BEFORE THE FITNESS TO PRACTISE COMMITTEE
OF THE GENERAL OPTICAL COUNCIL

GENERAL OPTICAL COUNCIL F(18)02

AND

NASIR BUTT (01-22319)

DETERMINATION OF A SUBSTANTIVE HEARING
15-16 AUGUST 2018

Committee Members: Ms R O’Connell (Chair/Lay)
Ms S Fenoughty (Lay)
Ms J Wheat (Lay)
Ms C Roberts Optometrist)
Ms S Nasrullah (Optometrist)

Legal adviser: Mr W Hoskins
GOC Presenting Officer: Ms K Whyment
Registrant: Present and represented
Registrant representative: Mr S Thomas, Ms S Hitchcock (AOP)
Hearings Officer: Mr K Woodward
Facts found proved: 1a, b, c, d, e i ii iii iv v vi, f, g, 2a, b, and 3
Facts not found proved: None
Misconduct: Found
Impairment: Impaired
Sanction: 12 months order of suspension (with review)
Immediate order: Imposed
ALLEGATION

1. On 6th September 2015, at the Visionplus Ltd in Widnes, in respect of Patient A, you:

   a. Failed to give proper regard to Patient A's family history of glaucoma;
   b. Failed to give proper regard to Patient A's visual field results from 23rd August 2014 which indicated a visual field defect;
   c. Failed to carry out a visual field investigation when clinically indicated;
   d. Failed to detect signs of glaucoma;
   e. Failed to record the following in your notes:
      i. The tonometer type when measuring IOP’s;
      ii. The number of IOP measurements you undertook;
      iii. The size of the optic nerve;
      iv. A description of the neural rim width;
      v. Any advice given to Patient A regarding glaucoma risks;
      vi. That Patient A had complained of experiencing a "blind spot";
   f. Failed to refer Patient A to his GP or a hospital eye service for further examinations despite this being clinically indicated;
   g. In response to Patient A's concerns said that "everybody has blind spots" or words to that effect;

2. Between April 2016 and September 2016, at Widnes Visionplus Ltd, following a request from the GOC for disclosure of the complete records held by the practice for Patient A:

   a. Falsified the records of Patient A in that you created a visual fields test record for Patient A for 06 September 2015 on the practice’s Oculus Easyfield fields test machine, despite a visual fields test not having taken place on that date;
b. Falsified the records of Patient A in that you recorded backdated and/or false visual fields test results on the practice’s Oculus Easyfield fields test machine;

3. Your actions at 2(a) and/or (b) above were dishonest.

And by virtue of the facts set out above, your current fitness to practise is impaired by reason of misconduct.

DETERMINATION

Admissions in relation to the particulars of the allegation
The Registrant admitted particulars 1a, b, c, d, e i ii iii iv v, f, 2 a and b, and 3 of the allegation. The Committee announced that those particulars were proved by way of admission.

Background to the allegation
The allegations arise out of an examination conducted by the Registrant on 6 September 2015. On that date, Patient A attended a routine examination. Patient A had a family history of glaucoma. It is alleged that the Registrant failed to carry out an appropriate examination. In particular he failed to carry out a visual fields investigation, failed to record a number of relevant matters in the clinical notes and failed to have proper regard to Patient A’s family history of glaucoma and earlier visual field results which indicated that Patient A had a visual field defect. It is also alleged that when Patient A told him that he had a blind spot in his vision, the Registrant was dismissive of that and said words to the effect “everybody has blind spots.”

It is alleged that the Registrant failed to refer Patient A as he should have done. Patient A was subsequently diagnosed with glaucoma.

During the course of the GOC investigation into these matters, the Registrant feared that he might be made the subject of an interim suspension order. He falsified Patient A’s clinical record by creating a visual fields test record when no visual fields test had been carried out. The aim of this falsification was to influence the outcome of an interim order hearing. The Registrant confessed to this prior to the interim order hearing, at which a suspension order was imposed.

Findings in relation to the facts
The Committee had to resolve two particulars of the Allegation that were not admitted by the Registrant. These were that Patient A had complained of experiencing a blind spot and the Registrant failed to record that complaint, and that he had said to Patient A “everybody has blind spots” or words to that effect.

The Committee heard oral evidence from Patient A. It also had available to it the contemporaneous clinical records.
Patient A told the Committee that the appointment with the Registrant seemed to him to be rushed and he could remember no conversation of any kind taking place between himself and the Registrant. He did however remember that at the conclusion of the appointment the Registrant and he were both standing in the reception area and it was then that, he said, he mentioned to the Registrant that he was experiencing a blind spot and showed the Registrant by a movement of his left hand where the blind spot was. He said to the Committee that the Registrant said words to the effect “everybody has blind spots” and appeared to Patient A to be dismissive of his concerns.

The Committee also heard oral evidence from Professor Simon Barnard, an expert Optometrist, who had prepared a report in relation to this case and who explained to the Committee the insidious nature of glaucoma and the experience of it that many patients might have.

The Committee heard submissions from Ms Whyment on behalf of the Council. She submitted that Patient A had a clear recollection of the conversation alleged and the Committee could safely accept this evidence.

The Committee heard submissions from Mr Thomas on behalf of the Registrant. Mr Thomas emphasised that Patient A’s recollection that no conversation between himself and the Registrant had occurred must be at fault because the clinical record showed in particular that the Registrant had taken an accurate family history from Patient A. He submitted that Patient A had become confused in his recollection as he had attended appointments with a number of different Optometrists.

The Committee accepted the advice of the Legal Adviser who reminded the Committee of the burden and standard of proof and also reminded the Committee that no adverse inference was to be drawn against the Registrant because he had not given oral evidence himself.

The Committee considered Patient A to be a credible witness. It found that he had a clear and distinct recollection of the conversation he alleged and it accordingly found that this conversation had taken place. The Committee accepted Mr Thomas’ submission that Patient A’s recollection was far from perfect in respect of the detail of the clinical examination. It was clear from the clinical records that the Registrant had taken an accurate family history from Patient A and this was at variance with Patient A’s recollection that nothing of this kind had occurred. Nonetheless, the Committee concluded that Patient A’s recollection of the conversation that he remembered as taking place in the reception area could be relied upon.

In reaching this conclusion, the Committee derived some assistance from the clinical record of Patient A’s appointment with a different Optometrist on 13/02/16, some five months after his appointment with the Registrant. The clinical record of that appointment includes the following “says mentioned missing bit in vision to last optician when watching tv.” There is a further note dated 12/03/16 which includes the following ‘he’s confirmed glauc this week px concerned why not picked up at last test at Specsavers, px now says last test was sep/oct ‘15.’
It seems clear from this entry in the record that Patient A remembered mentioning a missing bit in his vision to the Registrant within six months of the appointment with the Registrant and before he was aware of the significance of this symptom. Further, the Committee notes that Patient A had decided to visit a different Optometrist soon after his appointment with the Registrant in September 2015. This is consistent with his evidence that the Registrant treated his complaint about a blind spot in a dismissive manner.

Accordingly, the Committee has concluded that the conversation alleged by Patient A did indeed occur. The information that Patient A gave to the Registrant about a blind spot should have been recorded by the Registrant. It was potentially significant information particularly as the Registrant had failed to carry out a visual fields investigation.

The Committee therefore finds particulars 1 e vi and 1 g of the Allegation proved on the balance of probability.

**Findings in relation to misconduct**

The Committee has heard submissions on behalf of the Council and the Registrant. On behalf of the Registrant, Mr Thomas accepted that the matters found proved amounted to misconduct.

The Committee accepted the advice of the Legal Adviser. He reminded the Committee that there was no burden or standard of proof to be applied at this stage. Whether the matters found proved amounted to misconduct was a matter for the Committee’s judgement and depended upon the seriousness of the departure from appropriate professional standards.

The Committee considered the clinical failures alleged. These were significant and included a failure to carry out a visual fields investigation when clinically indicated and a failure to detect signs of glaucoma. Extensive record keeping failures were also admitted in relation to the clinical examination on 6 September 2015.

Professor Barnard had analysed the failures. He concluded that the failure to conduct a visual fields test on Patient A fell far below the expected standard and the failure to refer Patient A also fell far below the standard expected. He also concluded that the failure to provide adequate clinical advice to Patient A fell far below the standard expected and the failure to record Patient A’s account of his blind spot was well below the standard expected. Looked at together, the Committee agreed that these failures were sufficiently serious to amount to misconduct. The Committee noted that they involved serious breaches of Standard 1 ‘Make the care of the patient your first and continuing concern’ and Standard 6 ‘Maintain adequate patient records’ of the Code of Conduct in force in September 2015.

In addition to the clinical failures, the Registrant has admitted an allegation of very serious dishonesty. This allegation is particularly serious because it involves the falsification of a patient’s clinical record in view of an impending interim order hearing before the Registrant’s regulator. The purpose of this falsification was to attempt to influence the outcome of the hearing. The Registrant’s conduct involved breaches of
the following Standards in force at the time, namely Standard 16 ‘Be honest and trustworthy’, Standard 17 ‘Do not damage the reputation of your profession through your conduct’, and Standard 19 ‘Be candid when things have gone wrong.’ The Committee is in no doubt that the Registrant’s dishonesty amounts to misconduct.

Findings regarding impairment

The Committee has heard submissions from Ms Whyment on behalf of the Council and from Mr Thomas on behalf of the Registrant. Mr Thomas accepted that the Registrant’s fitness to practise is currently impaired, in particular on public interest grounds having regard to the Registrant’s admission of dishonesty.

The Committee has accepted the advice of the Legal Adviser. He reminded the Committee that impairment was to be judged as of today’s date and that it could be said to have two facets, one relating to the Registrant and involving in particular questions relating to remediation and insight, and the other involving broader questions of the public interest.

In relation to the clinical failures, the Committee concluded that these were in principle remediable and that the Registrant had taken some steps towards remediation. The Committee noted in particular the CET record and the patient records to which it had been referred by the Registrant. However, the Committee could not be satisfied that remediation was complete. The Committee recognised that the interim order of suspension to which the Registrant is subject placed various difficulties in the way of remediation. However, where the clinical failures were significant as in this case, the Committee would need to see a properly audited selection of records, assessed by an independent practitioner, to be confident that the Registrant had taken all appropriate steps to be sure that the failings evident in this case would not recur. The Committee therefore concluded that there remained a risk to the public from the Registrant’s clinical practice.

As already noted, the dishonesty in this case is particularly serious. To falsify a clinical record in the circumstances already described is a matter of the utmost gravity. The Committee noted and gave the Registrant credit for the fact that he admitted the falsification before it was discovered. The Committee also concluded from the Registrant’s reflective statement that he had developed a high degree of insight into the seriousness of his dishonesty. The Committee judged the risk of a recurrence of this type of behaviour to be low.

However, the Committee was in no doubt that the public interest required a finding of impairment to be made in circumstances such as this. Not to make a finding of impairment would seriously undermine public confidence in the profession and in its regulation. Accordingly, the Committee has concluded that the Registrant’s fitness to practise is currently impaired on public interest grounds as well as on grounds of public protection.
Sanction
The Committee heard oral evidence from the Registrant. He explained to the Committee the shame and remorse he felt about his act of dishonesty and the circumstances in which he had come to confess to it. He told the Committee that he had used the period of his interim suspension to reflect on the ethical standards appropriate to an optometrist and the way in which his dishonest behaviour had violated those standards. He apologised for the damage that he had caused to Patient A and to the profession and he understood the effect that this type of behaviour has upon public confidence in the profession.

[Redacted]. He is the sole earner in his family household and he had panicked at the thought that he might not be able to earn his livelihood. He explained that his family’s life style had altered considerably since these events, but that his family has adjusted well to this.

He also told the Committee that he had endeavoured to use his time, whilst suspended, usefully by devising sight tests which could be used by those for whom English was not readily understood. He demonstrated to the Committee the sight test charts which he had devised. He also explained that he spoke Urdu and Punjabi and that this was of value in serving a number of his patients.

The Committee heard submissions from Ms Whyment on behalf of the Council. She submitted that the dishonesty in this case was so serious that the interests of the profession demanded erasure.

The Committee heard submissions from Mr Thomas on behalf of the Registrant. He accepted that this was a very serious case, but submitted that the public interest could be secured by a period of suspension of 12 months. He emphasised that the Registrant had already been suspended for some 15 months and invited the Committee to conclude that the Registrant did not have harmful, deep-seated attitudinal problems and had not shown a persistent lack of insight in to the seriousness of the issues.

The Committee accepted the advice of the Legal Adviser. He reminded the Committee of the need to have regard to the Indicative Sanctions Guidance and of the requirement to consider the interests of the profession, in particular the need to maintain public confidence in the profession and in its regulation. That requirement meant that matters of personal mitigation could be of less importance than they might be in other areas of jurisdiction.

The Committee considered that the oral evidence of the Registrant was credible. The Committee accepted that the remorse he showed for his actions was genuine. The Committee had regard to the testimonials on his behalf and noted that the writers of the testimonials were astonished at the dishonest behaviour evident in these proceedings. The Committee also considered that the Registrant had shown an appropriate level of insight into the serious impact this kind of behaviour had on the profession.

The Committee considered the aggravating and mitigating features of this case.
The aggravating features were that this was an episode of very serious dishonesty which involved the calculated falsification of a clinical record. The purpose of the falsification was to deceive the regulator so as to avoid an adverse outcome at an interim order hearing. In behaving in this way, the Registrant put his own interests before those of Patient A. In addition, the Registrant’s clinical failings meant that there was a delay in diagnosing Patient A’s glaucoma.

The mitigating features were that this was a one-off episode of dishonesty which was completely out of character. Importantly, the Registrant admitted the dishonesty of his own volition and before it was discovered. He has no previous fitness to practise history and the clinical failings concern one patient only rather than being systemic in nature.

The Registrant has developed insight into the implications of his behaviour. His apology was genuine and was extended to Patient A, his colleagues, the profession and the regulator. He has put into effect significant changes to his practice and has reflected deeply upon the importance of the profession’s ethical standards.

In considering sanction, the Committee reminded itself that it was concerned both with clinical issues and with issues relating to probity. The clinical issues were such as might ordinarily attract a conditions of practice order. However, the issues relating to probity could not be addressed by such an order. The Committee reminded itself that its obligation was to act proportionately and to give full weight to the need to maintain confidence in the profession and in its regulation by imposing a sanction which would satisfy this important public interest. The Committee therefore has to take account of what a reasonable and fully informed member of the public would regard as an appropriate sanction in this case.

The Committee considered sanction in ascending order of seriousness.

It was obviously inappropriate to take no further action in a case as serious as this.

A financial penalty was not appropriate. It would not meet the public interest requirements of this case.

A conditions of practice order was also inappropriate for the same reasons. Such an order would address the clinical failings evident in this case, but would not address the issue of probity.

The Committee then considered a suspension order. The Committee noted in particular paragraph 34.1 of the Indicative Sanctions Guidance which provides that suspension ‘may be appropriate when some or all of the following factors are apparent (this list is not exhaustive):

a. A serious incident of misconduct but where a lesser sanction is not sufficient;

b. No evidence of harmful, deep-seated personality or attitudinal problems;

c. No evidence of repetition of behaviour since incident;
d. The Panel is satisfied the Registrant has insight and does not pose a significant risk of repeating behaviour;
e. [Not applicable]

The Committee was satisfied that all of the factors outlined above were fully engaged in this case. In reaching this conclusion, it had paid close regard to the Registrant’s oral evidence and to the testimonials submitted on his behalf. It also attached considerable importance to the fact that the Registrant had voluntarily decided to admit to his dishonesty before it was discovered.

The Committee went on to consider whether a 12 month period of suspension would be sufficient to protect the public interest. The Committee was of the view that a reasonable and fully informed member of the public, having regard to all of the evidence it had heard in this case and having regard to the 15 month period of suspension already served, would consider that this sanction was sufficient to send an appropriate message about the importance of honesty as a fundamental requirement of the profession.

The Committee also considered whether erasure was in fact the only proportionate response. The Committee concluded that erasure was not the only means of maintaining public confidence in the optometric profession. As serious as this incident undoubtedly was, the Committee was of the view that public confidence in the profession could be maintained by a 12 month period of suspension, having regard to all of the factors referred to in this determination.

A review should be held at the end of the period of suspension. The Committee did not consider a review was necessary in terms of the probity issue, as it was satisfied that the Registrant had developed full insight into this aspect. A review was necessary however so that the reviewing panel could satisfy itself that the clinical failings evident in this case had been addressed. A reviewing committee may be assisted by reference to the Registrant’s CET record and an audit, by an independent practitioner, of clinical records prepared by the Registrant following the complaint in this case and up until the imposition of the interim suspension order.

**Immediate Order**

Ms Whyment on behalf of the Council applied for an immediate order of suspension under Section 13I of the Opticians Act 1989 (as amended). She told the Committee that the substantive order made today would not take effect immediately but would only take effect after the expiry of the time allowed for an appeal, and if an appeal was lodged only when that appeal was resolved. She submitted that in view of the Committee’s findings on impairment, an immediate order was necessary for the protection of the public and was otherwise in the public interest.

Mr Thomas on behalf of the Registrant did not oppose the application.

The Committee accepted the advice of the Legal Adviser.

The Committee decided to impose an immediate order of suspension on the basis that such an order was necessary for the protection of the public and was otherwise
in the public interest. The Committee had particular regard to its findings in relation to impairment. The Registrant has not yet fully remediated the clinical failings evident in this case and it is therefore important that the public be protected by an immediate order of suspension.

**Revocation of interim order**

The Committee hereby revokes the interim order for suspension of registration previously in place.

Chair of the Committee: Ms Rachel O'Connell

Signature …………………………………………….. Date: 16 August 2018

Registrant: Mr Nasir Butt

Signature …………………………………………….. Date: 16 August 2018
**FURTHER INFORMATION**

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<th>Transcript</th>
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<td>A full transcript of the hearing will be made available for purchase in due course.</td>
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<td>Any appeal against an order of the Committee must be lodged with the relevant court within 28 days of the service of this notification. If no appeal is lodged, the order will take effect at the end of that period. The relevant court is shown at section 23G(4)(a)-(c) of the Opticians Act 1989 (as amended).</td>
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<th>Professional Standards Authority</th>
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<td>This decision will be reported to the Professional Standards Authority (PSA) under the provisions of section 29 of the NHS Reform and Healthcare Professions Act 2002. PSA may refer this case to the High Court of Justice in England and Wales, the Court of Session in Scotland or the High Court of Justice in Northern Ireland as appropriate if they decide that a decision has been insufficient to protect the public and/or should not have been made, and if they consider that referral is desirable for the protection of the public. PSA is required to make its decision within 40 days of the hearing (or 40 days from the last day on which a registrant can appeal against the decision, if applicable) and will send written confirmation of a decision to refer to registrants on the first working day following a hearing. PSA will notify you promptly of a decision to refer. A letter will be sent by recorded delivery to your registered address (unless PSA has been notified by the GOC of a change of address).</td>
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Further information about the PSA can be obtained from its website at [www.professionalstandards.org.uk](http://www.professionalstandards.org.uk) or by telephone on 020 7389 8030.

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<th>Effect of orders for suspension or erasure</th>
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<td>To practise or carry on business as an optometrist or dispensing optician, to take or use a description which implies registration or entitlement to undertake any activity which the law restricts to a registered person, may amount to a criminal offence once an entry in the register has been suspended or erased.</td>
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<td>The General Optical Council is required by Regulation 67 of the European Union (Recognition of Professional Qualifications) Regulations 2015 to inform all European competent authorities of any restrictions or prohibitions on a dispensing optician or an optometrist's practice. ‘Competent authority’ effectively means the relevant regulator for each EU member state.</td>
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The GOC is the competent authority for all opticians registered in the United Kingdom (UK).

If you have been made subject to either a suspension or conditions of practice order (whether interim or substantive), or to an erasure order, we hereby notify you of the following:

- Within 3 days of the Fitness to Practise Committee decision taking effect you will be the subject of an alert sent under article 56a(1) of the Directive;
- You have the right to appeal the decision to issue the alert or to apply for rectification of the decision; and
- You have the right to access remedies in respect of any damage caused by false alerts sent to other competent authorities.

The alert is sent securely via the Internal Market Information (IMI) system. The alert will include the following details:

- Your identity (full name and date of birth);
- Your profession;
- Your GOC registration number;
- The fact that the GOC is the national authority which adopted the decision on the restriction or prohibition of your professional activities;
- The scope of the restriction or prohibition;
- The period during which the restriction or the prohibition applies.

If you wish to appeal the decision to issue this alert then please see the information sheet below. Please note that this relates to your right of appeal against the issuing of the alert – see above regarding your right of appeal against a substantive decision.

A copy of the alert may be obtained via the contact details at the end of this document.

Please see the attached information sheet for further information.

Contact

If you require any further information, please contact the Council’s Hearings Manager at 10 Old Bailey, London, EC4M 7NG or, by telephone, on 020 7580 3898.
Please see the below Frequently Asked Questions (FAQs) which have been developed to assist you with this process and explain your options.

1. **Why has the General Optical Council (GOC) sent this alert?**
   With effect from 18 January 2016 the GOC is legally required to issue alerts concerning all registrants whose practice has been prohibited or restricted – this includes all determinations of suspension, conditions or erasure issued by a Fitness to Practice Committee (FTPC), whether interim or substantive, and any extensions ordered by the High Court.

   This legal requirement is placed on us by article 56a of Directive 2005/36/EC on the recognition of professional qualifications (‘the Directive’). This article was adopted into UK legislation via Regulation 67 of the European Union (Recognition of Professional Qualifications) Regulations 2015. All other Member States must also comply with the provisions of the Directive and participate in the alert mechanism.

2. **What is the purpose of these alerts?**
   The purpose of these alerts is to ensure public protection across all Member States. The intention is that each member state will be notified of any restrictions or prohibitions placed on UK registrants so that they are able to check this against their own registers and applicants. We will also be notified of any restrictions or prohibitions handed down to European optical professionals. This will assist us with safeguarding the public and maintaining the integrity of our registers.

3. **Why was I not consulted before the alert was sent?**
   The terms of the Regulations are very strict; the alert must be issued within three days of the panel’s decision coming into effect. The notification must be issued at the same time the alert itself is sent.

4. **Who will see the alert?**
   The alert is sent securely via the Internal Market Information (IMI) system to the competent authority in each Member State.

   In the UK, statutorily regulated health and social care professionals have to be registered with, and show that they meet the standards of, the relevant regulatory body, in order to practise their profession. The regulators control access to regulated professions, professional and vocational titles and professional activities which require specific qualifications, and are also subject to national law. The European Commission term these organisations the ‘competent authorities’ although the exact duties of the competent authorities vary across member states, they are effectively the regulator (in the same way the GOC is) for each member state.

   A competent authority has been defined by the European Commission as: any authority or body empowered by a Member State specifically to issue or receive training diplomas and other documents or information and to receive the application and take the decision, referred to in Directive 2005/36/EC.

5. **If there is a mistake in the alert can I apply for it to be corrected?**
   If you notice a mistake in the alert (such as a typing error or incorrect information) then please contact the GOC and we will consider your request to amend the alert. Please note...
the GOC is not able to remove an alert at your request, see next question for further information.

6. **What if I disagree with the alert being sent?**
If you disagree with the sending of an alert then you have the right of appeal to the County Court. If you merely consider there to be a mistake within the alert then please refer to the above question.

Please note that the GOC is required to send the alert under European Law. With this in mind, and if you still wish to appeal to the County Court, then you may find the following government website useful: [https://www.judiciary.gov.uk/you-and-the-judiciary/going-to-court/county-court/](https://www.judiciary.gov.uk/you-and-the-judiciary/going-to-court/county-court/)

If you attended the hearing and were given the FTPC decision document by hand then the period for submitting an appeal with the County Court is 28 days from the date you were handed the document. If the FTPC decision document has been sent to you by post, the appeal period is 30 days from the date the decision document was posted to you (there is an additional 2 days allowed to cover postage time).

7. **Can the GOC assist me with my appeal against the issuing of an alert?**
The GOC is unable to help you with your appeal – **we strongly advise that you seek independent legal advice.**

8. **If I appeal an alert being sent, what effect will that have on the substantive decision made in relation to my registration?**
There will be no effect on the decision made by the GOC affecting your registration. This would be an appeal against the issuing of the alert and **not** the substantive decision – they are two separate things and each have different appeal routes. If you require details on how to appeal the substantive decision (i.e. the erasure, conditions or suspension) then please refer to the separate guidance sheet enclosed with the decision letter regarding your substantive GOC case.

9. **If I successfully appeal the issuing of an alert, what will happen to the alert itself?**
While your appeal is ongoing the alert will remain on the IMI system but with a qualification to say that an appeal has been lodged.

On appeal the County Court may:

- Dismiss your appeal;
- Allow your appeal and direct the alert be withdrawn or amended accordingly.

If the County Court decide to allow the appeal then the GOC has a duty to delete the alert (or amend as appropriate) within three days of this decision.

10. **What happens if the order made by the FTPC is revoked?**
When an order is revoked by the FTPC (or the High Court) and that order was the subject of a European alert, we will close the alert within 3 days of the decision to revoke the order. When an alert is closed, all personal data is removed from the alert system.