we look to a registrant’s past, current and future practice to assess whether we should take action.

All professionals will make mistakes during the course of their practice. At the decision making stages of the FTP process the relevant committees are required to undertake an assessment of whether that error, course of conduct or behaviour will reoccur or indeed whether that error was so serious that the GOC ought to take action to restrict a registrant’s practice.

This year the number of complaints received has remained static although we have seen an increase of nearly 16% in the number of registrants we investigate. We take a proactive approach to fitness to practise and therefore information received from a member of the public may trigger an investigation into the registrant complained of as well as others.

Only 0.84% of those registered with us are subject to complaints about their fitness to practise, and of that, even fewer are referred for a formal hearing.

Kisha Punchihewa
Head of Fitness to Practise
kpunchihewa@optical.org
About us

The GOC regulates optometrists, dispensing opticians, students training to be optometrists or dispensing opticians, and optical businesses in the UK. In the year 1 April 2011 -31 March 2012, GOC had around 25,461 registrants.

Individual optometrists and dispensing opticians must be registered with us before beginning to practise. Student optometrists and student dispensing opticians must be registered with us in order to undertake training.

We get our powers from an Act of Parliament called the Opticians Act 1989 (as amended by the Opticians Act 1989 Amendment Order 2005 and related legislation) (the Opticians Act). The ways in which we use these powers are set out in statutory rules. The Opticians Act as well as related legislation, statutory rules and regulations can be found on our website at http://www.optical.org/en/about_us/legislation/opticians_act.cfm

Our main functions

We are one of nine regulators of the healthcare professions. Regulators protect the public by restricting who can practise a profession. We are independent of the Government and our work is reviewed by a separate organisation – the Council for Healthcare Regulatory Excellence (CHRE).

We have 12 Council members: six are registrants and six are lay members (not optometrists or dispensing opticians). Council members oversee the work of the whole organisation and are responsible for making strategic decisions.

Staff based at our office in London put the strategic Council decisions into practice, assisted by several committees, including the two independent committees involved in the fitness to practise process – the Investigation Committee (IC) and the Fitness To Practise Committee (FTP Committee).

Our mission, vision and values

Our Mission

Our statutory function is ‘to protect, promote and maintain the health and safety’ of members of the public. We interpret this in our Mission as ‘Assuring the health and protection of those who use the services of optometrists and dispensing opticians’.
Our Vision

The GOC is to be seen as leading the way in regulation. That is, to deliver our Mission in a manner that is innovative and exemplary.

We are determined to respond effectively to the considerable pressure for change in the way health professions are regulated. We do not plan to wait to be told how and what to change. Instead we want to get there first, building on good practice around us and taking the initiative where we can.

We are keen to ensure that our Vision is clearly understood, by all our stakeholders, as an aspiration to be an exemplar; in essence, to develop, adopt and share exemplary practice in public protection, working collaboratively with our stakeholders.

Our Values

We are responsible, forward thinking and principled:

Responsible

We inspire confidence because:

- We make clear, well-reasoned, evidence based decisions
- We account for our actions and are open to scrutiny
- We apply our resources in a targeted and proportionate manner

Forward thinking

We make a difference because:

- We pursue defined goals and measure our results
- We are progressive, innovative and agile in our ways of working
- We achieve and deliver more by working collaboratively
- We are a learning organisation committed to continuous improvement

Principled

We build trust because:
We gain respect through our credibility, integrity and high standards
We listen openly, act responsively and communicate honestly
We behave consistently and fairly to everyone
We foster a positive and productive culture

Strategic plan

Our statutory function is 'to protect, promote and maintain the health and safety' of members of the public.

Over the three years 2011/12 - 2013/14 we are concentrating on four strategic priorities:

- excellent strategic capacity
- strong stakeholder relationships
- integrated and streamlined processes
- shared culture and identity.

If you would like read our strategic plan, visit http://www.optical.org/en/about_us/strategic_plan/index.cfm

How do we protect the public?

1. Setting standards for optical education, training, performance and behaviour

Optometrists and dispensing opticians who want to register with us must meet our standards of knowledge and skill which are referred to as the standards of competence.

In addition, individuals who want to register with us must meet our standards in behaviour, which can be found in the Code of Conduct for Individual Registrants. Optical businesses who want to register with us must meet our standards of behaviour, which can be found in the Code of Conduct for Optical Businesses.

Copies of the Codes and standards are available from our website www.optical.org.
Student optometrists or student dispensing opticians must satisfy the Council that they are fit to undertake training and qualified registrants must satisfy the Council that they are fit to practise.

2. Approving the qualifications that lead to registration

Individuals need training to deliver good standards of eyecare. We assess and approve the education given to optometry and dispensing optics students who wish to register with us to practise in the UK. This ensures that the training meets our standards.

We decide on the content of all courses and qualifications that lead to full registration with us. We carry out quality assurance visits to check that education and examination bodies are keeping to our standards.

3. Publishing registers of optometrists, dispensing opticians, students and optical businesses in the UK

Optometrists and dispensing opticians must be registered with us to practise in the UK. We keep registers of all optometrists, dispensing opticians, student opticians and optical businesses who are qualified and fit to practise, train or carry on business.

We can investigate and take action if someone tries to practise, train or carry on business without being registered with us.

4. Investigating and acting on concerns about our registrants

We can take action if we have reason to believe that a registrant’s fitness to practise, fitness to undertake training or fitness to run a business as an optometrist or dispensing optician may be impaired (i.e. if it is negatively affected).

If an optician is described as ‘fit to practise’ it means that they meet the standards of health, character, knowledge, skill and behaviour that are necessary for them to do their job safely and effectively.

If a registrant is not fit to practise, fit to undertake training or fit to run a GOC-registered business, we can stop them from working in the UK, we can restrict the work they are allowed to do or make their practice conditional. These powers are all set out in the Opticians Act.
Complaints about a registrant’s fitness to practise

Who can complain?

Anyone can complain to us if they have a concern about one of our registrants. When we receive complaints it is our job to determine whether the complaint relates to fitness to practise issues or whether the concern is a contractual or consumer issue. A complaint that a GOC registrant may not be fit to practise can be as a result of one or more different factors including:

- poor professional performance
- physical or mental health problems affecting their work
- inappropriate behaviour
- being under the influence of alcohol or drugs at work
- fraud or dishonesty
- a criminal conviction or caution
- a finding by another regulatory body.

How can complaints be made?

We ask anyone who wants to make a complaint about one of our registrants to complete an investigation form. The investigation form can be downloaded from our website www.optical.org, obtained from within our ‘How to complain about an optician’ booklet, or sent to a potential complainant by post on request.

What happens when a complaint is received?

If the complaint raises a question about a registrant’s fitness to practise, the fitness to practise team will gather the information (for example optical records, witness statements or information from the police or primary care trust) the IC needs before it can consider the case. Every complaint about a registrant’s fitness to practise is considered by the IC.

This process can take between three and nine months depending on the complexity of the case and the ease of obtaining the documentary evidence we request from third parties.

The details of the process are set out in the FTP Rules 2005 (http://www.optical.org/en/about_us/legislation/rules_and_regulations.cfm). The registrant who is the subject of the complaint is provided with an opportunity to respond to the case against them before the case is considered by the IC. Any response received from the registrant is shared with the complainant.
If we receive a complaint against someone who is not registered with the GOC, our Legal Compliance team will consider whether there may have been a criminal offence. If so, we can investigate and take action ourselves, or we can report the matter to the police. The GOC has a protocol for such complaints, which can be downloaded from our website

http://www.optical.org/policies_procedures_and_protocols/new_protocol.pdf or sent by post on request.²

**Complaints received in 2011-12**

Between 1 April 2011 and 31 March 2012 we processed 149 complaints about the fitness to practise of GOC registrants.

In this section there is information about:

- the number of complaints received
- the category of registrants subject to the complaints
- the source of the complaint
- the type of complaints received

During the course of the year, we receive a number of enquiries that we do not consider to be fitness to practise complaints. These may be complaints about the price of spectacles or enquiries about NHS vouchers. We will direct the individual to an appropriate alternative organisation if we cannot assist. These types of queries do not form part of the statistics included in this report.

**Table 1 – Number of complaints in the period 1 April 2011 - 31 March 2012 and the number of GOC registrants**

<table>
<thead>
<tr>
<th>Year</th>
<th>Number of complaints</th>
<th>Total number of registrants</th>
</tr>
</thead>
<tbody>
<tr>
<td>2009-10</td>
<td>158</td>
<td>24,295</td>
</tr>
<tr>
<td>2010-11</td>
<td>148</td>
<td>24,656</td>
</tr>
<tr>
<td>2011-12</td>
<td>149</td>
<td>25,461</td>
</tr>
</tbody>
</table>

Registration figures are correct as of 1 March of each year.

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² Between 1 April 2011 and 31 March 2012 the GOC processed 195 complaints about non-registrants.
The number of complaints processed has remained static in comparison to 2010-11. However, we have opened more investigations into GOC registrants this year than in the previous two reporting periods.

Table 2(a) – Number of registrants who were the subject of complaints in the period 1 April 2011 - 31 March 2012

<table>
<thead>
<tr>
<th>Year</th>
<th>Number of registrants</th>
<th>Total number of registrants</th>
<th>% of registrants subject to complaints</th>
</tr>
</thead>
<tbody>
<tr>
<td>2009-10</td>
<td>191</td>
<td>24,295</td>
<td>0.78</td>
</tr>
<tr>
<td>2010-11</td>
<td>184</td>
<td>24,656</td>
<td>0.74</td>
</tr>
<tr>
<td>2011-12</td>
<td>213(^3)</td>
<td>25,461</td>
<td>0.84</td>
</tr>
</tbody>
</table>

In relation to two registrants (not included in the above) one case was withdrawn and in the other we are still working to identify the registrant.

Table 2(b) – FTP complaints made against each GOC registrant category

<table>
<thead>
<tr>
<th></th>
<th>2009-10</th>
<th>%</th>
<th>2010-11</th>
<th>%</th>
<th>2011-12</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Optometrist</td>
<td>108</td>
<td>56.5</td>
<td>122</td>
<td>66.3</td>
<td>138</td>
<td>64.8</td>
</tr>
<tr>
<td>Dispensing optician</td>
<td>29</td>
<td>15.2</td>
<td>30</td>
<td>16.3</td>
<td>32</td>
<td>15.0</td>
</tr>
<tr>
<td>Student optometrist</td>
<td>15</td>
<td>7.9</td>
<td>12</td>
<td>6.5</td>
<td>12</td>
<td>5.6</td>
</tr>
<tr>
<td>Student dispensing optician</td>
<td>20</td>
<td>10.5</td>
<td>4</td>
<td>2.2</td>
<td>10</td>
<td>4.7</td>
</tr>
<tr>
<td>Business registrant</td>
<td>19</td>
<td>9.9</td>
<td>16</td>
<td>8.7</td>
<td>21</td>
<td>9.9</td>
</tr>
<tr>
<td>TOTAL</td>
<td>191</td>
<td></td>
<td>184</td>
<td></td>
<td>213</td>
<td></td>
</tr>
</tbody>
</table>

\(^3\) In relation to two registrants (not included in the above) one case was withdrawn and in the other we are still working to identify the registrant.
The figures show that fewer than 0.84% of our registrants have been subject to complaints. There will be a small number of instances where a registrant has been the subject of more than one complaint.

We have again seen an increase in the number of registrants subject to complaints to the fitness to practise team. There was an increase of 15.76% in the number of registrants investigated by the GOC in the year 2010-11.
• There has been an increase in the number of complaints from individual members of the public, employers, professional and educational bodies as well as cases we have opened under our statutory powers.

• Self-declarations, which last year made up the next largest category, have dropped significantly from nearly 19% of cases to 8%. This continues to be a consequence of the changes to the declaration process whereby information which would previously have been referred to the fitness to practise team is considered separately by the registrar when made during the retention period.

• There has been an increase in referrals by other bodies such as employers and professional bodies. We have continued to develop employers’ understanding of the fitness to practise process and the increase in referrals may be as a result of this.

• There has been an increase in complaints against optometrists, student dispensing opticians and business registrants.
Table 4 – Types of complaint received by the GOC

<table>
<thead>
<tr>
<th>Type of complaint</th>
<th>2009-10</th>
<th>2010-11</th>
<th>2011-12</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Conviction/caution</td>
<td>41</td>
<td>18</td>
<td>10</td>
<td>4.7</td>
</tr>
<tr>
<td>Other miscellaneous</td>
<td>38</td>
<td>18</td>
<td>4</td>
<td>1.9</td>
</tr>
<tr>
<td>Other clinical</td>
<td>19</td>
<td>13</td>
<td>30</td>
<td>14.0</td>
</tr>
<tr>
<td>Spectacle prescription</td>
<td>17</td>
<td>30</td>
<td>22</td>
<td>10.2</td>
</tr>
<tr>
<td>Personal conduct</td>
<td>15</td>
<td>8</td>
<td>25</td>
<td>11.6</td>
</tr>
<tr>
<td>Fraud</td>
<td>11</td>
<td>5</td>
<td>14</td>
<td>6.5</td>
</tr>
<tr>
<td>Cataracts</td>
<td>9</td>
<td>12</td>
<td>11</td>
<td>5.1</td>
</tr>
<tr>
<td>Contact lenses</td>
<td>9</td>
<td>3</td>
<td>6</td>
<td>2.8</td>
</tr>
<tr>
<td>Retinal detachment</td>
<td>8</td>
<td>9</td>
<td>12</td>
<td>5.6</td>
</tr>
<tr>
<td>Glaucoma</td>
<td>7</td>
<td>4</td>
<td>3</td>
<td>1.4</td>
</tr>
<tr>
<td>Fitting/dispensing</td>
<td>6</td>
<td>7</td>
<td>7</td>
<td>3.3</td>
</tr>
<tr>
<td>Management of child patients</td>
<td>3</td>
<td>2</td>
<td>10</td>
<td>4.7</td>
</tr>
<tr>
<td>Macular degeneration</td>
<td>2</td>
<td>4</td>
<td>4</td>
<td>1.9</td>
</tr>
<tr>
<td>Testing unregistered</td>
<td>2</td>
<td>4</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Ill health</td>
<td>2</td>
<td>4</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>ASA</td>
<td>2</td>
<td>1</td>
<td>3</td>
<td>1.4</td>
</tr>
<tr>
<td>Testing unsupervised</td>
<td>n/a</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Multiple (clinical/conduct)</td>
<td>n/a</td>
<td>9</td>
<td>19</td>
<td>8.8</td>
</tr>
<tr>
<td>Non declaration to PCT</td>
<td>n/a</td>
<td>3</td>
<td>1</td>
<td>0.5</td>
</tr>
<tr>
<td>Non declaration/criminal to GOC</td>
<td>n/a</td>
<td>22</td>
<td>8</td>
<td>3.7</td>
</tr>
<tr>
<td>Complaint handling – business</td>
<td>n/a</td>
<td>6</td>
<td>8</td>
<td>3.7</td>
</tr>
<tr>
<td>Domiciliary</td>
<td>n/a</td>
<td>2</td>
<td>1</td>
<td>0.5</td>
</tr>
<tr>
<td>Supervision of SO</td>
<td>n/a</td>
<td>n/a</td>
<td>4</td>
<td>1.9</td>
</tr>
<tr>
<td>Procedures - business</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
<td>3</td>
</tr>
<tr>
<td>Related to laser eye surgery</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
<td>4</td>
</tr>
<tr>
<td>Restricted activities</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
<td>6</td>
</tr>
<tr>
<td>TOTAL</td>
<td>191</td>
<td>184</td>
<td>215</td>
<td></td>
</tr>
</tbody>
</table>

We have included a more detailed breakdown than last year so there will be some cases where we cannot make a direct comparison. These figures include the case which was withdrawn and where the registrant is still to be identified.
Investigation Committee (IC)

Its role

The Investigation Committee (IC) considers all complaints (or allegations) opened by the GOC that a registrant’s fitness to practise, train or run a GOC-registered business may be impaired.

The IC decides whether a complaint should be referred to the FTP Committee for a formal hearing. If the IC decides that a particular complaint ought not to be referred, it must then consider whether the registrant should be given a warning, or whether some other outcome is appropriate. Further information about potential outcomes is provided below.

The IC also has to decide whether an application should be made for an interim order suspending or placing conditions on the registrant’s practice. Further information about the interim order process is provided below.

The options

The IC may decide that it needs further information before it can decide whether or not a particular complaint ought to be referred to the FTP Committee. The IC has legal powers to direct further investigation, including directing the registrant to undergo a health assessment or an assessment of their professional performance.

Further information about these processes is available in the IC’s guidance (and in our guidance about performance assessments) at www.optical.org/en/about_us/policies_procedures_and_protocols/index.cfm

Once the IC has all the information it needs about a particular complaint, it will decide on the appropriate outcome for that complaint.

Further information about each of these outcomes is available in the IC’s guidance (see box above). We have also published additional guidance about warnings, which is also available from our website.

In the majority of cases the IC decides that there is no need for any further action to be taken, or that the complaint can be appropriately dealt with by giving the optician a warning, by providing the optician with a letter of advice, or by asking them to attend a voluntary performance review.

In the period 1 April 2011-31 March 2012 the IC met ten times.
### Table 5 – Outcomes decided by the IC for the period 1 April 2011 - 31 March 2012 for all cases considered in this period (including those where cases were opened before 1 April 2011)

<table>
<thead>
<tr>
<th>Outcome</th>
<th>2010-11</th>
<th>%</th>
<th>2011-12</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>No further action</td>
<td>98</td>
<td>34.6</td>
<td>91</td>
<td>33.7</td>
</tr>
<tr>
<td>No further action with advice</td>
<td>2</td>
<td>0.7</td>
<td>36</td>
<td>13.3</td>
</tr>
<tr>
<td>Voluntary performance review</td>
<td>4</td>
<td>1.4</td>
<td>5</td>
<td>1.9</td>
</tr>
<tr>
<td>Warning</td>
<td>45</td>
<td>15.9</td>
<td>37</td>
<td>13.7</td>
</tr>
<tr>
<td>Minded to issue a warning</td>
<td>45</td>
<td>15.9</td>
<td>29</td>
<td>10.7</td>
</tr>
<tr>
<td>Referral to FTP Committee</td>
<td>36</td>
<td>12.7</td>
<td>37</td>
<td>13.7</td>
</tr>
<tr>
<td>Direction for a health assessment</td>
<td>16</td>
<td>5.6</td>
<td>3</td>
<td>1.1</td>
</tr>
<tr>
<td>Direction for a performance assessment</td>
<td>4</td>
<td>1.4</td>
<td>6</td>
<td>2.2</td>
</tr>
<tr>
<td>Withdrawn by complainant</td>
<td>7</td>
<td>2.5</td>
<td>4</td>
<td>1.5</td>
</tr>
<tr>
<td>Further investigation required</td>
<td>13</td>
<td>4.6</td>
<td>17</td>
<td>6.3</td>
</tr>
<tr>
<td>Review of decision not to refer to FTP</td>
<td>3</td>
<td>1</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Termination of referral to FTP</td>
<td>10</td>
<td>3.5</td>
<td>5</td>
<td>1.9</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td>283</td>
<td></td>
<td>270</td>
<td></td>
</tr>
</tbody>
</table>

There are a number of cases where the IC will consider a case twice; for instance where an assessment is directed, the Committee will first decide to direct that an assessment ought to take place and then consider the case again when the reports are placed before it.

This also applies to cases where the IC is minded to issue a warning; the IC must first notify the registrant that it is minded to issue a warning and set out the terms of the draft warning. The registrant is then provided with time to respond before the IC makes its final decision about whether or not to issue the warning.

Of the 149 complaints received during the period covered by this report, 18 are still open. A total of five complaints are listed to be considered by the IC in October and
November 2012 (correct as of preparing this report) and four complaints are still at the investigation stage. The remaining nine include those cases where the IC will be asked whether it will issue a warning (see above) and to receive the further investigation it directed i.e. by way of additional documentation or reports into a registrant’s performance or health.

**Interim Orders**

The IC also has the ability to refer a registrant to the FTP Committee if it considers that the FTP Committee should impose an interim order on the registrant.

An interim order is an immediate order which is used where the FTP Committee is satisfied it is necessary: to restrict the registrant’s practice to protect the public; otherwise in the public interest; or in the interests of the registrant.

In the period covered by this report, the Committee directed us to apply for an interim order in fourteen cases. Ten of those applications were successful. This is an increase of 180% in the number of applications made in the previous year.

**Warnings issued by the Investigation Committee**

A formal warning will be considered when the IC feels that there are real concerns regarding a registrant’s conduct or performance, but those concerns fall short of requiring referral to the FTP Committee. The purpose of a warning is two-fold. First, it alerts the registrant to steps that they can appropriately take to reduce the risk of being the subject of a complaint or of FTP action in the future, whether by improving their professional standards or avoiding certain behaviour. Secondly, it allows the GOC to monitor any patterns of complaint that may emerge in respect of a registrant.

The GOC has a statutory duty to protect the health and safety of the public and must be aware of patterns of behaviour that might put the public at risk, or undermine the reputation of the optical professions, especially when there may be lapses of time between incidents.

Examples of where the issuing of a formal warning may be considered appropriate include (this list is not exhaustive):

- Where the matters complained of would, if proved, demonstrate a significant failure to meet the GOC core competencies or follow the GOC Codes of Conduct or the guidance published by the professional bodies, but where a restriction on the registrant’s registration would not be necessary.

- Where the matters complained of would not amount, if proved, to an impairment of fitness to practise but if repeated may do so.
• Where there is a significant cause for concern following a performance assessment, but a restriction on the registrant’s registration is not necessary.

• Where the registrant accepts that s/he has acted improperly but can demonstrate that this is unlikely to occur again.

• Where the registrant accepts that his or her standards have fallen below an acceptable level but can demonstrate that this is unlikely to happen again.

Whether to issue a warning is a decision that will be taken on the merits of each individual case.

What happens if there is another complaint against the registrant?

Warnings will be in force for four years from the date that they are issued. Should the registrant be the subject of a further complaint of a similar nature within that period, the IC will take the original complaint into account in determining what action, if any, to take in respect of the new complaint. The registrant will be invited to provide representations on the relevance of the earlier warning in the context of the new complaint.

When considering a new allegation alongside the circumstances of an earlier warning, it is open to the IC to review the decision not to refer the earlier complaint to the FTP Committee. Again, this is a matter on which the registrant will be given the opportunity to make representations.

During the period covered by this report, the IC has issued warnings to 37 registrants. The types of conduct which have resulted in a warning being issued are varied. However certain themes in terms of patterns of behaviour have emerged:

Over 59% of the warnings issued have been for conduct outside of a registrant’s professional practice.

“You should ensure you are honest and trustworthy, in particular you should ensure that you declare your criminal record in full when required to do so”

Seven registrants have been warned about failing to declare a criminal record in full when required to do so either to the GOC itself or to a PCT. Such behaviour can be

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4 In accordance with Rule 15 of the GOC Fitness to Practise Rules 2005
motivated by dishonesty or by failure to pay due care and attention to the questions being asked of a registrant.

“You should ensure that your conduct whether or not connected to your professional practice, does not damage public confidence in your or your profession”

The remainder of the warnings issued to registrants were in relation to criminal offences; these varied from cautions for possession of drugs to convictions for drink driving offences and resisting arrest. In this category 11 registrants were warned as a result of a drink drive conviction. In cases where the registrant may have been driving to/from the workplace or the conviction was recent, the IC may give consideration to whether this offence is indicative of underlying health impairment such as alcohol addiction or misuse.

Registrants hold a position of trust in society and are expected to uphold standards of good behaviour which will not affect the reputation of the profession. It should also be noted that convictions or cautions received before they are registered with the GOC are relevant to consideration of whether they are currently fit to practise. The GOC expects all registrants to honestly declare any criminal matters on first registration with the GOC and, once registered, they must let the GOC know straight away if they have been convicted of a criminal offence, have received a conditional discharge or have accepted a police caution.

40.5% of warnings were issued in relation to matters which relate directly to a registrant’s professional practice broadly described as in relation to their clinical practice or their registration status. There was a more varied spread of warnings in relation to clinical practice and processes and it has not been possible to draw clear themes from the data collected this year. However the type of behaviour which resulted in a formal warning by the IC included:

- a dispensing optician’s failure to act within the limits of professional competence;
- inappropriate delegation of a prescription check by an optometrist;
- deficiencies in record keeping which have come to light following a performance assessment.

Six registrants were warned for one or more of the following:

- failing to maintain registration with the GOC whilst continuing to practise;
- undertaking General Ophthalmic Services (GOS) work whilst not registered on a performer’s list;
- employing a registrant who was not registered with the GOC to undertake restricted activities.
During this period, we have considered cases pursuant to our powers set out at Rule 15 and referred a registrant for a formal hearing in relation to a matter for which he previously received a warning. This was as a result of receiving new information which suggested that the original conduct which resulted in a warning was now part of a pattern of behaviour. Without the power to issue warnings, such behaviour which could be detrimental to the public interest would not have been identified.

Fitness to Practise (FTP) Committee

In reaching a decision the FTP Committee considers not only whether it is necessary to take action to protect individual members of the public, but also whether it is necessary to take action in the wider public interest, for example to maintain public confidence in the profession, or to declare and uphold proper standards of conduct and behaviour.

The procedure before the FTP Committee follows a four stage process:

1. The Committee must decide whether the factual allegations set out in the notice of inquiry are proved by reference to the civil standard of proof.

2. If the factual allegations are proven the Committee must decide, using their judgement, whether the facts amount to, on the grounds of impairment established by the Opticians Act:
   a. misconduct
   b. deficient professional performance
   c. conviction or caution
   d. adverse physical or mental health
   e. an adverse determination by another regulatory body.

3. If the Committee finds one or more of the grounds of impairment is established then it must consider whether the registrant's fitness to practise is currently impaired. Again this is a matter of judgement.

4. If the Committee finds that the registrant’s fitness to practise is currently impaired, one of the following sanctions is available to it:
   a. erasure
   b. suspension
   c. conditional registration
   d. payment of a financial penalty
   e. no action.
Removal of the registrant's name from our register

This is sometimes referred to as 'erasure' or 'striking off'. The registrant's name is taken off the register, which means that they cannot work as an optometrist or dispensing optician (or train or run a GOC-registered business) in the UK. If they want their name to be put back on the register in future there is a separate process that they have to go through, which includes considering the reasons for their removal from the register.

If someone tries to work as an optometrist or dispensing optician after being removed from the register, they could be committing a criminal offence.

Suspension from our register

The registrant's name is temporarily taken off the register, and they cannot work (or train or run a GOC-registered business) in the UK for a fixed period of time.

Conditional registration

The registrant can stay on the register provided that they comply with certain conditions, such as doing extra training or being supervised while they work.

Payment of a financial penalty

The FTP Committee can impose a financial penalty in conjunction with any other directions which it has imposed. The fine can be up to a maximum of £50,000.

If the FTP Committee decides that a registrant is fit to practise they can still warn them about their future behaviour or performance.

In the period covered by this report the FTP Committee considered cases involving 31 registrants.
Table 6 – Breakdown of registrants who appeared before the FTP Committee

Breakdown of registrants

- Optometrists - 18
- Dispensing optician - 6
- Student optometrists - 4
- Student dispensing optician - 3
Table 7 – Outcomes decided by the FTP Committee

<table>
<thead>
<tr>
<th>Outcome</th>
<th>2009-10</th>
<th>%</th>
<th>2010-11</th>
<th>%</th>
<th>2011-12</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Erasure</td>
<td>5</td>
<td>22.7</td>
<td>4</td>
<td>15.3</td>
<td>8</td>
<td>26.7</td>
</tr>
<tr>
<td>Suspension</td>
<td>4</td>
<td>18.2</td>
<td>2</td>
<td>7.7</td>
<td>5</td>
<td>16.7</td>
</tr>
<tr>
<td>Conditions</td>
<td>3</td>
<td>13.6</td>
<td>2</td>
<td>7.7</td>
<td>2</td>
<td>6.7</td>
</tr>
<tr>
<td>Financial penalty</td>
<td>2</td>
<td>9.1</td>
<td>1</td>
<td>3.8</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Warning</td>
<td>5</td>
<td>22.7</td>
<td>6</td>
<td>23</td>
<td>5</td>
<td>16.7</td>
</tr>
<tr>
<td>No further action</td>
<td>3</td>
<td>13.6</td>
<td>6</td>
<td>23</td>
<td>7</td>
<td>23.3</td>
</tr>
<tr>
<td>Suspension to continue following hearing</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1</td>
<td>3.3</td>
</tr>
<tr>
<td>Conditions to continue following hearing</td>
<td></td>
<td></td>
<td>2</td>
<td>7.7</td>
<td>1</td>
<td>3.3</td>
</tr>
<tr>
<td>No impairment following review hearing</td>
<td></td>
<td></td>
<td>3</td>
<td>11.5</td>
<td>1</td>
<td>3.3</td>
</tr>
<tr>
<td>TOTAL</td>
<td>22</td>
<td></td>
<td>26</td>
<td></td>
<td>30</td>
<td></td>
</tr>
</tbody>
</table>

Of these 30 cases, 21 cases were concluded. When a case is concluded either the registrant has been erased, a financial penalty was imposed, a warning has been issued or there has been no finding of impairment.
As stated previously, the FTP Committee hears the GOC’s application for an interim order. During this period the FTP Committee heard 14 new applications for an interim order to be imposed (10 orders were imposed) and reviewed 12 interim orders which were already in place.

Registrations Appeal Committee

Where a registrant is erased from the register, any application for restoration is heard by the Registration Appeals Committee. The applicant cannot make an application until 22 months have passed since the order for erasure took effect and the restoration hearing cannot take place until 24 months have passed. Prior to making the application, the applicant must have acquired the required number of continuing education and training points.

During this period, the Registration Appeals Committee heard two applications for restoration to the register. Both applications were successful.

We publish all outcomes from FTP hearings on our website www.optical.org for a period of 12 months. If you would like access to a transcript or decision which is not listed on the website, please contact the Hearings Manager at dhenley@optical.org.
Section 29 referrals

The CHRE has the power to refer a decision of the FTP Committee to the High Court where it considers that the decision of the Committee is unduly lenient as to findings in relation to fitness to practise or the penalty imposed. CHRE can also refer if a decision should not have been made and it would be desirable for the protection of members of the public for the CHRE to take action. The CHRE has not referred any of the decisions of the GOC’s FTP Committee under this process.
Key developments

The fitness to practise department continues to make progress to modernise and maintain an efficient, effective, open and fair process.

Fitness to Practise Reform Programme – update

At its meeting in September 2011, Council considered the responses to the public consultation. Council approved all bar one of the proposals to reform the current fitness to practise Rules. Council determined to amend draft Rule 15 of the Proposed New FTP Rules. We opened a limited consultation into this discrete point in February 2012 for a period of three months. Council considered the responses at its meeting in October 2012 and agreed that case examiners would be the decision maker for Rule 15 reviews and that their decision must be unanimous. Council also agreed that it would be good practice for the reviewing case examiners to be different from the original and that guidance should be prepared to support them.

Achievements

We have made a number of changes to improve the progress of cases and to support those who make complaints.

Initial handling of potential fitness to practise allegations

Our overriding statutory duty is to protect the public and we take steps to establish whether or not enquiries or concerns which members of the public raise with us raise concerns about our registrants’ fitness to practise. We have published guidance for employers which explains the fitness to practise process and how and when an employer can engage with the GOC.

We have appointed a clinical adviser to provide the fitness to practise team with clinical advice at an early stage in the investigation process. This has allowed our case workers to understand the seriousness of cases at an earlier stage in the process which allows us to prioritise high risk cases at an early stage.

Witness Support Programme

We work closely with our external lawyers to ensure we can assess and support the needs of those who attend fitness to practise hearings to give evidence as part of the GOC case. This year we have looked closely at this and having received advice from Victim Support, have developed a more needs based approach. We will conduct a needs assessment when we first contact a witness and before any hearing to ensure that we understand a witnesses needs. We understand that the process of giving evidence can be stressful and we strive to provide support and information to guide a
witness through this process. CHRE has identified our programme as good practice in its report published in 2012: (http://www.chre.org.uk/_img/pics/library/120620_CHRE_Performance_review_report_2011-12,_Vol_II_(Colour_for_web_-_PDF)_1.pdf – page 15)

Continuous improvement

We have a commitment to achieving continuous improvement within the fitness to practise function. One of the ways we do this is by quality assuring the decisions made by the IC and FTP Committee. We also review complaints we receive about the GOC’s fitness to practise process following a decision by the IC. We also review the outcomes of work published by CHRE.

This year we undertook a tone of voice review of our standard letters - we held a workshop where we met with our Stakeholder Reference Groups to understand how we might improve our correspondence. Their comments, both positive and negative, were welcomed and we incorporated their comments into our standard letters.

Also, for the first time, we have set up an internal audit process whereby we review letters of complaint about the decisions made by the investigation committee. We have learned that we can make some relatively simple changes to improve a complainant’s understanding of the decision made by the IC. This has resulted in us including explicit reference to the correspondence received by a complainant and ensuring that where possible we explain clinical terminology for a lay reader.

We have made changes to our website so that information about which registrants are subject to a sanction and the relevant fitness to practise panel decisions are all available on one page. This allows patients, the public and employers to easily identify whether a registrant has had a sanction imposed on them and the reasons for that action.

Performance Indicators

One way by which the effectiveness of the fitness to practise function is measured is by a set of performance indicators. Our performance indicators are as follows:

- Progressing 80% of cases to first consideration by the Investigation Committee within nine months of receipt of the investigation form

5 As reported to Council in April 2012
During the period covered by this report the GOC has achieved its target - 96% of cases achieved the performance indicator.

This achievement represents continuous improvement in the work of the investigation function. The target has been achieved because of the quality of the investigations conducted by the GOC team and continued good case management.

- **Serving the Notice and other documents on the Hearings Manager in 80% of cases within seven months of the referral of the case by the Investigation Committee**

During this period 36 cases have been referred to the FTP Committee.

- 82% of cases have met the performance indicator.
- The median time between referral by the IC and service on the hearings manager is 21 weeks.

The CHRE Performance Review this year highlighted the issue of delays in scheduling hearings.

We have implemented a number of measures to help reduce the time taken to schedule final fitness to practise hearings.

We have focused on ensuring that:

- cases are dealt with as quickly as possible, taking into account the complexity and type of case, and the conduct of both sides;
- delays do not result in harm or potential harm to patients or service users; and
- we protect the public by means of interim orders where necessary.

In seeking to achieve these aims we increased the number of days on which the FTP Committee sat and prioritised the hearing of interim orders cases. From January 2011 we increased the number of days on which the Committee sat from eight days to 10 days per month and introduced five hearing days in August 2011 for the first time. This meant a total of 115 days per year.

However, this should be viewed in the context of three significant trends. First, our overall caseload is projected to increase by 8% in calendar year 2013. Secondly, we are now dealing with more complex cases, which is reflected in the fact that the average length of hearings has increased by some 45% year on year. Thirdly, we have dealt with an increased number of interim orders during the year, which rose by 180% to 14 this year. These cases involve the most serious risks to the public so our priority has been to schedule them as quickly as possible.
As a result of the increase in the number of cases, the growing length of hearings and the increased number of interim orders cases, we have not yet been able to reduce the time taken to schedule fitness to practise hearings as much as we had expected. This is despite increasing the number of hearing days. However, we believe that our risk-based approach, which involves prioritising interim orders cases, means that we have consistently met the PSA’s sixth Standard of Good Regulation for fitness to practise. In our view, we schedule fitness to practise cases as quickly as possible, taking into account the complexity and type of case, we protect the public through interim orders where necessary and because we have prioritised interim orders cases, delays do not result in harm or potential harm to the public.

Nevertheless, we are committed to continuous improvement and so have decided to take the following additional steps. First, we have decided to further increase the number of hearing days from 1 April 2013. We will have 10 to 15 hearing days each month (apart from in August when we will have 10 hearing days). This will mean a total of 190 hearing days. Secondly, we will introduce a more flexible approach to scheduling hearings to deal with peaks and troughs in the number of cases. Thirdly, we will be recruiting an assistant to work with the Hearings Manager to ensure that hearings are scheduled efficiently.

CHRE annual initial stages audit

This year the CHRE audited cases closed by the IC. The report concluded that CHRE had no concerns about any of the decisions made to close cases at the initial stages of the fitness to practise process and that the GOC assesses any risk to patients at an early stage in the investigation process and that investigations are progressed in a timely manner.

The CHRE found a number of examples of good practice; it noted that the decision letters sent following an IC meeting are detailed and well-reasoned. It also noted that the GOC sends informative and explanatory letters to complainants. CHRE also noted that the GOC meets a number of the specific principles set out in the CHRE casework framework. We welcome the statement that the GOC continues to demonstrate its focus on public protection in its decision making at the initial stages of the fitness to practise process.

Performance review

The CHRE’s annual review of our performance for 2011/12 was published on 28 June 2012 and is available at www.chre.org.uk

CHRE praised work and projects across our four core functions in its review.

As well as commending our overall performance as a regulator, the review
highlighted a number of specific areas. These included our proposals for enhanced Continuing Education and Training (CET), which comes into effect in January 2013, as an example of how it meets CHRE’s standards for education and training.

Our online retention system also won praise, with CHRE noting how feedback indicated that it had reduced the burden on registrants while allowing GOC staff to work more efficiently.

The review also noted improvements to our online registers, our work in tackling breaches of the Opticians Act, our leading role in collaborating with other regulators and improvements in communicating with those involved in the fitness to practise process.

Where the review highlighted some areas for improvement, CHRE noted the work that we are already undertaking to address these.

An increase in the number of hearing days per month and the appointment of a clinical adviser and new caseworkers will help to cut the duration of the fitness to practise process. An independent information governance review, which is currently underway, will make our information governance more robust.
Equality and diversity monitoring results – fitness to practise investigations

Introduction and methodology
The data for this report was received through equality and diversity monitoring forms which were sent to all GOC registrants as part of the 2009/10 annual retention round, and expanded as part of 2010/11 retention round. The information requested in the form covered gender, age, ethnic origin and any disabilities. We have received returned forms from 68% of all full registrants and 26% of all student registrants.

That equality and diversity data has been cross-referenced with the list of individual registrants who were the subject of formal complaints regarding their fitness to practise in the 2011/12 retention year. This enables aggregate equality and diversity statistics to be developed in relation to those registrants who have been the subject of fitness to practise investigations. This report sets out the findings of the analysis of this data.

Over time, tracking equality and diversity data of GOC registrants facing fitness to practise investigations will enable the GOC to identify any patterns that may emerge in relation to complaints about registrants. This may help us to identify any particular areas of concern or in which additional training or information might be made available for registrants and/or the public, or other steps that should be taken.

As illustrated below, many fitness to practise investigations do not result in a sanction being applied against the registrant. A higher proportion of investigations being conducted in relation to a particular group of registrants does not of itself, therefore, represent evidence of poor performance among members of that group. There can be many reasons for members of certain groups being subject to more complaints, including for example differing levels of contact with the public.

Individual registrants’ equality and diversity information has been handled on a confidential basis within the GOC Policy team, and has not been made available to staff responsible for investigating fitness to practise complaints.

Response rates – fitness to practise
The GOC received a total of 192 complaints regarding individual registrants in the 2011/12 financial year. Of these, 170 complaints were in relation to full registrants and 22 were in relation to student registrants (there were also 20 complaints relating to bodies corporate).
Equality and diversity monitoring data was available for 101 (59%) of the 170 individual full registrants that were the subject of a complaint in 2011/12. There was no equality and diversity data available for any of the 22 student registrants who were the subject of a complaint.

Note: the small number of registrants subject to an FTP complaint in 2011/12, relative to the total population of registrants, the sample is not statistically significant and it is not possible to draw conclusions from the data. The findings are therefore presented for illustration only. In future years, as more data becomes available, it may become more viable to identify trends with more confidence. Due to the very small number of forms for student registrants subject to an investigation, analysis of equality and diversity data has not been conducted for this group.

**Gender**

Table 1 below gives the equality and diversity monitoring data for gender for those individual full registrants who were the subject of an FTP complaint in 2011/12.

Of those individual registrants subject to an FTP complaint in 2011/12 for whom equality and diversity monitoring data is available, the majority were male. This applies to both optometrists (57%) and dispensing opticians (68%).

Table 1: Gender results – Full registrants subject to an FTP complaint in 2011/12

<table>
<thead>
<tr>
<th></th>
<th>Male</th>
<th>Female</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>All full registrants</td>
<td>60</td>
<td>41</td>
<td>101</td>
</tr>
<tr>
<td>Optometrists</td>
<td>45</td>
<td>34</td>
<td>79</td>
</tr>
<tr>
<td>Dispensing opticians</td>
<td>15</td>
<td>7</td>
<td>22</td>
</tr>
</tbody>
</table>

In terms of an overall trend, it appears from the data so far that between 2009 – 2011 more male optometrists and dispensing opticians were subject to an FTP complaint. For example, as illustrated in Figure 1 below, between 2009 and 2011 slightly more male optometrists were subject to an FTP complaint than females relative to the overall gender distribution. However the difference is not great, particularly in the data for 2011, so it is difficult to draw any conclusions at this point.

Figure 1: Comparison of fitness to practise gender results for Optometrists – Full registrants
Similarly, Figure 2 shows that, between 2009 and 2011, more male dispensing opticians were subject to an FTP complaint than females relative to the overall gender distribution. However, the amount of data for dispensing opticians is very small so caution should be exercised when examining the results.

More conclusive trends may emerge for both optometrists and dispensing opticians as more data is collected over the coming years.

**Figure 2: Comparison of fitness to practise gender results for Dispensing Opticians – Full registrants**
Age

Table 2 gives the equality and diversity monitoring data for age ranges for those individual full registrants who were subject to an FTP complaint in 2011/12.

Table 2: Age results – Full registrants subject to an FTP complaint in 2011/12

<table>
<thead>
<tr>
<th>Age Range</th>
<th>18-24</th>
<th>25-34</th>
<th>35-44</th>
<th>45-54</th>
<th>55-64</th>
<th>65+</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>All full registrants</td>
<td>4</td>
<td>33</td>
<td>26</td>
<td>23</td>
<td>15</td>
<td>0</td>
<td>101</td>
</tr>
<tr>
<td>Optometrists</td>
<td>4</td>
<td>28</td>
<td>20</td>
<td>14</td>
<td>13</td>
<td>0</td>
<td>79</td>
</tr>
<tr>
<td>Dispensing opticians</td>
<td>0</td>
<td>5</td>
<td>6</td>
<td>9</td>
<td>2</td>
<td>0</td>
<td>22</td>
</tr>
</tbody>
</table>

As noted above, the sample size of individual full registrants subject to an FTP complaint in 2011/12 is very small. However, as illustrated in Figures 3 and 4 below, the age range distribution of these registrants was similar to the age range distributions for all registrants in each professional group.

Figure 3: Comparison of FTP age results Optometrists – Full registrants

The most significant difference from the general registration data was the somewhat higher proportion of optometrists in the 55-64 age range that were subject to an FTP complaint in 2011/12. For example, 21% of the responses from optometrists subject to an FTP complaint were from those in the 55-64 age group, while that age group made up only 10% of all optometrists.
Additionally as Figure 4 shows below, 41% of dispensing opticians who were subject to an FTP complaint in 2011/12 were in the 45-54 age range, against 26% of the total population. However, the very small amount of data available for dispensing opticians means that this finding is not significant.

Figure 4: Comparison of FTP age results Dispensing Opticians – Full registrants

In terms of an overall trend, the data shows that from 2009 – 2011 more optometrists in the 55-64 age group and more dispensing opticians in the 45-54 age group were subject to an FTP complaint compared to the overall age distribution of registrants. In both cases it appears that older registrants are more likely to be subject to an FTP complaint although given the small sample sizes involved it is not clear evidence of an on-going trend. We will monitor these trends over time and consider additional research where appropriate.
Ethnic origin

Table 3 below gives the equality and diversity monitoring data for ethnic origin for those full individual registrants who were subject to an FTP complaint in 2011/12.

**Table 3: Ethnic origin results – Full registrants subject to an FTP complaint in 2011/12**

<table>
<thead>
<tr>
<th></th>
<th>White</th>
<th>Black</th>
<th>Asian</th>
<th>Mixed</th>
<th>Chinese/Other</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>All full registrants</strong></td>
<td>69</td>
<td>1</td>
<td>26</td>
<td>2</td>
<td>3</td>
<td>101</td>
</tr>
<tr>
<td>Optometrists</td>
<td>52</td>
<td>1</td>
<td>22</td>
<td>2</td>
<td>2</td>
<td>79</td>
</tr>
<tr>
<td>Dispensing opticians</td>
<td>17</td>
<td>0</td>
<td>4</td>
<td>0</td>
<td>1</td>
<td>22</td>
</tr>
</tbody>
</table>

As illustrated in Figure 5 below, the ethnic origin distributions for full registrant optometrists subject to a complaint in 2011 closely matched the distributions for all full registrants.

In terms of an overall trend from 2009 – 2011, it appears that the data is fairly consistent with the overall ethnic breakdown for all optometrists, albeit in 2009 there was a slight fluctuation.

Again more data is required to determine whether there is any significant trend emerging.

**Figure 5: Comparison of FTP ethnic origin results for Optometrists – Full registrants**
The ethnicity data for dispensing opticians subject to an FTP complaint is also fairly consistent with the overall ethnic breakdown; apart from in 2010 where there was a slight fluctuation in the number of Asian registrants subject to an FTP complaint. However, the data for 2011 and 2009 is more consistent and, as mentioned previously, due to the small amount of available data it is difficult to draw any conclusions from this.

Figure 6: Comparison of FTP ethnic origin results for Dispensing Opticians – Full registrants

| Disability |

As shown in Table 4 below, only two full individual registrants responding to the equality and diversity monitoring who were the subject of an FTP complaint in 2011/12 reported having a disability.

Table 4: Disability results - Full registrants subject to an FTP complaint in 2011/12

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>All full registrants</td>
<td>2</td>
<td>99</td>
<td>101</td>
</tr>
<tr>
<td>Optometrists</td>
<td>2</td>
<td>77</td>
<td>79</td>
</tr>
<tr>
<td>Dispensing opticians</td>
<td>0</td>
<td>22</td>
<td>22</td>
</tr>
</tbody>
</table>