

**BEFORE THE REGISTRATION APPEALS COMMITTEE
OF THE GENERAL OPTICAL COUNCIL**

R(23)01

APPLICATION FOR RESTORATION

ARIF CHANAWALA

**DETERMINATION OF THE REGISTRATION APPEALS COMMITTEE
15 JANUARY 2024**

Committee Members:	Julia Wortley (Chair/Lay) Vivienne Geary (Lay) Mark McLaren (Lay) Kamlesh Gohil (Optometrist) Sarvat Fida (Optometrist)
Legal adviser:	Charlotte Mitchell-Dunn
GOC Presenting Officer:	Rebecca Hadgett
Applicant present/represented:	Yes and represented
Applicant representative:	Chris Saad
Hearings Officer:	Terence Yates
Outcome:	Application for Restoration Refused

1. On 15 January 2024, the Registration Appeals Committee of the General Optical Council met to consider an application by the Applicant for restoration to the register of optometrists.

Background

2. The Applicant first registered as an Optometrist on 16 September 2004. He has no adverse regulatory history apart from the decision made in 2020 ('the 2020 decision') that his name should be erased from the Register.
3. The 2020 decision relates to findings of misconduct against the Applicant made by a Fitness to Practise Committee ('the 2020 Committee') of the General Optical Council ('the Council'). The findings include failures to carry out adequate sight tests on pupils at schools.
4. The Applicant was a Registered Optometrist who at the time of the allegation, was providing services as the sole Director of an optician's practice ('the Practice'). On 4 December 2014 an email was sent by the Practice to a School. In that email an offer was made by the Practice to provide free eye tests as "part of the national Child's Health program". What was offered was a "full NHS sight test". The school responded to the email by expressing an interest and arrangements were made for tests to be carried out at the school. The Practice sent a number of documents to the school including a consent letter. In that consent letter reference was made to the Practice "running a visual screening programme at the school". At the foot of the consent letter the parent/ guardian was required to give permission for their child "to attend to have his/her eyes screened at the school."
5. The Applicant attended the school on 3 and 11 June 2015 and carried out sight tests on around 210 children.
6. On 26 June 2015 an email was sent by the Practice to another School. In that email an offer was made by the Practice to provide free eye tests by way of a "full NHS Sight Test.". The school also responded to the email by expressing an interest and arrangements were made for tests to be carried out at the school. The Practice sent a number of documents to the school including a consent letter. In that consent letter reference was made to the Practice "running a visual screening programme at the school". At the foot of the consent letter the parent/ guardian was required to notify the practice if they did not wish to have their eyes "screened".
7. The Applicant attended the school on various days from around 9 to around 15 July 2015. He carried out sight tests on around 416 pupils.
8. The allegation considered by the 2020 Committee is set out below:

“The Council alleges that you, Mr Arif Chanawala, a registered Optometrist:

- 1. Between around 3 and around 11 June 2015 you carried out sight tests on pupils at the [redacted] School as set out in Schedule A when you were not authorised to do so by National Health Service England.*
- 2. Between around 9 July and 15 July 2015 you carried out sight tests on pupils at the [redacted] School as set out in Schedule B when you were not authorised to do so by National Health Service England.*
- 3. In relation to the sight tests referred to at 1 and/or 2 above you failed to carry out adequate sight tests.*
- 4. You submitted GOS6 forms in claim for payment for mobile funded National Health Service eye tests in respect of the examinations carried out at 1 and/or 2 above when you were not entitled to payment for the sight tests.*
- 5. Your actions at 4 above were dishonest in that:*
 - a. You knew you were not entitled to payment for mobile funded National Health Service Eye tests for sight tests conducted at a school; and/or*
 - b. You knew you were not entitled to payment because you knew and/ or suspected that you had not carried out adequate sight tests.*
- 6. In relation to the sight tests carried out at [redacted] School between around 9 and around 15 July 2015 you failed to obtain informed consent in that:*
 - a. You followed an opt out process; and/or*
 - b. In the consent letter sent to the patients' parents or guardians you described the procedure proposed to take place as being part of a screening programme; and/or*
 - c. You did not provide adequate information as to the actions and/or possible outcomes of a sight test.*
- 7. In relation to the sight tests carried out at [redacted] School between around 3 and around 11 June 2015 you failed to obtain informed consent in that:*
 - a. In the consent letter sent to the patients' parents or guardians you described the procedure proposed to take place as being part of a screening programme; and/or*

- b. You did not provide adequate information as to the actions and / or possible outcomes of a sight test.*
- 8. In relation to the sight tests carried out at 1 and/or 2 above you failed to ensure that there was an adequate system in place to request and/or obtain the following information prior to the sight tests:*
 - a. History; and/or*
 - b. Symptoms; and/or*
 - c. Ocular history; and/or*
 - d. Family ocular history; and/or*
 - e. General health;*
 - f. The date of the last sight test.*
- 9. You failed to maintain an adequate standard of record keeping in that the number of claims submitted to the National Health Service for payment did not match up to the number of clinical records.*
- 10. You failed to take adequate steps to inform the patients' parents or guardians of the outcome of the sight tests in that the letters of outcome of the sight tests were given to the children rather than the parents or guardians.*
- 11. You caused or allowed outcome letters to state that that the child's vision was good and their eyes were healthy when the clinical record stated that it had not been possible to measure visual acuity, in relation to the patients set out in Schedule C.*
- 12. Your actions at 11 above were misleading.*
- 13. You failed to make a referral when it was clinically indicated to do so in relation to the patients set out in Schedule D.*
- 14. On or around 10 September 2015 you stated to representatives of NHS England words to the effect that the initial contact in relation to the sight tests 1 and/or 2 above had been made by the respective schools.*
- 15. Your actions at 14 above were dishonest in that:*

- a. *The initial contact had been made by the [redacted] Clinic; and/or*
- b. *At the time you made the statement at 14 above you were aware that it was not correct.*

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

The Schedules to the allegation make reference to a number of pupils in anonymised form

Schedule A lists 210 pupils

Schedule B lists 416 pupils

Schedule C Lists 6 pupils

Schedule D lists 28 pupils”

The 2020 Decision

9. The Applicant admitted particulars 1, 2, 3, 4, 6, 7, 8, 9, 11, 12, and 14 of the allegations. The remaining allegations bar particulars 5a & 10 were found proved.
10. The 2020 Committee found misconduct. When considering the issue of impairment, the 2020 Committee determined as follows;

“The Committee considered that patients were put at unwarranted risk of harm in respect of a number of particulars found proved. The profession will have been brought into disrepute by his actions. Patient safety and honesty are fundamental tenets of the profession. The Registrant has breached both fundamental tenets. The Committee has made two separate findings of dishonesty”.

11. In respect of insight the 2020 Committee determined as follows;

“The Committee remained concerned that the Registrant was as evasive in answering difficult questions at the impairment stage as he had been at the facts stage. When asked whether his actions caused risk of harm to the patients, he merely responded by saying that his tests could have been better. He did not expressly accept there was a risk of harm.

His letter of 16 March 2020 mainly concentrated on the effect that regulatory proceedings had on him [redacted]. When confronted with the issue of what effect his actions had on patients and the profession his answers were vague and displayed little empathy for those affected by his misconduct.

He attempted to deflect blame from himself by suggesting that he had received the wrong advice. The Committee was concerned that the Registrant had failed to explain or take ownership of his actions. At the time of the school visits he was an experienced practitioner. He well knew that he ought not to have examined so many patients in so short a time. Although he has undertaken CET where paediatric sight testing, record keeping, and submitting accurate claims had been discussed, this did not address his decision to conduct so many tests in such a short time. The Committee was left with no explanation for his decision to conduct so many tests in such a short time. He gave no explanation for his decision to submit them for payment despite knowing they were inadequate.

The Committee was also concerned about the answers provided by him in respect of the other finding of dishonesty. His explanation for providing misleading information to NHS England remained evasive. He suggested that there had simply been a failure, by him, to check the facts.

The Committee accepted that the distinction drawn between agreeing with the Committee on the one hand, and accepting its findings on the other, was a subtle one.

The Registrant recognised that the Committee had made findings and whilst he accepted they had been made he did not agree with some of them. However he had carried out CET courses and carried on working in the Practice with a view to demonstrating remediation. Notwithstanding this the Committee was not satisfied that the Registrant had properly addressed the regulatory concerns.

In particular there has been no coherent explanation for him examining a large number of patients in such a short time. It was not enough for him to say that he would no longer visit schools. The Committee is not confident that, faced with an opportunity to cut corners, he would not repeat his behaviour. The Committee was also concerned that he did not provide a satisfactory explanation for how Particular 14 arose let alone any assurance that conduct similar to that in Particular 15 would not be repeated.”

12. With regard to sanction the 2020 Committee determined the following:

“The Committee had regard to the legal advice regarding the case of Lusinga. It formed the view that whilst the dishonesty involved was not at the top of the scale it was very close to it. The Practice had approached schools on the false

basis that it was conducting tests as part of a “national school campaign”. The Registrant has admitted that the consent letter sent to parents at both schools made reference to a “screening programme”. There is no evidence of the existence of such a campaign/ programme. He went on to test hundreds of children in an inadequate way, having little regard for the impact of his actions on his vulnerable patients. The Committee considered that the means by which the Registrant dealt with such a significant volume of patients over such a short period was even more serious than the dishonest submission of claim forms. His claim for 626 tests obviously involved a complete disregard for his professional duties to conduct full tests. His claim for remuneration was extravagant and he misrepresented the basis upon which he went into schools when asked about it by the NHS, in an attempt to make his situation seem less bad.

Having concluded that there had been serious misconduct the Committee went on to consider whether or not any other factors in ISG (36.5) were engaged. It considered that his misconduct involved him abusing a position of trust with both the schools and their pupils. It also involved dishonesty. Despite the passage of time the Registrant remains unable to explain his actions.”

13. The 2020 Committee concluded that erasure was the necessary, proportionate, and appropriate sanction.

APPLICATION FOR RESTORATION DETERMINATION

14. The Applicant gave oral evidence at the restoration hearing. Neither the Applicant nor the Council called any other witnesses to give oral evidence. The Committee was provided with the following documents:

- A1 - The Applicant’s bundle which included 3 references.
- A2 - The Applicant’s CPD statement
- C1 - The restoration hearing bundle
- C2 - A skeleton argument on behalf of the Council

15. Ms Hadgett on behalf of the Council set out the Council’s opening statement. Ms Hadgett noted the salient points within the Council’s skeleton argument and summarised that the Council’s position, that considering the specific circumstances of the case, the Applicant is not fit to return to the Register.

The Applicant's Oral Evidence

16. The Applicant was called to give evidence. He stated he felt ashamed about the findings made against him and stated that he had "let everyone down". He stated he had reflected on his conduct every day, and stated that it was hard to hear the truth of what he had done.
17. The Applicant gave evidence in respect of the work he had undertaken since his initial suspension in 2016, and after the finding of erasure in 2020. He explained that whilst suspended, he worked on managing the Practice's NHS contracts, ensuring the guidelines were adhered to. He stated he was running the business side of the Practice. He stated he worked as an Optical Assistant and has carried this on as a locum. The Applicant explained the role of an Optical Assistant. He noted that since the findings in 2020, he has worked in this role as an Optical Assistant and manages the day to day running of the Practice. He noted that as the Practice had lost its NHS contracts, it now provides half a day testing a week, seeing private patients.
18. The Applicant explained that he has remained in the profession as an Optical Assistant. With reference to his reflective statement, he submitted that he had a great sense of remorse. He noted that he had existing patients prior to the 2020 decision and had had to inform those patients that he was no longer practising as an optometrist. He explained that this was difficult, and having to explain matters to these patients was a daily reminder of his actions.
19. The Applicant noted that since the suspension matters have hung over him. In respect of what has changed, he stated that he has reflected long and hard on all of his actions and how they could have affected the children's health and wellbeing. He noted that they may have had vision problems, which would have impacted their ability to see, learn, socialise, interact, and develop.
20. The Applicant stated that he had reflected that what he had done was wrong and it should not have happened. He acknowledged that his actions could diminish trust in the profession. He stated that he "really cared about the profession" and through his reflections had considered that those outside the profession may lose trust in other optometrists and other professionals because of his actions.
21. The Applicant stated that if he was to move back into practice he would "ease his way back in". He stated he would continue working as an Optical Assistant for 90% of the time and 10% as an optometrist, only seeing patients every 45 minutes. He stated he would then "move to 20% in the second week and so forth" based on how he coped. The Applicant described in detail the steps he would take when conducting a sight test if he were to return to practice.

22. The Applicant noted 3 and ½ years had passed since his erasure. He stated that he wanted his registration to be restored because he loves what he does and “cannot see passed it” [sic] he stated he wanted to give back what he had taken from the profession.
23. The Applicant was cross examined. He stated that he accepted the 2020 decision and accepted that his dishonesty was serious. He was asked what was aggravating about the case and he stated he had “standards to uphold, he was dishonest, and he shouldn’t have been defensive”.
24. He was asked what he would do differently and stated that what happened should not have happened, he noted that time is required to carry out a thorough and adequate examination and he did not provide that.
25. It was put to the Applicant that he had been registered for 10 years prior to the fitness to practice concerns. He was asked why it was only now that he understands the risks created by his conduct. The Applicant stated that it was a school setting, which was a departure from normal practice. He noted the environment had no provisions to provide the care that should have been delivered to those patients.
26. It was put to the Applicant that the concerns were attitudinal in nature and were difficult to remediate. The Applicant stated he had had a very difficult two years in his work, personal and social life and this had provided him time to reflect. He stated the erasure decision has affected all aspects of his life. The Applicant stated he had spent time doing charity work and had reflected and now understood the need to change. He stated he accepts what he did was wrong, and he would never do it again.
27. It was put to the Applicant that an aggravating feature of the case was the vulnerability of the patients. He was asked why he had not reflected on this in his reflective statement. The Applicant stated that he had considered this. He stated he was fully aware of the consent process. He now observes children attending the Practice and has observed how other optometrists conduct themselves. He stated he compared and contrasted this to his own conduct.
28. It was put to the Applicant that an aggravating feature of the case was the abuse of trust and he had not addressed this. He stated that he considered this as part of the damage to the profession and the impact that his actions have caused.
29. In response to the Committee’s question the Applicant noted that the practice was audited by the NHS in 2016, with no other concerns identified. He stated that if he returned to practice, he would return as a locum. In respect of telling his former patients about the fitness to practice concerns he stated that some people were shocked, and some were upset. He noted that some patients went elsewhere.

Submissions

30. Mr Saad on behalf of the Applicant noted that the concern were now 8 years old. Mr Saad noted that there were no previous issues raised in respect of conduct and competence in a standard setting. Mr Saad submitted that the Applicant no adverse matters arisen that post-dated the complaint. He further stated that no concern arose from the audit in respect of the NHS contracts in 2016.
31. Mr Saad submitted that notwithstanding erasure the Applicant had continued to show commitment to the profession. He submitted that his reflections showed remorse and insight. Mr Saad submitted that the Applicant's CPD was up-to- date, relevant and exceeded the current cycle requirements.
32. Mr Saad submitted that the Applicant had produced a lengthy and thorough reflective statement and had chosen to give evidence under oath. He stated that the Applicant had been candid in respect of the misconduct. He stated that he had acknowledged that he was unprofessional, dishonest, and exposed patients to the risk of harm. He further stated the Applicant had recognised the detrimental impact his actions had on the reputation of the profession. He submitted the Applicant had demonstrated insight and remorse.
33. Mr Saad noted that the Applicant had continued to work as an Optical Assistant. He submitted that this speaks hugely in his favour. He submitted the Applicant had kept in touch and up to date with the profession. He noted that the Applicant had demonstrated a huge level of determination, commitment, and resilience. Mr Saad noted the Applicant's references which he stated demonstrated him to be reliable, honest, trustworthy, and kind.
34. Mr Saad noted that 3 ½ years was beyond the minimum period and a significant time had lapsed since erasure. He relied on the authority of *GMC v. Nooh*.
35. Ms Hadgett in response submitted that the Applicant's conduct demonstrated an attitudinal problem. She submitted that his reflective statement did not address why, having been registered for 10 years prior to the conduct, it was not apparent that his conduct was wrong. Ms Hadgett questioned why it took so long for the Applicant to reflect and address his wrongdoing.
36. Ms Hadgett argued that the application was made by the Applicant not long after erasure, she questioned the Applicant's degree of insight and noted that the council placed weight upon the seriousness of the misconduct found in 2020.

The Committee's Approach

37. The Committee reminded itself that the onus is on the Applicant to satisfy the Committee that he is fit to be re-admitted to the Register. The Committee should not seek to go behind the findings of the 2020 Committee's decision.
38. The Committee accepted the advice of the Legal Adviser that the test to be applied when considering if an applicant should be restored is that set out in GMC v Chandra [2018] EWCA Civ 1898: Having considered the circumstances which led to erasure and the extent of remediation and insight, is the applicant now fit to practise having regard to each of the three elements of the overarching objective, namely protecting, promoting and maintaining the health, safety and well-being of the public, promoting and maintaining public confidence in the profession and promoting and maintain professional standards and conduct.
39. The Committee has taken account of all the evidence, submissions, relevant law, and guidance. Factors to be considered by the Committee include:
- The circumstances which led to erasure;
 - Any relevant matters post-dating these circumstances;
 - The extent to which the applicant has shown remorse and insight;
 - The extent to which the applicant has remediated;
 - What the applicant has done since his name was erased;
 - Steps taken to keep clinical knowledge and skills up to date;
 - The length of time elapsed since erasure;
 - Any risk posed by the applicant;
 - Whether public confidence and professional standards would be damaged by restoring the applicant to the Register.
40. The Committee took account of all the evidence before it, both oral and documentary. It has also considered the submissions made by both parties.

The Committee's Decision

41. As outlined above, the 2020 Committee determined that the Applicant's fitness to practise was impaired by reason of his misconduct. The current Committee noted the nature and high level of seriousness of the Applicant's misconduct. The Committee considered that the Applicant had put a large number of vulnerable

patients at risk of harm. The Committee noted the significant number of children concerned. The Committee considered that patient safety and honesty are fundamental tenets of the profession and that the Applicant's conduct had breached these tenets. The Committee considered that the actions of the Applicant were financially motivated, and in acting in the manner he did he abused his position of trust with the schools concerned.

42. The Committee had regard to the 2020 Committee's findings at the sanction stage, in which it was stated that erasure was the only appropriate and proportionate sanction in the circumstances. The Committee noted the 2020 Committee's decision that, whilst the dishonesty involved was not at the top of the scale, it was very close to it.

Insight and Remorse

43. The current Committee considered the level and scope of the Applicant's insight and remorse. The Committee acknowledged that the Applicant had expressed shame and remorse. However, the Committee was not persuaded that this was because he genuinely recognises the impact his behaviour had on hundreds of vulnerable patients. The Committee also acknowledged that the Applicant has made a concerted effort to demonstrate insight but concluded that the depth and quality of his reflections were unconvincing.
44. The Committee concluded that the Applicant still lacked the appropriate level of insight. The Committee noted that the Applicant's evidence and reflection were heavily focused on the impact that the erasure finding has had upon himself. The Committee considered that within parts of his reflections the Applicant had still sought to minimise his behaviour.
45. The Committee noted that when questioned by Ms Hadgett in respect of the impact his conduct had upon vulnerable patients, the Applicant failed to demonstrate meaningful insight. Although the Applicant appeared to have started the process of reflection from 2020, and had produced a substantial reflective statement, the Committee was not persuaded that the quality of his reflections was sufficient. The Committee considered that the Applicant did not appear to fully appreciate the impact of his behaviour on vulnerable patients or the profession as a whole.
46. The Committee considered this conclusion in the context that the Applicant had practised for 10 years prior to the concerns being raised. The Committee was not satisfied with his explanation that the differing setting of the school was a departure

from normal practice, which impacted his conduct. He noted the environment had no provisions to provide the care that should have been delivered to the patients, however the Committee considered that given his experience this ought to have been evident from the outset.

47. In relation to the CPD the Applicant has undertaken, the Committee was mindful that attending a course may be helpful, but it is the learning that has been achieved from that course and how it will be used in practice, which is of most significance. While the Committee noted that the Applicant has been performing the role of an Optical Assistant, the Committee considered that he has not demonstrated sufficient steps to re-educate himself or address the significant deficiencies which were discovered in his practice as an optometrist.
48. It was unclear to the Committee whether the significant concerns raised in the Applicant's practice have been addressed. The Committee noted the applicant had admitted that he failed to refer 28 patients (out of a sample of 100) when it was clinically indicated that he should do so. The Committee considered that there was no evidence before it to demonstrate that such significant failings in the Applicant's practice had been addressed.
49. In these circumstances, the Committee concluded that the Applicant had not adequately demonstrated insight. The Committee considered that the Applicant had sought to minimise his behaviour and failed to fully acknowledge the risk of harm caused to vulnerable patients and take the opportunity to persuade the Committee that meaningful lessons have been learnt from the experience.
50. The Committee determined that the Applicant has demonstrated some insight. However, despite the efforts the Applicant has made to demonstrate insight, the Committee was not persuaded that he has made significant progress in relation to why he acted as he did. Therefore, the Committee concluded that the Applicant's insight is developing but there had not been a significant change in the level and scope of his insight since erasure.

Remediation

51. The Committee acknowledged that whilst findings of dishonesty are difficult to remediate, the risk of repetition may reduce, the longer the behaviour remains unrepeatable if there is commitment to change and meaningful reflection over time.

52. The Committee had regard to whether the Applicant had undertaken any remediation since his erasure and whether that remediation was relevant, measurable, and effective.
53. The Committee noted that the Applicant had undertaken numerous CPD courses and has remained within the profession practising as an Optical Assistant and has undertaken some charitable work. However, as stated above, it is the re-education and meaningful reflection which is of most importance.
54. The Committee was not persuaded that the Applicant has fully and appropriately reflected on his behaviour. It was clear to the Committee that the Applicant's dishonesty was financially motivated, however the Committee has not been provided with any evidence in respect of how the Applicant has addressed this aspect of his conduct.
55. In the Committee's view, although the Applicant has demonstrated some remediation, he does not appear to fully recognise the gravity of the findings and the effect of his actions on others. Therefore, the Committee is not satisfied that he has fully accepted responsibility for his actions or their impact. The Committee concluded that until the Applicant fully addresses his insight, he is unlikely to be able to fully remediate his misconduct.

Risk of Repetition

56. The Committee took into consideration the Applicant's level of insight and its assessment of his remediation when considering whether there remained a risk that he would repeat his misconduct.
57. The Committee acknowledged that the relevant events occurred 8 years ago and there is no evidence before it of repetition. However, the Committee took the view that if the risk has been reduced it is primarily because the personal consequences for the Applicant have been devastating and he would want to avoid something similar occurring in future, rather than a true acceptance and understanding of what he had done and why.
58. The Applicant has not demonstrated sufficient insight into the conduct which underlies his misconduct and has not fully remediated his behaviour. Therefore, the Committee was of the view that the risk of repetition remains.

What the Applicant has done since their name was erased from the Register and the steps taken to keep their knowledge and skills up to date.

59. The Committee noted that the Applicant remains involved in optometry as Optical Assistant. Although he has been out of practice as an Optometrist for a significant period of time, the Committee noted that he has kept his knowledge up to date.
60. The Committee was however concerned that the Applicant admitted that he failed to refer 28 patients (out of a sample of 100) when it was clinically indicated that he should do so. The Committee noted that there was insufficient evidence before it of re-education, in relation to the Applicant's clinical practice as an optometrist.
61. Therefore, the Committee was of the view that a risk of harm to patients remains.

The lapse of time since erasure

62. The Applicant was erased from the Register in 2020. Despite the passage of time the Committee was not satisfied that the Applicant has demonstrated sufficient insight and remediation for the reasons stated above.

Whether restoration will meet the statutory overarching objective

63. Having made the above findings, the Committee had regard to the statutory overarching objective. The Committee carefully balanced its findings against whether restoring the Applicant to the GOC Register will meet the overarching objective, considering each limb in turn.

- *Protecting, promoting, and maintaining the health, safety, and well-being of the public*

64. The Committee was mindful of the serious findings that led to the Applicant's erasure in 2020. For the reasons it has already set out, with limited evidence of insight and remediation in relation to the dishonesty and abuse of trust, the Committee concluded that the Applicant has not provided sufficient evidence that the public would be safe if he were to return to practise.
65. Consequently, the Committee determined that there would be an ongoing risk to patient safety if the Applicant were permitted to return to the Register. In these circumstances, the Committee concluded that restoration to the Register would undermine, rather than protect, promote, and maintain the health, safety, and well-being of the public.

- *Promote and maintain public confidence in the profession.*

66. In relation to the second limb of the overarching objective, the Committee took the view that public confidence in the profession would be seriously undermined by the restoration of the Applicant to unrestricted practice at this time.

67. In reaching this conclusion the Committee considered the limited evidence of insight and remediation, within the context of serious dishonesty. The Committee took the view that a well-informed member of the public would be concerned to learn that an Optometrist who acted dishonestly, abused his position of trust, compromising the health and well-being of multiple vulnerable patients, was permitted to return to the Register unrestricted, despite an inadequate level of insight and remediation.

- *Promote and maintain professional standards and conduct.*

68. Regarding the maintenance of professional standards and conduct for members of the profession, the Committee was satisfied, for the reasons given above, that restoring the Applicant to the Register would be inconsistent with promoting and maintaining professional standards of conduct in the profession.

Conclusion

69. Having carefully considered the evidence and specific circumstances of this case, the Committee was not satisfied that the Applicant is fit to return to the Register.

70. Accordingly, the Committee refused the Applicant's application to be restored to the Register of Optometrists.

Chair of the Committee: Julia Wortley



Signed

Date

15 January 2024

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.</p> <p>Where a registrant can appeal against a decision, the Authority has 40 days beginning with the day which is the last day in which you can appeal. Where a registrant cannot appeal against the outcome of a hearing, the Authority's appeal period is 56 days beginning with the day in which notification of the decision was served on you. 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.
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.