

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

GENERAL OPTICAL COUNCIL

F(19)18

AND

Dorothy James (01-15977)

**DETERMINATION OF A SUBSTANTIVE HEARING
26 -27 November 2019**

Committee Members:	Mr James Kellock (Chair/Lay) Ms Jayne Wheat (Lay) Mr Paul Curtis (Lay) Ms Amritpreet Basra (Optometrist) Ms Linda Troy (Optometrist)
Clinical adviser:	N/A
Legal adviser:	Mr G Dalglish
GOC Presenting Officer:	Ms Culleton
Registrant present/represented:	Not present
Registrant representative:	Mr S Thomas (Counsel)
Hearings Officer:	Ms A Shabani
Facts found proved:	All Found
Facts not found proved:	None
Misconduct:	Found in respect of Charges 1, 2, 3 and 6
Impairment:	Impaired
Outcome	Conditions (6 months) - With Review

Immediate order:	Yes
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ALLEGATION

The Council alleges that you, Dorothy James, a registered optometrist:

1. *On 31 May 2018 failed to maintain adequate patient records for Patient A in that you:*
 - a. *failed to record any discussion with Patient A about their vision, symptoms or concerns; and/or*
 - b. *recorded an insufficient note of the contact lens wearing time; and/or*
 - c. *failed to record a medical history; and/or*
 - d. *failed to record which lens solutions were used; and/or*
 - e. *failed to record a visual acuity measurement; and/or*
 - f. *failed to make a record of the contact lens condition; and/or*
 - g. *recorded an insufficient description of the lens fit; and/or*
 - h. *recorded an insufficient note of the ocular structures examination; and/or*
 - i. *failed to record any advice given to Patient A.*
2. *On 31 May 2018 failed to conduct an adequate examination of Patient B in that you failed to undertake a slit lamp examination.*
3. *On 31 May 2018 failed to maintain adequate patient records for Patient B in that you:*
 - a. *failed to record a measurement of unaided vision or visual acuity with the current appliance; and/or*
 - b. *failed to record the performing of a refraction; and/or*
 - c. *failed to record a visual acuity measurement; and/or*
 - d. *failed to record a basic binocular vision assessment; and/or*
 - e. *failed to record the an external examination of the eye; and/or*
 - f. *failed to record visual field screening; and/or*
 - g. *failed to record tonometry; and/or*
 - h. *failed to record what aspects of ocular structure examination was undertaken.*

4. *On 31 May 2018 failed to maintain adequate patient records for Patient C in that you:*
 - a. *failed to record any symptoms; and/or*
 - b. *failed to record a distance visual acuity with existing spectacles for both eyes; and/or*
 - c. *failed to record a distance visual acuity with the new prescription for both eyes; and/or*
 - d. *failed to record what time the intra ocular pressures readings were taken.*

5. *On 31 May 2018 failed to maintain adequate patient records for Patient D in that you recorded an insufficient note of Patient D's symptoms and current vision.*

6. *On 31 May 2018 failed to maintain adequate patient records for Patient E in that you failed to make a record of the internal eye examination including any comment on the optic disc.*

AND by virtue of the facts alleged above your fitness to practise is impaired by reason of misconduct.

DETERMINATION

BACKGROUND

It is alleged that whilst working as a locum optometrist on 31 May 2018 at [REDACTED] ("the Practice"), the Registrant failed to conduct an adequate examination of one patient and failed to keep adequate records in relation to five patients.

The Dispensing Optician that day was [REDACTED], who was working alongside the Registrant. The Registrant asked [REDACTED] for assistance with Patient B and [REDACTED] asked the Registrant if she had used the slit lamp. She responded that she did not know how to use a slit lamp. [REDACTED] subsequently referred Patient B to her GP as [REDACTED] was not qualified to use the slit lamp.

During the day [REDACTED] also had to return a number of patient record cards to the Registrant to be completed. [REDACTED] had concerns about the records for five patients out of approximately ten patients seen by the Registrant that day. He further stated that the Registrant has called at the practice a few days before to familiarise herself with the equipment and record cards.

Dr Harper was asked by the Council to prepare an expert report on the Allegations. He concluded in his report that the records for the five patients were inadequate. His expert opinion was that there were a number of deficiencies and lack of detail in the records made by the Registrant for Patient A, B, C, D and E. In his opinion, the absence of detail in some of the patient notes fell far below the standards expected of a reasonably competent optometrist. He also concluded that failing to undertake a slit lamp examination fell far below the standard expected of a reasonably competent optometrist.

DETERMINATION ON THE FACTS

The Allegation was admitted in full by the Registrant. The Committee found all the facts proved by admission.

SUBMISSIONS ON MISCONDUCT FOR THE GOC

Ms Culleton summarised the case and the allegation. She referred the Committee to the expert report of Dr Harper. Ms Culleton submitted that Dr Harper had concluded that the Registrant had failed to demonstrate basic and elementary skills. On that basis she submitted the facts found proved amounted to a serious falling short of what would have been appropriate in the circumstances and amounted to misconduct.

She submitted that the Registrant had breached Standards 5 and 8 of GOC Standards of Practice for Optometrists and Dispensing Opticians (“the Standards”) relating to maintaining adequate patient records and keeping professional skills up to date.

Ms Culleton referred to Schodlok v GMC [2015] EWCA Civ 769 and to Rimmer v GDC 2011 EWHC 3438 (Admin). She submitted that the case of Rimmer states that a Committee can consider allegations cumulatively where they are of a similar nature.

She referred the Committee to Dr Harper’s report and his opinion which deals with the charges separately. She referred to his overall conclusion at paragraph 5.3.14 of his report. She submitted that he concludes that “ *When considering all of the Registrant’s records, there is an omission of detail on patients’ general health, any medications being taken, their previous eye histories (only partly mitigated for by the availability of previous records) and patients’ family histories. These omissions reflect a serious failing when apparently repeatedly omitted to be asked about and/or recorded to have been asked about on the record card, these omissions can collectively be regarded as a failing falling far below the standard expected of a reasonably competent optometrist*”.

She submitted that the charges are of a similar nature and it is open to the Committee to consider the charges in the round and to conclude that they amount to misconduct.

SUBMISSIONS FOR THE REGISTRANT ON MISCONDUCT

Mr Thomas submitted that the Registrant had agreed Dr Harper's report. He submitted, however, that misconduct was a matter for the judgement of this Committee, not Dr Harper.

Mr Thomas referred to the case law on misconduct and to Calhaem v GMC [2017] EWHC 2606 (Admin). He submitted that the conduct must be serious and not merely negligent.

He submitted that in deficient professional performance a cumulative approach can be taken in respect of the allegation. He submitted that there must be a serious departure from professional standards and stated that misconduct was not denied by the Registrant. However, he submitted that Dr Harper did not conclude that there had been a serious departure from the standards expected of an optometrist in respect of all the charges in the Allegation.

He referred to the cases of Rimmer and Schodlok and reminded the Committee that the latter was a 2015 Court of Appeal decision, whereas the former was an earlier 2011 High Court case. He submitted that in Schodlok there had been six non-serious allegations of a similar nature and the Court in that case stated that it was not correct to cumulatively equate non-serious allegations to amount to serious misconduct.

Mr Thomas submitted that, unless circumstances were unusual, there should not be a cumulative approach to what were a series of record keeping concerns. He reminded the Committee that the approach to misconduct could have an impact on its approach to sanction and reiterated that a "stacking" approach to the charges should not be taken.

Findings in relation to misconduct

The Committee has heard submissions on behalf of the Council and the Registrant. It has accepted the advice of the Legal Adviser. He referred the Committee to the guidance on misconduct in Roylance v GMC (No 2) [2001] 1 AC 311 and reminded it that misconduct was a matter for its own professional judgement on which there was no onus or burden of proof. The committee considered the report from Dr Harper and the Standards.

The Committee considered charge 1. The purpose of the record card is to record the work done and to inform the next practitioner. The Committee concluded that there was a serious absence of records not merely a lack of "adequate" records of (a) – (i). The Committee concluded that these failures to record were a serious falling short of what would have been proper and amounts to misconduct.

The Committee considered charge 2. This is in relation to the failure to undertake a slit lamp examination on Patient B. It concluded that this charge alone is a serious falling short of what would have been proper in the circumstances. This failure was serious as the examination of the red eye in the patient would have been clinically inadequate without a slit lamp examination and that the failure carried a potential risk of harm. The Committee concluded that this failure and this charge alone is serious and amounts to misconduct.

The Committee considered charge 3. There are no records of any of the tests (a) - (h). Dr Harper's opinion was that this was a serious falling short of the standards. The Committee agreed. The Committee concluded that these failures to record were a serious falling short of what would have been proper and amounts to misconduct.

The Committee considered charge 4. The Committee considered Dr Harpers report, in particular paragraphs at 5.3.6, 5.3.9. and 5.3.14. He concludes at 5.3.6 that the deficiencies identified in charge 4 "*in a single case do not reflect a standard of record keeping falling far below the standard expected of a reasonably competent optometrist.*" The Committee carefully considered the particular records. The record for Patient C is not adequate and fails to record details for the patient and for the next professional providing services to that patient. On balance, however the Committee concluded that charge 4 is not, alone, sufficiently serious to amount to misconduct.

The Committee considered charge 5. The Committee considered the records for Patient D. The records are admitted to be insufficient and are not adequate. On balance, the Committee formed the view that the charge was not, alone, sufficiently serious to amount to misconduct.

The Committee considered charge 6. The Registrant has made no record of the internal eye examination or made any comment on the optic disc. These are both important records for a glaucoma patient. The Committee concluded that these failures are serious and amount to misconduct.

The Committee found that the Registrant breached Standards 5 and 8

"Standard 5 - Keep your knowledge and skills up to date

Standard 8 – Maintain adequate patient records"

The Committee accordingly found that charges 1, 2, 3, and 6, admitted and found proved, are serious and amount to misconduct.

The Committee did not find that charges 4 and 5 amounted to misconduct.

SUBMISSIONS ON IMPAIRMENT FOR THE GOC

Ms Culleton reminded the Committee that it should consider the questions set out by Dame Janet Smith in the Fifth Shipman Report regarding the risk of the Registrant placing patients at risk of unwarranted harm and breaching fundamental tenets of the profession. Ms Culleton submitted that the Registrant had failed to record basic details on patient records and that had placed patients at unwarranted risk of harm, as had the failure to undertake a slit lamp examination of Patient B. She submitted that the Registrant had breached professional standards and that public confidence in the profession would be undermined were a finding of impairment not made.

Ms Culleton set out the Registrant's current position and referred the Committee to the papers submitted by the Registrant. The Registrant has signed an undertaking indicating that she has retired, will not renew her registration and will not practice as an Optometrist, effective from 20 November 2019.

Ms Culleton submitted that there was no evidence of remediation of the Registrant's practice, or that she is currently fit to practise. If she has worked as an Optometrist since the incident, she submitted that was demonstrative of a lack of insight. There was no evidence of training in the use of a slit lamp or in the keeping of adequate patient records. Ms Culleton submitted that in these circumstances the Registrant's fitness to practise is currently impaired.

SUBMISSIONS ON IMPAIRMENT FOR THE REGISTRANT

Mr Thomas submitted that this case does not engage the public interest. He submitted that the Registrant's practice, and the findings, do not undermine confidence in the profession or bring it into disrepute.

Mr Thomas submitted that the Committee should ask itself what the public would think were the Registrant not found to be impaired. He stated this incident was a single day when concerns were identified and, except for the slit lamp, were all record keeping concerns. The public interest would not demand that impairment be found, and he submitted that this case was in that respect akin to a health case.

On the issue of patient safety, Mr Thomas submitted that the guidance in the Council's Indicative Sanctions Guidance indicates the considerations where a Warning can be given with no finding of impairment. He submitted that the factors in this guidance were relevant. He said there was previous good history, and the Registrant has been practising without restriction for 18 months with no further complaint. He told the Committee that the Registrant had worked part time one day per week providing domiciliary services in a prison setting. He said this was a limited role. Mr Thomas accepted that there was no evidence of remediation.

He accepted that the Registrant had breached fundamental tenets of the profession but submitted that she had not brought the profession into disrepute.

Findings regarding impairment

The Committee heard submissions from Ms Culleton on behalf of the Council and from Mr Thomas on behalf of the Registrant. It accepted the advice of the Legal Adviser. He reminded the Committee of the guidance in CHRE v NMC and Grant [2011] EWHC 927 (Admin) on impairment and the importance of considering insight, remediation and the risk of repetition. He reminded the Committee to at all times be mindful of the wider public interest and of the need to maintain confidence in the profession.

The Committee noted that the Registrant has expressed an intention to retire, and signed an undertaking to that effect. The Committee are mindful that she is under no obligation to do so and she could change her mind at any time.

The Committee considered the information about the Registrant's current circumstances. There is a lack of any evidence of steps taken by the Registrant to reflect on and to remediate her practice, despite the deficiencies being readily remediable. Despite admitting the allegation, the Registrant has provided no evidence to the Committee of any training or education she has undertaken in the areas of her practice which she admitted were deficient, and in respect of which misconduct has been found. The Committee concluded that this indicated a lack of insight by the Registrant into her misconduct.

The Committee concluded that, given the lack of evidence of any remediation or insight, there remains a real risk of repetition of the misconduct. The Committee found that the Registrant has in the past put patients at unwarranted risk of harm, and is liable to do so in the future.

The Committee also considered the wider public interest. It concluded that given its findings on misconduct, that a well-informed member of the public would be concerned were the Registrant not found to be impaired. The Registrant failed to conduct an important and basic examination and she failed to keep adequate patient records. These are basic but important matters that have a direct impact on patient safety. The Committee found that the Registrant breached the Standards and breached fundamental tenets of the profession in doing so, and that she is liable to do so in the future.

The Committee concluded that the Registrant's misconduct undermines public confidence in the profession. It accordingly concluded that a finding of impairment was necessary and appropriate in order to protect the public, to declare and uphold proper standards and to maintain public confidence in the profession.

SUBMISSIONS FOR THE GOC ON SANCTION

Ms Culleton referred the Committee to the Indicative Sanctions Guidance (ISG) and the need to act proportionately. She referred to the Committee's findings as to misconduct, remediation and insight. She submitted the findings are serious and important and that sanction was a matter for the Committee.

Ms Culleton submitted that to take no further action would not be appropriate. She referred to the guidance in paragraph 31 of the ISG on taking no further action. She submitted that this was not appropriate in this case as there was a lack of insight and remedial action. This case was not insignificant or exceptional.

Ms Culleton submitted that a financial penalty order was not appropriate in this case which was not concerned with financial gain. She next submitted that this case sits between Conditional registration order and Suspension. The fact that the Registrant was not presently working did not mean the Committee could not impose Conditions, such as conditions requiring evidence of relevant training on slit lamp examination and record keeping. A condition could also be imposed to require the Registrant to fulfil the Continuing Education and Training (CET) requirements under the GOC scheme.

Ms Culleton submitted that Suspension was also an option although there is no evidence of repetition or deep seated personality or attitudinal problems. She provided the Committee with the Registrant's CET records for 2019 - 2021 period.

Ms Culleton informed the Committee that the Council cannot accept undertakings and said they are not legally binding.

SUBMISSIONS FOR THE REGISTRANT ON SANCTION

Mr Thomas submitted that the Committee must be mindful of proportionality and referred to the ISG in that regard.

Mr Thomas submitted that the Committee must consider the nature and seriousness of the misconduct. It was purely clinical and remediable and was not the most serious misconduct. He reminded the Committee that the purpose of sanction was to protect the public and the public interest. He submitted that no further action was appropriate because it was in the public interest to make that order.

Mr Thomas advised that the retirement of the Registrant and the undertaking given by her were relevant and that was clear from Clarke v GOC [2017] EWHC 521 (Admin). Mr Thomas said that the GOC could enforce the formal undertaking if the Registrant sought to practice again. He advised that the Registrant was **[REDACTED]** and had given up her NHS practice number and would not practice again.

Mr Thomas submitted that if this Registrant does not practise, then there is no risk to patient safety. He suggested that if the Registrant does not abide by her undertaking the Council could intervene to prevent her practising. He submitted that Conditions would make little sense in the circumstances and the public interest has been upheld by the finding of impairment. He reminded the Committee that a sanction was not intended to be punitive and the Committee must ask itself what purpose does a sanction serve?

He submitted that the public interest did not require Conditions or Suspension and that the resources of the Council could be better employed than by monitoring this

Registrant. He submitted that any sanction other than taking no further action would not be appropriate in this case and queried what a review committee would do with a Conditions or Suspension Order. He said the public interest demands no more.

Findings on Sanction

The Committee has heard submissions from Ms Culleton on behalf of the Council and from Mr Thomas on behalf of the Registrant. It has accepted the advice of the Legal Adviser. He reminded it to consider the terms of the Council's Indicative Sanctions Guidance (ISG) and to act proportionately balancing the interests of the Registrant with the need to protect the public and the wider public interest.

The Committee considered the sanctions available to it from the least restrictive to the most severe - no sanction, financial penalty, conditional registration, suspension and erasure. It considered the ISG and the documents submitted by the Registrant including the undertaking offered by her.

The Committee first considered the mitigating and aggravating features. The mitigating features were that the clinical failings were isolated in that they occurred on one day in practice, and there had been no previous fitness to practice history.

The aggravating features were the Registrant's lack of insight and remediation and the risk of potential harm to patients. The Registrant has also continued to work in the profession despite taking no steps to remediate her admitted failings.

The Registrant has offered an undertaking, signed on 22 October 2019, effective from 20 November 2019. It undertakes to the Council as follows :

“ 1. As of 20 November 2019, I shall not practise as an optometrist, nor hold myself out as a practising optometrist, nor undertake any reserved activities either in the UK or abroad.

2. I shall not submit an application for retention on the register of the General Optical Council at the renewal stage in March 2020, or at any time thereafter.

I understand that by signing this Undertaking any failure to adhere to the terms set out above may amount to misconduct and that the GOC may thereafter commence fitness to practise proceedings against me.”

The Committee is mindful that the Registrant presently states that she will not return to practice. She may change her mind. It noted that, despite her deficiencies, she has continued to practice until recently, and that the undertaking was signed by her only some five weeks before this hearing.

The Committee did not hear oral evidence from the Registrant, nor had she submitted a witness statement or reflective statement to explain her thinking about the admitted misconduct and her future career. The Committee noted that the Registrant had been fulfilling CET requirements until September 2019 and the undertaking was only signed the following month.

The Registrant is entitled to change her mind. The Committee considered the submissions from Mr Thomas regarding the undertaking and the ability of the Council to enforce it. However, the Committee is mindful that the Council has no formal powers to accept undertakings from Registrants in respect of fitness to practice concerns and therefore within these proceedings the undertaking is not binding.

This Committee has the responsibility to fulfil the overarching objectives of the Council to protect the public and the wider public interest. It has made a finding in respect of misconduct and impairment, which includes a finding of a risk of repetition and it has found there is a need to protect the public.

The Committee considered that it was not appropriate for it to derogate from its fitness to practice role and make an assumption that the Council might at some future time be in a position to take action in respect of the undertaking offered by the Registrant, should she breach it. The Committee decided that in the circumstances it was not an appropriate or a proper exercise of its powers and responsibilities to, effectively, work on such an assumption, or assume that the Registrant may not change her mind.

The Committee considered the ISG and in particular paragraph 31 on taking no further action. The Committee has found that the Registrant lacks insight. She has provided no evidence of any steps taken to remediate her practice. The Committee has found that she presents a risk to the public and there is a risk of repetition. There are no exceptional circumstances justifying taking no further action and the nature and gravity of the misconduct is such that to do so is not appropriate or proportionate. It would also fail to uphold and declare proper standards and may undermine confidence in the profession and the regulator.

The Committee did not consider that a financial penalty was appropriate given the nature of the misconduct.

The Committee next considered Conditions and was mindful of paragraph 33 of the ISG. The Committee has identified deficiencies in the Registrant's practise that are capable of remediation.

The Committee considered it was able to formulate conditions which, if the Registrant chose to return to practice, are workable, realistic and proportionate and address the identified deficiencies in the Registrant's practice. These Conditions will allow her, if she so chooses, to take steps to remediate her misconduct.

The Committee decided to impose Conditions on the Registrant's practice for a period of six months. The Conditions are as follows:-

"If you return to practice as an Optometrist you must comply with the following conditions:

1. *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.*

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

- 2. You must not undertake any locum work unless agreed in advance by your workplace supervisor and the GOC Registrar.*
- 3. You must:*
 - a. Ask the GOC to approve a workplace supervisor. If you are not employed, you must ask the GOC to approve your workplace supervisor before you start work.*
 - b. You must work with your workplace supervisor to formulate a personal development plan (PDP), which must be specifically designed to address the deficiencies in the following areas of your practice:- patient record keeping and the use of a slit lamp.*
 - c. You must submit a copy of your PDP to the GOC for approval within 3 months of starting work.*
 - d. At least once a month you must meet your workplace supervisor to review compliance with your conditions and your progress with your PDP, to include specifically slit lamp examinations and patient record keeping.*
- 4. You must:*
 - a. Arrange for your workplace supervisor to review 10 randomly selected patient records each month; and*
 - b. At least every two months, or upon request of the GOC, request a written report from your workplace supervisor and provide that report to the GOC, detailing how you have complied with the conditions and your PDP.*
 - c. At least 2 weeks before any review hearing, provide the GOC with a written report from your workplace supervisor setting out their views on progress in your PDP, addressing the quality of the patient records they have reviewed, and your understanding and use of a slit lamp.*
- 5. 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.*
6. *You must inform the GOC within 14 days if you become aware of any criminal investigation or formal disciplinary investigation against you.*
7. *You must continue to comply with all legal and professional requirements of registration with the GOC including those in relation to CET.”*

The Committee considered imposing a Suspension Order. It considered that in light of its findings on misconduct a Suspension Order would go further than was necessary to protect the public and the public interest and to do so would not be proportionate.

The Committee directs that this order is reviewed before its expiry. The reviewing Committee may be assisted by the Registrant providing the following :

1. Evidence of any reflection, remediation or insight into her admitted failings.
2. A further statement setting out her current intention either to retire, or to continue in practice

Immediate order

The Committee heard submissions from Ms Culleton on behalf of the Council and from Mr Thomas on behalf of the Registrant. Ms Culleton sought an immediate order of Conditions on the basis of the findings made, and in order to protect the public and in the wider public interest. Mr Thomas submitted he was neutral on the issue.

The Committee accepted the advice of the Legal Adviser. He reminded it that an immediate order may only be imposed if it is necessary in order to protect the public, or is otherwise in the public interest or in the Registrant's own interest.

The Committee has decided to impose immediate Conditions in the terms set out in its decision for the following reasons. The Committee was mindful of its earlier findings on misconduct and impairment, and the risk of repetition identified. It concluded that it would be incompatible with its earlier findings not to impose an immediate order. It concluded that an immediate order of Conditional registration was necessary to protect the public and was also in the public interest to uphold and declare proper standards and maintain confidence in the profession and in its regulator.

Chair of the Committee: James Kellock

Signature **Date: 27 November 2019**

Registrant: Dorothy James

Signature **Date: 27 November 2019**

List of conditions

“If you return to practice as an Optometrist you must comply with the following conditions:

1. *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.*

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
2. *You must not undertake any locum work unless agreed in advance by your workplace supervisor and the GOC Registrar.*
3. *You must:*
 - a. *Ask the GOC to approve a workplace supervisor. If you are not employed, you must ask the GOC to approve your workplace supervisor before you start work.*
 - b. *You must work with your workplace supervisor to formulate a personal development plan (PDP), which must be specifically designed to address the deficiencies in the following areas of your practice:- patient record keeping and the use of a slit lamp.*

- c. You must submit a copy of your PDP to the GOC for approval within 3 months of starting work.*
 - d. At least once a month you must meet your workplace supervisor to review compliance with your conditions and your progress with your PDP, to include specifically slit lamp examinations and patient record keeping.*
- 4. You must:*
 - a. Arrange for your workplace supervisor to review 10 randomly selected patient records each month; and*
 - b. At least every two months, or upon request of the GOC, request a written report from your workplace supervisor and provide that report to the GOC, detailing how you have complied with the conditions and your PDP.*
 - c. At least 2 weeks before any review hearing, provide the GOC with a written report from your workplace supervisor setting out their views on progress in your PDP, addressing the quality of the patient records they have reviewed, and your understanding and use of a slit lamp.*
- 5. 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.*
- 6. You must inform the GOC within 14 days if you become aware of any criminal investigation or formal disciplinary investigation against you.*
- 7. You must continue to comply with all legal and professional requirements of registration with the GOC including those in relation to CET.”*

FURTHER INFORMATION
Transcript
A full transcript of the hearing will be made available for purchase in due course.
Appeal
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).
Professional Standards Authority
<p>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).</p> <p>Further information about the PSA can be obtained from its website at www.professionalstandards.org.uk or by telephone on 020 7389 8030.</p>
Effect of orders for suspension or erasure
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.
European Alert
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.

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.