

**BEFORE THE FITNESS TO PRACTISE COMMITTEE
OF THE GENERAL OPTICAL COUNCIL**

IO(20)06

**1ST INTERIM ORDER APPLICATION
DETERMINATION SUMMARY
2 SEPTEMBER 2020**

PRIVATE HEARING

Name of Registrant: Lokesh Prabhakar

Registration number: (01-27897)

Professional status: Optometrist

Type and length of interim order: The Fitness to Practise Committee determined to make an interim order of conditional registration from 10 March 2020 for a period of 18 months. On 2 September 2020 at the first review the Fitness to Practise Committee continued the order imposed with variations.

The order will be further reviewed within 6 months from today unless all matters are resolved within that time, or earlier should new evidence be made available, or if the registrant, at any time after three months from today's date, requests an early review.

LIST OF CONDITIONS

1. You must identify in every practice in which you work a person to record the intraocular pressures (IOPs) for any patient for which IOPs are obtained. This person must record the IOPs on the agreed table (Appendix A) and sign to confirm that the IOPs are accurate.
2. You must:
 - a) Identify a supervisor, who has been approved by the General Optical Council, who would be prepared to monitor your compliance with these conditions.

- b) Place yourself under the supervision of the supervisor, who need not necessarily be located at your practice, and remain under his/her supervision for the duration of these conditions.
 - c) Arrange for your supervisor to review at least 20 patient records, 10 of the 20 from the IOP table and 10 randomly selected by your supervisor, every 2 months and meet with him / her at least once every 2 months (such meeting may be by video call) for the purpose of considering those records specifically in relation to your performance
in:
 - (i) measuring intraocular pressure;
 - (ii) measuring cup/disc ratios in conjunction with a fundus image of the back of the eye, where available, with which to compare the measurements; and
 - (iii) keeping accurate patient records.
 - d) Request your supervisor to prepare a written report on your performance as identified in condition 2(c) every 2 months which should be provided to the GOC in advance of the review hearing.
 - e) Inform the GOC of any proposed change to your supervisor and again place yourself under the supervision of someone who has been agreed by the GOC.
3. You must inform the following parties that your registration is subject to conditions. You should do this within two weeks of the date this order takes effect.
- a) Any organisation or person employing or contracting with you to provide paid or unpaid optical services, whether or not in the UK (to include any locum agency).
 - b) Any prospective employer or contractor where you have applied to provide optical services, whether or not in the UK.
 - c) Chairman of the Local Optometric Committee for the area where you provide optometric services.
 - d) The NHS body in whose ophthalmic performer or contractor list you are included or are seeking inclusion.
4. You must inform the GOC if:
- a) You accept any paid or unpaid employment or contract, whether or not in the UK, to provide optical services.
 - b) You apply for any paid or unpaid employment or contract to provide optical services outside the UK.
 - c) You cease working.

This information must include the contact details of your prospective employer/ contractor and (if the role includes providing NHS ophthalmic services) the relevant NHS body.

5. You must inform the GOC within 14 days if you become aware of any criminal investigation or formal disciplinary investigation against you.
6. You must continue to comply with all legal and professional requirements of registration with the GOC.

A review hearing will be arranged at the earliest opportunity if you fail to: -

- a) Fulfil all CET requirements; or
- b) Renew your registration annually.

Appendix A

PRACTICE:		Specsavers, etc		
OPTICAL ASSISTANT/ DISPENSING OPTOMETRIST:		John Do		
DATE:		XX/XX/XXXX		
Patient Initial	Year of Birth	IOP measurements including time taken	Patient Reference (if any)	OA/DO Initials (If different)
XX	1979	X,Y,Z		