Survey of General Optical Council disciplinary and fitness to practise hearings: 2001-2011

Miss Josie Caitlin Forte

Doctor of Optometry (DOptom)

ASTON UNIVERSITY

September 2015

SUMMARY

Aston University

Survey of General Optical Council disciplinary and fitness to practise hearings: 2001-2011

Miss Josie Caitlin Forte
Doctor of Optometry (DOptom)

September 2015

The aim of this survey was to review 187 transcripts from the United Kingdom's General Optical Council (GOC) Disciplinary and Fitness To Practise (FTP) Committee hearings from 2001 to 2011 in order to identify common themes and thereby help practitioners to avoid the more frequently occurring pitfalls that were recorded during this period. The study covered changes in GOC FTP regulations in 2005, which involved a change from a disciplinary to a fitness to practise process. The number of cases was very small compared to the total number of optometrist and dispensing optician registrants, which was 13709 in 2001-02 rising to 18582 in 2010-11. The main findings indicated that between 2001 and 2011 there was a three times greater likelihood that male registrants versus female registrants would be brought in front of a GOC Disciplinary or FTP Committee. In terms of erasures from the GOC registers between 2001 and 2011, male registrants were also more likely to be erased than females. The male: female split for erasures between 2001 and 2011 was five: one, increasing to seven: one when considering the situation post the 2005 GOC FTP rule change. Of the cases brought before the Disciplinary and FTP Committees between 2001 and 2011, it was noted that cases implicating theft and fraud were most frequent representing 27% of hearings examined (17% involving NHS fraud and 10% theft or fraud from an employer). The examination of transcripts revealed other hearings were more complex. These hearings often had a primary reason for the investigation that highlighted further secondary concerns that also required investigation.

Keywords: disciplinary, Fitness To Practise (FTP), General Optical Council (GOC), Optometrists, Dispensing Opticians

Acknowledgements

I would like to extend my gratitude to my supervisor Dr Frank Eperjesi for his advice and support given throughout this study.

I must also thank my family for their patience and encouragement without which this study wouldn’t have been possible.

Contents

List of Figures

List of Tables

List of Abbreviations

Abbreviations used in text

A&E……. Accident and Emergency
ABDO……Association of British Dispensing Opticians
ACLM……Association of Contact Lens Manufacturers
AOP…….Association Of Optometrists
BIOS……British and Irish Orthoptic Society
CET……. Continuing Further Education
CHRE……Council for Healthcare and Regulatory Excellence
DOI……. Digital Object Identifier
DPA……. Data Protection Act
FMO……... Federation of Manufacturing Opticians
FODO…… Federation of Ophthalmic and Dispensing Opticians
FTP…….Fitness To Practise
GDC……... General Dental Council
GMC……...General Medical Council
GOC……General Optical Council
GOS……General Ophthalmic Services
GP…….. General Practitioner
IOP……. Intra Ocular Pressure
IPG……. Interventional Procedure Guidance
LOC……. Local Optical Committee
NG…….. NICE Guideline
NHS……. National Health Service
NICE…….. National Institute for Health and Care Excellence
UK……United Kingdom of Great Britain and Northern Ireland

Abbreviation used within figures and tables

ADV…… Advertising Rules Infringement
AMD……Age Related Macular Degeneration
ARR……Application to Re-Register
BC……Body Corporate
CAT……...Cataract
CLO…… Contact Lens Optician – Dispensing Optician qualified to fit contact lenses
CLR…… Contact Lens Related
DATA…… Failing to provide information to Investigating Committee
DIR…… Director of Company
Dis…….. Dishonesty not including theft or fraud
DO……..Dispensing Optician
DOMI……Domiciliary based practice
DPA…… Data Protection Act Infringements
EFr……..Fraud / Theft from Employer
FtR……..Failure to Register
GLA…….Glaucoma
HDO……... Hospital Dispensing Optician
HOO……...Hospital Optometrist
InB…….. Inappropriate Physical Behaviour
IND…… Independent Optician Business
IndF…… Independent Optician involved in NHS theft / fraud
IPS……..Inadequate Pre-Registration Supervision
IR……Inadequate Referral
IRK……..Inappropriate Record Keeping
IST…….. Inadequate Sight Test
LOC…… Locum Self Employed Professional
M……..Multiple business (further denoted by a number)
MEL…… Melanoma
MH……..Macular Hole
NF……...No Fields Test performed
NFr…… Fraud / Theft from the National Health Service
NoS…… No Supervision
NQ…….. Not Qualified to practise
NR…….. No Referral when necessary
OO……...Optometrist (Ophthalmic Optician)
ORx…… Prescribing Inappropriately (i.e., spectacles not necessary)
PA……Failing to manage effectively paediatric amblyopia
RD…….. Retinal Detachment
SDO……Student Dispensing Optician
SOO……Student Optometrist
UDO……... University based Dispensing Optician
UNI……..University student
UOO……University based Optometrist

Chapter 1 Introduction

1.1 Eye care professionals and their respective professional bodies

The GOC is the UK's regulatory body for optical professionals. The GOC states[1] that it has four core functions, which are to:

1. Set the standards for optical education and training, performance and conduct
2. To approve qualifications that lead to registration
3. To maintain a register of individuals who are qualified and fit to practise, train or carry on business as optometrists and dispensing opticians
4. To Investigate and act appropriately where registrants' fitness to practise, train or carry on business is impaired

The GOC makes reference to registered optometrists, dispensing opticians and businesses.

The GOC defines an optometrist as someone who examines eyes, tests sight and prescribes spectacles or contact lenses for those who need them[2]. They also fit spectacles or contact lenses, give advice on visual problems and detect any ocular disease or abnormality, referring the patient to a medical practitioner if necessary. A registered optometrist in the UK is required to have passed at 2:2 or above, a GOC approved three year (Scotland four year) university degree in optometry (or equivalent overseas qualification). In addition, an optometrist must have also successfully completed a supervised pre-registration year in practice during which examinations set by the College of Optometrists must have been passed. The College of Optometrists is the professional, scientific and examining body for optometry in the UK, working for the public benefit[3]. In addition to delivering the pre-registration training and assessment, the College also provides continuous professional development opportunities, along with advice and guidance on professional conduct and standards. After qualifying as an optometrist and gaining entry to the GOC register, an optometrist may also undertake further accreditations after their initial qualification and become involved with a medical practitioner in the co-management of patients

with chronic eye related conditions. The title of optometrist in the UK replaced the previous title of ophthalmic optician in 1987[4].

The GOC defines a registered dispensing optician as a person who fits and supplies glasses or low vision aids[5]. Dispensing opticians are responsible for the supply of the most suitable spectacles, taking into account factors including a patient's visual, occupational and lifestyle requirements. Dispensing opticians have their own association dedicated solely to the interests of supporting and the advancement of dispensing opticians, known as the Association of British Dispensing Opticians (ABDO)[6]. The three main routes to qualifications as a dispensing optician are described by ABDO as either a three year distance learning course offered by ABDO themselves / other GOC approved institution combined with suitable employment, or a two year full-time training option at a GOC approved institution or finally, a three year day release training course with a GOC approved institution combined with suitable employment. After passing their examinations and entering the GOC register, there are a range of specialist qualifications open to dispensing opticians which open up opportunities for fitting contact lenses, the assessment and management of low vision, specialising in spectacle lens design and also the option to undertake refractions[7].

The historical use of the title ophthalmic optician in the UK (until 1987) that existed along with the title of dispensing optician, is responsible for the term 'optician' often being used to describe either an optometrist or dispensing optician within the UK.

The GOC also maintains a register of those who carry on business as optometrists and dispensing opticians. The term body corporate is used in the register to define those who carry on business as optometrists and dispensing opticians. A body corporate in UK law is distinct from a natural person, although it has many of the same legal rights and responsibilities. A body corporate can be a corporation sole (consisting of a single person) or a corporation aggregate (consisting of two of more persons)[8].

In addition to optometrists, dispensing opticians and bodies corporate carrying on business as optometrists and dispensing opticians, there are other eye care professionals, which although have their own separate regulatory bodies are important to distinguish from optometrists and dispensing

opticians. These include ophthalmologists. The Royal College of Ophthalmologists define an ophthalmologist as a medically trained doctor who commonly acts as both physician and surgeon[9]. An ophthalmologist will have spent five years at medical school, followed by a further two years undertaking basic medical training, referred to as a Foundation Programme, before undertaking seven years of ophthalmic specialist training whilst undertaking the compulsory Royal College of Ophthalmologists examinations.

The final group of eye care professionals to mention are orthoptists. The British and Irish Orthoptic Society (BIOS)[10] defines orthoptics as one of the Allied Health Professional disciplines. Although orthoptists are not governed by the GOC, orthoptists are key members of the eye care team that work in hospitals, clinics and schools. Optometrists will make referrals to orthoptists for further investigation and management of a wide range of eye problems affecting the way the eyes move such as amblyopia (lazy eye) and strabismus (squint).

The remaining professional bodies, in addition to the GOC, College of Optometrists, and ABDO that have involvement with the optical profession are the Association of Optometrists (AOP), the Federation of Ophthalmic and Dispensing Opticians (FODO) and the Optical Confederation.

The AOP[11] states that it is a membership organisation for optometrists and other optical professionals. GOC registrants do not have to join the AOP, however membership does entitle optometrists in the UK, to medical malpractice insurance. In addition, the AOP sets out to represent the optical profession in the UK as well as providing advice and support for its members in terms of legal, clinical, business and regulation matters.

The FODO[12] is a membership organisation that also represents eye care providers and registered opticians. The term optician is used by FODO to include optometrists and dispensing opticians. Medical malpractice insurance as well specialist advice in business and legal matters can be provided by membership to FODO.

Along with the AOP, ABDO and two manufacturing bodies, the Federation on Manufacturing Opticians (FMO) and the Association of Contact Lens Manufacturers (ACLM), FODO makes up the

Optical Confederation[13]. The Optical Confederation aims to promote the optical profession including the manufacturing element, as a whole. Optical Confederation members stand for the delivery of high-quality services and products for all, on the basis of choice, delivered by open, fair and competitive markets. The Confederation will challenge anti-competitive behaviours wherever they occur.

1.2 Study Objectives

The primary aim of this study was to review the transcripts of the disciplinary and FTP hearings between 2001 and 2011 of the General Optical Council (GOC).

In practice, it is common to hear of examples where the equivalent of Chinese whispers about a disciplinary case that may or may not have happened sometime in the past, leads to practitioners no longer wishing to see certain groups of patients, such as children or contact lens wearers for example. In a large practice it may be possible for a practitioner to refer certain types of patient groups to another practitioner who may even have a stated specialist interest, perhaps with additional qualifications, within the same building. However a blanket 'no' policy on certain types of patients is an infringement of the General Ophthalmic Service (GOS) regulations[14] which intends that any eligible group should be able to access services from any registrant working within the GOS contract. In addition such an approach may not be what is ethically expected of a registered practitioner as laid out by the College of Optometrist's guidance for professional practice (formerly the College's Code of Ethics and Guidance for Professional Conduct) (see Appendix 1), where there is an implied responsibility to keep skills and competencies up to date.

The study looked at the implications of the outcomes of disciplinary and FTP hearings from the GOC over a period of 11 years. During this period there were many changes to the mode of operation of the Disciplinary and FTP Committees of the GOC. The optical profession also continued to evolve. Administratively, the impact of the Data Protection Act[15] the changing world of secure electronic patient data recording and the arrival of social media, have all had to be catered for. Clinical examples of this evolution included adapting to advice from the National Institute of Health and Care Excellence under the guises of NG85[16] and IPG466[17] . The NICE guideline CG85

issued in April 2009 is a clinical based recommendation that guided appropriate registrants, in this case optometrists and student optometrists in the dealing of patients attending for an eye examination with Intra Ocular Pressures (IOPs) that are measured as being over 21mmHg. This guidance has now resulted in various referral mechanisms throughout the UK, which registrants must be aware of in their day-to-day work to avoid allegations of poor fitness to practise. The IPG466 is further information from NICE issued in September 2013, which brought to the attention of relevant practitioners and patients alike, the approval of a new procedure (photochemical corneal collagen cross-linkage) for treating some forms of keratoconus. These examples demonstrate how registrants, particularly clinical registrants, are required to be aware of the latest advice. A registrant a few years previously may not have referred a patient with early keratoconus. However given the availability of a new procedure, registrants are now advised to have considered referring to an appropriate specialist post the issuing of the guidance, to avoid an accusation of poor practise.

1.3 Disciplinary and FTP hearings

Disciplinary and FTP hearings are a feature of regulatory bodies that oversee many UK based registered health professions[18,19,20]. In professional practice for many health profession registrants, this is one of the things that will cause worry at some point during their career. Optometrists, student optometrists, dispensing opticians, student dispensing opticians and bodies corporate are all types of registrants that can be found in the register of the General Optical Council (GOC)[21].

Disciplinary and FTP hearings held by the GOC have seen some significant changes over the last 15 years. This included in July 2005, the introduction of new FTP rules with a clearly defined process published (see Appendix 2) and the change in the standard of proof required by the FTP Committee when making decisions, from criminal 'beyond any reasonable doubt' to a civil 'balance of probabilities' standard in 2008 in line with other healthcare regulators[22]. There was also the introduction of a revised set of FTP rules involving for the first time, case examiners, with the intention of shortening the FTP process by several months for individual cases[23] in April 2014.

Registrants have a duty to consider the ethical and legal aspects of their registration. Whilst the different types of registrants largely consider the same or similar professional situations, there can be different emphasis put upon certain areas by one group more than another. For example, a body corporate will have a bias towards ensuring that all staff (including but not exclusively, registrants working within it) are compliant with for example information governance and other similar requirements. In addition, the corporate body will also be concerned with ensuring its professional registrants have appropriate and up to date registrations with relevant organisations and that they have upheld the expected standards throughout their work. A body corporate in effect as well as having to answer for its own actions may also be vulnerable to a FTP hearing by the actions of those working within it, registered or otherwise.

A qualified clinician and registrant seeing patients on a daily basis, whilst clearly needing to work within the same framework as the body corporate from a professional registration perspective, would be more biased towards maintaining their clinical skills through relevant continuing education and training to ensure adequate knowledge and good conduct when in direct patient consultation. The student optometrist and dispensing optician who is by definition in training, will not have a full understanding of the meaning or the obligations of the ethical and professional standards that fully qualified individual members or bodies corporate will (given their more advanced training and / or experience of operating as a professional). However student registrants will still be expected to uphold the regulations and standards governed by the GOC. As a result there are various registrant groups with their differing points of view, professional qualifications and experience. Within practice it is possible to hear examples of 'horror stories' involving registrants who have found themselves involved with the FTP process of the GOC. Investigation processes both in-practice and by the GOC often require a large degree of confidentiality. In-practice discussions surrounding individual cases before or after the completion of any appropriate FTP Committee involvement can lead to many differing opinions, often without the full information being made available. Combined with the understandably self-interested biases of those discussing it, the facts about various cases may be lost among the varying viewpoints of well-meaning registrants.

1.4 Fitness To Practise and the GOC

Fitness to practise with regards to UK optical registrants is overseen by the GOC. The GOC is the statutory body that oversees the optical profession within the United Kingdom of Great Britain and Northern Ireland. The GOC states its 'purpose is to protect the public by promoting high standards of education, conduct and performance amongst opticians'[24]. The GOC maintains registers for dispensing opticians; optometrists (ophthalmic opticians); student dispensing opticians; student optometrists and bodies corporate (companies that carry on business as either or both an ophthalmic opticians and a dispensing opticians). The GOC has several main committees[25], including, Companies, Education, Standards, Registration, Investigation and a Fitness to Practise (FTP) Committee (previously known as the Disciplinary Committee prior to June 30th 2005). This study concentrated upon the cases of registrants that found themselves subject to involvement with the Disciplinary and latterly the FTP Committees of the GOC.

Fitness to practise as an optician starts with an appreciation of the law in the UK and Northern Ireland with regards the right to practise as an optician or optometrist in those territories. The Optometry Red Book[26] was first published in 2001 by the Association of Optometrists (AOP). The publication was a review of then current 'non-clinical, legal and regulatory aspects of optometric practice in the UK'. The AOP is a membership organisation for optical professionals which aims to protect its members through providing medical malpractice insurance and represent its members within the 'rapidly changing profession'[27]. The Optometry Red Book recalled that representatives of the ophthalmic optical profession were keen to obtain a system of registration for the profession during the first half of the twentieth century. However it was not until the National Health Service (NHS) was formed in 1948 that the Minister of Health and the Secretary of State for Scotland arranged for a committee to give guidance on this matter. The committee made up from doctors, ophthalmologists, ophthalmic opticians (optometrists), dispensing opticians and lay members, took until 1952 to submit a unanimous report. The details of this report included the following recommendations: (1) Legislation should provide for the establishment of a statutory registration body to be known as the General Optical Council (2) The Council should maintain registers of ophthalmic and dispensing opticians who possessed prescribed qualifications (3) The Council should organise methods of inspections of training institutions and of examining bodies which grant

qualifications (4) The practise of optics and the use of titles (such as 'ophthalmic optician' and 'dispensing optician') suggesting the user is a qualified optician, by unregistered persons should be prohibited by statute and (5) The Council should exercise disciplinary powers over registered opticians, and should 'inculcate' or instil and enforce throughout the profession an 'appropriate ethical standard'. The recommendations of the Committee led to the Opticians Act of 1958, which has subsequently been amended and consolidated into the Opticians Act 1989, and provided the basis for the formation of ophthalmic opticians (optometrists) and dispensing opticians as statutory professions regulated by the General Optical Council in the United Kingdom and Northern Ireland.

The GOC was responsible for not only overseeing the standards but also for providing guidance in setting the standards through its approval of the calibre of training and relevant institutions. The GOC would therefore be responsible for ensuring that the professions inculcate appropriate ethical standards. The GOC would also ensure these standards were subsequently enforced for the protection of the public and maintenance of confidence by the public in the optical professions. The privileges that registrants of the GOC were entitled to included testing of sight, fitting of contact lenses, sale and supply of optical appliances, and the use of protected titles. Obligations of registrants include duties to be performed upon sight testing, a high standard of professional conduct and the following of statutory rules as laid out in the Opticians Act. The GOCs main committees mentioned previously have been divided into statutory and non-statutory committees. The Opticians Act allowed for the GOC to have several statutory committees that by definition were to be maintained. These committees included the Education Committee, Companies Committee, and Investigating Committee. Non-statutory committees of the GOC included the Standards Committee (all standards other than those that fell under the remit of the Investigating Committee). Post the 2005 FTP rule change, the FTP and Investigation Committees replaced the former Disciplinary and Investigating Committees. Whilst the study dealt with primarily the outcomes of the relevant Disciplinary and FTP Committees, it was important to note that these committees did not exist in isolation and were some of many functions of the GOC. The GOC therefore set out to ensure that the standards expected of registrants are maintained and that public confidence in the profession was conserved. There were two principal disciplinary / FTP systems in place during the timescale of this study. These are discussed in section 1.4.1 and 1.4.2.

1.4.1 How a complaint arrived at the GOC and was escalated pre June 30th 2005

The GOC as allowed for under the Opticians Act 1958, had the power to receive complaints against registrants when it appeared they may have fallen below the standards of professional discipline and conduct which the GOC was charged with maintaining. The GOC also received complaints that related to other matters, such as consumer issues involving the quality of products, but in these cases, the GOC would have referred the matter to the Optical Consumer Complaints Service (OCCS)[28] and considered them no further.

In the case of GOC appropriate complaints, there were two main procedures used during the time period of the study 2001-11. Prior to June 30th 2005, complaints alleging malpractice or misconduct were submitted in the following procedure as described by the Optometry Red Book published in 2001[29]:

(1) Frivolous, vexatious or complaints that had no sensible basis were rejected by the GOC staff

(2) Complaints that appeared to be of substance were referred to the chair of the Investigating Committee. The chair, sometimes with the benefit of additional information obtained by the investigation staff, decided whether the complaint should be sent to the Investigating Committee.

(3) The chair of the Investigating Committee was an experienced optometrist in practice. The chair of the Investigating Committee would then have made one of the following 3 decisions:

   (i) that there should be no further action taken on the complaint, other than to have explained to the complainant why this was the case

   (ii) that the complaint did not require referral to the Investigating Committee. In this situation, the chair may have recommended that some informal advice was offered to the registrant.

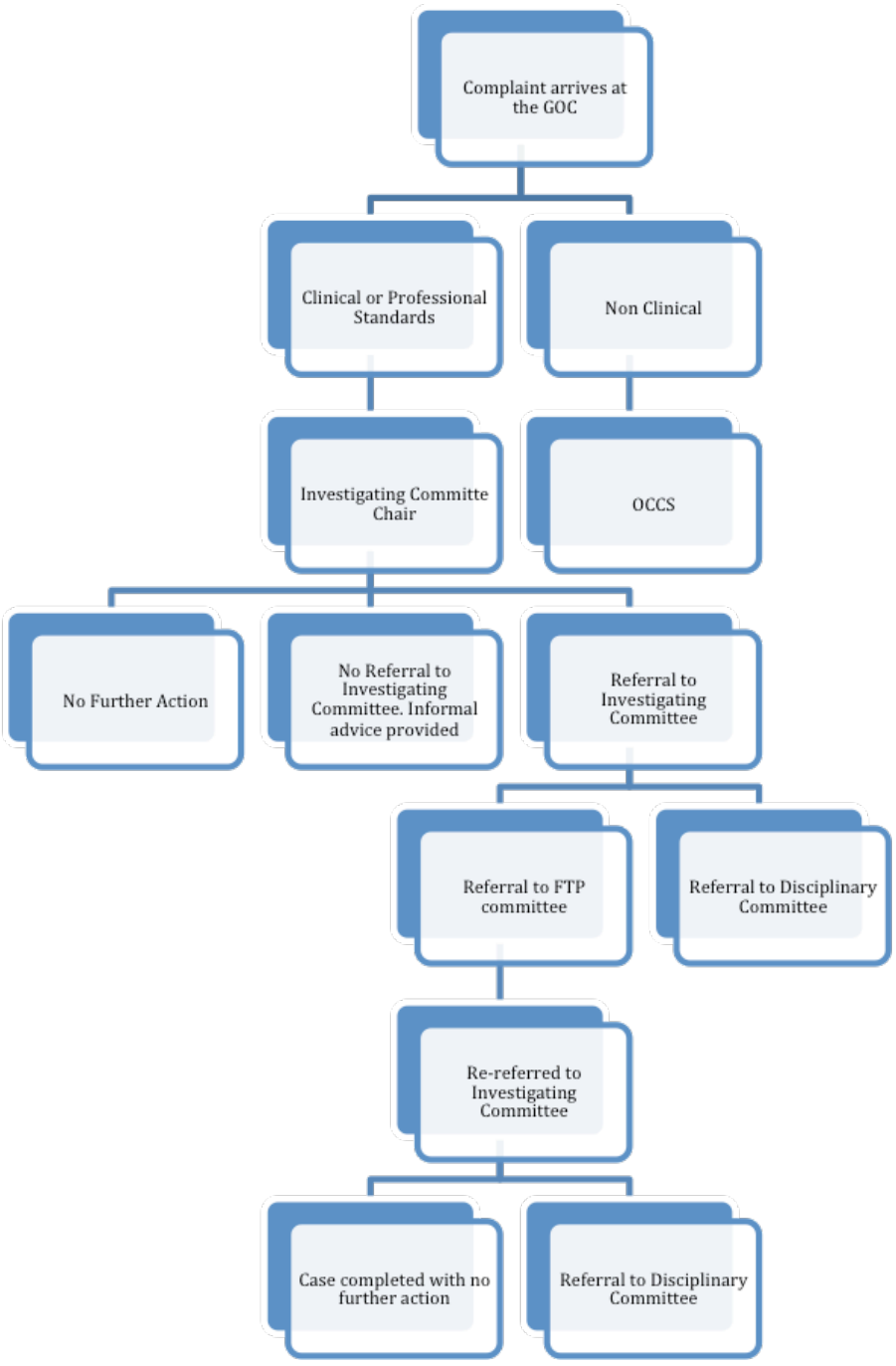
   (iii) That the complaint should then be referred onwards to the Investigating Committee.

In the third scenario, where the Investigating Committee became involved, the Investigating Committee did not hear the case, but considered the complaint and any response from the registrant. From this consideration, the Investigating Committee would have decided whether the registrant was liable to have committed a disciplinary offence. Having established the liability, the Investigating Committee would then make a recommendation for referral to the Disciplinary Committee if appropriate.

Prior to June 30th 2005, The College of Optometrists and the Association of Dispensing Opticians supported an informal FTP scheme with the GOC. This allowed the Investigating Committee to postpone a decision to refer to the Disciplinary Committee, by allowing the registrant in cases where remedial rather than confrontational action was more appropriate. In such cases the GOC would have referred the optician to either the College of Optometrists or ABDO for an appropriate assessment. This would have been clearly set out, with a report ultimately made and fed back to the Investigating Committee, to make a final decision on whether or not to have then referred to the Disciplinary Committee.

The flowchart in figure 1.4.1 that follows summarises the respective GOC complaint processes that took place pre the 2005 FTP rule change.

Figure 1.4.1
Summarised flowchart of the GOC complaint process pre 2005 FTP rule changes, including the informal FTP pathway in place at the time



1.4.2 How a complaint arrived at the GOC and was escalated post June 30th 2005

The GOC published new fitness to practise rules in 2005[30], which came into force on June 30th of the same year. These rules superseded the previous disciplinary proceedings. The basic principle of a complaint upon its arrival at the GOC been investigated by the Investigatory Committee prior to any further decision was the same. Consumer related cases were still referred to the OCCS as previous. The principal differences came in that the Investigation Committee was provided with a wider range of actions that it could take before referring to what would then become known as the FTP Committee. The Investigation Committee could now appoint one or more persons to assess and report on the registrant's health or the standard of the work done or being done by the registrant. The Investigation Committee after taking into account the report of any such assessment was then able to consider a new range of options in addition to those already available to them, as follows:

(i) Consider a warning to be issued in the event that an allegation need not be considered further by the FTP Committee

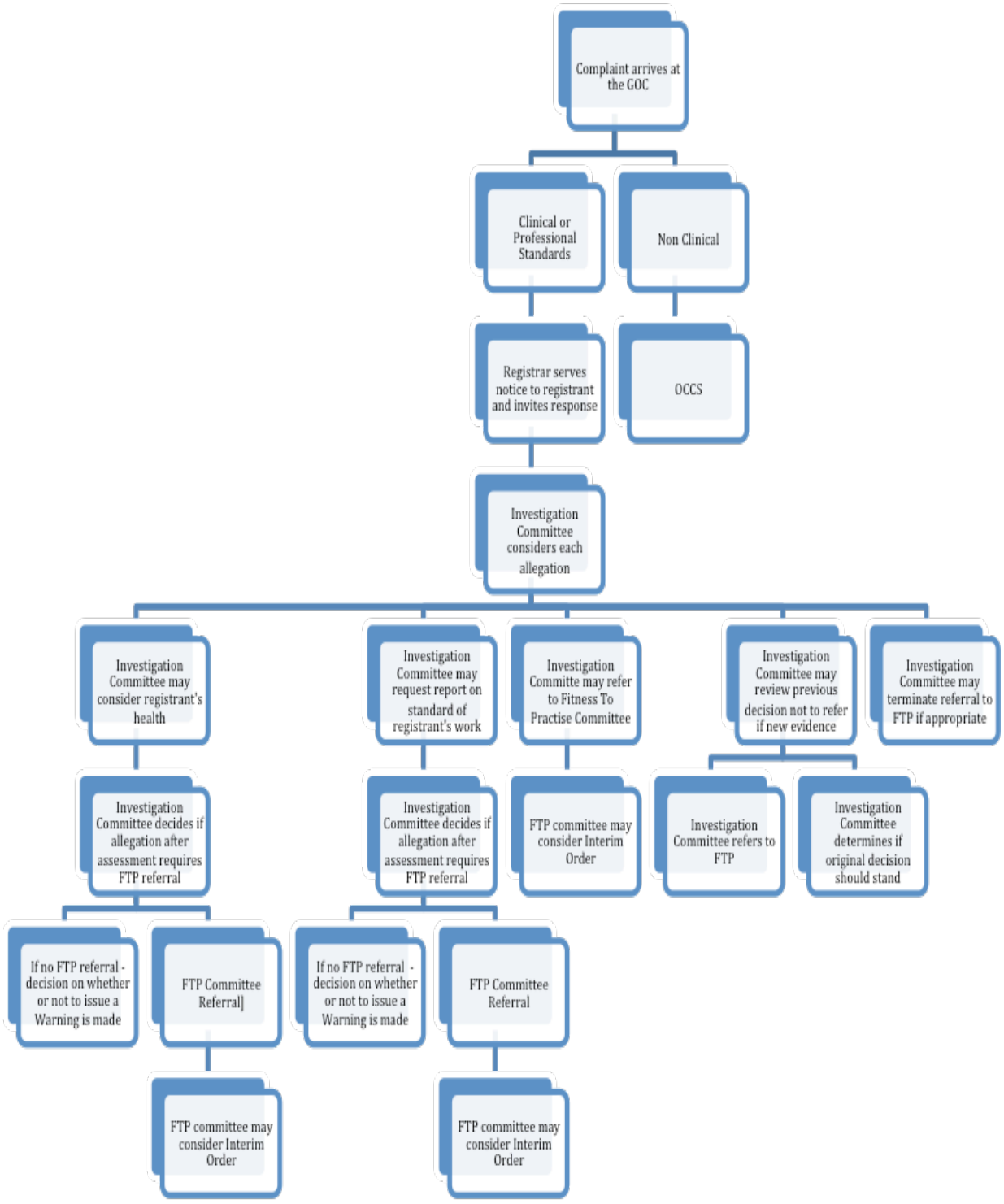
(ii) Review a decision not to refer to a FTP Committee, in the event of new information received that made a review necessary for either the protection of the public or to prevent an injustice to the registrant

(iii) Terminate a referral to the FTP Committee, where the Investigation Committee no longer considers this to be a necessary course of action

Further changes that occurred following the implementation of the new FTP rules on June 30th 2005 included the use of Interim Orders. Interim Orders are considered after a complaint had been referred to the FTP Committee when the Investigation Committee considered a registrant to have been a possible risk to the public or themselves. The use of interim orders allowed the registrant to be suspended from the relevant register or restrict their scope of practise, until the complaint had been assessed fully by the FTP Committee.

The flowchart in figure 1.2 summarises the respective GOC complaint processes that took place post the 2005 FTP rule change.

Figure 1.4.2
Summarised flowchart of the GOC complaint process post 2005 FTP rule changes and the adoption of a formal FTP process



1.5 Key changes in the disciplinary and FTP processes that occurred during 2001-11

As previously discussed in sections 1.4.1 and 1.4.2, there were some legislative changes that affected the profession during the time period elected to collect the data. Sections 1.4.1 and 1.4.2 made mention of the introduction of the FTP rules in 2005. There were also several other changes that directly affected disciplinary and FTP cases. These changes are summarised in table 1.5.1 and discussed further as follows:

Table 1.5.1
Key regulation changes that impacted the optical profession around the time of study of GOC Disciplinary and FTP transcripts 2001-2011.

	Key changes in disciplinary and FTP processes that affected the study period 2001-2011
i	January 1st 2000 GOC Rules Relating to Injury or Disease of the Eye 1999 came into force, affecting the cases examined in the study
ii	June 30th 2005 the GOC introduced new FTP Rules
iii	As part of the new FTP Rules introduced on June 30th 2005, the maximum possible fine to registrants was increased from £1600 to £50000
iv	The adoption of student registration with new Registration Rules adopted by the GOC on the 1st September 2005.
v	The adoption of the civil standard 'balance of probabilities' from the previous 'beyond reasonable doubt' standard of proof from 3rd November 2008

(i) Just prior to the start of the study period in 2001, there was a positive duty of a registered optician to refer when it appeared a patient was suffering from an injury or disease of the eye. From January 1st 2000, a year before the period studied, the GOC Rules Relating to Injury or Disease of the Eye 1999[31] came into force. This effectively revoked the previous Rules Relating to Injury or Disease of the Eye published in 1960. The new rules allowed an optometrist to have discretion to refer according to his or her professional judgment. The rules prescribed the courses of action available to a dispensing optician and optometrist in terms of referral. The rules clearly advised that decisions must have been adequately recorded on patient records. Where appropriate, alternatives to referral to a medical practitioner, such as a dispensing optician to an optometrist for example were also specified.

During the study and noted in the results section, the issue of inadequate record

keeping was a recurring issue. It would require a further study of the disciplinary / FTP data of the period 1990-2000 to detect if there was any correlation with this rule change. However this rule change was the first since 1960 in relation to referrals and its explicit instruction to ensure that records adequately explain decisions was in effect for the whole of the study period.

(ii) The next significant change was the introduction of the GOCs FTP Rules in 2005. These have already been largely covered in sections 1.4.1 and 1.4.2. What the impact was of having the two systems in place during the study was not one of the study's aims, but two of the key differences between the two systems are summarised below and are worth noting.

The first key difference was in the Investigation Committee post June 30th 2005. This Committee had more power to make decisions and was also a slighter larger committee to that pre June 30th 2005.

The second key difference was that from June 30th 2005, under the new FTP Rules, the Investigation and FTP Committees had new structures. The Investigation Committee was made up from nine members in total, of which three where registered optometrists, two where registered dispensing opticians, three lay persons, and one was a medical practitioner. For a quorum to be present there had to be at least five members present to include one optometrist, one dispensing optician and one lay person[32]. Prior to June 30th 2005, the Investigation Committee was comprised of two optometrists, one dispensing optician (and one in reserve), two lay members and an ophthalmologist[33]. Whilst in effect the Investigation Committee was still made up of a minimum of five members after June 30th 2005, it now had a larger pool of members to call upon. More significant still was the formation and membership of the new FTP Committee post June 30th 2005.

The new FTP Committee was made up from five members where at least three were lay members including the chair[34]. When considering any matter relating to the

fitness to practise of a registered optometrist or registered student optometrist, a further two registered optometrists made up the FTP Committee[35]. In a matter relating to the fitness to practise of a registered dispensing optician or registered student dispensing optician, a further two registered dispensing opticians were required to make up the FTP Committee[36]. Where a fitness to practise matter in regards to a business registrant was considered, one registered optometrist and one registered dispensing optician made up the FTP Committee with the three lay members previously described[37]. The FTP Committee was selected from the Hearings Panel, which consists of no more than 40 members of whom at least 12 are registered optometrists, eight are registered dispensing opticians and 12 are lay persons. The Hearings Panel may also be no smaller than 32 members where at least nine are registered optometrists, six are registered dispensing opticians and nine are lay persons[38]. Pre June 30th 2005, the Disciplinary Committee was made up from 15 members, although only five was required to create a quorum. This quorum of five must have included a lay member, an optometrist, a dispensing optician and an ophthalmologist[39]. The same rule still applied with regard to the chair who had to be a lay person as was the case post rule change.

The main point of difference here is that it was not a requirement of the FTP Committee to have an ophthalmologist post June 30th 2005 unlike the Disciplinary Committee that it superseded. In addition the composition of the FTP Committee more consistently reflected the type of member that was been investigated, through the requirements described above to have optometrists present on the FTP Committee when the actions of an optometrist were been examined and to have dispensing opticians on the FTP Committee when a dispensing optician was being examined.

(iii) The adoption of the FTP Committee over the previous Disciplinary Committee offered the opportunity to provide registrants with an alternative to punitive 'disciplinary' actions, which the previous system was designed for. Punitive actions are intended to act as a punishment. As previously discussed in 1.4 and shown in the flow chart in

figure 1.4.1, the GOC had been operating an informal investigation of fitness to practise in parallel with its disciplinary process for some time before the FTP Rules were put into place[40]. The advantage of FTP was that it enabled provisions such as supervision or specialised additional training to be imposed for some situations as appropriate, rather than simply a punitive suspension, erasure and / or a financial penalty.

Along with the greater mandate and new sanctions that the Investigation Committee and the new FTP Committee acquired on June 30th 2005, there was also an increase in the maximum possible fine to registrants from £1600 to £50000.

(iv) The effect of student registration. On the 1st September 2005, just approaching the halfway point of the study's period 2001-11, the GOC adopted new Registration Rules[41]. Student registration was new to the profession and applied to student dispensing opticians and student optometrists. Students were now expected to uphold the principles and standards of the GOC, but at the same time, in many cases were learning what those standards were. The addition of students from September 2005, provided a further dynamic to evaluate in this study and will be discussed further.

(v) In February 2007 the Government published its White Paper, Trust, Assurance and Safety – The Regulation of Health Professionals in the 21st Century[42]. The White Paper directed that the civil standard of proof, rather than the criminal standard, should be the common standard of proof for all health regulatory bodies. The GOC added Rule 50A to the Fitness to Practise Rules which allowed for this to legally take place from 3rd November 2008. This meant that the 'beyond reasonable doubt' standard of criminal law was replaced with the civil standard 'balance of probabilities' and that this change also took place during the time period that the data was collected.

1.6 Ethics and the GOC

Ethics was an important concept with regards the function of the GOCs disciplinary and FTP processes and was specifically mentioned in the 1952 report that led to the creation of the GOC[43]. The report stated that 'the Council should exercise disciplinary powers over registered opticians, and should inculcate and enforce throughout the profession an appropriate ethical standard'. Ethics is defined by the Oxford English dictionary[44] as (1) the principles that govern a person's behaviour or the conducting of an activity and (2) the branch of knowledge that deals with moral principles. To define ethics is a complex task, despite and quite possibly due to the fact that the concept has existed for a long time. The Oxford English dictionary explained there were roughly three schools of ethics in Western philosophy:

- those that stretch back to the work of Aristotle, holding virtues, such as justice, charity and generosity as dispositions to act in ways that benefit both the person possessing them and that person's society
- that defended by Immanuel Kant[45] an eighteenth century German philosopher, who made the concept of ethics central to morality, where humans are bound from a knowledge of their duty as rational beings to respect other rational beings and therefore not stemming from a simple case of wanting to do good
- utilitarianism asserted that the guiding principle of conduct should be the greatest happiness or benefit of the greatest number.

Pierscionek[46] discussed the concept that it may not be necessary to find a strict definition of ethics, because ethical principles are themselves not a fixed set of rules with rigid definitions. Pierscionek[46] carries on to explain that ethical principles are guidelines that help a person to make decisions and to justify why and how these decisions have led to certain actions. Pierscionek[46] summarised the practise of ethics as one that required careful thought, questioning and justification of choices, decisions and actions and with its origin and evolution grounded in morality.

Morality was defined by the Oxford English dictionary[47] as "principles concerning the distinction between right and wrong or good and bad behaviour". Pierscionek made the observation that

morality was a complex issue based on beliefs and values. These beliefs and values themselves were said to be governed by several factors such as family background, schooling, religion, the impact of peers and even hobbies and lifestyle. Morals do not remain static. Over very varying periods of time, practices that were once deemed immoral can be reinterpreted as moral and vice versa.

Registrants were obliged by virtue of their registration to be aware of the meaning and significance of the concept of ethics and morals in their day-to-day practise. Registrants were also required to maintain appropriate standards when outside of work.

1.7 Age versus Experience

The Roman philosopher Seneca stated ‘while we teach, we learn’ and certainly this sentiment is often recalled in practice especially during the pre-registration period by student and especially the supervisor. In practice, many clinical registrants will have had experience of hosting and mentoring a new graduate optometrist or dispensing optician during their pre-registration periods. All clinical registrants would have completed this period themselves in the past. The pre-registration period allows the new graduate to gain the practical experience that they will need throughout their professional career, whilst at the same time presenting an opportunity for the experienced practitioner to ensure their own skills are up to date when undertaking the role of supervising. There can be a balance between age and experience in relation to potential areas of risk for fitness to practise. The inference can be that the newly qualified optometrist, although with very up-to-date academic knowledge of the subject, but having had relatively very little practical clinical experience in comparison to his or her peers, is at a particular risk of “missing” a pathology or other symptom. When pointed out to the newly qualified registrant, they are usually able to describe and undertake appropriate action, but due to their inexperience of having seen such situations in practice, they may have a fear (justified or otherwise) of not detecting these events. The alternative in-practice situation, may involve the older clinician, where after maybe three, four decades or more in practice, they have gained much practical experience but may now have found themselves with less up-to-date knowledge about techniques and equipment. The GOC attempts to manage both of these scenarios. Through the existence of the pre-registration period, newly qualified graduates are

able to gain supervised experience. The GOC also puts a requirement for continued education and training on existing registrants to manage the challenge of ensuring that all registrants are kept up to date with modern techniques and processes.

Taking both of these GOC functions. Firstly, the pre-registration year is designed so that it allows the new graduate to be prepared and examined for the practical requirements of life in practice. This is achieved by providing exposure to various pre-set clinical episodes, (recently redesigned by the College of Optometrists) and making use of various types of assessments through the acquisition of published competencies within community and hospital practice settings. Secondly, the GOCs Continuing Education and Training (CET) scheme is described on their website[48] as being an essential process ensuring that eye care practitioners maintain their up-to-date skills and knowledge needed to work safely and effectively throughout their career. The scheme is points based, runs over a three year cycle and is a mandatory and statutory requirement for all fully qualified optometrists and dispensing opticians. There is a minimum number of CET points to be obtained within each cycle and from 2013 the system has been enhanced to ensure that a full range of various competencies are covered along with a new requirement in that all clinical registrants must participate within a peer-review group at least once in the three year cycle. Both of these systems go some way to address the concerns caused around very newly qualified and somewhat longer term qualified clinical registrants.

It is of course not just optometry and dispensing optician professions that have these same concerns. All healthcare professions face similar challenges around the subject of firstly gaining experience in the first part of the clinician's career and then secondly maintaining an up to date knowledge of the field throughout any clinician's career. The importance of both of these situations is taught at undergraduate level. It is in part covered by the ethical duty of a practitioner as well as being enshrined in UK law through nine statutory (legislated) bodies that are set up to oversee the quality of training of the relevant professionals, and to maintain the standards within each of the associated professions. The nine bodies are as follows, the General Chiropractic Council; General Dental Council; General Medical Council; General Optical Council; General Osteopathic Council; General Pharmaceutical Council; Pharmaceutical Society of Northern Ireland; Health & Care

Professions Council; and Nursing and Midwifery Council. These statutory bodies meet their public health remit by ensuring high levels of education and by overseeing performance and conduct concerns of registered professionals. In turn, the nine statutory bodies, of which the GOC is included, are themselves overseen by the recently formed Professionals Standards Authority (formerly known as the Council for Healthcare Regulatory Excellence or CHRE).

Table 1.7.1 summarises some of the similarities and differences with regards the obligation for registrants to maintain Continuing Professional Development (CPD) throughout their careers in UK based optometry[49], medicine[50], dentistry[51], pharmacy[52] and nursing[53]. In the following table 1.7.1, CPD is tied in with the requirement to re-register at certain intervals in order to allow the registrant to continue to practise. Some professions have further requirements on top of CPD for continued registration, which makes up a larger process of revalidation.

Table 1.7.1 Comparison of summary of CPD requirements between the UK professions of optometry[49], medicine[50], dentistry[51], pharmacy[52] and nursing[53]

	Optometry[49]	Medicine[50]	Dentistry[51]	Pharmacy[52]	Nursing[53]
Length of CPD cycle	3 years	5 years	5 years	Up to 5 years	3 years
CPD content	36 hours of CET minimum six hours per year covers eight core competencies minimum one peer review with reflective learning	Requirement varies between colleges	250 hours 75 hours must be verifiable with documented outcome	Minimum of 9 entries per year three out of the nine entries must include reflection	35 hours 20 hours including participatory learning
Part of a revalidation process, required for on-going registration	No, but minimum CET requirement must be met for re-registration	Yes, including practice based feedback from colleagues and patients; written reflective accounts and quality improvement activity.	No, but CPD requirement must be completed to enable re-registration	No, but must be completed to enable re-registration	Yes, including practice based feedback from colleagues and patients and reflective accounts

1.8 Is the expanding role of optometrists likely to lead to an increase in FTP issues for GOC registrants?

A typical day for an optometrist would involve seeing varying patients with various symptoms and conditions ranging from early presbyopia through to the ocular emergency, which may also involve occasionally interacting with ophthalmological colleagues. Dispensing opticians may also have been called upon to make clinical judgments on the occasions when patients present to them directly with obvious outward signs of ocular problems.

The College of Optometrists, in cooperation with the Royal College of Ophthalmologists, published in November 2013, some clinical commissioning guidance entitled 'Urgent Eye Care'[54]. The publication deals with the increasing issue of growing numbers of patients attending hospital eye departments across the UK with 'urgent eye conditions' and quotes examples of optometrists becoming much more involved with urgent eye care cases, from Scotland and Wales, following the introduction of specific optometry led schemes, Grampian Eye Health Network and Primary Eyecare Acute Referral Scheme respectively. In both cases, the outcomes were a successful and significant shift of care from secondary care settings (the hospital eye departments and A&E) to primary care settings (optometry practices). This outcome was seen to be positive for both the patient (more local and prompt service) and the running of hospital departments (more time to spend on more complex cases and more effective use of NHS resources with associated reduction in cost from transferring care to optometrists from ophthalmologists). These schemes are currently being discussed in many parts of the UK through Local Optical Committees (LOCs) and are likely to become more common as the pressure on NHS funding continues in tandem with an increasing scope of practise and associated training for optometrists. The clinical commissioning guidance makes reference to the availability of slit lamp biomicroscopes playing a fundamental role in shaping further local services and that by implication optometry practices provide an ideal place for GPs to refer patients for urgent same day attention, rather than just having the option to refer to the hospital eye service.

In the light of recent changes and the advent of clinical commissioning along with a readiness of optometrists to willingly adapt to this opportunity, it is very likely then that all optometrists and

dispensing opticians will be seeing many more urgent eye cases and be involved in other enhanced eye care pathways in the forthcoming years.

A further aspect of the study, was to make recommendations to reduce the risk associated with particular types of patient episodes. The need for registrants, both clinical and business, to maintain their skills according to the changing individual needs of particular registrants will be considered. These episodes may involve for example, direct clinical interaction with patients or perhaps a patient presenting to the practice to non-qualified staff members on the phone or in person with symptoms that are different and in addition to the normal spectacle or contact lens enquiry. The requirement and practicality for recording such enquiries and subsequent advice given prior even to the eye examination or enhanced optical service will be considered as a possible way of mitigating future problems.

1.9 Clinical issues versus character issues

When considering FTP cases and their outcomes, one issue that arises is whether complaints against a practitioner's character have a tendency to produce different outcomes compared with complaints about clinical issues. Optometry is recognised as a profession and with that recognition comes responsibility for registrants to uphold certain standards over and beyond that of non-registrants.

A profession as defined by the Oxford English dictionary[55] is a "paid occupation, especially one that involves prolonged training and a formal qualification". By this very loose definition, optometry fits the criteria, but what does it actually mean to be part of a profession? Pierscionek[56] explores this and noted six main criteria that have been suggested to characterise a group as a profession:

- the presence of a well-defined body of knowledge that is controlled by members of the group
- no market-based competition for the services of the group
- the group enjoys autonomy or self-regulation over working conditions
- the group possess a code of ethics

- members of the group have altruistic motives with a greater emphasis placed on performance achieved than money earned
- that there is substantial training, regulated and controlled by the group.

Pierscionek[57] commented that these six criteria were focused on the medical profession and made reference to similar definitions that have been used to define law and accountancy as professions, although the prospect of higher social status and wealth associated with the recognition of professional status that are also included in the criteria for accountancy and law are at odds with some of the aforementioned six points and are specifics that that distinguish medical from business professions, thus demonstrating the differences between recognised professions.

It is possible to accept that optometry is a profession by virtue of fulfilling the criteria above, i.e., its members practise a clear and well defined body of knowledge obtained (and maintained) by extensive and substantial training, enjoy a high degree of autonomy, are self-regulated by their own professional body (since most council members of the GOC are eye care professionals) and are governed by a code of ethics. It is the presence of a code of ethics and an obligation by a group's members to conduct themselves in accordance with that code, that Pierscionek[57] describes as being the one "distinguishing feature" that differentiates a profession from other occupations or trades.

The application and impact of the code of ethics in optometry is perhaps the basis behind whether or not clinical or character complaints when held to account at a FTP hearing are considered to have different impacts upon clinicians. The study has by examination of the outcomes and types of cases involved over an 11 year period been able to reflect upon whether or not there is a different degree of severity for clinical or character based complaints at disciplinary or FTP level and therefore by implication a different emphasis placed upon one or the other transgressions and the possible reasons for this.

1.10 The expanding use and role of technology

Statistics prepared by the UK Office for National Statistics[58] reveal that the UK in recent years has embraced online technology. The statistics indicated a steady increase in household internet use from 2006 to 2013 and revealed across all age groups that the use of the internet via mobile phones more than doubled in the three years between 2010 and 2013 (ranging from an increase from 43% for 16-24 years olds in 2010 to 89% in 2013 and more modest but still significant increases in the 55-64 age group of 9% in 2013 to 29% in 2013).

In the context of trying to prevent FTP issues, the quality of record keeping is essential. The contents of a patient record form the basis of understanding of the events that occurred during the consultation that is being retrospectively examined. These contents and how they are stored are therefore very important. The expanding use of technology has had implications for professional registrants in this respect. During the period of time studied the initial implication would have been the adaptation from pre-dominantly paper based record keeping, to that of digital recording. Registrants, both bodies corporate and individuals, would have had responsibility to learn how to use and implement this new technology. New digital record keeping systems and their users (the Registrants) would have had to ensure that they were not only capable of recording all of the relevant information but that it was backed up correctly and securely stored.

Practitioners would have had to adapt in a relatively short time and without any significant notice to a digital world. These registrants would have had to ensure that they had the skill set to adapt to this new way of recording clinical data to ensure that they were complying with their professions requirement to maintain accurate and adequate records. For those registrants just qualifying, it would be a natural extension of their learning into their first days in practice. For others, this change represented a significant change in a way of practising that may not had changed for years, possibly decades in the case of some registrants. Regardless of which category a registrant may have been in, the importance of full and accurate keeping becomes relevant when considering FTP cases. Dabasia et al[59] noted in 2014 that of 1300 UK members of the College of Optometrists surveyed, 39% were using paperless record keeping, 80% a form of electronic recall and that the need for technical support and sufficient training was a potential issue.

The second significant aspect of the expanding use of technology and the implication for professional registrants has been the impact of social media. Social media includes the use of for example, Facebook, Instagram, Tumblr, Twitter and LinkedIn. Bonilla-Warford[60] in 2010 commented on the many types of social media options for optometrists and how they can be beneficial to practitioners and patients. Bonilla-Warford demonstrated how social media can be managed responsibly. Professionals and non-professionals alike however have not always understood the consequences of posting on the internet what they considered to be harmless comments, or at times lashing out in words at the height of emotion. Such behaviour could potentially bring a registrant in front of their professional body for a breach of their code of ethics and / or professional behaviour expected. Other professional bodies have also had to adapt. Levati[61] in her 2014 paper 'Professional conduct among Registered Nurses (RNs) in the use of online social networking sites' aimed to explore the use of Facebook by RNs in Italy and the UK. Lavati[61] noted that previous studies of the use of online network sites among medical students and doctors in Florida USA and New Zealand is posing new ethical challenges to those professions. Lavati[61] concluded that most RNs in the UK and Italy exhibited online behaviour that would not cause concern, although the study did reveal some online behaviours 'which may put nurses at a higher level of vulnerability and lead to the disclosure of potentially unprofessional conduct'. These included cases of unprofessional disclosures in relation to the use of 'alcohol, nudity and material of a salacious nature'.

Nurses registered in the UK are overseen by the Nurses and Midwifery Council (NMC) and along with the GMC who oversee UK medical doctors, have brought out their own respective guidance for their registrants on the use of social media[62,63]. The GOC registrant is no less affected by the blurring of boundaries between personal and work life that social media and networking has created. Misusing social media might see the GOC registrant facing a FTP hearing. To help the GOC registrant, social media and electronic communication guidelines have been published by the Optical Confederation[64,65].

The Optical Confederation is a group of five organisations that represent varying facets of the optical industry and is made up from the following members: Association of British Dispensing Opticians (ABDO); Association of Contact Lens Manufacturers (ACLM); Association of

Optometrists (AOP); Federation of Manufacturing Opticians (FMO); Federation of Ophthalmic and Dispensing Opticians (FODO).

The social media guidelines as written by the Optical Confederation make reference to the appropriate use of social media by optical registrants by directly quoting from the GOCs Code of Conduct. The Optical Confederation deemed these to be particularly relevant to professionalism in the virtual world as well as the physical world. In addition the Optical Confederation makes reference to the College of Optometrists' Code of Ethics and guidelines on professional conduct particularly around the importance of professional integrity, the patient-practitioner relationship and inter and intra professional relationships.

The growing significance of social media although of equal importance to all optical registrants, was an example of where the different registrant groups may have placed different emphasis upon the use and understanding of the implications social media due to their difference in age and experience. The growing use of computers and the internet among the younger age groups (as seen in the National Statistics previously quoted[58]) will have been of little surprise, when it is considered that email and computer based assessments are now emerging into day-to-day schooling for children[66]. The use of computers and electronic communications has become an essential part of the process of applying for university, let alone completing the course that was applied for. It can therefore be assumed that among optometry undergraduates and dispensing optician students that there was a 100% use of computers and online activity. These GOC student registrant groups predominately also at the younger age range (16-24 years) although made up with some mature students of varying ages and experience (around one third of all students in UK higher education are made up from mature students over the age of 21[68]) represented a particular risk when considering the implications of the use of social media and electronic communication. It was to be assumed that unless the undergraduates have a prior degree in a similar field, by definition of being a student, they were in a position of learning to understand all the aspects involved in becoming a fully qualified registrant. Part of this learning was based around the subject of ethics, professional standards and the law as laid down by the Opticians Act. However, the GOCs current remit is also to register these undergraduates and in effect charges them with having the same responsibilities as other registrants, despite the fact that they are only in a position of

learning about the responsibilities of what registration implies. This may have represented a particular risk to the optometry undergraduate and student dispensing optician population, which is at the same time more engaged with social media and networking than other cohorts.

The quoted national statistics for computer use[58], demonstrated there had also been a significant growth in the use of computers by people in age categories 25 years and older. The majority of registrants in these age groups would have been qualified during the time of this expansion and therefore more likely due to their prior training and existing experience of working within a professional environment, to be aware of the implications of internet use, social media and how the existing requirements of the Data Protection Act (DPA) 1988 applied to their own situations in the work place.

1.11 Data protection issues

In a world increasingly governed by technology, the impact of data protection and the responsible use of data is ever more important. This is especially the case for all types of professional occupations including optometry. The UK government's Data Protection Act 1998[68] controls the use of personal data by organisations, businesses and government itself. The Act enforces "data protection principles" that everyone responsible for data must follow. The Act quotes that data must be:

- used fairly and lawfully
- used for limited, specifically stated purposes
- used in a way that is adequate, relevant and not excessive
- accurate
- kept for no longer than is absolutely necessary
- handled according to people's data protection rights
- kept safe and secure
- not transferred outside the UK without adequate protection

There is stronger legal protection for more sensitive information, such as:

- ethnic background
- political opinions
- religious beliefs
- health
- sexual health
- criminal records

From examination of the above points it becomes immediately apparent the responsibility upon all registrants, clinical and corporate is significant indeed. All registrants deal with data that would fall under the remit of the Data Protection Act. The Act defines a number of terms including the following keys words and expressions, data, personal data and sensitive personal data.

Data in the Act is defined as information:

(a) being processed by means of equipment operating automatically in response to instructions given for that purpose

(b) recorded with the intention that it should be processed by means of such equipment,

(c) recorded as part of a relevant filing system or with the intention that it should form part of a relevant filing system

(d) does not fall within paragraph (a), (b) or (c) but forms part of an accessible record

(e) is recorded information held by a public authority and does not fall within any of paragraphs (a) to (d)

Personal Data means data which relate to a living individual who can be identified:

(a) from those data, or

(b) from those data and other information which is in the possession of, or is likely to come into the possession of, the data controller and includes any expression of opinion about the individual and any indication of the intentions of the data controller or any other person in respect of the individual

Sensitive Personal Data is defined as personal data consisting of information as to:

(a) the racial or ethnic origin of the data subject

(b) political opinions

(c) religious beliefs or other beliefs of a similar nature

(d) whether he is a member of a trade union

(e) physical or mental health or condition

(f) sexual life

(g) the commission or alleged commission by the data subject of any offence

(h) any proceedings, for any offence committed or alleged to have been committed by the data subject, the disposal of such proceedings or the sentence of any court in such proceedings

The Act goes on to define data controller; data processor and data subject:

“data controller”

A person who (either alone or jointly or in common with other persons) determines the purposes for which and the manner in which any personal data are, or are to be, processed

“data processor”

In relation to personal data, means any person (other than an employee of the data controller) who processes the data on behalf of the data controller

“data subject”

An individual who is the subject of personal data;

From inspection of the above basic definitions taken from the UK’s Data Protection Act and examined from two viewpoints (1) being a clinical registrant (optometrist / dispensing optician) handling personal and sensitive data in a consulting room, or (2) being a registered business responsible for not only the handling of information by optometrists and opticians during sight testing, but also the control of all personal and sensitive data by all members of staff, qualified or otherwise throughout the optical business, it becomes very apparent optical registrants are included as data controllers and/or handlers and have a responsibility to manage appropriate data

carefully and in accordance with the principles of the Data Protection Act. Failure to do so could lead to a potential complaint of data breach, which may potentially lead to a FTP issue.

Previously, the dangers of inappropriate use of technology were covered and clearly registrants must also be aware of the consequences of the use of data including personal and sensitive data as defined by the Data Protection Act, inclusive of their actions on social media. Within an optical practice setting however, the use of data extends considerably beyond what is inputted onto a computer or mobile phone.

Data exists and is predominately stored in an electronic format and also to a lesser extent a written paper format. The use of data in an optical practice includes the physical handling of personal data. The storage and use of data from an electronic or written source is very important as can be seen by the wording in the Data Protection Act. By implication the application of the data, that is to say how the data is used within a practice setting is also very important. This could include the application of personal data by a junior member of staff when making an appointment. In such an instance, it is important that the member of staff asks the patient to recite their personal data, for example, their date of birth or telephone number, to the member of staff, rather than for the member of staff to read it to the patient and simply ask for confirmation from the patient. In asking the patient to confirm their personal data, the patient has the opportunity to ensure that they are comfortable with the environment that they are in before releasing the information (for example a private area, rather than a busy reception desk) and the member of staff will be able to confirm that the patient is in fact the correct person and not somebody who perhaps was not listening or unable to hear well, just agreeing with whatever the member of staff was saying.

From an ethical and professional point of view, the optometrist needs to consider whether when handing over a patient to perhaps a dispensing optician after the eye examination, whether the information imparted to the dispensing optician is relevant to the dispensing of glasses or contact lenses and after deciding what is relevant, what would be the best environment to conduct the handover. It may be completely appropriate for the handover from an optometrist to a dispensing optician to include details such as what types of spectacles are required and to name the specific tasks related to their work and hobbies for which they are to be used. It would not be appropriate

however for this handover to occur in a public space that may allow other patients and practice visitors to overhear and therefore possibly determine who the patient is, what they do for a living and what they need spectacles for. This could be potentially an infringement of the patient's personal data, and if the handover were to include specific recommendations related to an underlying health condition, as can be the case in an eye examination, then the breach may also include sensitive data.

Increasingly as part of the NHS General Ophthalmic Services (GOS) contract, many practices are being required to undertake regular audit processes, which include reference to data and its appropriate handling. This has become much more significant over recent years with a growing legal framework extending beyond that of the Data Protection Act. The NHS on its information governance website[69] made reference to the fact that this legal framework is complex including four Acts:

- NHS Act 2006
- Health and Social Care Act 2012
- Data Protection Act
- Human Rights Act

The concept of Information Governance in the UK NHS[69] was born out of the implication of the appropriate use of data in a health care setting and taking into account the rights of the patient to confidentiality. The NHS information governance website[69] states that the law allows data to be shared between those providing care directly to a patient, whilst protecting the confidentiality of the patient at all other times. These users would be classed as primary users and would have to ensure that the data is managed properly as discussed already, i.e., being sensitive to appropriate storage e.g., secure electronic records or locked filing cabinets and being discrete when discussing data e.g., not discussing a husband's record with a wife without the husband's permission and in an appropriate private environment. Secondary uses of data, that is assessing patient information for purposes other than the primary use of treating the patient directly, are described as:

- Reviewing and improving the quality of care provided
- Researching what treatments work best

- Commissioning clinical services
- Planning public health services

This secondary use of data, particularly the first three, but not excluding the fourth (more likely to be used at college / policy making level, rather than practice level) are increasingly commonplace in modern optometric practice, particularly with the advent of commissioning for additional / enhanced clinical services. The extension of practitioners' remits with further education such as independent prescribing among others and the expansion of some optical practices into new commissioned services such as those provided through 'any qualified provider' status[70] (where the NHS in England has opened up patient choice for additional health services such as the provision of NHS audiology for example), are further evidence of the increasing complexity and therefore scrutiny that registrants have found themselves subject to.

The study reviewed how often data infringement aspects occurred during the investigation of cases that have been brought to the Disciplinary and FTP Committees. This is an area however that is rapidly gaining more public awareness and changing on many fronts due to technology and at least in the UK, the shifting provision of NHS services from secondary to primary care including optical practices. Modern practice management should take information governance and its implications very seriously. Registrants and staff members may in fact be going against the principle of information governance by simply having said 'hello' to a patient they bumped into in the street after having previously seen them only for a professional consultation. The risk being that by association another person with the patient may now have become aware that their companion has had to attend an eye professional for a consultation.

This chapter has presented the background to the GOC in relation to its role in disciplinary and FTP hearings during the period of the study 2001-2011. Some of the possible reasons for registrants having to face a disciplinary or FTP hearing have been described. Finally, the advancement of the profession in terms of technology, data management and its implications both directly and indirectly for registrants has been explored. The next chapter sets out to investigate what previous studies have already been performed into the actions of the GOCs Disciplinary and FTP Committees by means of a literature review.

Chapter 2 Literature Review

Chapter 1 set the scene for conducting the study. The changing world that registrants face and the importance of maintaining up-to-date standards was discussed. The rapid technological advancements in practice management along with changes in legislation and the ability of social media and networking to blur boundaries between private and professional life, all need to be accounted for to avoid the likelihood of coming up against a FTP Committee.

The aim of Chapter 2 was to research the literature and establish if the proposed review of GOC disciplinary and FTP hearings or similar work had previously taken place and if so, how could the planned review be conducted to add further worth.

2.1 Method

The literature search was conducted using a combination of search facilities including the Cochrane Library and Web of Science (both accessed through the Aston University Library portal). The Web of Science in turn included searches from Science & Citation Expanded, Social Sciences Citation Index, Arts & Humanities Citation Index and Medline. A further search was conducted through Google Scholar using similar search terms as for the previous searches. Google Scholar is an open source bibliographic database that includes peer-reviewed journals accessed through the Google search engine[71]. Google Scholar was estimated in 2014 to contain 80-90% of all available peer-reviewed articles that have been published in English[72].

2.2 Boolean Operators

The searches made use of Boolean search principles. Boolean Operators are simple words (AND, OR, NOT or AND NOT). They are used within database searches to assist in the process of filtering out the information (in this case the articles). The result was a shortened list of hits that contained key words or groups of words, which was then scanned for any relevant papers within it. The operators are used within a search line. AND was used to connect two words or groups of words or phrases together. When using AND the database displayed results where all words, groups of words or phrases as written, were present in the search results, thus narrowing the

number of hits to evaluate. OR was used to select a word, or group of words or phrase in a similar way to AND but because all of the words or groups of words or phrase specified may be present, with or without each other a much larger number of hits was likely to be had. The use of the NOT operator, allowed for certain words to be excluded from the search, which had the effect of reducing the number of hits or focussing the search field to specific words or phrases.

2.3 Further Search Parameters used in Cochrane Library

The Boolean operators were employed within certain fields in the database. These additional fields made use of the various databases functionality. The Cochrane Library allowed for searches to be made within the following database fields:

Search all text

Record title

Author

Abstract

Keywords

Title, Abstract, Keywords

Tables

Publication type

Source

Digital Object Identifier (DOI)

Accession Number (sequential number assigned to a record as added to a database)

Having evaluated the options available and being mindful of the aim of the literature search to establish whether or not this or a similar study had been done in the past, it was decided that a combination of Boolean searches within “Titles, Abstracts, Keywords” in “All Reviews” would provide a sufficiently wide enough search area within the Cochrane Library to work with.

2.4 Further Search Parameters used in Web of Science

As with the Cochrane Library search, a similar approach was undertaken for the Web of Science. Web of Science allowed for searches to be made within the following database fields:

Topic

Title

Author

Author identifiers

Editor

Group author

Publication name

DOI

Year Published

The option of searching using Boolean operators through the “Title” search function was decided upon as providing the widest search parameter, from which to start filtering.

2.5 Further Search Parameters used in Google Scholar

Google Scholar allowed searches in two fields as follows:

Anywhere in the article

In the title of the article

Google Scholar allowed Boolean searches through “Advanced Scholar Search”. The advanced option allowed the following Boolean style searches:

Find Articles

With all of the Words

With the Exact Phrase

With at least one of the words

Without the words

Where my words occur

Using the same search terms as in the previous Cochrane Library and Web of Science searches, a final search of published peer-reviewed articles was made.

2.6 Cochrane Library Search

Searching Titles, Abstracts, Keywords in All Reviews (updated 8th July 2015)

2.6.1 Search *fitness to practise*

12 results from 8983 available records - 0 relevant to study

2.6.2 Search *general optical council*

0 results from 8983 available records

2.6.3 Search *optometrist*

2 results from 8983 available records - 0 relevant to study

2.6.4 Search *optometry*

191 results from 877,124 available records

these were then further filtered by adding additional search words as follows:

2.6.4.1 *optometry* AND *legal*

0 results

2.6.4.2 Search *optometry* AND *FTP*

0 results

2.6.4.3 Search *optometry* AND *fitness to practise*

0 results

2.6.4.4 Search *optometry* AND *council*

2 results - 0 relevant to study

2.6.4.5 Search *optometry* AND *career*

0 results

2.6.4.6 Search *optometry* AND *UK*

1 result - 0 relevant to study

2.6.4.7 Search *optometry* AND *professional*

1 result - 0 relevant to study

2.6.4.8 Search *optometry* AND *standards*

1 result - 0 relevant to study

2.6.4.9 Search *optometry* AND *regulations*

2 results - 0 relevant to study

2.6.4.10 Search *optometry* AND *patients*

83 results - 0 relevant to study

2.6.4.11 Search *optometry* AND *disciplinary*

24 results - 0 relevant to study

2.64.12 Search *optometry* AND *regulator*

0 results

2.6.5 Search *legal*

24 results from 8983 available records - 0 relevant to study

2.6.6 Search *regulator*

781 results from 877,124 available records

these were subdivided as followed by Cochrane library:

2.66.1	Other Review	2 records	- 0 relevant to study
2.66.2	Methods studies	10 records	- 0 relevant to study
2.66.3	Technology assessments	4 records	- 0 relevant to study
2.66.4	Economic evaluations	2 records	- 0 relevant to study
2.66.5	Trials	781 records	- not relevant to study

2.7 Web of Science Database Search (updated 26th July 2015)

Searching Titles in all database

2.7.1 Search *fitness* AND *to* AND *practise*

150 results

2.7.2 Search *fitness* AND *to* AND *practise* AND *GOC*

0 results

2.7.3 Search *fitness* AND *to* AND *practise* AND *General Optical Council*

0 results

2.7.4 Search *fitness* AND *to* AND *practise* AND *GOC* AND *council*

7 results - 0 relevant to study

2.7.5 Search *General* AND *Optical* AND *Council*

1 result - 0 relevant to study

2.7.6 Search *GOC*

34 results - 0 relevant to study

2.7.7 Search *optometrist*

660 results

2.7.7.1 *optometrist* AND *fitness to practise*

0 results

2.7.7.2 *optometrist* AND *GOC*

0 results

2.7.7.3 *optometrist* AND *council*

4 results - 0 relevant to study

2.7.7.4 *optometrist* AND *FTP*

0 results

2.7.8 Search *optometry*

1,112 results, further searched as followed:

2.7.8.1 *optometry* AND *legal*

5 results - 0 relevant to study

2.7.8.2 *optometry* AND *FTP*

0 results

2.7.8.3 *optometry* AND *fitness to practise*

0 results

2.7.8.4 *optometry* AND *council*

6 results - 0 relevant to study

2.7.8.5 *optometry* AND *career*

7 results - 0 relevant to study

2.7.8.6 *optometry* AND *UK*

17 results - 0 relevant to study

2.7.8.7 *optometry* AND *professional*

18 results - 4 results related to historical litigation cases in USA (3 from 1986 and 1 from 1971)[73,74,75,76]

2.7.8.8 *optometry* AND *standards*

8 results - 0 relevant

2.7.8.9 *optometry* AND *regulations*

3 results - 0 relevant

2.7.8.10 *optometry* AND *patients*

15 results - 0 relevant

2.7.8.11 *optometry* AND *disciplinary*

1 result - 0 relevant

2.7.8.12 *optometry* AND *regulator*

0 results

2.7.9 Search *legal*

67,510 results, further searched as follows:

2.7.9.1 *legal* AND *optometrist*

0 results

2.7.9.2 *legal* AND *optometry*

5 results - 0 relevant

2.7.10 Search *Regulator*

84,867 results, further searched as follows:

2.7.10.1 *regulator* AND *optometrist* OR *optometry*

660 results

2.7.10.2 *regulator* AND *optometrist*

0 results

2.7.10.3 *regulator* AND *optometry*

0 results

2.8 Google Scholar Search (updated 26th July 2015)

Searching within the title of articles, utilising the advanced search function.

2.8.1 Search All the Words *fitness to practise*

194 Results

2.8.1.1 Search All the Words *fitness to practise*

With exact phrase *general optical council*

0 results

2.8.1.2 Search All the Words *fitness to practise*

With exact phrase *GOC*

0 results

2.8.1.3 Search All the Words *fitness to practise*

With one of the words *optometrist* OR *optometry*

0 results

2.8.2 Search All the Words *optometry*

3110 results

2.8.2.1 Search All the Words *optometry*

With one of the words *legal*

18 results - 0 relevant to study

2.8.2.2 Search All the Words *optometry*

With one of the words *FTP*

0 results

2.8.2.3 Search All the Words *optometry*

With the exact phrase *fitness to practise*

1 result - 0 relevant to study

2.8.2.4 Search All the Words *optometry*

With one of the words *council*

15 results - 0 relevant to study

2.8.2.5 Search All the Words *optometry*

With one of the words *career*

14 results - 0 relevant to study

2.8.2.6 Search All the Words *optometry*

With one of the words *UK*

16 results - 0 relevant to study

2.8.2.7 Search All the Words *optometry*

With one of the words p*rofessional*

54 results - 4 results related to historical litigation cases USA (3 from 1986 and 1 from 1971) [73,74,75,76] and the same as previously noted on Web of Science search

2.8.2.8 Search All the Words *optometry*

With one of the words *standards*

16 results - 0 relevant to study

2.8.2.9 Search All the Words *optometry*

With one of the words *regulations*

1 result - 0 relevant to study

2.8.2.10 Search All the Words *optometry*

With one of the words *patients*

13 results - 0 relevant to study

2.8.2.11 Search All the Words *optometry*

With one of the words *disciplinary*

2 results - 0 relevant to study

2.8.2.12 Search All the Words *optometry*

With one of the words r*egulator*

16 results - 0 relevant to study

2.8.3 Search All the Words *legal*

197000 results - 0 relevant to study

2.8.3.1 Search All the Words *legal*

With one of the words o*ptomtery*

18 results - 0 relevant to study

2.8.3.2 Search All the Words *legal*

With one of the words *optometrist*

2 results - 0 relevant to study

2.8.4 Search All the Words *regulator*

95900 results

2.8.4.1 Search All the Words *regulator*

With at least one of the words optometrist, optometry

0 results

2.9 Summary of literature review

The literature review was undertaken in a two-step process. First, a literature search was undertaken as described in this section. The purpose of this search was to establish what has been done previously and to ensure that the proposed study had not already been performed. Secondly, the review process was also to evaluate what had been done and to assess its relevance to this study.

The literature review undertaken revealed that this study had not been done before and therefore the proposed analysis provided a useful subject matter to investigate. The results of the study were to be used in according with the aim of looking for common themes and given that the proposed study had not been done before, it therefore followed neither had the associated evaluation of the study. The literature review also demonstrated that no specific studies into FTP matters in relation to optometrists or opticians had been done before at all. The literature review's scope was global (that is to say that the databases searched had a global reach). The literature review revealed that the only articles to have been written on this subject with regards to optometrists, was an American paper from 1971 and three further American papers in 1986 (under

search 2.8.2.7). These papers comprised what were, when the original papers were written, historical reviews of litigation involving optometrists in the USA. There were no further papers found and it was noted that the more recent time period of 2001-2011 was not represented during any of the searches for any region.

The 1971 paper by Edward Morgan[73] an assistant secretary for an underwriting company and published in the Journal of the American Optical Association, was written to assess the impact on American optometry practice, of a 'tremendous professional liability (malpractice) problem' that had become prevalent within the medical profession at the time. Morgan mentioned that some of these claims had exceeded $1,000,000. Morgan conducted a review to assess if American optometrists were facing similar issues to their medical colleagues at the time. His conclusions were that the number of claims was not as high for optometrists as it was in other professions. Where claims occurred they were for much lower amounts, however the trend of both the number of claims and the cost per claim was increasing between 1960 and 1969. Morgan described that 37% of these cases involved contact lens fitting. The largest claim paid out in this period was $40,000 following the misdiagnosis of a metal foreign body in the eye of a child that ultimately led to the loss of the eye. Falls getting into and out of optical equipment were listed along with laceration of the eye due to the use of optometric equipment and fitting of frames. Morgan also listed a situation where a plastic frame caught fire. Morgan commented on the importance of recognising patient psychology, and noted that the 'unhappy patient is most likely to cause problems'. Morgan suggested that to avoid potential claims, an optometrist should display complete cooperation, keep abreast of all new developments, discuss fees frankly, not take on more work than they can handle and maintain current and complete records.

Morgan's paper[73] was written in 1971 and reviewed malpractice claims against North American optometrists between 1960 and 1969. Whilst the results represent the situation in North America between 1960 and 1969, its relevance to the study of the UK's GOC Disciplinary and FTP Committees outcomes between 2001 and 2011 was limited. This limitation was a result of changing techniques and regulation in the provision of optometric services in both North America and the UK in the intervening 51 years that elapsed between the 1960 and 2001. Changes to optometric diagnostic equipment such as the evolution and adoption of fundus photography and

non-contact tonometry for example are good examples of this change in techniques that occurred in this time. In addition to equipment and technique advancements, there is in the UK a further factor that did not apply to the North American optical profession and that is the provision of NHS services. Within the UK, services to certain groups of people[77] (table 2.1) are covered by the NHS and free at the point of service. This service is closely regulated and errors and at times, deliberate exploitation of the system represents an additional source of potential claims against the UK based optical professional registrant that was absent in the North America markets. Taking the length of time since the initial study was conducted, the changing environment with regards equipment, techniques and regulation along with the absence of an equivalent of a free at the point of use, government funded NHS equivalent, the study represented limited value to this study.

Table 2.1
Groups of people entitled to a UK NHS eye examination during 2001-2011[77]

	Patients entitled to a NHS funded eye examination
1	Aged under 16, or 19 and under in full-time education
2	Aged 60 and over
3	Registered blind or partially sighted
4	Diagnosed with diabetes or glaucoma
5	Aged 40 or over and the parent, brother or sister, son or daughter of a person with glaucoma, or advised by an ophthalmologist that you are at risk of glaucoma
6	Eligible for an NHS complex lens voucher
7	A prisoner on leave from prison
8	In receipt of income based jobseekers allowance, income based employment and support allowance, entitled to or named on a valid NHS tax credit exemption certificate or named on a valid NHS certificate for full help with health costs.
9	Partial help available to some named on a valid NHS certificate for partial help

The January 1986 paper by John Classé[74] in the Journal of the American Optical Association, conducted a review of nine various types of malpractice claims against optometrists in America that had occurred since the profession's legally authorised beginning in America in 1901. Classé stated that the leading source of large claims involved misdiagnoses with the three most commonly-alleged claims involving failure to detect glaucoma, retinal detachment and intraocular tumours. Classé finished by indicating that the professional liability cases affecting the practice of optometry had focussed primarily upon claims of negligence. Classé argued that this illustrated how the American courts had imposed a standard of care for optometrists, which was the same as that for 'physicians, dentists and other members of the healing arts'.

Sally Bowers[75] in her paper from May 1986 also published in the Journal of the American Optical Association wrote about the duty of care an optometrist had and reflected upon a number of cases where precedents had been set. These included cases relating to the duty to diagnose and refer systemic disease, glaucoma and retinal detachment. Bowers did comment that malpractice claims were relatively rare and did not often result in litigation, stating that only five cases were reported between 1974 and 1984.

The third paper from 1986 (October) and the Journal of the American Optical Association was written by James Scholles[76]. Scholles observed that the two decades prior to writing the paper, had seen a continuing rise in professional liability claims. He recorded that this was still small compared to other health professionals, but that the damages awarded were sizeable. He reported that there were claims around spectacles that had broken causing damage to the eye. This included an example of an 18 year chemistry student that had lost an eye whilst using what was supposed to have been safety glasses which shattered and the damage ultimately led to the loss of an eye. It was subsequently found that the spectacle order had not been marked for safety lenses, as was intended and a large settlement was paid. The most common claims involved contact lenses and amounted to about 40% of all claims. There were a further 20% of cases involving 'failure to diagnose'. These cases involved the failure to diagnose glaucoma, detached retinas and tumours. Cases involving a failure to diagnose tumours represented less than 5% of claims but were responsible for the largest pay-outs at the time ($800,000). Scholles noted that damages in glaucoma cases had risen rapidly from $10,000 15 years prior to the paper to between $475,000-$500,000 at the time of writing the paper in 1986. Retinal detachment cases were also noted to be expensive to resolve with claims between $92,000-$249,000 recorded. Scholles finished by commenting on a study by the National Association of Insurance Commissioners that revealed claims against ophthalmologists occurred seven times more frequently than against optometrists, despite there being twice as many optometrists. Consequently, at the time, an optometrist would have to pay $250 versus an ophthalmologist's $5,000 annual malpractice insurance premium.

The three papers identified from 1986 and written by Classé[74], Bowers[75] and Scholles[76] originated from North America. The period of time examined by these papers was between 1974 and 1984. This represented 37 years between the earliest reported claim and the start of the study of the UK

based GOC Disciplinary and FTP Committees 2001-2011. As such these studies suffered from the same limitations as the earlier 1971 paper by Morgan. Namely that techniques and regulation had evolved considerably in the intervening years. In addition, being North American papers and summaries of that sector, they were also unaffected by the potential claims associated with the provision of a free at the point of use NHS based eye care service as was the case in the UK sector. As such these papers whilst of interest in examining the types of cases that caused optical professionals difficulty in North America between 1974 and 1984, failed to provide a useful comparison for the purposes of the study into the UK based GOC Disciplinary and FTP Committee hearings under evaluation in this study.

Having established that there was no directly comparable published literature on the study, and concluding that the study had therefore not been done previously, it was decided that undertaking the study would be both an interesting and useful exercise. The acquired results could be used to both reflect upon previous practices, the changing working environment and to guide current registrants away from some of the common, and not so common, pitfalls of others within the UK optical sector.

The literature review was limited due to the lack of any recently published and UK based similar studies. Future studies could be expanded through including other healthcare providers. Pharmacists, dentists and similar UK primary healthcare care providers would be good candidates.

Chapter 2, set out to research the existing literature and therefore to establish what work had already been completed in this area. As stated no current similar work was located during the literature search. The American papers did reveal that some of the clinical pitfalls involved cases with brain tumours, glaucoma and retinal detachment.

The Method Chapter that follows, describes what was done in order to collect data to help identify the common pitfalls from the disciplinary and FTP transcripts over the period 2001-11. With this information one outcome could be that registrants could focus their CET activities ensuring they included the relevant topics in the pitfalls. This information might also be useful to the College of Optometrists and other CET providers.

Chapter 3 Method

Chapter 2 set out to investigate that this study had not been done before. In performing the literature search and concluding that no previous studies had been performed in the same or similar ways, the next step was to design the study. The method, its design and how it was adopted is described below.

3.1 Ethical considerations

The first step in designing the method was to evaluate whether or not this study would require approval by the School of Life and Health Sciences Ethics Committee. Part of this process involved the review of this DOptom project by the DOptom Project Proposal Review Panel. The Panel reviewed the study positively indicating it did not need consideration by the School of Life and Health Sciences Ethics Committee as the project was using information from the public domain, which would be anonymised.

The study design centred around the evaluation of all the available FTP transcripts from the UK based GOC over the period between 2001 to 2011. This meant that ethical considerations with regards the use of data in the form of publicly available transcripts of FTP panel meetings had to be considered. Before accessing these transcripts it was necessary to calculate whether or not there actually were any ethical considerations in collecting and using this data. The transcripts were all to be found in the public domain. The data was collected from publicly available sources which stated the identities of the registrants and the FTP Committee members in line with the Code Of Conduct of the General Optical Council and the UK law which enshrined it. As such the data represented a form of primary and secondary analysis. As a result, the study represented the first time that the published data was collected and used in this form, and that given the information had previously been published in the form of transcripts of FTP meetings, was also in effect a secondary use of that information published earlier. As such certain factors were taken into account as follows:

3.1.1 Despite the use of the data representing a secondary analysis and that the registrants involved would not be directly approached, it was important to consider whether or not they would object to the use of the data and should they have been contacted for their consent in the study.

There were some papers located that dealt with the ethics of secondary analysis of data, such as Grinyer[78] who observed that ethical conduct suggested consent obtained from participants at the point of data collection should not be "once-and-for-all" and that renewed consent is necessary for secondary analysis. Grinver[78] made further observations including that the definition of qualitative data was ambiguous and that further demands made upon participants in repeated returns for consent may also present practical challenges. Grinver[78] observed that lodging qualitative data sets in central archives for continued use by other researchers was at odds with expectations of renegotiated consent for secondary analysis and raised ethical and practical problems. In the framework of this study, the data used was not obtained from a previous research study but in fact derived from the published transcripts of the GOCs FTP hearings following their prior and original use in providing an opinion of the individual FTP of each registrant. It followed that the individuals involved in these cases were aware of the public nature of events at the time of the recording of the transcripts and therefore would not have been required to be contacted for their permission to be used in the study.

3.1.2 As the author of this thesis is a fellow registrant of the GOC, further considerations were made with regards to the use of the data from a point of view of operating within the Code of Ethics expected of registrants.

The purpose of the GOC with respect to its role in maintaining an appropriate professional and ethical standard throughout the profession involved when necessary, the formation of the fitness to practise panel. The UK optometry profession has a Code of Ethics and Guidelines for Professional Conduct[79], produced by the College of Optometrists and most recently updated in June 2013. These guidelines were an important consideration during the write up of this thesis as the author was also a registered UK optometrist. The preface to the Code and Guidelines stated 'an optometrist shall always place the welfare of the patient before all other considerations and shall behave in a proper manner towards professional colleagues and shall not bring themselves or the

profession into disrepute'. The guiding principles were set out into 10 points and reproduced in table 3.1.

Table 3.1 The College of Optometrists, Ethics and Professional Guidelines

	Ethic and Professional Guideline
1	The practitioner should always have as his or her prime concern the welfare and safety of both patient and public
2	The practitioner should ensure that s/he is adequately covered by public and products liability insurance which includes professional indemnity cover
3	The honour and dignity of the profession shall be upheld at all times and no activity shall be engaged in which might bring the profession into disrepute
4	The practitioner shall at times have due regard to the laws and regulations applicable and maintain a high standard of professional conduct.
5	Information relating to the health or welfare of any patient or person should be respected and remain confidential between practitioner and patient or person, unless disclosure is specifically permitted by such patient or person by law.
6	The practitioner should keep abreast of the progress of scientific and other relevant knowledge pertinent to the profession, seek to develop his or her professional competence and maintain a high standard of professional expertise relative to his or her scope of practise.
7	The practitioner should not agree to practise under any conditions of service which would prevent or impede his or her professional integrity, nor impose such conditions on other members of the profession.
8	Practitioners should co-operate with professional colleagues and members of other professions to the benefit of patients and the public.
9	No practitioner should criticise or cast doubts on the integrity of other professional colleagues except when absolute candour is required in the furnishing of evidence in legal or disciplinary proceedings, or if the practitioner considers that patients' welfare is being placed at risk through the actions of a professional colleague.
10	No practitioner should advise, prescribe or engage in any procedure beyond his or her competence and training. Engaging in occasional practise is not in the best interests of the patient; practitioners should be aware of their limitations and refer to a more competent colleague as necessary.

These 10 points investigated in more detail the published code and lead to the concept of the optical registrant as a professional, obeying the published Code of Ethics and Professional Guidelines. From table 3.1, guideline nine appeared to be the most relevant in the context of this study and stated "no practitioner should criticise or cast doubts on the integrity of other professional

colleagues except when absolute candor is required in the furnishing of evidence in legal or disciplinary proceedings, or if the practitioner considers that patients' welfare is being placed at risk through the actions of a professional colleague". This appeared to justify the initial reasons for collecting the information in the first place via the properly held respective fitness to practise hearings and therefore provided no barrier for the subsequent use of the derived data by a fellow registrant after such information had been released into the public domain following due process.

3.1.3 Consideration was given to whether the registrants would have been recognisable in any form. Further consideration was afforded to the requirement or otherwise of respecting confidentiality.

This study aimed to examine the consequences and outcomes of published examples of when the General Optical Council under its own remit defined in law, was called upon to investigate possible deficits in the performance of an optical professional. The details of the optical registrant (as defined through the Opticians Act), when discussed through the medium of the fitness to practise panel, become open to public inspection. The conclusion was that since these cases have previously been heard in the public domain through the FTP route, that there was no requirement under the normal understanding of research ethics to consider contacting each registrant involved as discussed above and further that there were no specific requirements to protect the identity of the individual registrants, given the nature of the public disclosure of the individual relevant cases. However, for the purposes of the analysis involved with this study and the method adopted, it was deemed appropriate, if not strictly necessary, to anonymise the registrants, for two reasons:

(1) the individual registrants names were deemed to serve no useful purpose in the handling of the data for the purposes of this study

(2) it was deemed ethically more appropriate not to mention specific names in relation to cases as these individual registrants would have already have had their names known within the public arena and re-publishing names in fact posed a risk of distracting from the purpose of the study.

3.1.4 Were there any Data Protection Act issues with regards the planned use of the data?

Given the source of the data was from publicly available literature and not previous published research, the implication of the use of data for primary (the direct use of information for patient care) or secondary use (the use of data for research, review, commissioning services or planning public health services) was deemed not to fall under the remit of the Data Protection Act for primary or secondary uses, since there would be no direct primary clinical use of the data during the study and the secondary use of the data, was only capitalising upon data already out in the public domain.

Having considered the points above, it was concluded that there were no significant ethical restraints upon the completion of the study by the author, using data available in the public domain with no further requirement for ethical permission.

3.2 Obtaining disciplinary and FTP transcripts for 2001-11

The transcripts of the GOCs FTP Committee for cases during the years 2001-2011 were obtained directly from the General Optical Council. The GOCs website hearing page[80] made available the last 12 months of hearing transcripts. The mechanism by which it was made possible to obtain FTP hearings for the period 2001-2011 was as stated and as advised by the GOCs website, by means of a direct request to the Hearing Manager. The transcripts were provided in a digital format that made them available for study via a range of devices. With the transcripts acquired, the characteristic of the study was formulated and dominated by the selection of data that could be commonly found and extracted from each of the individual transcripts, whilst at the same time having made keen reference to the objectives of the study.

3.3 Data collection to meet aims of study

The primary aim was to review the transcripts in order to establish the varying characteristics of registrants and reasons that these registrants attended their respective hearings. A secondary aim was to identify common themes between various hearings, including the type of registrant through

to the types of cases. A tertiary aim was to compare findings between this study and any similar studies in other countries. The first and second aims were identified as being linked and that to achieve these it would be necessary to establish a framework of data that could both be identified and recorded from the acquired transcripts. The tertiary aim was dependent upon locating similar overseas studies. As had been established in the literature review, there were no such similar overseas studies located. This third aspect was left for further discussion and not considered further within the Method.

3.4 Data collection from the disciplinary and FTP transcripts

In order to meet both the primary and secondary objectives, it was necessary before starting the process of reading and evaluating the acquired GOC FTP transcripts, to be clear about what information would be (1) required and (2) likely to be present in all FTP transcripts for the purpose of achieving the study's objectives.

3.4.1 Collecting relevant data to meet the primary objective (to complete a review of transcripts)

The first objective of the study was in principle very straight forward, being a quantitative analysis of the numbers of cases each year during the period 2001-2011, the reasons for the cases being brought and the associated outcomes. What to actually record with regards outcomes was decided after the evaluation of a small sample of the FTP transcripts. The sample period applied was from the period 2001-2002 from which a range of possible outcomes was established.

Following this examination of the sample transcripts from 2001-2002, decisions were taken as to what information constituted an outcome and further, how this data was to be recorded and in what format. The website of the GOC includes guidance that accompanies the Fitness to Practise Rules and includes a section entitled 'Fitness to Practise panels hearings guidance and indicative sanctions'[81]. This guidance states 'Optometrists and dispensing opticians must demonstrate safe and competent practise. To do this they must establish and maintain proper and effective relationships with patients and colleagues alike. Their position in society as a respected professional gives them access to patients from all walks of life, including those who may be

vulnerable, and therefore trust from both parties is paramount but should that trust be brought into question through the Registrant's conduct, it may be considered that he should not continue to work in unrestricted practice. The public expect their optometrist or dispensing optician to be fit to practise and are entitled to a good standard of care and indeed, the majority achieve and maintain such standards but there will always be a minority who fail to maintain standards. It is for that reason the Council has the powers to take appropriate action where it appears that there may be an impairment of an optometrist's or a dispensing optician's fitness to practise and it is for the Fitness to Practise Committee to determine an appropriate sanction'. The same guidance[81] also states in relation to whether or not deficient professional performance may or may not be found to constitute impaired fitness to practise 'in cases where there are facts in dispute, the following process is to be followed. Once the Fitness to Practise Committee has heard the evidence, it must decide:

(1) Whether the facts alleged have been found proved;
(2) Whether, on the basis of the facts found proved, the defendant's actions amount to misconduct, deficient professional performance, or that he or she has adverse physical or mental health (where the allegation relates to a criminal conviction, stages 1 and 2 are in effect merged as a conviction is itself a ground for impairment);
(3) Whether the misconduct, conviction, deficient professional performance, or adverse physical or mental health, leads to a finding of impaired fitness to practise;
(4) What sanction (if any) is to apply'.

The study of Disciplinary and FTP hearings of the GOC between 2001 and 2011 covered both the periods pre and post the FTP rule change of June 2005 that generated the GOCs FTP guidance mentioned above. Future studies of GOC FTP hearings could benefit from the change in the 2005 FTP rule change and consider the inclusion of what stage (1-4 listed above) that cases reached.

During the initial data collection / evaluation process of cases including those pre-2005 GOC FTP rule changes, eight separate potential outcomes were identified as following table 3.4.1:

Table 3.4.1 Potential outcomes identified from evaluation of GOC Disciplinary / FTP Committee hearings between 2001 and 2011

	Potential outcomes identified from evaluation of disciplinary / FTP cases
1.0	Case Found Against Registrant
2.0	Case Not Found Against Registrant
3.0	Fine to Registrant Applied
4.0	Fine Amount Detailed
5.0	Suspension from Register Applied
6.0	Erasure from Register Applied
7.0	Restoration to Register Applied
8.0	Case Adjourned

3.4.2 Collecting data to meet the study's secondary objective (to identify common themes)

The collection of the above data satisfied in part the first stated objective of the study, however the second stated objective to evaluate for any 'common themes' required different information to be recorded. Each disciplinary / FTP transcript provided a lot of information. In order to meet the requirements of the second objective, a description of each individual optical professional involved in each case was required. This was achieved taking five categories and then subdividing further. The five categories that were used to build the profiles were as follows and listed in table 3.4.2.

Table 3.4.2 Categories of optical registrant considered during study of GOC Disciplinary and FTP Committee hearings between 2001 and 2011

	Categories of Optical Registrant
1.0	Gender and Type of Optician Category
2.0	Mode of Practice
3.0	Nature of case that registrant was held accountable for
4.0	Length of time since initial registration
5.0	FTP Committee structure and whether or not registrant was present at hearing

Category 1.0 (gender and type of optician) in table 3.4.2 above was then subdivided further to provide more detail, as described in table 3.4.3.

Table 3.4.3 Individual optical registrant detail considered during study of GOC Disciplinary and FTP Committee hearings between 2001 and 2011

	Registrant Individual Detail	**Abbreviation**
1.0	Unique study case reference number used	
2.0	Male	M
3.0	Female	F
4.0	Optometrist (or Ophthalmic Optician)	OO
5.0	Student Optometrist (or Student Ophthalmic Optician)	SOO
6.0	Dispensing Optician	DO
7.0	Student Dispensing Optician	SDO
8.0	Contact Lens Optician – Dispensing Optician qualified to fit contact lenses	CLO
9.0	Body Corporate	BC

Category 2.0 (Mode of Practice) in table 3.4.2 was subdivided as detailed in table 3.4.4

Table 3.4.4 Mode of practice of individual optical registrants considered during study of GOC Disciplinary and FTP Committee hearings between 2001 and 2011

	Registrant Mode of Practice	Abbreviation
1.0	Multiple Practice further sectioned:	M
1.1	Multiple Brand 1	M1
1.2	Multiple Brand 2	M2
1.3	Multiple Brand 3	M3
1.4	Multiple Brand 4	M4
1.5	Multiple Brand 5	M5
1.6	Multiple Brand 6	M6
1.7	Multiple Brand 7	M7
1.8	Multiple Brand 8	M8
1.9	Multiple Brand 9	M9
2.0	Independent Optician Business	IND
3.0	Independent Optician involved in NHS fraud / theft	IndF
4.0	Director of Company	DIR
5.0	Locum Self Employed Professional	LOC
6.0	Hospital Optometrist (or Hospital Ophthalmic Optician)	HOO
7.0	Hospital Dispensing Optician	HDO
8.0	University based Optometrist (or University based Optometrist)	UOO
9.0	University based Dispensing Optician	UDO
10.0	Domiciliary based Registrant	DOMI

Category 3.0 from table 3.4.2 (Nature of case that practitioner was held accountable for) was subdivided as followed in table 3.4.5. Individual cases may have had more than one reason cited.

Table 3.4.5 The nature of disciplinary or FTP case that optical registrant was held accountable as considered during study of GOC Disciplinary and FTP Committee hearings between 2001 and 2011

	Type of disciplinary or FTP case	Abbreviation
1.0	Failure to Register	FtR
2.0	Application to Re-register	ARR
3.0	Not Qualified to practise	NQ
4.0	Inadequate Sight Test	IST
5.0	Contact Lens Related	CLR
6.0	Inadequate or No Supervision (student / pre-registration related)	NoS / IPS
7.0	Inappropriate Record Keeping	IRK
8.0	Melanoma Related	MEL
9.0	Glaucoma Related	GLA
10.0	Cataract Related	CAT
11.0	Macular Hole Related	MH
12.0	Age Related Macular Degeneration Related	AMD
13.0	Retinal Detachment Related	RD
14.0	Inadequate Referral	IR
15.0	No Fields Test Performed	NF
16.0	No Referral when necessary	NR
17.0	Inappropriate prescription leading to paediatric amblyopia	PA
18.0	Prescribing Inappropriately (i.e., spectacles not necessary)	ORx
19.0	Data Protection Act Infringements	DPA
20.0	Failing to provide information to Investigation Committee	DATA
21.0	Dishonesty, excluding fraud / theft *	Dis
22.0	Inappropriate Physical Behaviour **	InB
23.0	Advertising Rules Infringement	ADV
24.0	Fraud / theft from employer	EFr
25.0	Fraud / theft from the NHS	NFr

Most of the categories from 1.0 - 25.0 in table 3.4.5 are self-explanatory, however category 21.0* 'Dishonesty, excluding fraud / theft' covered acts such as failure to notify the GOC of a criminal conviction or police caution as well as examples of dishonesty at in practice, such as fraudulent

record card keeping, or fabricating patient records for the purposes of pre-registration examinations for example. The category 22.0** 'Inappropriate Physical Behaviour' covered events such as illegal drug use, assault and child pornography for example.

Category 4.0 from table 3.4.2 (length of time since initial or last published registration) was subdivided to provide more detail as follows.

Table 3.4.6 The length of time since initial (or last published) registration as known and considered during study of GOC Disciplinary and FTP Committee hearings between 2001 and 2011

	Length of time since initial (or last published) registration
1.0	Less than 10 years
2.0	10 – 20 years
3.0	21 – 30 years
4.0	30+ years

The qualification of initial versus last published registration was due to the GOCs practise of providing registrants with new numbers after a period of absence from the register. A registrant may have chosen to remove his or herself voluntarily, or they could have been subject to an erasure order in the past. In both situations, upon re-registering with the GOC, they would have been issued with a new and therefore different GOC number to the previous. Where possible and using information gathered from the transcripts, reference was made to initial registration. Where this was not possible the last published registration date was recorded. Initial registration was assessed from statements in the disciplinary or FTP transcripts that indicated that this was the first time the registrant had reason to attend a disciplinary or FTP hearing. Where the transcripts indicated that the optical registrant had previously been erased from the register, previous published written copies of the Opticians Register[82,83] were consulted to assess whether the registrant had been registered under a different number.

Category 5.0 (FTP Committee structure and whether or not the practitioner was present) was subdivided as followed in table 3.4.7

Table 3.4.7 The structure of the GOC Disciplinary or FTP Committee considered during study of GOC Disciplinary and FTP Committee hearings between 2001 and 2011

	Disciplinary / FTP Committee Structure and indication of defendant present
1.0	Number of lay members present
2.0	Number of optometric members present
3.0	Number of dispensing opticians present
4.0	Number of ophthalmologists present
5.0	Whether or not defendant present

3.5 The handling and recording of data in spread-sheet form

The method of data recording was decided to be a digital spread sheet. The spread-sheet was to be digitally recorded and backed up to a central computing "cloud" which allowed the data to be entered and the spreadsheet potentially updated from a number of different devices at any time. Individual FTP transcripts were digitised and stored in the same computing cloud. The nature of the study having been the evaluation of and recording of data derived from the disciplinary and FTP transcripts meant that as the long as the data and recording tools were easily accessible, it was not necessary to be restricted to data collection and analysis at one location. Some of the transcripts were several hundred pages long and the convenience of cloud storage allowed for the data to be evaluated through the use of a range of mobile devices in various locations and at varying times.

3.5.1 The categorisation of data for the digital spread-sheet

The following categories were represented in both a single spread-sheet representing the raw data collection, and then divided into their respective subcategories (see appendix):

- Hearing outcomes
- Practitioner type including gender and type of registrant
- Mode of practice

- Case type
- Registrant's length of registration with the GOC
- Committee structure

The actual categories selected above were not completely finalised until the final case was read, due to changes / additions in both the types of cases held and the rules surrounding the FTP cases varying over the study period.

Following the final collection of data and reference to the stated objectives of (1) to review the FTP cases and (2) to evaluate for any common themes with the intention of potentially highlighting trends to practitioners, a further decision was made as to what information would be most appropriate to be compared. Profile information such as that from categories, 1, 2 and 4 in table 3.4.2 (gender and type of optician; mode of practice; length of time since initial registration) was deemed to be useful in defining the types of practitioners most likely to be involved in a FTP case and identifying any trends.

Case type information, such as the information captured in category 3 (nature of case that practitioner was held accountable for) above was thought potentially useful for providing statistical evidence as to the types of cases most likely to come in front of a FTP panel without further analysing the types of practitioners involved.

Category 5 information from table 3.4.7 that is data with regards the structure of the FTP panel was recorded. The inclusion of this information was deemed to be beneficial as the period of time under study coincided with key changes to the function of the FTP Committee. These changes included the removal of ophthalmologists from the FTP Committee and also the change from criminal to civil standards of proof been required. The purpose of recording this information in category 5, was to examine if there were any significant differences in outcomes that coincided with these changes.

3.5.2 Recording appropriate data when a registrant appeared on multiple transcripts

There were occasions where a registrant had appeared on multiple transcripts. This was due to an adjournment of a previous hearing normally caused by the length of time of the proceeds. The decision was taken to record the subsequent hearing as a separate event, but the registrant was only counted once, as were the reason(s) for the registrant having to attend either the Disciplinary or FTP Committee. This meant that there were a greater number of transcripts examined than there were registrants called to the Disciplinary or FTP Committees.

3.6 Limitations and recommendations for future data collection

The process of collecting data from 187 GOC disciplinary and FTP transcripts had not been attempted previously. With the benefit of hindsight, future surveys of similar transcripts can be improved from the learning acquired from having completed this first study.

The first challenge in the study was the recognition of the large amount of data available from the transcripts and how to decide what to collect with the ambition of fulfilling the aims of the study. The approach taken, aware that there were a number of regulatory changes that took place during 2001-2011 was to keep the data collection as broad as possible from the very beginning. The result of this was demonstrated in the preceding tables 3.4.1 – 3.4.7. Future studies would benefit from recording more discrete categories. For example, at the end of the study there was no discernible advantage for recording anonymously the various brands of optical businesses that make up the multiple sector in the UK optical market. A simple recording of ‘Multiple’ would have sufficed. Addressing table 3.4.5, certain categories would have been easier to manage had they been combined together such as ‘dishonesty not including fraud and theft’ (which included for example, fraudulent record keeping and failure to make statutory declarations to the GOC), could possibly have been included with theft and fraud as these are all forms of dishonesty and were treated as such by the Disciplinary and FTP Committees. The makeup of the Disciplinary and FTP Committees as indicated in table 3.4.7 did provide insight to the changing structure of the committee pre and post 2005, but perhaps need not be repeated as this is unlikely to change under the new FTP rules.

With the knowledge of the types of cases following the completion of the study, future investigations could take these into account and design a study based on classes of specific allegations, and thus reduce the number of categories examined in this study from 25 (see table 3.4.5) to the key clinical and non-clinical cases as may be required. In addition, referring to the new FTP structure that was put in place from June 2005 and using the guidance from the GOC on FTP hearings, it may be useful to also establish what stage disputed allegations got to as previously described in section 3.4.1. i.e., '(1) whether the facts alleged have been found proved; (2) whether, on the basis of the facts found proved, the defendant's actions amount to misconduct, deficient professional performance, or that he or she has adverse physical or mental health (where the allegation relates to a criminal conviction, stages 1 and 2 are in effect merged as a conviction is itself a ground for impairment); (3) whether the misconduct, conviction, deficient professional performance, or adverse physical or mental health, leads to a finding of impaired fitness to practise; or (4) what sanction (if any) is to apply'.

This chapter presented the Method. The approach by which data was extracted from the disciplinary and FTP transcripts of the GOC from the period 2001 to 2011 was described. It explained how data was selected, the ethical implications of using the data and the formation of sets of data that will be presented in the Results Chapter.

Chapter 4 Results

The previous chapter described the rationale and mechanism by which the data was generated. After examination of this data, it was then processed and presented in this chapter.

The data was divided into various sections described below:

4.1 Number of GOC disciplinary and FTP hearings recorded during 2001-11

4.2 The most common reasons for registrants attending a GOC disciplinary or FTP hearing during 2001-11

4.3 Gender related observations

4.4 Optometric versus dispensing optician registrants

4.5 Outcomes by practice setting

4.6 Outcomes by registrant's length of experience

4.7 Analysis of criminal / dishonesty reasons versus non-criminal / clinical reasons in outcomes at GOC disciplinary and FTP hearings

4.8 GOC Disciplinary and FTP Committee membership during 2001-11

4.9 Outcomes of GOC disciplinary and FTP hearings during 2001-11

4.10 Optometry student number statistics during the period 2006-11

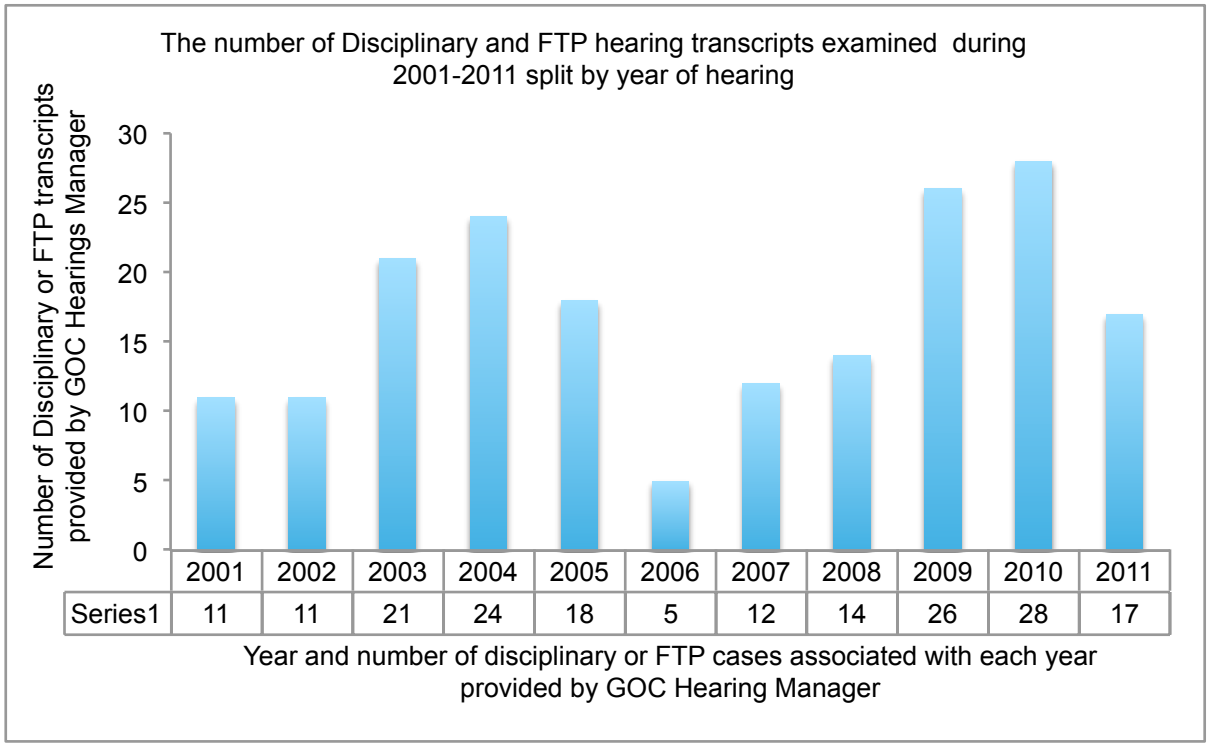
4.11 The number of optometrists and dispensing opticians registered during the study

4.1 Number of disciplinary and FTP hearings recorded during 2001-2011

The GOC Hearings Manager provided all available transcripts for the Disciplinary and FTP Committee hearings that took place between 2001 and 2011. The study made use of all the data provided by the Hearings Manager. The total number of hearings was 187. This included occasions where registrants were involved at more than one hearing. These were associated with an adjournment of a first hearing (13 instances, one of which had no subsequent hearing), or a further adjournment of a second hearing (one instance). The total number of registrants investigated across the 187 cases was 174 after removing 13 duplications due to split hearings. This was made up from 117 optometrist registrants, 14 student optometrist registrants, 34 dispensing optician registrants, seven student dispensing optician registrants and one body corporate.

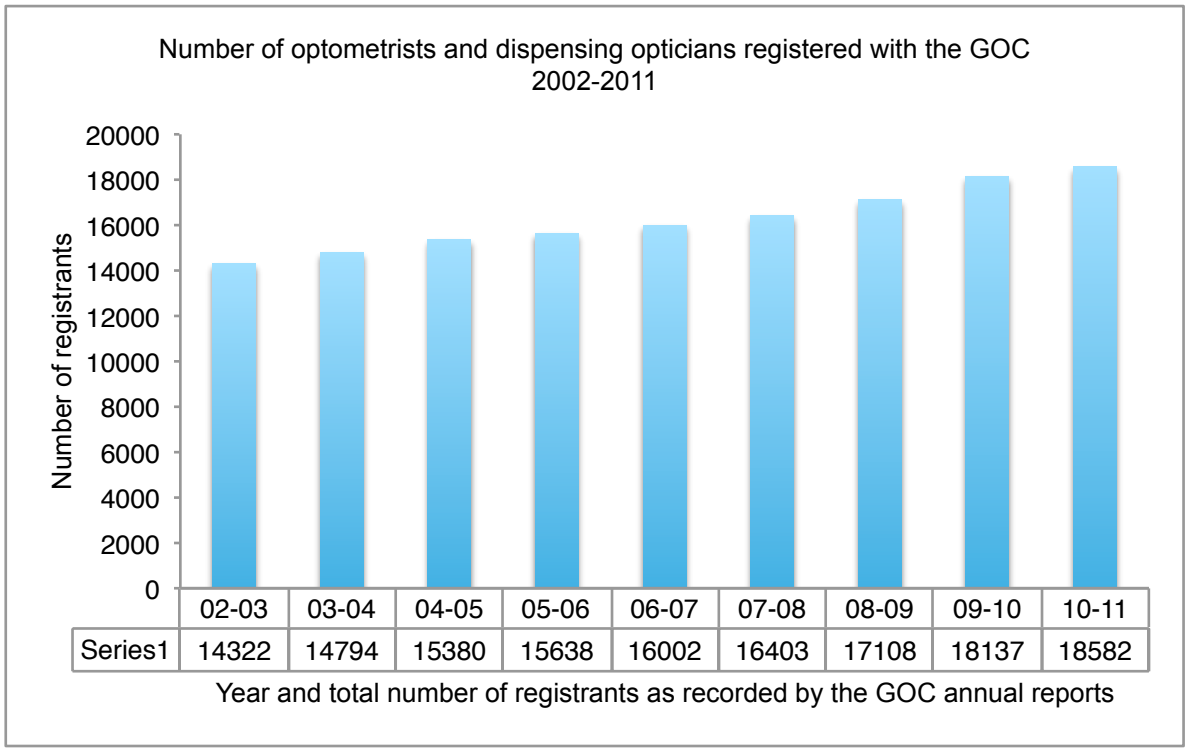
The chart in figure 4.1.1 demonstrates the number of Disciplinary and FTP cases during the study period.

Figure 4.1.1 Number of disciplinary and FTP hearings supplied by the GOC Hearings Manager and examined for the period 2001-2011



The chart in figure 4.1.2 demonstrates the growth in registrants between 2002 and 2011. The data was obtained from the GOC annual reports[84] which were available online and able to provide figures as far back as the 2002 / 2003 registration year.

Figure 4.1.2 Total number of optometrist and dispensing optician registrants as recorded by the GOC in the annual reports between 2002 and 2011.



In addition to a growth of registrants, both optometrist and dispensing optician, there was also over the period 2001-2011 a trend towards more disciplinary and FTP hearings per annum. Within these numbers there was a drop in the number of disciplinary hearings noted between 2004 and 2006, after which the number of hearings started to climb again. This can be seen in figure 4.1.1. Although the reason for this drop in hearings between 2004 and 2006 is not clear, this period of time did coincide with the GOCs transition from a disciplinary process to a FTP hearing system, which may have had some impact in the number of hearings processed at that time. Although disciplinary and FTP hearing numbers dropped between 2004 and 2006, figure 4.1.2 indicates that the overall number of registrants continued to grow.

From 2006 until the 2010, the number of (what were now) FTP hearings held, continued to grow and exceed the numbers previously recorded in the years 2001-2005. In 2011, the number of FTP hearings fell back to 17 representing more than in 2008 but not as many as recorded in 2009.

Examining the prevalence of disciplinary and FTP cases was achieved by taking the number of optical registrants and dividing by the total number of disciplinary and or FTP hearings as appropriate. In the 2002-2003 year as reported by the GOC annual reports there were 14322 optometrist and dispensing optician registrants. There were 11 disciplinary hearings held by the GOC. This represented 1 hearing per 1302 registrants. In 2005-2006, marking the transition year from a disciplinary to FTP process, there were 15638 registrants. During 2005, 18 GOC disciplinary or FTP cases were heard or 1 hearing per 869 registrants, indicating an increasing prevalence since 2002. By the 2010-2011 year, there were 18582 optometrist and dispensing optician registrants. In 2010 there were 28 FTP hearings at the GOC representing 1 FTP hearing per 664 registrants marking a further increase in prevalence. It should be noted that although 2011 did demonstrate a reduction in FTP hearings to 17 from the 2010's figure of 28 hearings, overall there was increasing prevalence noted in disciplinary and FTP cases during the study period 2001-2011.

4.2 The most common reasons for registrants attending a disciplinary or FTP hearing during 2001-11

This section recorded the reasons why registrants where called to attend a disciplinary or FTP hearing during 2001-2011. The method section described the decisions on the type of information that was recorded after reviewing the disciplinary and FTP transcripts. This section will be concentrating on the reasons cited within a hearing that were wholly or in part responsible for the hearing taking place. When collecting the data, some transcripts revealed more than one reason cited for a hearing. As such, there are listed more reasons than hearings.

The various reasons are listed in the methods section in table 3.4.5. These categories are further defined below in table 4.2.1. This provides an overview of the types of cases that were recorded at a disciplinary or FTP hearing during 2001-11.

Table 4.2.1 The definitions of the 25 categories used throughout the study, to describe the reasons cited in the disciplinary and FTP hearings of the GOC 2001-2011.

	Description	Definition	Abbreviation
1.0	Failure to Register	Disciplinary or FTP hearing that involved a registrant who allegedly did not maintain GOC registration but continued to practise	FtR
2.0	Application to re-register	Registrant applying to re-register after a period of time off the register following erasure	ARR
3.0	Not Qualified to practise	Disciplinary or FTP hearing that involved a registrant allegedly practising outside of their legal scope of practice, or practising when not registered	NQ
4.0	Inadequate Sight Test	Disciplinary or FTP hearing that involved a registrant where it was alleged that the contents of the sight test were not adequate, e.g., intra ocular pressures not recorded or no cycloplegic examination when indicated.	IST
5.0	Contact Lens Related	Disciplinary or FTP hearing that involved the fitting or aftercare of a contact lens patient	CLR
6.0	Inadequate or No Supervision	Disciplinary or FTP hearing related to the inadequate or absent supervision of a pre-registration or other student managed by a registrant	NoS/IPS
7.0	Inappropriate Record Keeping	Disciplinary or FTP hearing that involving insufficient reporting of a sight test or contact lens examination by a registrant	IRK
8.0	Melanoma Related	Disciplinary or FTP hearing that involved a patient with a complaint involving melanoma	MEL
9.0	Glaucoma Related	Disciplinary or FTP hearing that involved a patient with a complaint involving glaucoma	GLA
10.0	Cataract Related	Disciplinary or FTP hearing that involved a patient with a complaint involving cataract	CAT
11.0	Macular Hole Related	Disciplinary or FTP hearing that involved a patient with a macular hole	MH
12.0	Age Related Macular Degeneration	Disciplinary or FTP hearing that involved a patient with Age Related Macular Degeneration	AMD
13.0	Retinal Detachment Related	Disciplinary or FTP hearing that involved a patient with a retinal detachment	RD
14.0	Inadequate Referral	Disciplinary or FTP hearing that involved a patient receiving an inadequate referral	IR
15.0	No Fields Test Performed	Disciplinary or FTP hearing that involved a patient not receiving a visual fields when indicated	NF
16.0	No Referral when necessary	Disciplinary or FTP hearing that involved a patient receiving a suitable referral when indicated	NR
17.0	Inappropriate management of Paediatric Amblyopia	Disciplinary or FTP hearing that involved a patient where there was an alleged failure to manage paediatric amblyopia effectively	PA
18.0	Prescribing Inappropriately	Disciplinary or FTP hearing that involved a patient where prescribed spectacles when not necessary	ORx
19.0	Data Protection Act infringements	Disciplinary or FTP hearing that involved the infringement of the Data Protection Act	DPA
20.0	Failing to provide information to the	Disciplinary or FTP hearing that involved the failure to provide information to the Investigation Committee	DATA

	GOC		
21.0	Dishonesty	Disciplinary or FTP hearing that involved dishonest including fraud or theft. This category covered situations such as the failure of a registrant to inform the GOC of any new criminal convictions as well as including examples such as the fabrication of record cards.	Dis
22.0	Inappropriate Physical Behaviour	Disciplinary or FTP hearing that included situations where a registrant may have been convicted of for example assault, drug use, child pornography, or hate crimes.	InB
23.0	Advertising Rules Infringements	Disciplinary or FTP hearing that involved a registrant breaking the adverting rules that apply to registered optical professionals	ADV
24.0	Fraud / Theft from an Employer	Disciplinary or FTP hearing that involved a registrant alleged to have been stealing or committing acts of fraud from their employer	EFr
25.0	Fraud / Theft from the NHS	Disciplinary or FTP hearing that involved a registrant alleged to have been stealing or committing acts of fraud against the NHS	

The definitions of the categories used to describe the various reasons for why registrants found themselves called to account at GOC disciplinary or FTP hearing allow for the further analysis of various hearings that took place between 2001 and 2011. During the analysis of the data it became evident that in addition to different categories of reasons cited (as in table 4.2.1) there were also different classes of categories. These were split into four classes. The first two would be (1) primary and (2) secondary reasons for a GOC disciplinary or FTP hearing to be called, where the primary reason may be a mismanaged retinal detachment for example, and the secondary reason may be related to inappropriate record keeping that came to light during the investigation of the primary complaint. The next two classes would be (3) clinical and (4) non-clinical reasons cited for a disciplinary or FTP hearing.

The following four graphs describe the number of GOC disciplinary and FTP cases between 2001 and 2011 for the following situations

(i) All cited reasons, figure 4.2.1

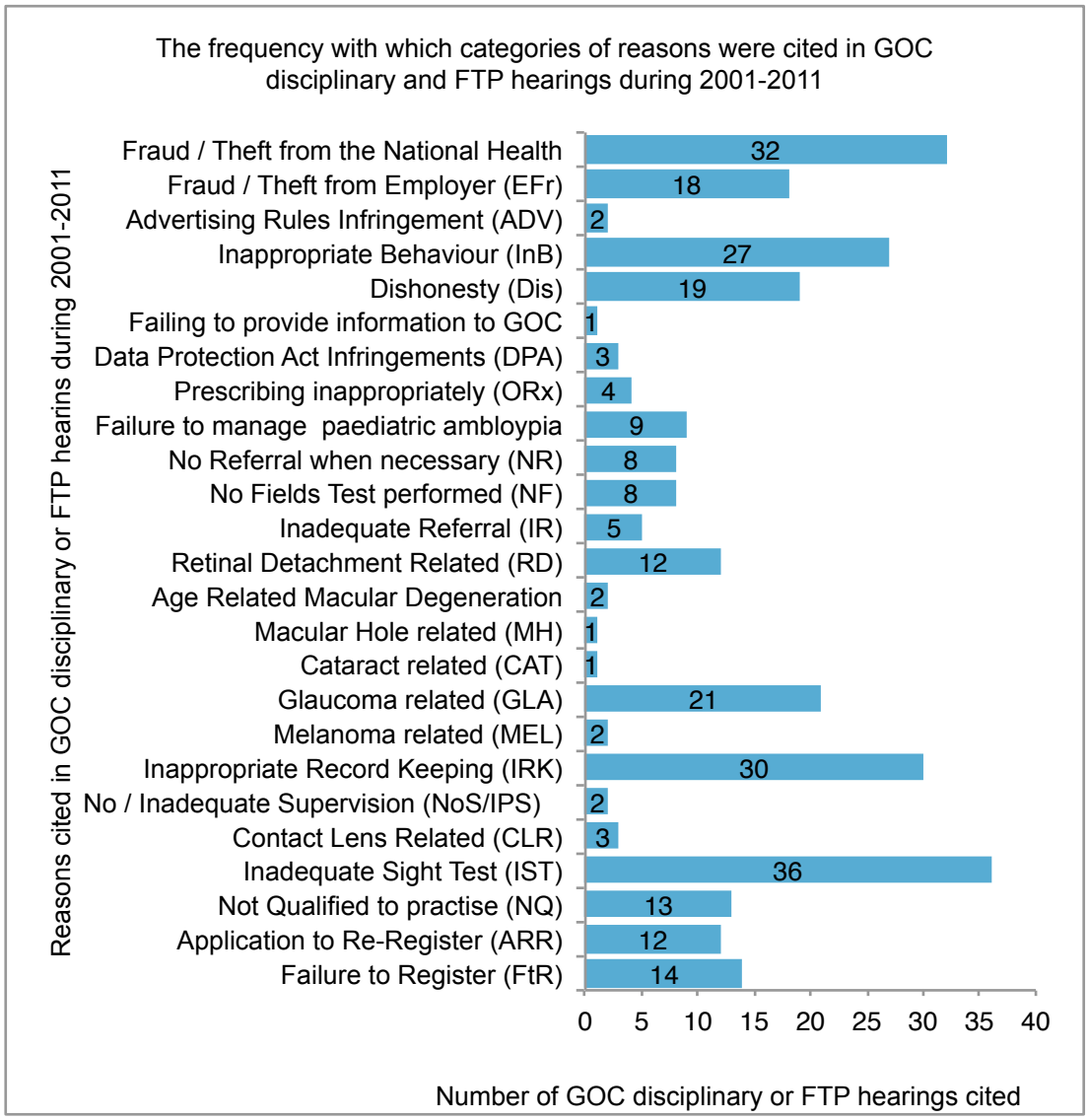
(ii) The primary reasons cited, figure 4.2.2 (as figure 4.2.1 but without IRK and IST)

(iii) The clinical reasons cited, figure 4.2.4

(iv) The non-clinical reasons cited, figure 4.2.5

The graph in figure 4.2.1 refers to all of the 25 categories listed in table 4.2.1 and demonstrates the numbers of types of cases in total, that were recorded at a GOC disciplinary or FTP panel between 2001 and 2011. It was possible for one case to have more than reason cited, hence there were 285 reasons cited against 187 total hearings.

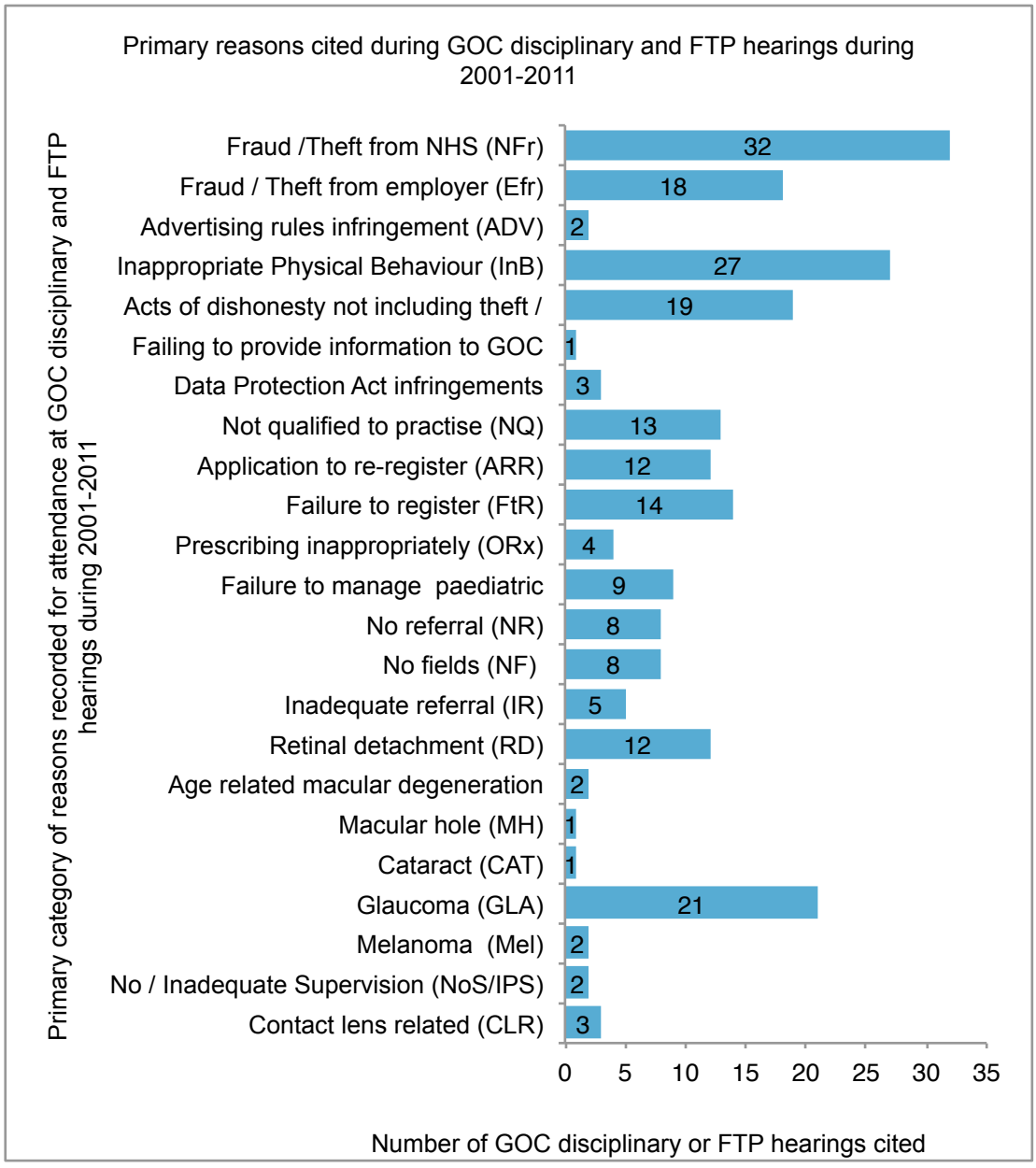
Figure 4.2.1 Graph of the number of times all categories of reasons were cited during GOC disciplinary and FTP hearings between 2001 and 2011



The graph in figure 4.2.2 demonstrates the primary reasons cited for cause of a registrant to be involved in a disciplinary or FTP hearing. Primary reasons were defined as the initial complaint. Secondary issues for example, associated inappropriate record keeping that only came to light after the initial primary reason started the investigation were now omitted. Secondary reasons included Inappropriate Record Keeping (IRK) and Inadequate Sight Test (IST). It was still possible to have more than one primary reason cited, hence the number of primary reasons cited (215) was

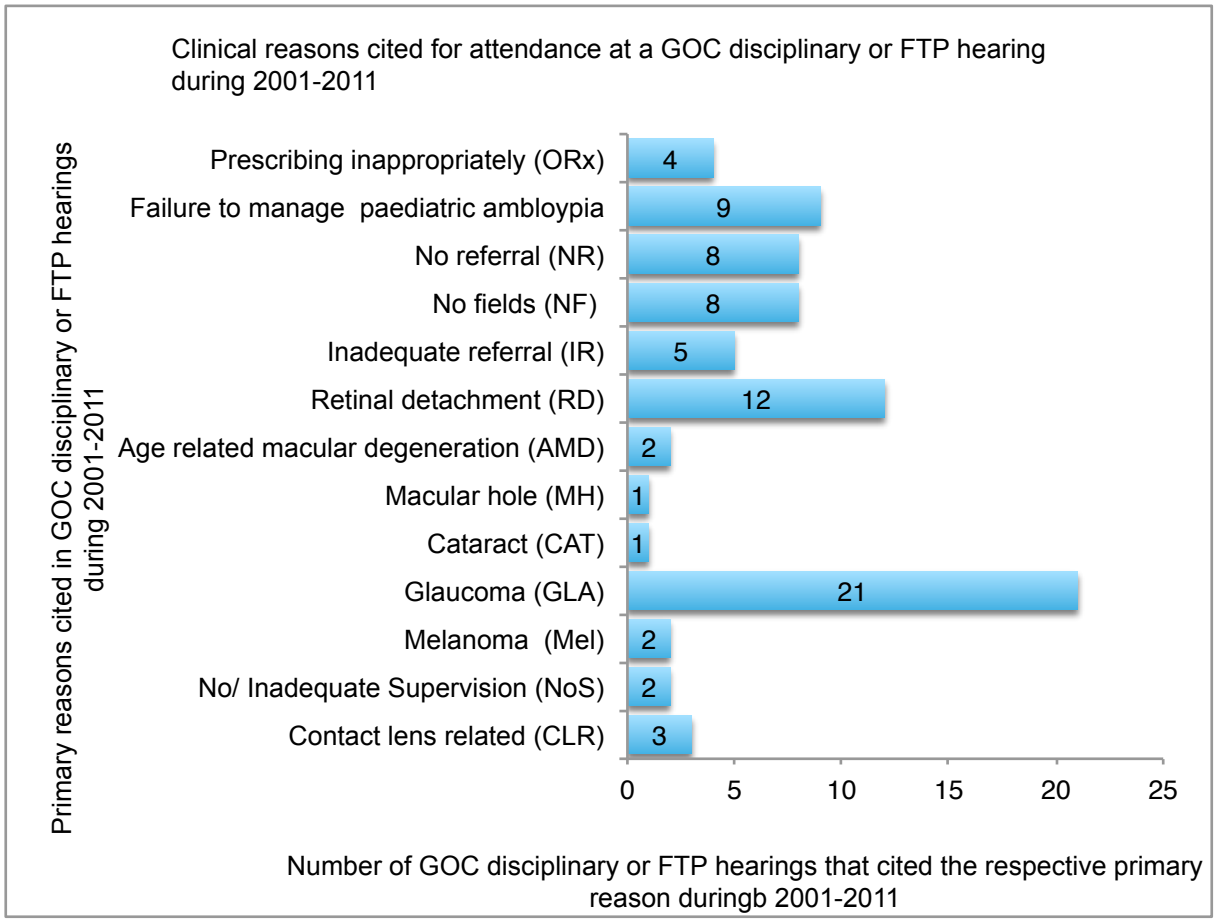
still higher than the number of total hearings at 187, but less than the total of 285 reasons measured across all disciplinary and FTP hearings.

Figure 4.2.2 Graph of the number of times primary reasons were cited during GOC disciplinary and FTP hearings between 2001 and 2011



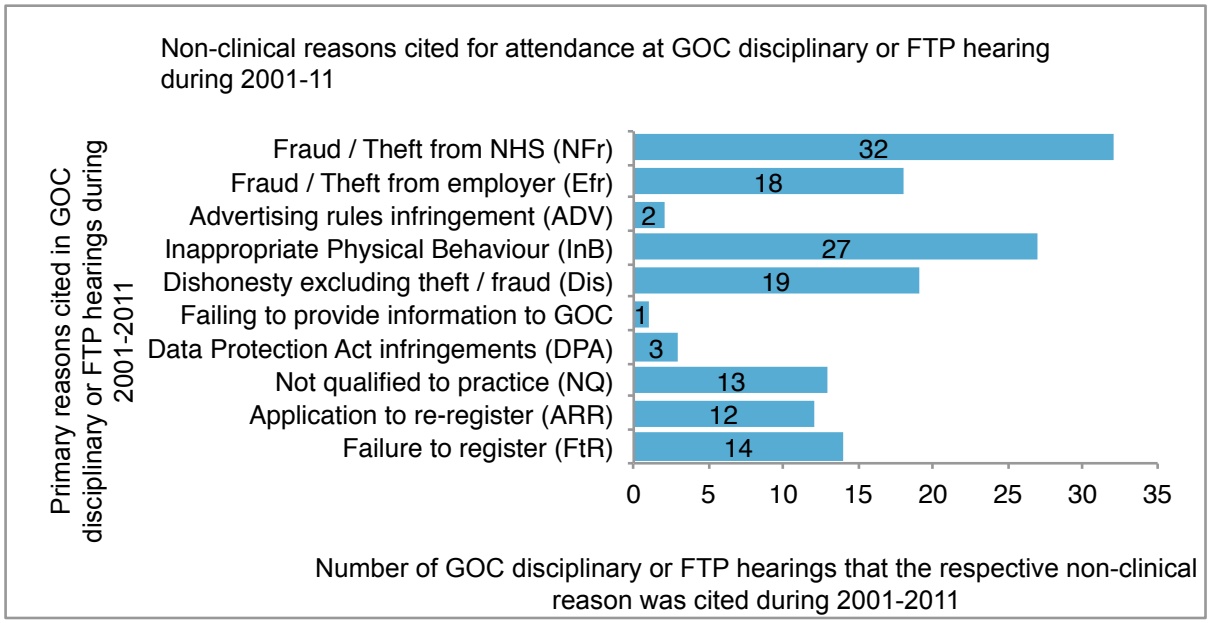
The graph in figure 4.2.3 demonstrates the clinical reasons cited that gave cause for a GOC registrant to be involved in a disciplinary or FTP hearing. These clinical reasons were cited 78 times against the 187 GOC disciplinary and FTP transcripts examined from 2001-2011.

Figure 4.2.3 Graph of the number of times clinical reasons were cited during GOC disciplinary and FTP hearings between 2001 and 2011



The graph in figure 4.2.4 demonstrates the non-clinical reasons cited for cause of a registrant to be involved in a disciplinary or FTP hearing. The non-clinical reasons were cited 141 times against the 187 GOC disciplinary and FTP transcripts examined from 2001-11.

Figure 4.2.4 Graph of the number of times non-clinical reasons were cited during GOC disciplinary and FTP hearings between 2001 and 2011



The following table 4.2.2, summarises the data in terms of the key numbers that were collected during the study of GOC disciplinary and FTP transcripts provided by the GOC hearings Manager for the period 2001-2011.

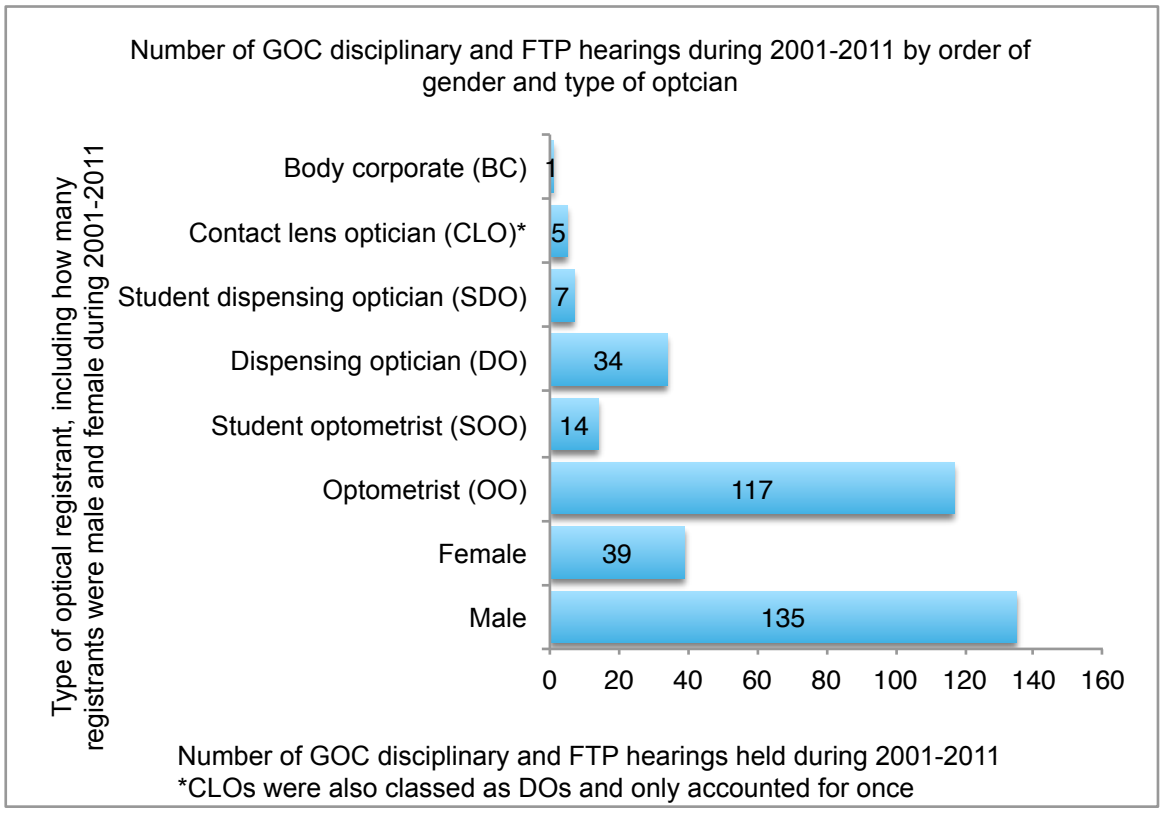
Table 4.2.2 Key data collected from the study of GOC disciplinary and FTP hearings transcripts of 2001-2011.

Key Data Collected	Total
Total number of hearings examined	187
Total number of optical registrants involved	174
Total number of reasons cited at all hearings examined (some cases had multiple reasons cited)	285
Total number of categories of reasons examined	25
Total number of secondary reasons cited (Inappropriate Record Keeping and Inadequate Sight Test)	66
Total number of reasons cited at hearings after adjustment for secondary reasons	219
Total number of clinical reasons cited at hearings after adjustment for secondary reasons	78
Total non-clinical reasons cited at hearings after adjustment for secondary reasons	141

4.3 Gender related observations

This section viewed the disciplinary or FTP hearings and examined their prevalence according to the gender of the registrant. An examination of the data was performed, by separating male and female optometrists from male and female dispensing opticians.

Figure 4.3.1 Graph of the number of optical registrants that attended GOC disciplinary and FTP hearings between 2001-2011, by type of registration. The graph also demonstrates the split of male and female registrants that attended a hearing in 2001-2011.



Further analysis of the GOC annual reports[76] referred to previously helps to give context to the above number. The annual reports demonstrated along with the growth in both optometrist and dispensing optician registrants between 2001 and 2011, the split between male and female optical registrants during 2001-2011. The next two graphs in figure 4.3.2 and figure 4.3.3 demonstrate with respect, the increasing populations of optometrist and dispensing optician registrants, along with the split between male and female optometrist and dispensing optician registrants.

Figure 4.3.2 The total number of optometrist registrants as recorded by the GOC annual reports between 2002 and 2011 and split by gender.

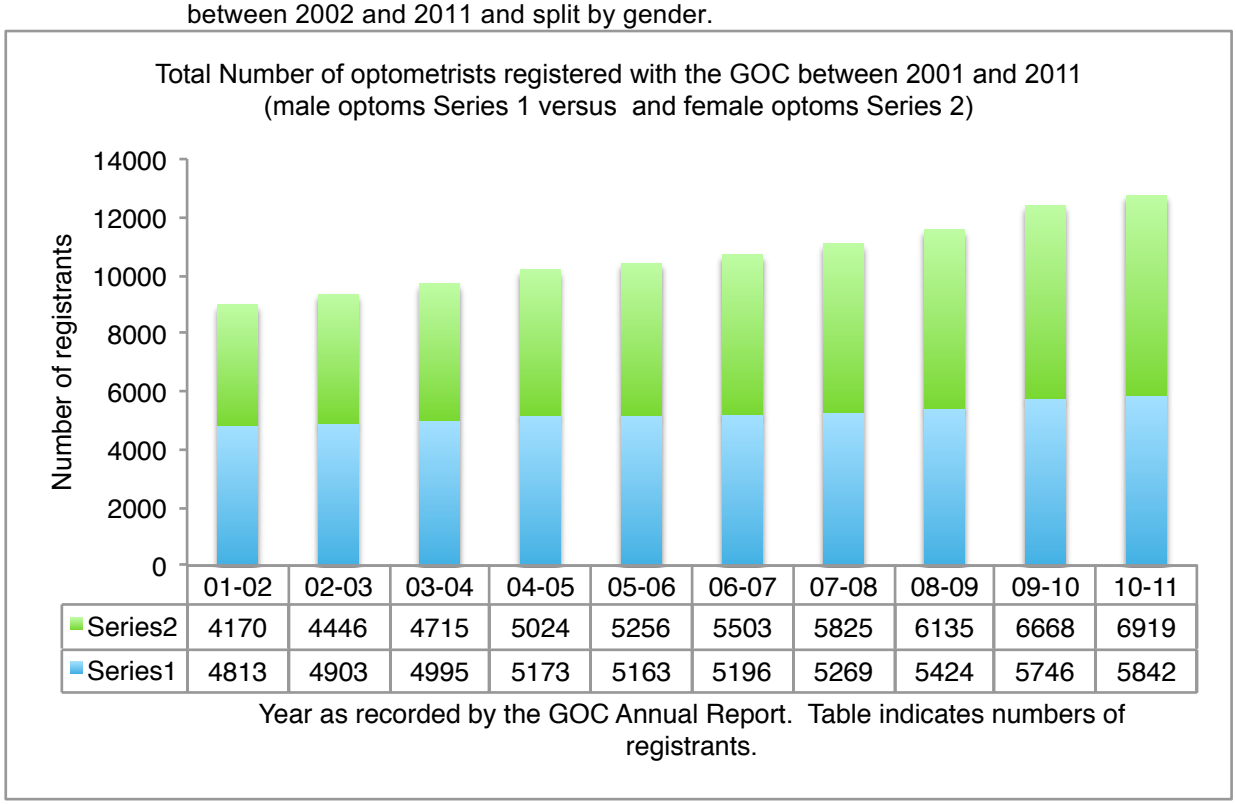
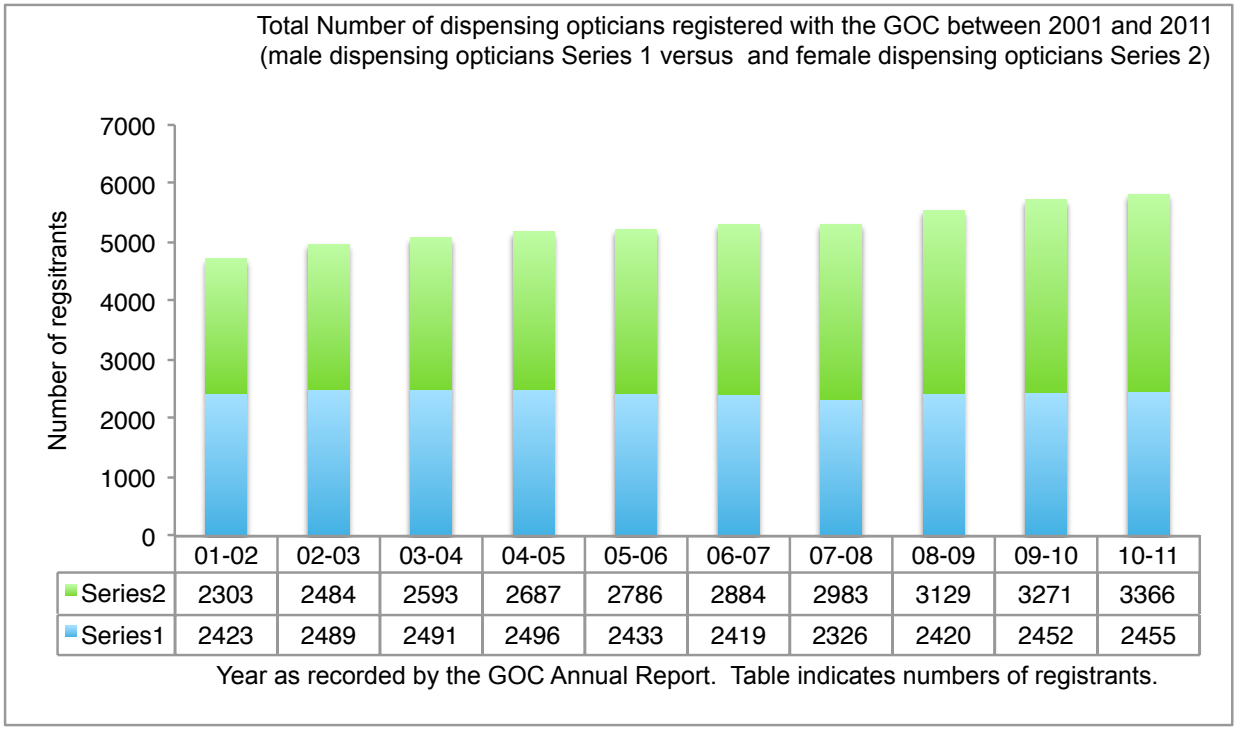


Figure 4.3.3 The total number of dispensing optician registrants as recorded by the GOC annual reports between 2002 and 2011 and split by gender.



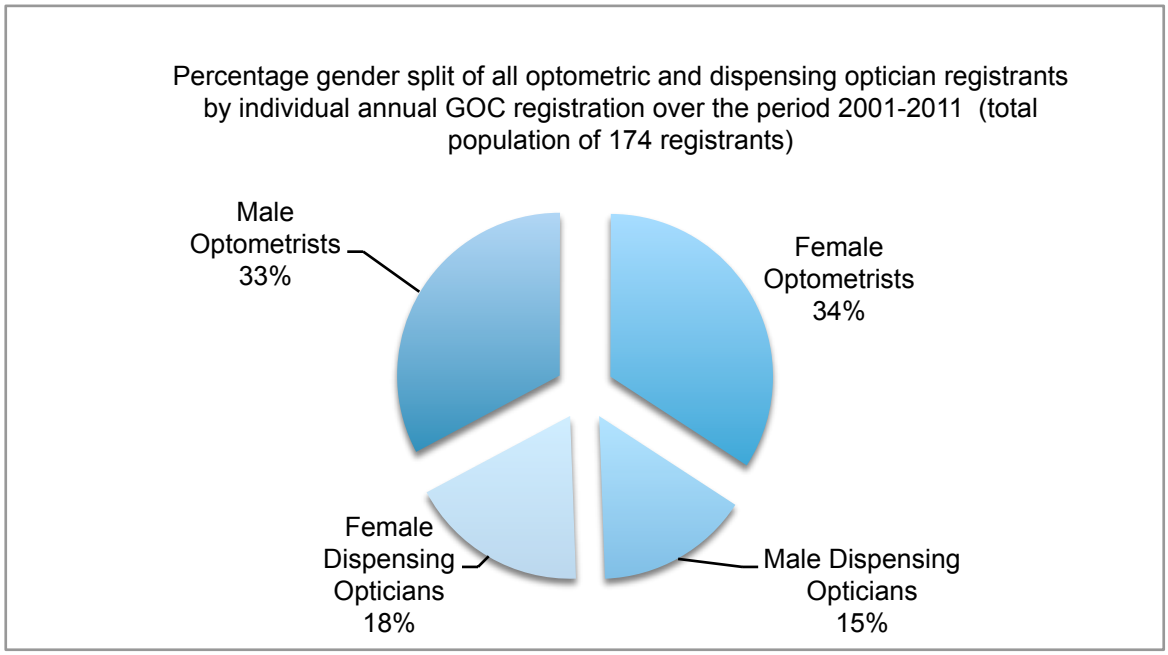
The preceding graphs represented in figure 4.3.2 and figure 4.3.3 indicated that both the optometrist and dispensing optician populations were continuing to grow during the period 2001-2011. The graphs also demonstrate an increasing number of women joining both professions. The total number of registrants for the whole of the period 2001-2011 was calculated from the GOC annual reports summarised in table 4.3.1.

Table 4.3.1 A summary of the number of optometrist and dispensing optician registrants during 2002-2011. The information was derived from the GOC annual reports[84].

Year	2010-2011	2009-2010	2008-2009	2007-2008	2006-2007	2005-2006	2004-2005	2003-2004	2002-2003	2001-2002	TOTAL entries
Optom	12761	12414	11559	11094	10699	10419	10197	9710	9349	8983	107185
Male	5842	5746	5424	5269	5196	5163	5173	4995	4903	4813	52524
Female	6919	6668	6135	5825	5503	5256	5024	4715	4446	4170	54661
DO	5821	5723	5549	5309	5303	5219	5183	5084	4973	4725	52889
Male	2455	2452	2420	2326	2419	2433	2496	2491	2489	2423	24404
Female	3366	3271	3129	2983	2884	2786	2687	2593	2484	2303	28486
Total	18582	18137	17108	16403	16002	15638	15380	14794	14322	13709	160075

Taking the total entries (as populated in table 4.3.1), the total number of male and female optometrist and dispensing optician registrants over the whole of the period 2001-2011 (this was the data available from the GOC) was calculated (see table 4.3.1). This then provided context when considering the number of disciplinary and FTP cases over the period 2001-2011. In addition, the exercise also allowed the total number of male and female individual registrations to be calculated over the study period. The previous figures 4.3.2 and 4.3.3 both indicated an increasing female population of both optometrist and dispensing optician registrants. By 2003-2004 the female population of dispensing opticians had started to outnumber the male population. Similarly, by 2005-2006 the female population of optometrists had started to outnumber the male population. When taken as a whole, the number of male and female registrants showed an almost equal prevalence during the period of the study 2001-2011. This is demonstrated in the chart represented in figure 4.3.4 populated using the data from table 4.3.1.

Figure 4.3.4 Chart representing an almost equal prevalence of male and female optical registrants during the period 2001-2011 as published by the GOC annual reports



The data collected from the GOC annual reports and represented in table 4.3.1 also allowed for the comparison of gender split between optometrists between 2001 and 2011. This demonstrated a near equal prevalence for male and female optometrists during the study period of 2001-2011 at 51% male and 49% female. A similar review of dispensing opticians in isolation and using the same data from the GOC annual reports, revealed a very similar prevalence of male and female dispensing opticians at 46% and 54% with respect.

Having established that there was equal prevalence of male and female registrants, a noteworthy finding is that despite this equal prevalence in the genders, there was a three times greater occurrence of male GOC registrants founding themselves at a disciplinary or FTP Committee hearing during the period 2001-2011. This finding is discussed further in the discussion section.

4.4 Optometric versus dispensing optician registrants

The following graphs 4.4.1 - 4.4.4 demonstrate the reasons recorded for dispensing opticians and optometrist registrants having to answer to a GOC Disciplinary or FTP Committee hearing during 2001-11. These numbers should be seen against a total of 187 hearings in total over the period 2001-2011.

Figure 4.4.1 The recorded reasons recorded during the study of GOC disciplinary and FTP transcripts for dispensing optician registrants (both fully qualified and students) having to attend a hearing

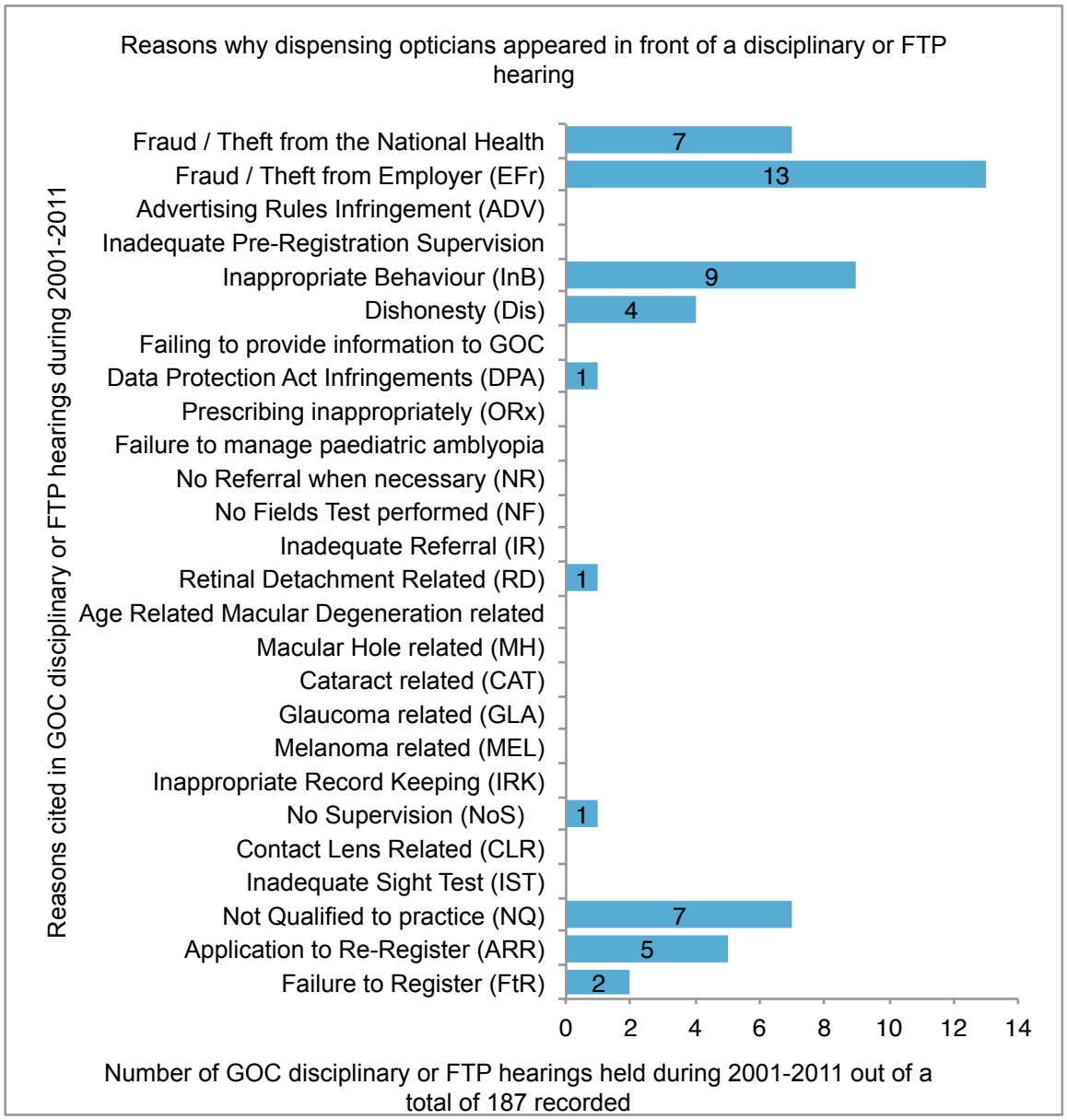
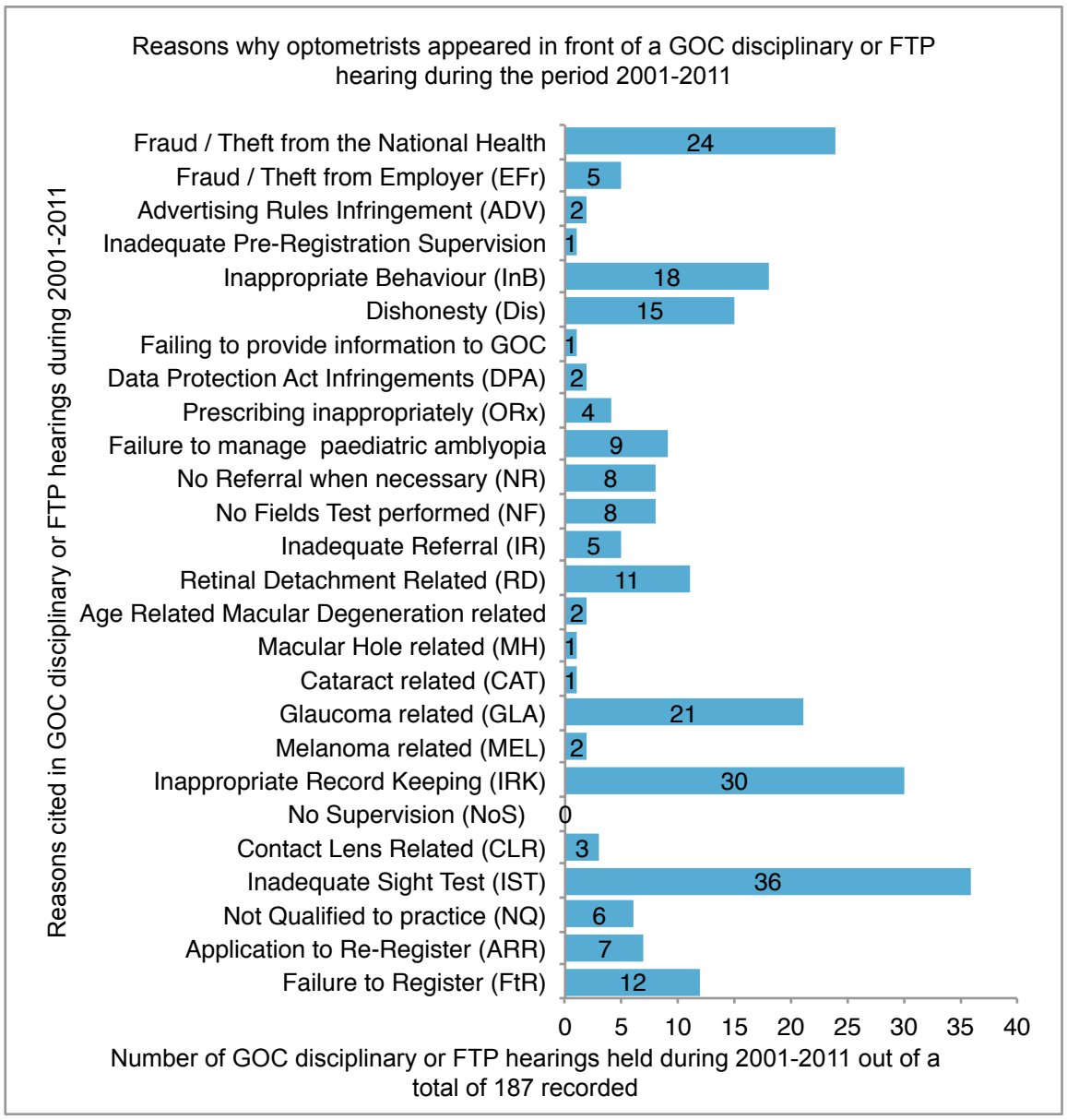


Figure 4.4.2 The recorded reasons recorded during the study of GOC disciplinary and FTP transcripts for optometrist registrants (both fully qualified and students) having to attend a hearing



In addition to separating out the reasons that were cited in either the dispensing optician (including student) or optometrist (including students) categories of registrant, it was possible to further separate the data into clinical and non-clinical reason cited for attendance at a GOC disciplinary or FTP hearing. The following two graphs, figure 4.4.3 and figure 4.4.4 demonstrate the percentage make up of each type of case for each respective registrant group.

This data was generated by defining the following categories as non-clinical: Not Qualified (NQ); Inappropriate Physical Behaviour (InB); Application to Re-Register (ARR); Fraud / Theft from Employer (EFr); Fraud / Theft from NHS (NFr); Failure to Register (FtR); Data Protection Act infringements (DPA); No Supervision (NoS) and Dishonesty not including fraud / theft (Dis). These reason categories were then extracted from the previous data used in figure 4.4.1 and figure 4.4.2 to generate the following charts in figure 4.4.3 and figure 4.4.4.

Figure 4.4.3 Chart demonstrating non-clinical versus clinical reasons for a dispensing optician GOC registrant having had reason to appear in front of disciplinary or FTP hearing during 2001-2011

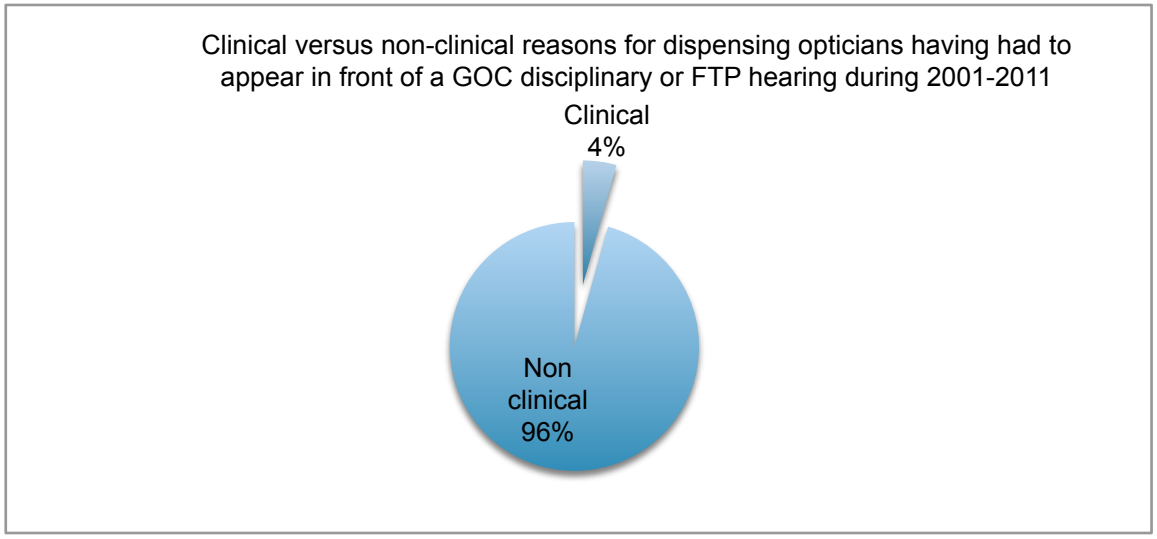
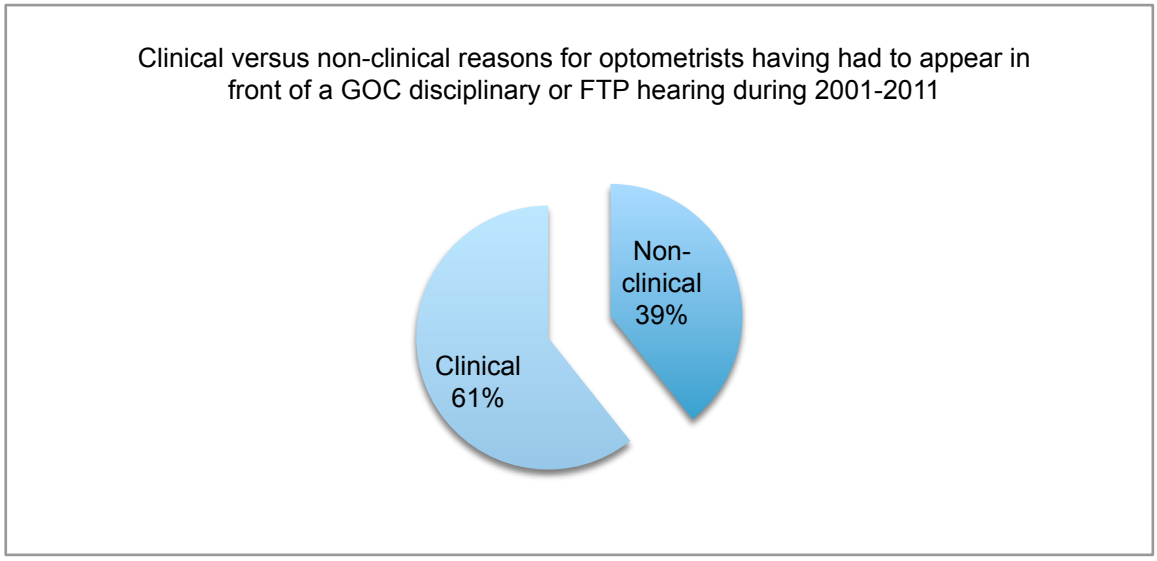


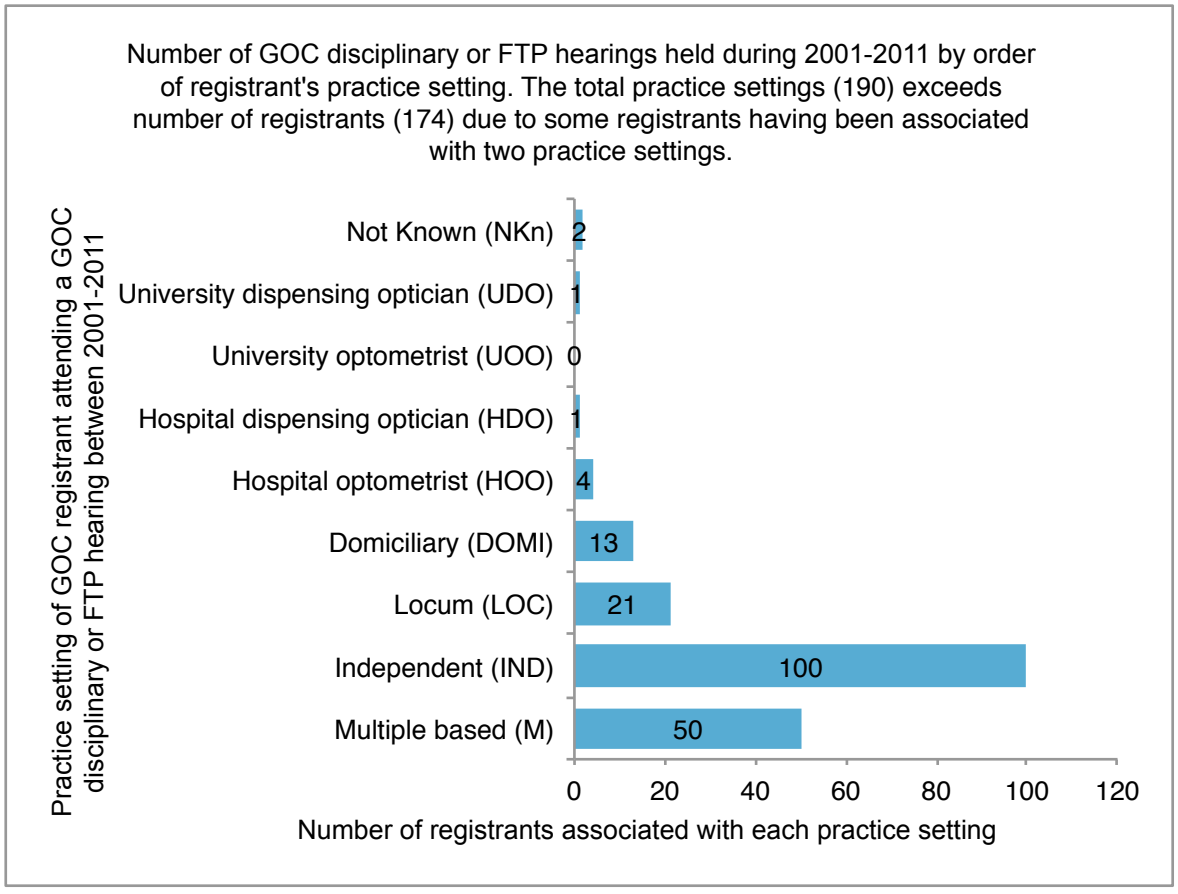
Figure 4.4.4 Chart demonstrating non-clinical versus clinical reasons for an optometrist GOC registrant having had reason to appear in front of disciplinary or FTP hearing during 2001-2011



4.5 Outcomes by practice setting

The following chart figure 4.5.1 took advantage of the information gathered with regards to practice setting. At the outset, it was decided to collect data where possible that indicated the practice type of the registrant that was having to attend a GOC disciplinary or FTP hearing. A limitation was noted earlier, when trying to deduce with consistency the type of independent practice i.e., was the registrant from an independent practice, the contractor or in an otherwise employed position. There was however sufficient data in the transcripts to calculate if the registrant had come from a multiple or independent practice, just not enough to in all transcripts to deduce the contractor status. Due to this limitation, all indications of independent practice were combined into one data set at the end of the data collection. There were also occasions when a registrant may have fulfilled two types of practice setting categories, for example when a domiciliary provider was attached to an independent optician practice. This effect did bring the total number of practice settings to 190 versus the 187 transcripts and 174 registrants involved in the study of GOC disciplinary and FTP transcripts 2001-2011.

Figure 4.5.1 Chart demonstrating practice settings of registrants called to a GOC disciplinary or FTP hearing during 2001-2011



4.6 Outcomes by the GOC registrants length of experience

This section demonstrated the length of time that registrants called to a Disciplinary or FTP Committee hearing had been registered with the GOC. As recorded earlier the total number of GOC disciplinary and FTP hearings that took place during 2001-2011 was 187. Of these 187, the study noted that there were 174 individual registrants. Of these 174 individuals, it was possible to assess the length of registration since initial or most recent known registration for 155. The first chart, figure 4.6.1 demonstrates the number of GOC disciplinary or FTP hearings that took place during 2001-2011 by registrant length of registration when known (data listed in table 4.6.1).

Figure 4.6.1 The GOC disciplinary and FTP hearings that took place during 2001-2011 by length of time of GOC since initial or most recent registration of registrants when known (155 of the 174 individual registrants involved in a total of 187 hearings).

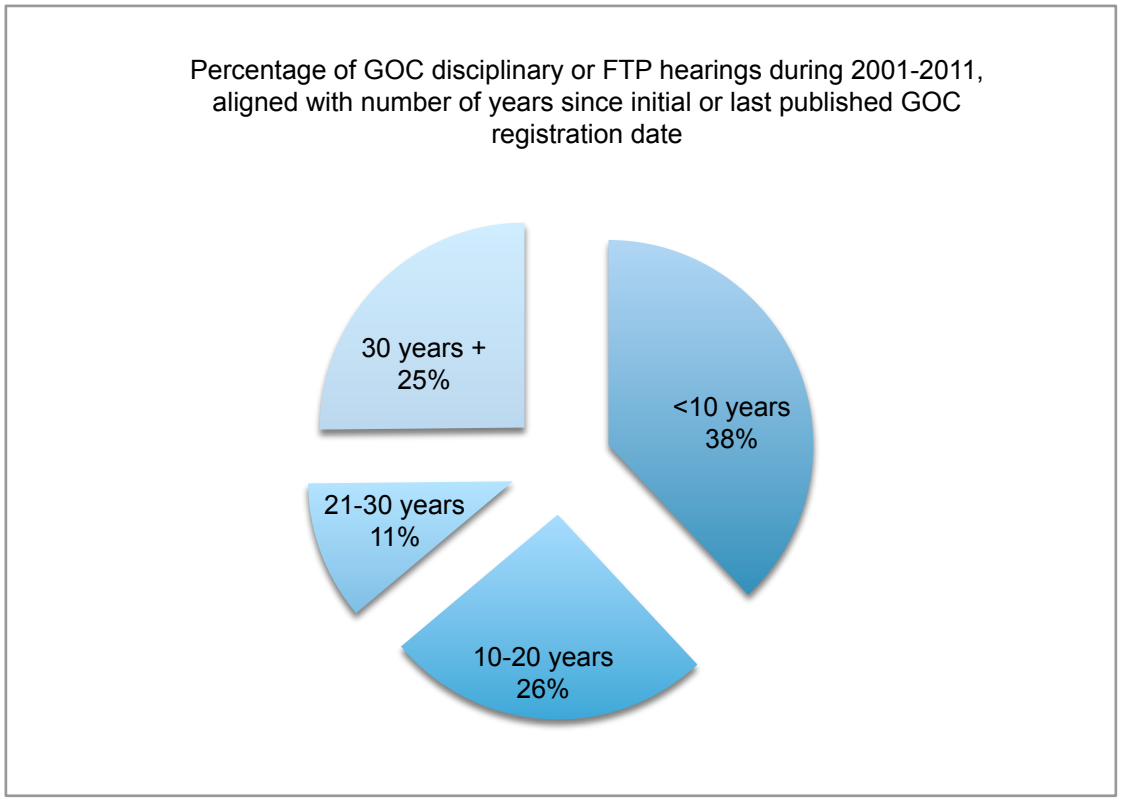


Table 4.6.1 Number of cases recorded at GOC Disciplinary or FTP Committee hearings during 2001-11 by order of length of time since initial or most recent registration where initial registration date could not be confirmed.

Recorded years on register	<10 years	10-20 years	21-30 years	>31 years
Number of registrants*	59 (38%)	40 (26%)	17 (11%)	39 (25%)

*The total number of hearings during 2001-2011 was 187 including 174 individual registrants. Length of registration date was not available for 19 of the 174 optical registrants.

Information of the registrant's length registration was found either in the hearing transcript, GOC online register or by referring to printed copies of the GOC register from 1988 and 2000. There was sufficient information to calculate the length of time on the GOC register for 155 of the 174 registrants that attended a GOC disciplinary or FTP hearing during 2001-2011. Wherever possible the initial registration was used after referring to either the online register or printed registers from 1988 and 2000. The difficulty for the remaining 19 was due to a lack of indication in the hearing transcripts about the original registration date and the fact that the GOC when issuing an erasure order does provide the registrant with the original number upon re-registration at a later date if appropriate.

Examining figure 4.6.1 requires some analysis of prevalence to provide further context in addition to interpreting the numbers against the total of 187 (of 174 registrants) GOC disciplinary and FTP hearings during 2001-2011. The GOC annual reports for 2005-06, 2006-07, 2007-08,2008-09 and 2010-11 provide some information with regards the age of optometrists and how many were registered during these years.

Most optometrists qualify after a three year or four year degree course and a further one year pre-registration period. This would equate to approximately 22-23 years of age upon initial qualification for the normal aged school leaver. Table 4.6.2 is reproduced from the GOC annual reports and provides some indication to the number of optometric registrants during the second half of the study period. The first group <25 years would represent registrants within the first two or three years of qualification. The second group 25-39 years would represent registrants within 4-16 years of qualification. The third group, 40-54 years would represent registrants between 17 and 31 years qualified, whilst the final group 55 years+ would represent registrants with 32 years or more qualification.

Although not directly comparable to the population recorded in the study, the GOC figures do demonstrate consistently that during the period 2006-2011, the number of optometrist registrants <25 years was between 6% and 8% of the total population, whilst the 25-39 years represented 47% and 49%, the 40-54 years 31%-36% and the over 55 years represented 14% of the population in most years.

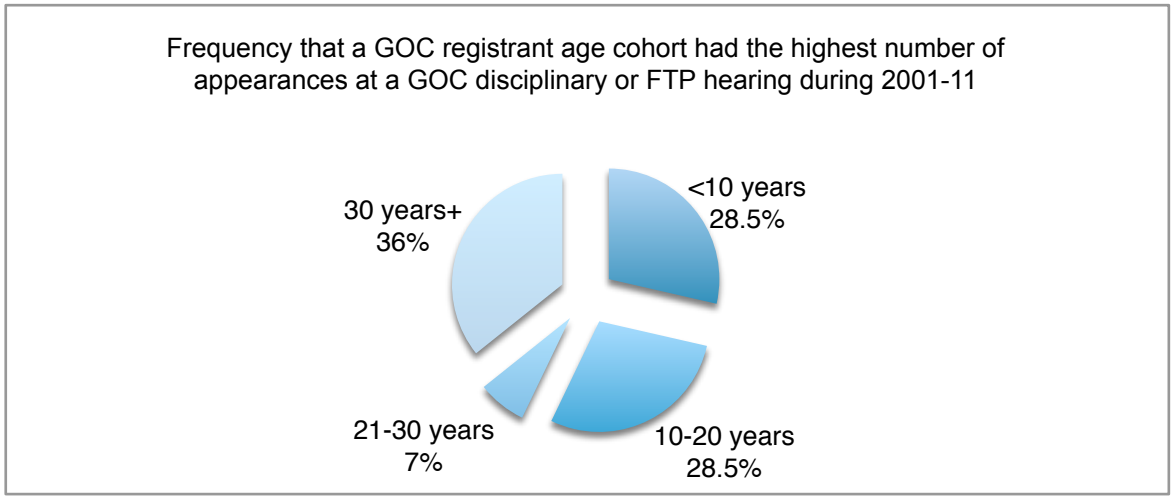
Table 4.6.2 Total number of optometrists registered with the GOC and total number of sight test recorded per annum. Information taken from GOC annual respective annual reports[85,86,87,88]

Year	2005-06	2006-07	2007-08	2008-09	2009-10	2010-11
Optoms <25yrs	Not available	819	653	745	780	756
Optoms 25-39yrs	Not available	4980	5523	5738	5906	6108
Optoms 40-54yrs	Not available	3809	3858	3933	4002	4045
Optoms 55yrs+	Not Available	1503	1518	1616	1726	1855
Optom Total	10419	10699	11094	11559	12414	12761
Sight Tests Total	17,700,000	17,500,00	18,500,000	19,613,579	19,900,000	20,000,000

From the GOC data in table 4.6.2 and referring back to figure 4.6.1 it can be argued that the greatest number of registrants fall within the 10-20 and 21-30 years length of registration. Further, that the greater percentage of GOC disciplinary or FTP hearings involved the smaller populations of registrants at either end of the length of registration spectrum.

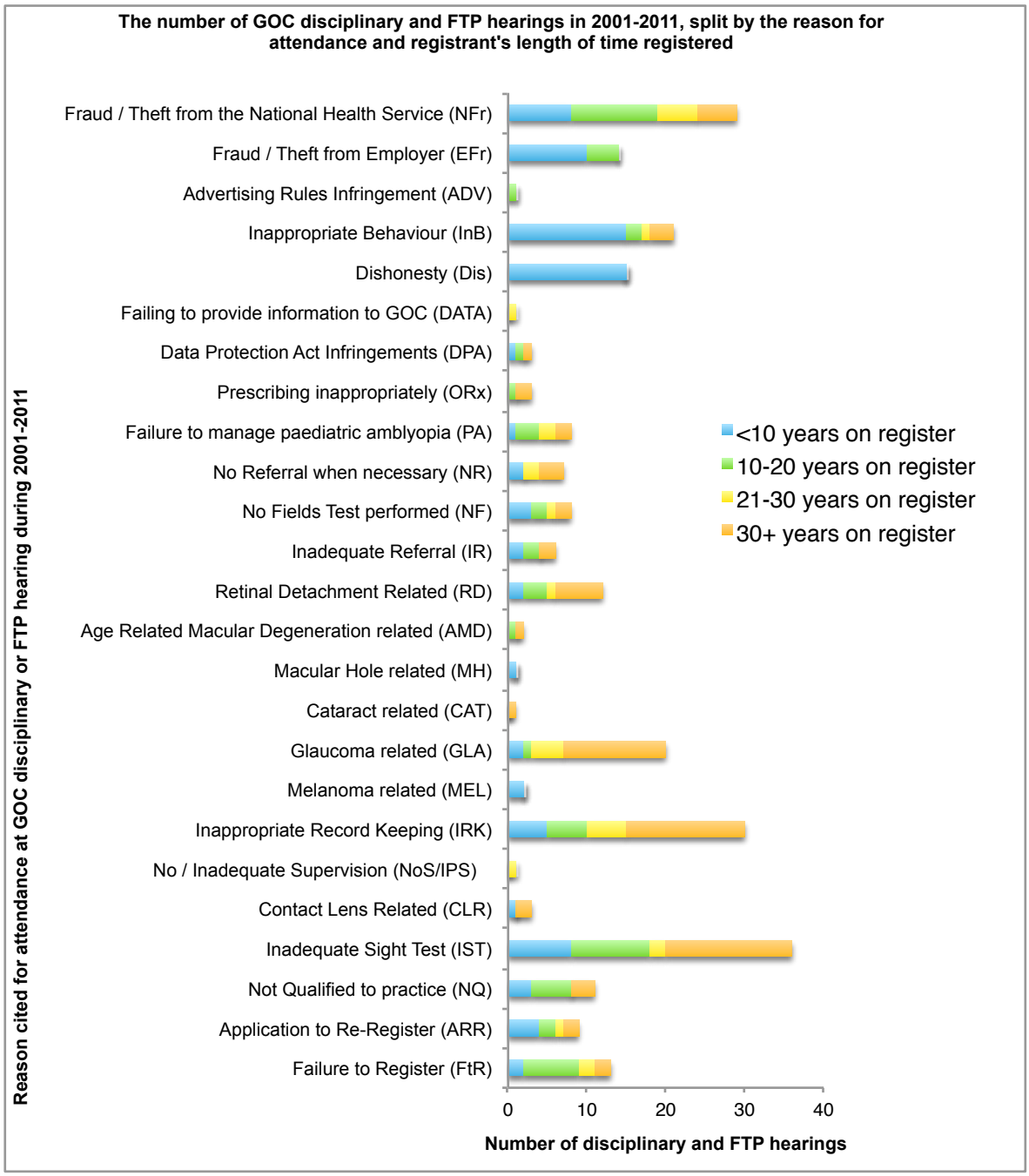
When examining the outcomes of the GOC disciplinary and FTP hearings according to the examined reasons for the hearings (table 4.2.1) it was possible to calculate which length of registration cohort had the most adverse outcomes per category. This demonstrated that the highest percentage of appearances at disciplinary and FTP hearings involved the registrants who had been on the GOC register for over 30 years+ as seen in figure 4.6.2.

Figure 4.6.2 Frequency of GOC registrant appearances at disciplinary or FTP hearing during 2001-11, by how often each age cohort was most represented in the 25 reason categories.



Each length of registration cohort was examined and the reasons for the GOC disciplinary and FTP hearing recorded. This can be seen in the bar chart figure 4.6.3.

Figure 4.6.3 Graph of the breakdown of the reasons behind the 187 GOC disciplinary and FTP hearing transcripts from 2001-2011, broken down by age cohort of GOC implicated registrant



Length of registration	<10 years	10-20 years	21-30 years	31+ years
Number of registrants in study	59	40	17	39
Number of hearings associated with length of registration cohort	86	61	28	80
		Correlation	0.91	

Table 4.6.3 Frequency of GOC registrant appearances at disciplinary or FTP hearing during 2001-11, by how often each age cohort was most represented in the 25 reason categories.
Figures in red represent the cohort with the greatest frequency in each type of case listed

Type of case	<10 years on register	10-20 years on register	21-30 years on register	30+ years on register
Failure to Register (FtR)	2	7	2	2
Application to Re-Register (ARR)	4	2	1	2
Not Qualified to practise (NQ)	3	5	0	3
Inadequate Sight Test (IST)	8	10	2	16
Contact Lens Related (CLR)	1	0	0	2
No / Inadequate Supervision (NoS/IPS)	0	0	1	0
Inappropriate Record Keeping (IRK)	5	5	5	15
Melanoma related (MEL)	2	0	0	0
Glaucoma related (GLA)	2	1	4	13
Cataract related (CAT)	0	0	0	1
Macular Hole related (MH)	1	0	0	0
Age Related Macular Degeneration related (AMD)	0	1	0	1
Retinal Detachment Related (RD)	2	3	1	6
Inadequate Referral (IR)	2	2	0	2
No Fields Test performed (NF)	3	2	1	2
No Referral when necessary (NR)	2	0	2	3
Failure to manage paediatric amblyopia effectively (PA)	1	3	2	2
Prescribing inappropriately (ORx)	0	1	0	2
Data Protection Act Infringements (DPA)	0	1	0	0
Failing to provide information to GOC (DATA)	0	0	1	0
Dishonesty (Dis)	15	0	0	0
Inappropriate Behaviour (InB)	15	2	1	3
Advertising Rules Infringement (ADV)	0	1	0	0
Fraud / Theft from Employer (EFr)	10	4	0	0
Fraud / Theft from the National Health Service (NFr)	8	11	5	5
TOTAL	86	61	28	80

4.7 Analysis of criminal / dishonesty reasons versus non-criminal / clinical reasons in outcomes at GOC Disciplinary and FTP Committees

During the period of the study, the GOC underwent FTP rule changes that came into effect from June 30th 2005. The findings recorded allowed an analysis of the erasure that took place before and after this change in the FTP rules. The following charts in figure 4.7.1 and figure 4.7.2 demonstrated an apparent shift towards erasures being associated with hearings where criminal and dishonesty reasons where the primary reason for attendance at the GOC FTP hearing after the rule change of June 2005.

Figure 4.7.1 Chart demonstrating the split of primary reasons for a registrant appearing at a GOC disciplinary hearing (pre 2005 FTP rule change)

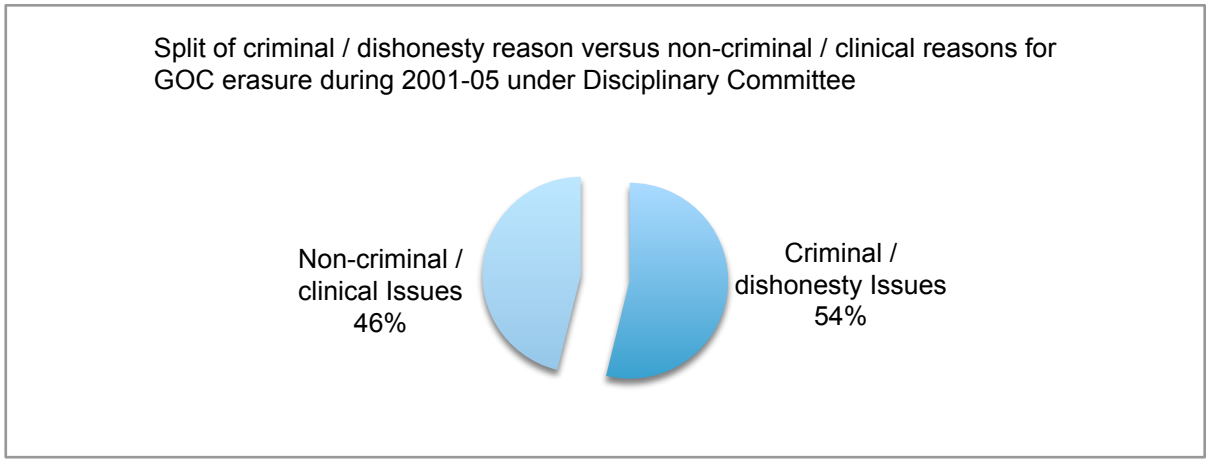
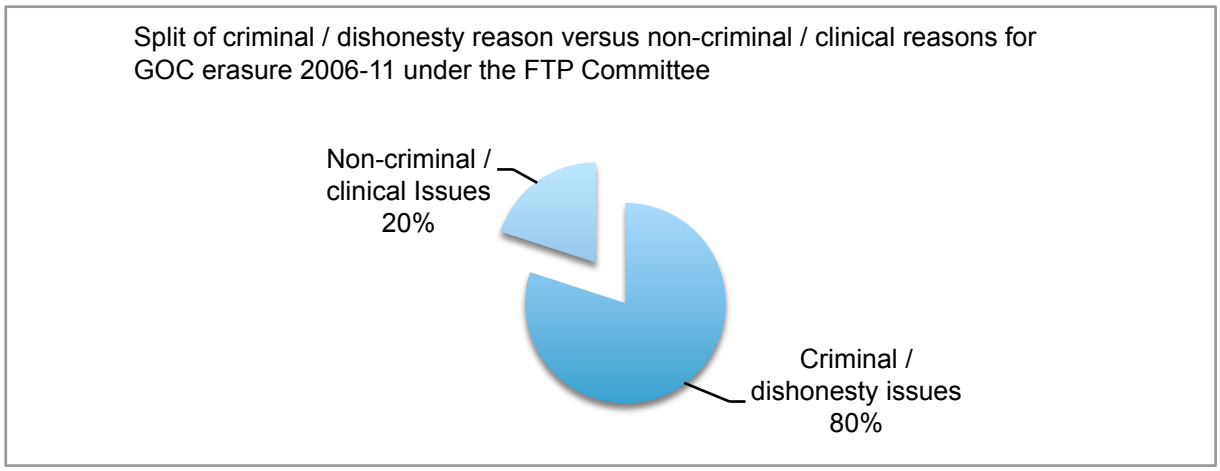
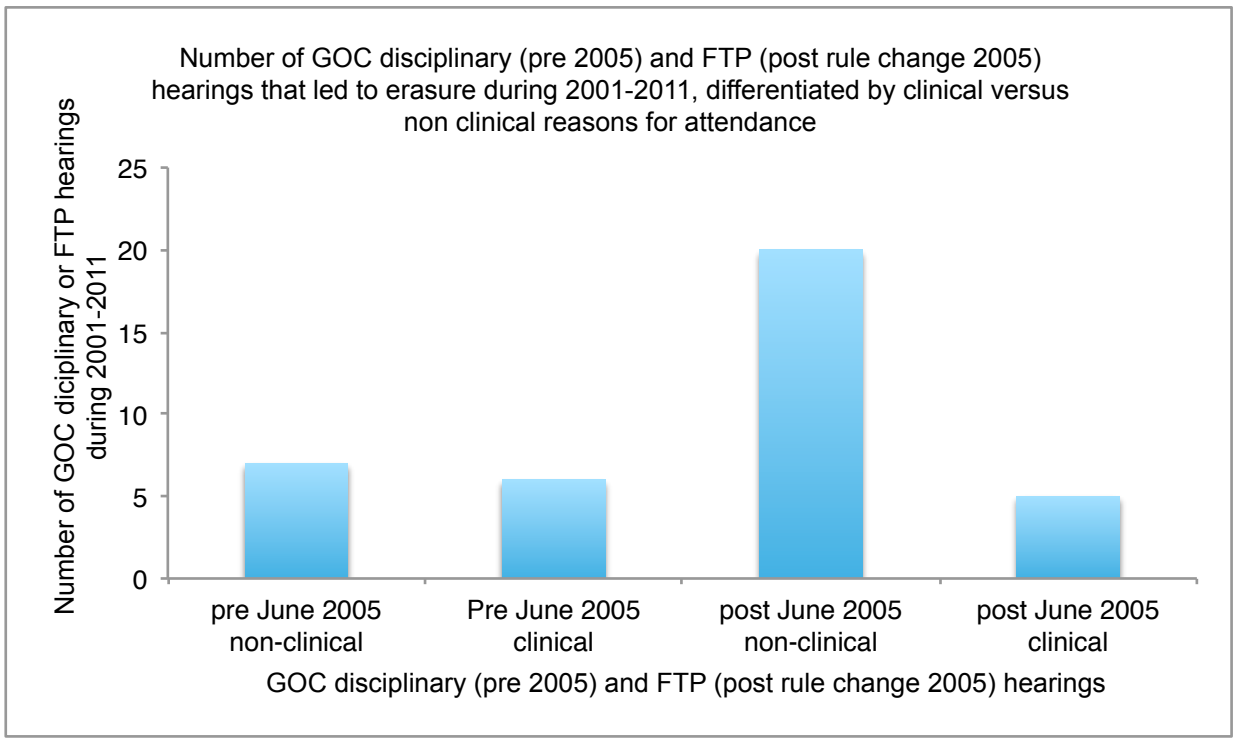


Figure 4.7.2 Chart demonstrating the split of primary reasons for a registrant appearing at a GOC FTP hearing (post 2005 FTP rule change)



This was finding was further exhibited, by taking the total of 39 erasures recorded out of the total of 187 hearing transcripts examined for the period 2001-2011 and plotting the results on a bar chart. This is demonstrated in figure 4.7.3.

Figure 4.7.3 GOC disciplinary (pre 2005) and FTP (post rule change 2005) hearings that led to erasure during 2001-2011, differentiated by clinical versus non clinical primary reasons for attendance and displayed as a total of 39 erasures from 187 transcripts examined for the period.



4.8 Disciplinary and FTP Committee membership during 2001-11

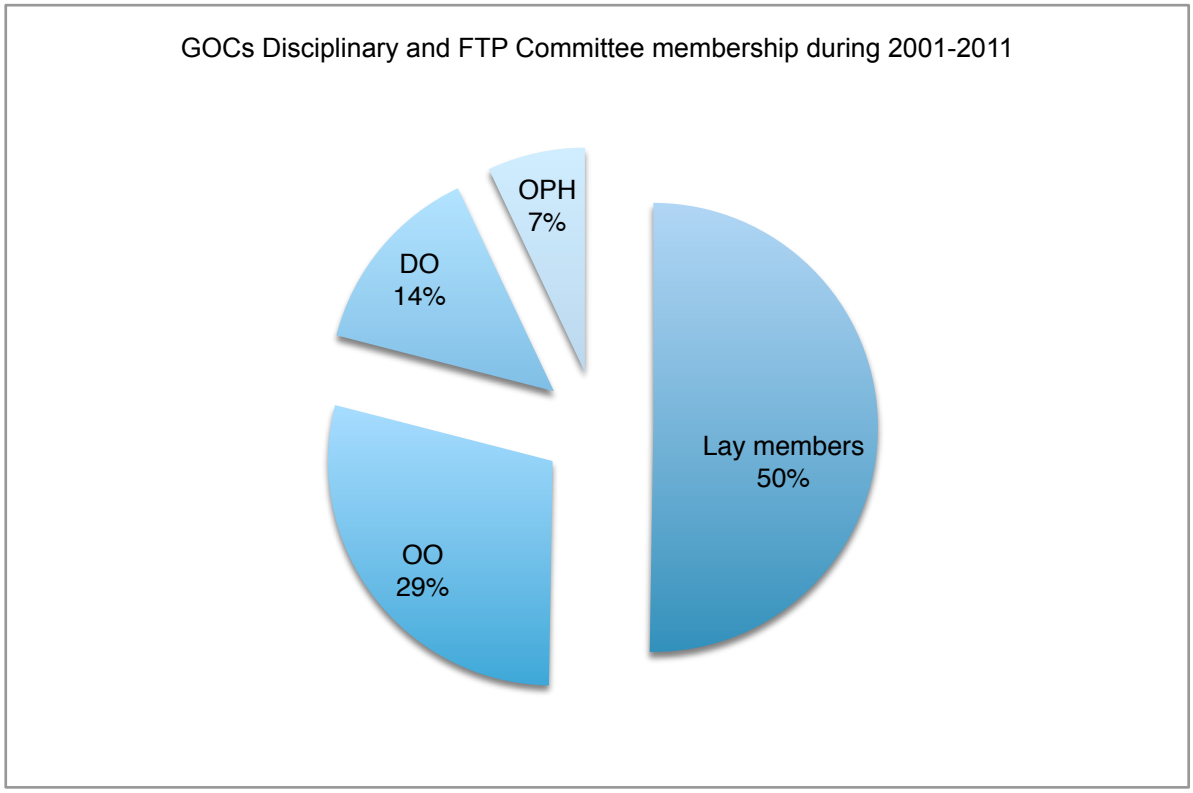
This section displayed the make-up of the Disciplinary and FTP Committees throughout the period 2001-2011.

Table 4.8.1 Number and type of committee members present at Disciplinary and FTP Committee hearings including whether or not the defendant was present

Type of committee member	Lay	OO	DO	OPH	Defendant Present	Defendant Absent
Total number of cases represented	486	278	135	68	165	25

The committee retained throughout the period 50% membership of lay people. Lay people are unrelated to the profession. The remaining membership was made up from optometrists, dispensing opticians and ophthalmologists. Ophthalmologists were less involved in hearings post the 2005 FTP rule change.

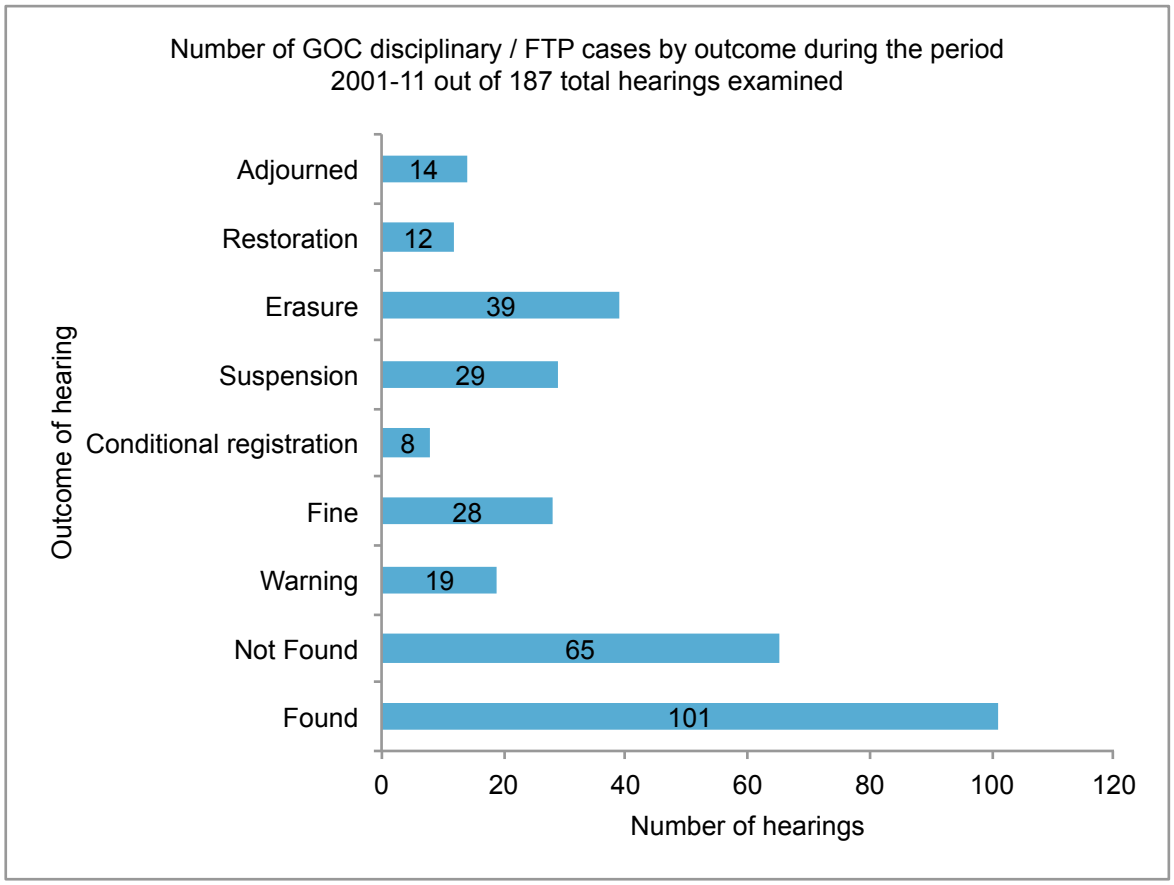
Figure 4.8.1 The GOC disciplinary and FTP Committee make up during 2001-2011



4.9 Outcomes of Disciplinary and FTP Committee hearings during 2001-11

This section recorded the outcomes in terms of found and not found. Where the case against the registrant was found (by the Disciplinary or FTP Committee), the sanction given was also recorded.

Figure 4.9.1 Bar chart demonstrating the GOC disciplinary and FTP hearings that were held between 2001 and 2011 where the outcome was the erasure of the registrant.



The total number of hearings was 187. Each hearing had an outcome of Found, Not Found, Restoration or Adjournment. Totalling these four above a figure of 192 is derived. The additional five cases was due to the way that the early 2001 restoration cases were handled. The original hearing transcripts that led to erasure were not available as these predated the study period. Subsequent cases of restoration, were accompanied by their original transcripts (as they were both within the study period). In these subsequent cases, the erasure and reason for erasure was recorded. For consistency, the recording of the original reason for erasure was also applied to the first restoration cases examined, hence the total of 192 versus 187 expected (discussed in limitations and future research).

Table 4.9.2 GOC Disciplinary or FTP Committee hearings that resulted in erasures 2001-11

Case Reference	Gender	OO DO	Year	Case Type	Case Type	Case Type	Case Type	Setting 1	Setting 2	Setting 3
3001003	M	OO	2001	IST	IRK			DOMI		
3001010	F	OO	2001	IRK	GLA	NF	NR	HOO		
4001013	M	OO	2002	NFr				IND	LOC	DOMI
4001014	F	DO	2002	EFr				M		
4001019	M	OO	2002	InB				M		
4001022	M	OO	2002	PA	ORx			IND		
5001026	M	OO	2003	NFr				IND		
5001027	M	OO	2003	NFr				IND		
5001030	M	OO	2003	FtR	GLA			IND		
5001039	M	OO	2003	IST	IRK	ORx	NFr	IND		
6001060	M	DO	2004	NQ				IND		
6001062	F	DO	2004	EFr				M	LOC	
7001069	M	DO	2005	NQ				IND		
7001070	M	OO	2005	NFr				IND		
8001086	M	OO	2006	InB				M		
8001089	M	DO	2006	NQ	EFr			IND		
9001091	M	OO	2007	IST	IRK	IR		M		
9001099	M	OO	2007	IST	IRK			LOC	DOMI	
9001102	M	DO	2007	InB				*		
9100103	M	DO	2008	NQ				M		
9100105	M	OO	2008	IST	IRK	GLA		IND		
9100107	M	OO	2008	NFr				IND		
9100108	M	OO	2008	EFr				IND		
9100112	F	DO	2008	EFr				IND		
9100114	M	SOO	2008	InB				*		
9100115	M	OO	2008	EFr				M		
9200130	M	OO	2009	NFr				IND		
9200133	M	SOO	2009	Dis	InB			UNI		
9200136	M	DO	2009	EFr				M		
9200138	M	DO	2009	InB				*		
9200139	M	OO	2009	Dis	EFr			M		
9200142	M	DO	2009	EFr				IND		
9300144	F	OO	2010	NFr				IND		
9300155	F	SDO	2010	EFr				UNI		
9300160	M	SDO	2010	InB				UNI		
9300164	M	SDO	2010	EFr				UNI		
9300166	M	DO	2010	InB				IND		
9300176	M	OO	2011	InB				IND		
9300185	M	DO	2011	EFr				M		

Notes on table 4.9.2

* Not related to optical profession. On these occasions, the places of work were not disclosed, instead the case revolved around criminal proceedings for a range of activities including sexual assault, harassment, ABH and the recording of illegal images.

Table 4.9.3 GOC Disciplinary or FTP Committee hearings that resulted in fines, warnings and / or suspensions 2001-11

Case Reference	Year	Fine Amount	Warning Given	Suspension Period	Case Type 1	Case Type 2	Case Type 3
3001001	2001	£300		3 months	FtR		
3001011	2001	£1600		6 months	NFr	IRK	
4001015	2002			3 months	NFr		
4001017	2002			6 months	NFr		
4001018	2002			6 months	NFr		
5001032	2003			9 months	NFr		
5001035	2003			12 months	NFr	IST	IRK
6001050	2004	£1600		3 months	DATA	IRK	
6001053	2004	£500			RD		
6001054	2004	£1000			NFr		
6001055	2004	£500		6 months	DPA		
6001057	2004			3 months	NFr		
6001064	2004			1 month	PA	NR	IST
7001073	2005	£1600		3 months	NFr		
7001079	2005	£1600			NFr		
7001080	2005	£1600			NFr		
7001084	2005	£1600			FtR		
9001092	2007	£1250			InB		
9001094	2007		Warning		RD		
9001097	2007	£2500			FtR		
9001100	2007	£1600		6 months	FtR		
9100104	2008		Warning		IST	IRK	
9100113	2008			3 months	EFr		
9100116	2008			1 month	EFr		
9200117	2009		Warning		PA	IST	IRK
9200118	2009			12 months	Efr		
9200119	2009		Warning		Dis		
9200120*	2009	£30000	Warning		NoS		
9200124	2009	£3000			Dis		
9200125	2009	£1000		3 months	Dis		
9200126	2009		Warning		AMD	IRK	
9200128	2009			12 months	Dis	InB	
9200132	2009		Warning		GLA	IST	IRK
9200140	2009		Warning		Dis		
9300149	2010	£1000			Dis		
9300152	2010			6 months	Dis		
9300154	2010				Dis		
9300157	2010	£1800			Dis		

9300159	2010		Warning		InB		
9300162	2010		Warning		InB		
9300165	2010		Warning		InB		
9300167	2010		Warning		InB		
9300170	2010			12 months	InB	Dis	
9300177	2011			12 months	Dis		
9300178	2011			12 months	Dis		
9300180	2011			5 months	Dis	InB	

Case reference 9200120 was a joint case against three registrants. There were three different outcomes, including, a fine, a warning and a not found verdict

4.10 Optometry student number statistics during the period 2006-11

Table 4.10.1 Number of students registered with GOC by year of study over relevant part of review period 2001-11

UK Optical Courses	Number of students registered with the GOC in 2010-11[88]	Number of students registered with the GOC in 2009-10[88]**	Number of students registered with the GOC in 2008-09[88]**	Number of students registered with the GOC in 2007-08[88]	Number of students registered with the GOC in 2006-07[88]*	Number of students registered with the GOC in 2005-06[88]*
Anglia Ruskin	521	490	490	471	554	not available
Bradford College	191	120	120	115	150	not available
Cardiff University	276	265	265	221	309	not available
College of Optometrists (pre-registration opticians)***	975	940	940	871	166	not available
Glasgow Caledonian	316	320	320	285	340	not available
Association of British Dispensing Opticians	641	549	549	729	544	not available
The City and Islington College	346	358	358	349	402	not available
The City University	309	350	350	337	460	not available
University of Aston	396	386	386	327	452	not available
University of Bradford	246	332	332	312	417	not available
University of Manchester of Science and Technology	230	213	213	177	244	not available
University of Plymouth	not applicable	not applicable	not applicable	not applicable	not applicable	not available
University of Ulster	81	95	95	89	126	not available
TOTAL Students	**4528**	**4418**	**4418 ***	**4283**	**4166**	**3739**

*05-06 are amalgamated to one total figure as individual data not available for this period.
**GOC reports indicate identical data for both 2009-10 and 2008-09
***College numbers appear lower and other establishment numbers higher, possibly due to organisation of student registrations in the first 24 months of operation.

4.11 The number of optometrists and dispensing opticians registered during the study

For the purposes of context, the total number of optometrists and dispensing opticians long with information with regard the number of eye examinations performed was gathered from the GOC annual reports. This is information is displayed in table 4.11.1

Table 4.11.1 Total number of GOC registered optometrists and dispensing opticians 2001-2011

	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
Optometrists	8983	9349	9710	10197	10419	10699	11094	11559	12414	12761	13202
Dispensing Opticians*	4725	4973	5084	5183	5219	5303	5309	5309	5309	5821	6018
Total registrants	13708	14322	14794	15380	15638	16002	16403	16868	17723	18582	19220
Estimated total sight tests**					17.5M	17.5M	17.5M	19.6M	19.9M	20M	20M

* Dispensing optician registrant numbers were estimated 2007-2009 due to this information not been accessible at the GOC website[88]

**Total sight test numbers where available where estimates by the GOC.

This chapter has presented the results of examining the data collected from the review of the Disciplinary and FTP Committee hearings during 2001-11. The large amount of data collected was split into various categories to allow it to be analysed against various categories, such as the type of registrant involved through to the type of cases and sanctions applied. Some of the challenges and limitations of the data and the data collection process have been mentioned.

The data was then analysed and considered in a systematic manner as well as a more detailed examination of the limitations and suggestions for further research in the Discussion Chapter that follows.

Chapter 5 Discussion

The preceding Results chapter examined the large amount of data collected from the review of GOC Disciplinary and FTP Committee hearing transcripts during 2001-11. The primary aim of this survey was to review the transcripts from the GOC Disciplinary and FTP Committee hearings held between 2001 and 2011. The secondary aim was to identify common themes from the disciplinary and FTP cases. The literature search in Chapter 2 indicated that no previous equivalent reviews had been conducted on the GOCs Disciplinary and FTP Committee hearings. The lack of previous research and the ambition to to provide GOC registrants, associated organisations such as the College of Optometrists and other providers of optical education with relevant information to help form the basis of future CPD provision was central to the reason for conducting this study.

5.1.1 Evaluating the data

The nature of the transcripts allowed for more information than simply the overall outcomes of hearings to be considered. The most frequently occurring categories quoted in a GOC Disciplinary or FTP Committee hearing were an Inadequate Sight Test (IST) followed by Fraud / Theft from the NHS and in third place was Inappropriate Record Keeping (IRK) (figure 4.2.1). Inadequate sight test referred to not performing a part of the sight test that was considered mandatory; inappropriate record keeping referred to incomplete or poor quality records. When evaluating the hearing transcripts, it became apparent that these two categories for attending a GOC Disciplinary or FTP Committee hearing were mainly a secondary reason that was brought about after inspection of the patient records, following a different primary complaint against the GOC registrant.

The observation that there were primary and secondary reasons quoted in Disciplinary and FTP Committee hearings, led to further observations that there were other differences that could be inspected through the data collected. These included the variation in the numbers and type of disciplinary or FTP cases that involved female versus male registrants; optometric versus dispensing optician registrants; types of hearings by the practice setting; hearings ordered by the length of time a registrant was on the GOC register and clinical versus non-clinical reasons for having to attend a hearing. It was also noted that there was only one case against a body corporate

(a registered optical business) during the study period and that the remainder of the hearings considered individual registrants.

5.1.2 The Corporate Body

A Body Corporate was an optical business registered with the GOC. There are two lists of Bodies Corporate recorded by the GOC (1) those that are carrying on business as an ophthalmic opticians and (2) those that are carrying on business as a dispensing opticians. The distinction is that the former is a business that employs the services of one or more optometrists for the testing of sight and allows for the dispensing and supply of optical appliances. The latter is restricted to the supply of optical appliances only. The small number of cases brought against a body corporate may have been due to a changing landscape in optical business ownership models and subsequent registration practises at the time. The Opticians Register 2000[89] records a number of well-known high street opticians at various and many different addresses under one corporate registration, thus reducing a business with multiple locations to one individual corporate registration. This restriction may have been the first reason why so few body corporate registrants were brought to account. By 2015, names of once large and very widely represented brands have since left the industry and their business absorbed into other national companies, again reducing the opportunity to bring bodies corporate to account (albeit when these were trading, they only had one body corporate registration number covering multiple locations). The optical market has also been evolving. For example there is one company with approximately 700 practices in the UK, representing a significant market share, which in the 2000 GOC register[89] does not list each of its practice addresses under a single body corporate registration. In effect these addresses were not registered. Given the size of this company and others operating a similar ownership model, it may be that this also had an impact on the number of body corporate registrants involved in hearings during the study of GOC disciplinary and FTP transcripts 2001-2011. It should be noted that this company in 2015 now makes provision to register each individual business address with its own and therefore individual body corporate registration. This new approach has increased the number of body corporate registrations significantly and future studies should perhaps consider this potential impact at future GOC FTP hearings.

5.1.3 Common reasons for attendance at GOC disciplinary and FTP hearings during 2001-11

The study was able to reveal the most common reasons during 2001 and 2011 for a registrant to be called to account in a GOC Disciplinary or FTP Committee hearing, after subtracting the inadequate sight test (IST) and inappropriate record keeping (IRK) categories for the reasons stated (i.e., these were secondary to the main reason for the case). These were NHS fraud at 32 cases (17% of all hearings) and when theft and fraud from employers is included (EFr) at 10%, theft and fraud cases of all types rises to 27% (figure 4.2.2). The second most common reason for all hearings was established as those with their origin in inappropriate physical behaviour, at 27 cases (14% of all hearings). The third most common (and first clinical) cause of a Disciplinary or FTP Committee hearing having to be heard was related to the management of glaucoma, which represented 21 cases (11% of hearings).

The study listed 25 various categories or reasons during hearings that were cited against registrants. Taking into account the difference between primary and secondary reasons for appearing at a Disciplinary or FTP Committee hearing, and ignoring the two reasons of inadequate sight test (IST) and inappropriate record keeping (IRK) to concentrate on primary reasons, this left 23 to consider. Of these remaining 23 there was a mix of clinical and non-clinical categories that had resulted in the registrant been held to account. The categories listed as Failure to Register (FtR), Application to Re-Register (ARR), Not Qualified to practise (NQ), Data Protection Act infringements (DPA), failing to provide information to Investigating Committee (DATA), acts of dishonesty not including theft or fraud (DIS); Inappropriate Physical Behaviour (InB), Advertising rules infringement (ADV), Fraud / theft from employer (EFr) and Fraud / theft from the NHS (NFr) were all considered to be non-clinical in origin. The remaining categories were considered clinical including Melanoma (MEL), Glaucoma (GLA), Cataract (CAT), Macular Hole (MH), Age related Macular Degeneration (AMD), Retinal Detachment (RD), Inadequate Referral (IR), No Fields test performed (NF), No Referral when necessary (NR), Failure to manage Paediatric Amblyopia (PA), Contact Lens Related (CLR), No Supervision (NoS/IPS); Prescribing inappropriately – spectacles not necessary (ORx).

The most common reasons for registrants attending a GOC Disciplinary or FTP Committee hearing during 2001-11 were summarised in figure 4.2.1. Overall the results revealed 285 reasons in total (made up from the 25 categories as listed in table 4.2.1) were cited in the 187 disciplinary and FTP hearings. Adjusting the figures for primary and secondary reasons, and subtracting the categories of Inadequate Sight Test and Inappropriate Record Keeping, this left 219 reasons cited as primary reasons. Of these, 141 (65%) of the reasons cited were related to non-clinical issues, compared to 78 (35%) reasons cited in relation to clinical complaints (using information from table 4.2.2).

Having separated the primary from the secondary reasons and the non-clinical from the clinical categories, it was made possible to assess the most common primary reasons for both non-clinical and clinical Disciplinary and FTP Committee hearings. The clinical cases in isolation revealed that of the 78 clinical reasons cited, complaints that had their origin in glaucoma represented 27% (21 cases) of all clinical Disciplinary / FTP Committee hearings. The next most frequent clinical cases were those involved with retinal detachments at 9% (12 cases), and the third most frequent was complaints that involved a failure to effectively manage paediatric amblyopia at 7% (9 cases) (figure 4.2.3). For non-clinical (figure 4.2.4) when taken in isolation the most common reason (out of 141 cited) for attending a hearing during 2001-11 was related to NHS fraud. NHS fraud made up 23% (32 cases in total) of all non-clinical hearings. This was followed by 19% (27 cases) of instances been related to inappropriate behaviour, 13% (19 cases) dishonesty and 13% (18 cases) theft from an employer.

As well as considering the main causes for a GOC Disciplinary or FTP Committee hearing having to be held, the study and the results allowed for further investigation into the types of opticians and practice settings. This allowed for a greater insight into the various potential challenges that certain groups of registrants might have faced over others. This would further allow registrants and CPD providers to be more specific in both their respective choice of CET and provision of more relevant CET materials.

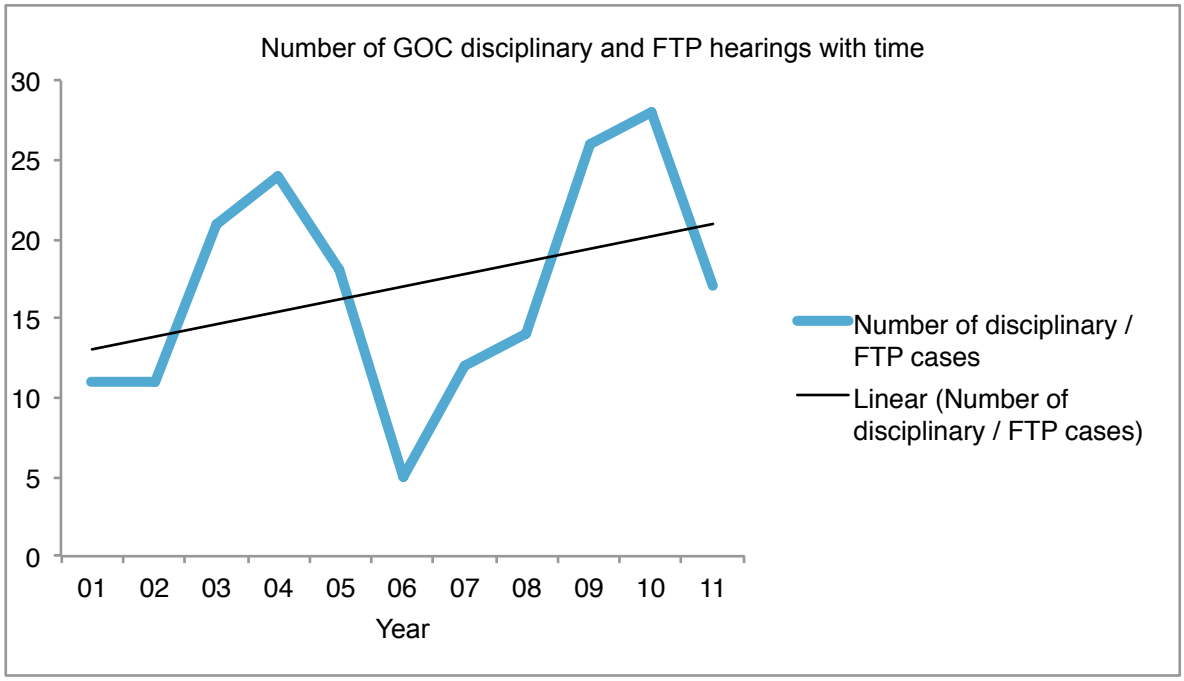
5.2 Context of complaints against numbers of registrants

The study of Disciplinary and FTP Committee hearings covered the period 2001-2011. The actual numbers of complaints against optical professionals would have been several times higher than the number of Disciplinary and FTP Committee cases actually heard, as only a percentage of the number of complaints are passed from the Investigation Committee to a FTP Committee. Many other complaints would have been resolved at either practice level or when this was not possible some may even have been resolved through civil proceedings outside of the GOC. Not all complaints are passed from the Investigation Committee to a FTP Committee. Using the GOCs annual report for 2010-11[90] this specified that a total of 184 registrants were involved in 148 individual FTP cases handled by the Investigation Committee, of which 125 were optometrists. These numbers, along with the outcome of this study indicated that many of the complaints received were dealt with satisfactorily at the Investigation Committee stage. Using further information from the GOC annual reports and annual FTP reports[91] of the preceding years of 2009-10, 2008-09, 2007-08 and 2006-07, the number of complaints against optometrists handled by the Investigation Committee was 108, 135, 123 and 138 respectively. The figures indicated that overall complaints had remained at similar levels post the 2005 FTP rule changes. During 2009 and 2010, the number of registrants further referred to the FTP Committee increased significantly (table 4.10.2) over the previous years and reached the highest number since the FTP rule changes took effect. This may have indicated an increase in the number of serious complaints received during those years or a different approach taken by the Investigation / FTP Committees following the 2008 rule change from criminal to civil law. This rule change was based on the principle of 'the balance of probabilities' and not 'the proven beyond reasonable doubt' that was criminal law. This may have had the effect of lowering the barrier to proving a case and subsequently led to an increase of cases referred to FTP due to the possible increased chance of the case been proven against the registrant.

The numbers of Disciplinary and FTP Committee hearings were seen against the background of increasing numbers of registrants entering the profession and the associated growth in sight test numbers. The total number of optometrists grew each year (table 4.9.2) along with the number of eye examinations performed by optometrists on a corresponding general upward trend (with the

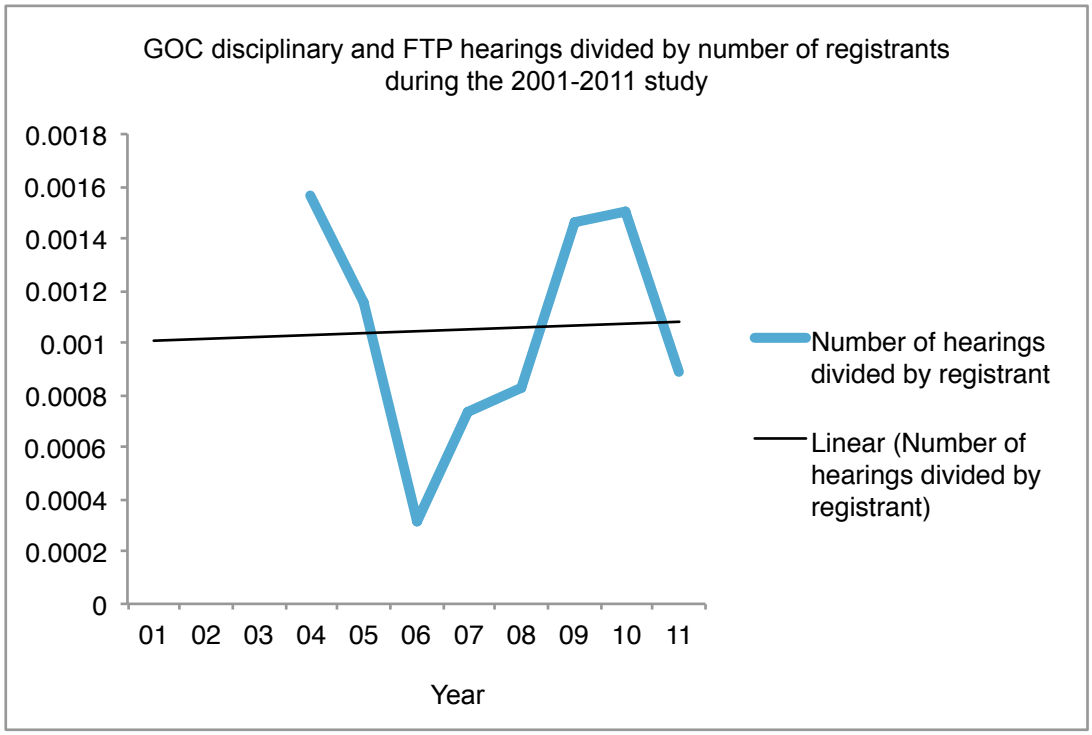
exception of 2006-07) annually since 2005. The GOC annual reports estimated the number of sight tests performed using data supplied from the Department of Health and also made use of estimates from the Federation Of Dispensing Opticians (FODO). In addition, for both the years 2009-10 and also 2010-11 the NHS numbers of sight tests in Northern Ireland was estimated using the figures from 2007-08. This information is displayed in table 4.9.2 and showed that the number of eye examinations in the UK in 2004 was approximately 17.5M rising to approximately 20M in 2011. With regards the total registrant population of optometrists and dispensing opticians, this was noted in table 4.11.1 to have increased from 13708 in 2001 to 19220 in 2011. Given the increasing number of eye examinations during the period you would have expected the number of disciplinary and FTP hearings to have also increased and this was demonstrated to be the case in figure 5.2.1.

Figure 5.2.1 The number of GOC disciplinary and FTP hearings recorded by year during 2001-2011



The number of hearings divided by the total population of optometrists and dispensing opticians for each year of the study 2001-2011 (figure 5.2.2) demonstrates that there is a very minimal upward trend in the likelihood of a registrant being called to the GOC FTP Committee throughout the duration of the study once the effect of the growth in number of optometrist and dispensing optician registrants is accounted for.

Figure 5.2.2 GOC disciplinary and FTP hearings divided by number of optometrists and dispensing optician registrants, during 2001-2011



The complainant had the ultimate responsibility to make the GOC aware of any concern. The complainant may have received sufficient recompense either by way of an apology or compensation and left the matter there. It was very possible that many complaints that might otherwise have manifested themselves in a FTP case were managed sufficiently at practice level, or occasionally through civil proceedings without the complainant taking the matter to the GOC. The issue of civil litigation and when and if it may occur may have had an impact on the number of hearings for two reasons. Firstly, that it may be the case that a civil litigation action brought about before a GOC case, could result in a resolution that is satisfactory and not progress to a GOC hearing. The second potential situation, may be that the complainant may wish to 'test the water' at a GOC hearing first and if successful go on to a civil litigation. The advantage of the second route to the complainant would be that the preceding GOC hearing would not incur them any financial cost. The subject of civil litigation and its impact on the number of complaints was beyond the scope of the study, but warrants further investigation. The task of calculating the total number of complaints, including those without a referral to the GOC, was a difficult one as there was no system in place to enforce practitioners to record these events and make the information publicly available.

In addition to the GOC Investigation Committee and FTP proceedings, there was a specific alternative route for patients to complain about treatment received through the NHS. In the case of optical practices, this was specific to NHS matters only, i.e., the General Optical Services (GOS) eye test and any related optical vouchers that may have been issued. Some of these complaints related to NHS matters when upheld, were passed onto the GOC as was noted in the transcripts. Nettleton and Harding[92] in 1994 performed a study into complaints submitted by patients to the Family Health Service Authority (FHSA), a body which at that time was charged with the responsibility of investigating complaints from patients against community practitioners including General Practitioners (GPs), pharmacists, dentists and opticians. They noted that the proportion of complaints, which subsequently proceeded to a formal hearing, was very low. They recorded that in 1988, out of 5030 complaints received, there were 1748 formal investigations by the Family Practitioner Committees (subsequently known as the FHSAs) out of which only 492 practitioners were found to be in breach. This was the equivalent to slightly less than 10% of complaints that led to a formal hearing. FHSAs were subsequently abolished by the Health Authority Act 1995[93] and replaced by Local Health Authorities (LHAs), which were in turn replaced by Primary Care Trusts (PCTs) following the formation of transitional Primary Care Groups in 1999[94]. PCTs were replaced by Clinical Commissioning Groups (CCGs) on April 1st 2013[95,96].

The study of the GOC Disciplinary and FTP Committee hearing transcripts between 2001-11 reported only a very small number of hearings (187) in relation to the number of complaints received by the GOC. This taken in context with the growth in the number of registrants demonstrated that the likelihood of becoming involved in a FTP case was very minimal as recorded in figure 5.2.2.

5.3 The variation in reasons for and outcomes of GOC Disciplinary and FTP Committee hearings by gender

Whilst evaluating the gender split, the first observation was noted in figure 4.3.1. This graph recorded that during the study period of 2001-11, 136 Disciplinary or FTP Committee hearings involved male registrants whilst only 39 female registrants were recorded over the same time. Female registrants were therefore much less likely to be called to answer at a GOC Disciplinary or FTP Committee hearing. However, the question behind this was whether or not this was due to male registrants acting in a way that was different to equivalent female registrants, or whether there were other factors at play that resulted in female registrants not been held to account as often.

To help answer this question, it became important to understand the male versus female population of GOC registrants during the duration of the study. The GOC annual reports were consulted (table 4.3.2 – 4.3.3). This data revealed that the number of female registrants had been steadily increasing during the period 2001-11. There were some interesting changes in the number of female registrants that took place between 2001-11 noted in figures 4.3.2 – 4.3.4. Firstly, in 2003 the total number of female dispensing opticians registered exceeded that of male dispensing opticians for the first time. Secondly, in 2005, the number of female optometrist registrants exceeded for the first time, that of male registrants. Thirdly, taking the total registrant cohort over the study period of 2001-11, there was only a very slight bias in favour of male GOC registrants at 51% versus 49% for female registrants. Whilst this view of the optical registrant population may have captured the moment when the majority of the workforce qualifying moved to female, the intention was to establish if there was during the study period, a significant bias towards one gender or the other. There was not and this was summarised in figure 4.3.4.

Having established that the female population of GOC registrants during 2001-11 was very similar to that of male GOC registrants, attention was brought back to the result that indicated that during 2001-11, 147 Disciplinary or FTP Committee hearings involved male registrants opposed to 43 female registrants. However, it was still not possible to say if simply being male resulted in a higher risk of involvement in FTP without looking at the workforce patterns. For example, despite the workforce having been established to be very well balanced between male and female registrants,

the study did not take into account the effect of part-time work performed. There is anecdotal evidence to suggest that female registrants were much more likely to work part-time and for fewer years in practice, than their male counterparts due to a greater involvement with childcare. This is supported by the 2015 Optical Workforce Survey[97.98] which was compiled by stakeholders including the Association of British Dispensing Opticians (ABDO), Association of Optometrists (AOP), Federation of Ophthalmic and Dispensing Opticians (FODO), General Optical Council (GOC), Local Optical Committee Support Unit (LOCSU), Optometry Northern Ireland, Optometry Scotland, Optometry Wales and the Optometry Schools Council. The previous 2010 survey did not include dispensing opticians and was conducted in a different way to the 2015 survey (2010 was a census approach involving a questionnaire sent to 9000 college members, whereas 2015 employed a sampling approach to 2000 randomly selected college members[99]). The 2015 survey does make comparisons to the 2010 data and in this respect indicated part-time working of optometrists (no 2010 data available for dispensing opticians) as follows: part-time employed 25.7% in 2010 decreasing to 19.7% in 2015 and part-time self-employed 11.6% in 2010 increasing to 17.1% in 2015. Overall these figures indicate that in 2010 37.3% of all optometrists worked part-time and in 2015 the number was similar at 36.8%. The 2015 workforce study does record the figures for both optometrists and dispensing opticians and reveals a marked difference in the genders for full-time and part-time work. The figures for employed female part-time optometrists and dispensing opticians are 77.8% and 80.5% respectively, with a similar trend evident in self-employed optometrist and dispensing opticians as seen in table 5.3.1.

Table 5.3.1 Full-time versus part-time working patterns as recorded in the 2015 Optical Workforce Survey[100]

Employment status	Number of optometrist	Female % optometrists	Male % optometrists	*Number of dispensing opticians*	*Female % dispensing opticians*	*Male % dispensing opticians*
Employed full-time	235	56.4	43.6	*244*	*50.9*	*49.1*
Employed part-time	112	77.8	21.3	*82*	*80.5*	*19.5*
Self-employed full-time	118	24.3	75.7	*84*	*23.4*	*75.0*
Self-employed part-time	102	72.7	27.3	*30*	*62.1*	*37.9*
Retired	0	0	0	*2*	*50*	*50*
Unemployed	0	0	0	*3*	*33.3*	*67.7*
Other	4	50	50	*2*	*83.3*	*16.7*
Mix of employed and self-employed	26	80	20	*13*	*58.3*	*41.7*
TOTAL	597	57.8	42	*453*	*53.5*	*46.2*

It should be noted that not all optometrists are members of the College of Optometrists to whom the questionnaires were sent. Another limitation of the Workforce Survey is that the greatest number of respondents came from the independent sector. This was quantified as those respondents who worked at an independent / small / medium group of practices as follows: optometrists 52.7% out of 584 and dispensing opticians 55.4% out of 453 in total. The figures for respondents working at a national company were: optometrists 32.7% out of 584 and dispensing opticians 32.9% out of 453. Recent surveys of the optical sector based on reports by Mintel[101,102] indicate that the independent sector had decreased to 28% market share at February 2013. The Workforce Survey, whilst not presenting the optical sector evenly, does however lend evidence to support the view that female registrants work fewer hours than their male counterparts.

5.3.1 GOC registrant erasure outcome examined by gender

Looking specifically at the male versus female split for GOC register erasures, table 4.9.2 listed the total number of males that were erased from the GOC registers to be 33 during 2001-11. This compared to only six for female registrants. This suggested that during the period studied a male GOC registrant was notably more likely to be erased once involved in a Disciplinary or FTP Committee hearing. The male versus female split was further emphasised when taking into account the GOCs FTP rule change of 2005. Pre the 2005 rule change (i.e., 2001-2005) there were 10 male GOC registrants versus three female registrants erased by the Disciplinary Committee. After the 2005 rule change (2006-2011) there were 22 male GOC registrants erased versus three female registrants, indicating that post the 2005 rule change, male registrants were more likely again to be erased in a FTP process versus the previous Disciplinary Committee, where they had already been ahead of their female counterparts albeit by not as much.

A distinct difference was noted in the GOCs FTP process outcomes versus the former Disciplinary Committee following the adoption of the new FTP rules in 2005. The FTP process allowed for more than a punitive outcome unlike the previous Disciplinary Committee that was only able to issue a punitive outcome. Examining the erasures outcomes (table 4.9.2), the number of erasures increased post 2005, but with a different emphasis on these erasures (been predominantly non-clinical in nature post 2005). Despite the workforce gender balance moving to a slight bias towards

females in the period 2006-2011, the new FTP process appeared to result in less female erasures. It was still important to consider the potential impact of the male / female workforce working patterns, but it is unlikely that the work force pattern would have changed significantly pre and post 2005. With this in mind, the study did reveal that post 2005, as well as more erasures taking place post 2005, males were more likely to be erased at a FTP Committee hearing than they were under the previous Disciplinary Committee hearing system.

5.3.2 Possible reasons for the bias towards male registrants in erasure outcomes

The increase in male registrant erasures may have been a function of the post 2005 FTP process that was now able to sanction many clinical issues in an alternative manner to erasure, in line with its remit to protect the public whilst upholding high standards. The finding was that whilst erasures involved a very small number in comparison to the optical workforce as a whole, it was the male registrant who was more likely to be erased due to having been found to be in breach of a non-clinical issue. The examples noted in table 4.9.2 included theft and fraud and involved both male and female registrants. With one exception of a case involving glaucoma, all of the remaining female erasures (five) involved theft / fraud (four from an employer and one from the NHS). For male registrants whilst, theft and fraud featured in 12 of the 22 male erasures, in addition, there were some further (rare) events noted to have involved the police (sexual assault, harassment, ABH and the recording of illegal images), which were exclusively related to male registrants and increased the number of male registrants erased from the GOC registers.

The study did reveal that male registrants were more likely to be involved in non-clinical GOC complaints, including certain types of complaints that female registrants have not become involved in, that ultimately led to erasure from the GOC register. When female registrants were involved in non-clinical complaints, this was predominantly related to theft. Given that theft cases made up the majority of GOC erasures for female registrants, some further analysis was undertaken to evaluate if the disciplinary and FTP Committee managed these cases differently for male and female registrants. Figure 5.3.2.1 demonstrates the hearings in relation to the 174 registrants involved in the transcripts, related to theft and fraud (both employer and NHS) split by gender of registrant during the period 2001-2011. The information in figure in fig 5.3.2.1 demonstrated that female

registrants were as likely to be involved in employer fraud and theft cases as they were in cases of NHS theft and fraud. In the case of male registrants, they were more likely to be involved in NHS theft / fraud cases by a ratio of 2:1. The chart also demonstrated that in both NHS and employer theft / fraud categories, male registrants were involved in more cases than their female counterparts despite similar representation in the workforce. Male registrants were involved in 36 hearings of fraud and theft (NHS and employer related), 12 of which resulted in erasure (1:3). Female registrants were involved in 14 hearings of either NHS or employer fraud, five of which resulted in erasure (1:3). Despite the difference in numbers of male and female registrants involved in fraud and theft cases, when they reached the disciplinary or FTP Committee, there was a similar 1:3 outcome in terms of erasures noted.

Figure 5.3.2.1 The gender ratio of hearings involving the 174 registrants by order of gender and fraud and non-fraud related hearings

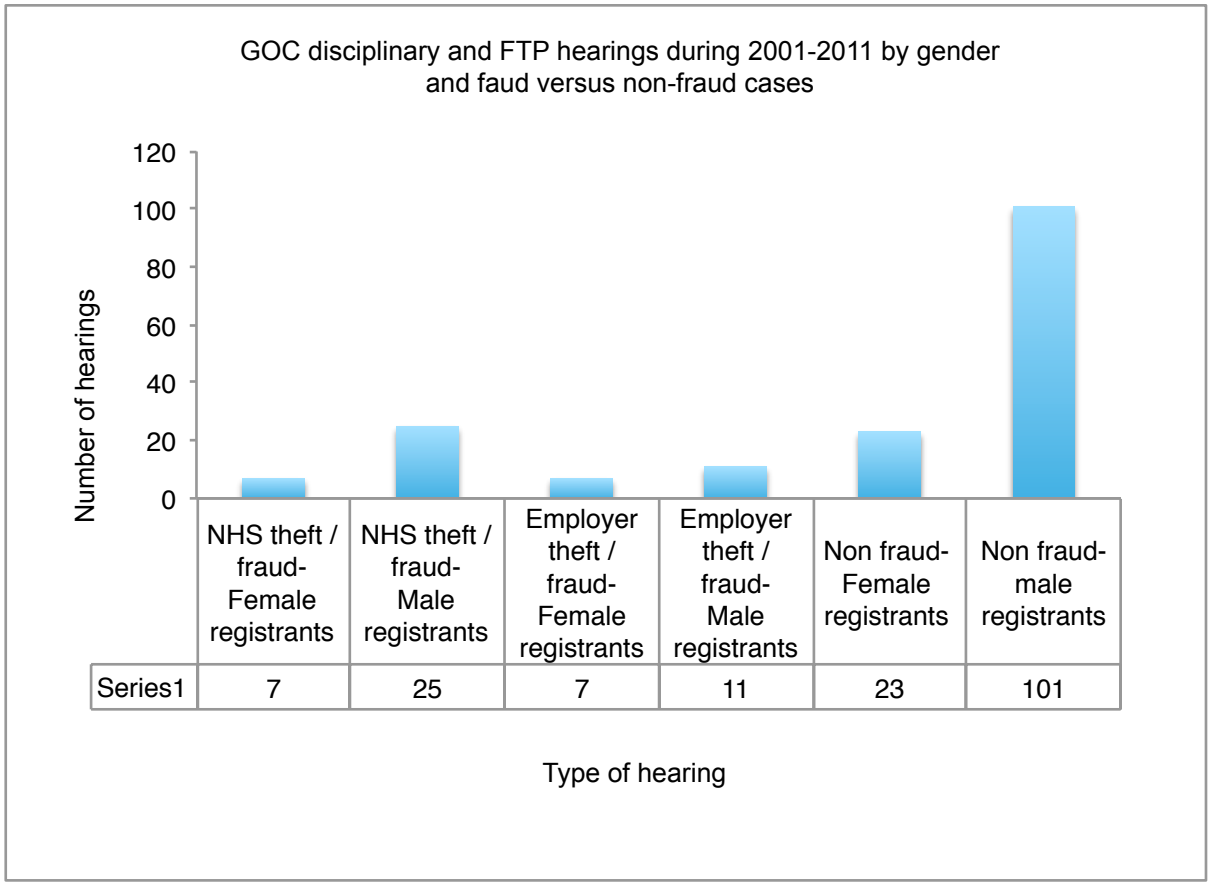


Figure 5.3.2.1 also demonstrated that male registrants were involved in 2.8 times as many non-fraud cases compared to females who were involved in about 1.5 times as many non-fraud cases as fraud related. More work would need to be done into the effect of workforce patterns between

male and female registrants, before being able to make any firm conclusions about whether or not female registrants are significantly less likely to be involved in a GOC FTP process or that they simply occur less due to part-time work patterns and reduced career spans which reduce their exposure to patient episodes. The effect of gender on practice ownership was not measured in the study. It is likely but not proven, that practice ownership is more likely to be by a full-time registrant and the recent workforce survey (table 5.3.1) indicates that males are more likely to be full-time self-employed than female registrants. This may have had a bearing on the increased numbers of NHS theft / fraud observed in figure 5.3.2.1 by the male registrants versus the female registrants and would be worth noting in future studies.

5.4 The variation in outcomes of GOC Disciplinary and FTP Committee hearings by type of optician registrant

The study of the transcripts allowed for a further comparison between optometric versus dispensing optician registrants. Further analysis of the data in figure 4.3.1 revealed that 117 of the hearings held were against optometric registrants and 34 against dispensing optician registrants. Consulting the GOC annual reports revealed that there were normally over twice as many optometrists registered in any year than dispensing opticians, with the difference increasing slowly in favour of optometrists throughout the period 2001-11.

In 2001-2002, table 4.3.1 indicated that there were 8983 optometrists to 4725 dispensing opticians, which is a ratio of 1.9:1. In 2005-2006, the figures from table 4.3.1 indicated that there were 10419 optometrists to 5219 dispensing opticians, a ratio of 2.0:1. In 2010-2011, the table 4.3.1 figures reveal that the number of optometrists was 12761 to 5821 dispensing opticians, a ratio of 2.2:1.

Despite the fact that there were approximately half as many dispensing optician registrants than optometrist registrants, optometrists appeared in three quarters of all GOC Disciplinary or FTP Committee hearings during 2001-11.

Further analysis of the difference between optometric and dispensing optician registrants it was noted (figures 4.4.1 – 4.4.2) that with the exception of one case where the dispensing optician had

become party to a complaint involving a retinal detachment, that none of the other issues were of a clinical nature. The most common reason for a dispensing optician registrant been called to account in front of a GOC Disciplinary or FTP Committee was theft from an employer, followed by incidents of inappropriate behaviour. Incidents of inappropriate behaviour were defined as not necessarily clinical related and covered offences involving the police such as offences including various types of assault, drugs / alcohol related and recording of illegal images. The next two most common reasons for dispensing opticians to be involved in a Disciplinary or FTP Committee hearing with the GOC were NHS fraud and practising while not qualified to do so (including both the fitting of contact lenses and the testing of sight).

Optometrists were disproportionately represented at Disciplinary and FTP Committee hearings compared to their dispensing optician counterparts. As was noted, the vast majority (96%) of complaints that dispensing opticians became involved with were non clinical in origin (figure 4.4.3). As a result, it was noted that dispensing opticians had negligible exposure to clinical risk. The study confirmed this with optometric registrants being involved in a much wider range of cases, both clinical and non-clinical. The most common events noted for optometrists was that of inadequate sight test and inappropriate record keeping. As already noted these were predominantly a secondary reason, recorded during the investigation of another clinical complaint. The next most frequently occurring reason for an optometrist to be called to account for, was theft from the NHS, followed by complaints involving glaucoma and then dishonesty (e.g., failing to reveal convictions or fabricating records) as seen in figure 4.4.2. Optometrists had a far greater exposure to clinical risk as was noted by the fact that 61% of all Disciplinary or FTP Committee hearings implicating optometrists involved a clinical complaint and only 39% a non-clinical complaint (figure 4.4.4).

In terms of the workforce, the 2015 workforce survey as displayed in table 5.2.1 does demonstrate that there was a similar split in part-time versus full-time dispensing optician registrants to optometrist registrants. The previous workforce survey as previously discussed, did not include dispensing opticians, however it is unlikely that there would have been a significant change in the workforce pattern between 2001 and 2011, compared to that measured in 2015. With this similar pattern of working between the two groups of registrants in mind, the main factor that appears to put optometrist registrants at a greater risk of being called to account at a GOC FTP hearing is their

greater exposure to clinical issues, which their dispensing optician colleagues are very much less involved in.

5.5 The variation in outcomes of GOC Disciplinary and FTP Committee hearings by practice setting

When assessing the transcripts, it became observable that it would be possible to record the type of practice that each registrant was based in at the time of the complaint heard against them. Within practice, there can be opinions about whether or not one type of practice environment lends itself to a greater degree of risk than another. Whilst it would be very difficult without further research into the percentage of the GOC registrant workforce working in each type of practice, to make definite conclusions, the opportunity to record the breakdown of complaints by practice setting was taken. This was recorded in figure 4.5.1, which identified that GOC registrants that operated in an independent practice environment were the most frequently brought to account. The second most frequent group of registrants who appeared in front of a GOC Disciplinary or FTP Committee were those employed within the multiple high street practice setting.

Registrants working within an independent optician business appeared to be at a significant increased risk of appearing in front of a FTP Committee. The number of cases involving these registrants was 100 out of the 174 registrants accounted for (57% of all cases). The next group was registrants in a multiple practice setting where 50 cases were recorded (29% of all cases). These two groups represented 86% of all hearings of either the Disciplinary or FTP Committee held during the study period. The study also allowed for the collection of other data including whether or not a registrant was working as a locum. In the case of a locum they would also have been counted as working in a particular setting. It was noted that locums were counted in 11% of all cases at a Disciplinary or FTP Committee hearing. The final group of registrants that made a significant appearance at Disciplinary and FTP Committee hearings was that of the domiciliary sector. The study measured those active within the domiciliary sector and noted that were in the main also classified within the independent sector. Domiciliary practice was represented at 6% of hearings.

The situation for practice setting was considered in context with the distribution of each of the major modes of practice in the UK over the study period 2001-11. Causes of Disciplinary or FTP Committee hearings that originated in an independent practice were 58% of all. The optical market place changed considerably between 2001 and 2011. Marketing information[93,94] based on reports from Mintel, indicated that the independent sector had been in decline during 2001-2011. In 2007, Independents had a reported market share of 48%. The same reports showed how this had reduced to 46% in 2008, 45% in 2009 and 41% in 2010.

Despite the decrease in market share for the independent sector recorded during the study, it still maintained market share between 40% and 50% throughout the period. With this sector having reported such a large market share at the time, it followed that a larger number of hearings would have involved independent registrants. Even allowing for this, independent registrants did appear in hearings for a greater percentage of the time than correlated with their reported market share.

The remainder of the optical market during this period was predominantly made up from the other multiple brands. Allowing for a gradual increase of market share for the multiples, this sector's market share was between 50% and 60% throughout the study period. By comparison, the number of hearings that originated from a registrant based in a multiple setting was lower than that associated market share at 29% of all cases.

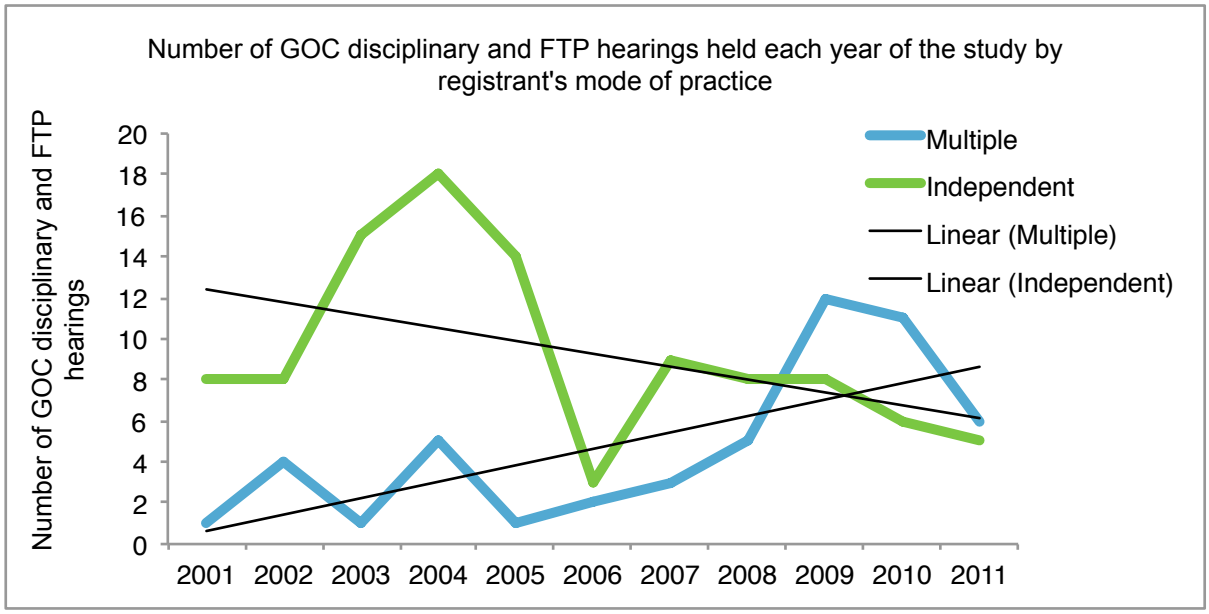
5.5.1 Why where registrants in the independent sector involved in more Disciplinary and FTP Committee hearings during 2001 to 2011?

Further research would be required and it would need to consider among other factors, the effect of a reducing market share on this cohort. This reducing market share may have been one reason for the higher number of NHS fraud cases. From an independent optician contractor's standpoint, these were the people who had a direct contract with the NHS for the provision of General Ophthalmic Services (GOS) and therefore in a position where theft / fraud from the NHS was made available, in a way that was not so readily open to other registrants (there would be no personal benefit to an employee of defrauding the NHS, and a director of a multiple company will have had numerous audits and assistance from auditors to ensure that the NHS contract is run correctly). By

referring to Appendix 3, it was possible to add up all the cases of NHS Fraud committed by registrants in the independent opticians business sector. The total came to 30 out of a total of 32 NHS fraud cases, representing 94% of all NHS fraud cases and 16% of all hearings for the whole study time period.

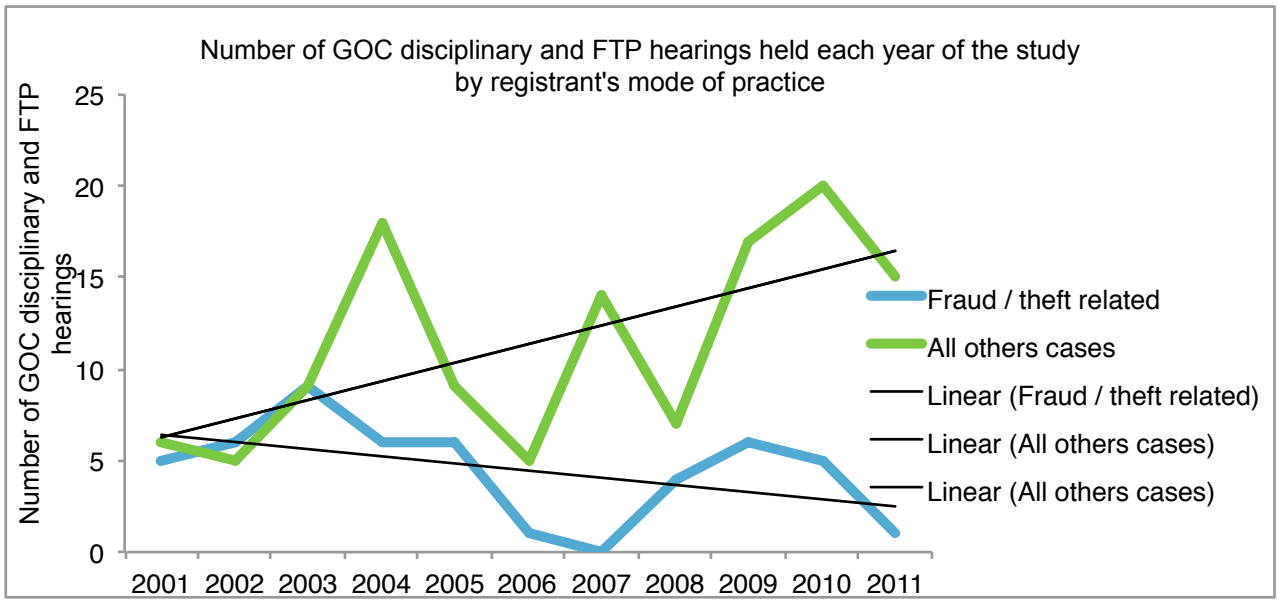
Changes in the market share need to be considered when considering why registrants in the independent sector appeared to have more GOC and FTP complaints. The independent sector having been at around 50% in 2001 had decreased to 28% by February 2013[94]. The study was able to measure if there was any associated change in the proportion of complaints arising from the independent and multiple sectors as this market share moved. The following graph figure 5.5.1.1 illustrates the trends of complaints that were heard at a GOC disciplinary or FTP hearing during 2001-2011 by independents and multiples. It demonstrates that as the multiple business market share increased, so did the numbers of complaints originating from that sector and by 2008-2009, the numbers of complaints originating from the multiple sector started to outnumber those from the independent sector for the first time.

Figure 5.5.1.1 Chart demonstrating the change in origin of GOC disciplinary and FTP complaints during the course of the study mirroring the change in market share of the independent and multiple optical sectors



The types of complaints also changed as the multiple sector grew. This is demonstrated by a reduction in fraud and theft complaints as the independent sector reduced and a gradual increase in other types of non-fraud complaints as the multiple sector grew over the duration of the study 2001-2011. This reflected the fact that NHS fraud and other theft was less accessible as market dominance shifted to the multiple business sector, which may have had more robust audit and financial controls not so readily found in small businesses. This is demonstrated in figure 5.5.1.2, which shows more non-fraud cases increasing over the period 2001-2011, in line with the growth of the multiple optical sector.

Figure 5.5.1.2 Chart demonstrating the change in type of GOC disciplinary and FTP complaints during the course of the study mirroring the change in market share of the independent and multiple optical sectors



Financial strain on a practice may also lead to a reduction in investment. Optical instrumentation can be a very expensive outlay. Smaller practices may decide to put off investment and may find themselves without the most up to date levels of equipment that may ultimately lead to a missed ocular condition that may otherwise have been detected, with the knock on effect of a patient complaint to follow.

Where financial strain was not an issue, another possible reason for a greater number of registrants from the independent sector having been involved with an increased number of hearings during 2001-2011 may have been related to a type of patient that is attracted to the

independent sector. Although the independent sector has reduced in size, many of these practices that exist gain a reputation for specialising in particular areas of practice. This may possibly lead to patients with higher expectations than of other optical businesses and perhaps more likely to complain when things do not meet their expectations.

Operating on your own as a registrant can also be a cause of possible problems. Working in a practice with a large team of other professionals, offers an immediate source of advice and reassurance when necessary in day-to-day practice. A lone practitioner as may be found in an independent opticians business does not have this benefit and as a result needs to be very careful to maintain their clinical and managerial skills to the highest levels to ensure efficient practise. It can be especially difficult for these practitioners to maintain their skills and manage all of the other responsibilities that come with a small business. This may have led to some registrants working in the independent sector having had more frequent dealings with the GOC Disciplinary and FTP Committees.

5.5.2 Future trend of cases as practice setting changes

It is possible that future studies will see a continuation in the pattern of more involvement of registrants from the multiple sector in FTP hearings and a reduction of fraud and theft related cases to be replaced with increased numbers of complaints about a registrant's clinical performance and professional standards as the vocation continues to evolve and move into new areas of practise. The trends in figure 5.5.1.1 and figure 5.5.1.2 indicated as the market share moved towards a majority in favour of national multiple chains that the number of fraud and theft cases decreased over the study period. The trend also demonstrated in figure 5.2.2 that the overall number of cases per registrant over the same period of time to be similar / minimally increasing. This data appears to indicate that although the overall risk of being called to account in a disciplinary or FTP hearing during the study only increased very slightly, the risk of a complaint involving a non-fraud or theft case was three times greater for registrants in 2011 than 2001 (with the converse being true for fraud and theft cases).

5.5.3 The effect of the domiciliary sector

The market share of the UK domiciliary business was not assessed or listed separately by the marketing reports, due to its small size. Anecdotally for the period of the study, this sector was predominantly maintained by either independent businesses or specialist domiciliary businesses. The figure of 6% representation for the domiciliary sector in Disciplinary or FTP Committee hearings was high compared to the size of the sector and the study indicated both increased risk from NHS fraud and exposure to complaints of a clinical origin for those involved in this sector.

5.6 The variation in outcomes of GOC Disciplinary and FTP Committee hearings by the length of time of registration with the GOC

The Disciplinary and FTP Committee hearing transcripts also allowed the recording of how long a registrant had been registered with the GOC. This was considered useful in assessing possible risks increasing of a complaint leading to FTP, the longer the length of time a registrant has been practising. When it came to collecting the relevant information, there were occasional limitations, especially when it came to evaluating those who had been erased and had subsequently re-joined the registers. The issue here was that the GOC does not allow the original GOC number to be reused and therefore issues a new number upon re-registration, or if not re-registering the registrant is lost from the register permanently upon erasure. With inspection of individual transcripts and the use of older written versions of the GOCs opticians register, these were overcome and the original registration date established. There were 19 individual registrants from the total of 174 involved in the 187 hearings for whom there wasn't sufficient information in the transcripts to deduce the length of registration.

5.6.1 The proportion of registrants from each length of registration group

The proportion of registrants from each group was assessed to assist in the determination of possible risk associated with each. Table 4.6.2 in the Results Chapter, was generated from data supplied from the GOC annual reports. The available data from the GOC demonstrated the population of optometrists by age group between 2006 and 2011 and thus was able to provide a guide as to the proportion of registrants to each relevant group in this study. As recorded in the

Results Chapter, the GOC figures demonstrated that during 2006 to 2011 the number of optometrist registrants <25 years of age was between 6% and 8% of the total population, 25-39 years of age between 47% and 49%, the 40-54 years of age group between 31% and 36% and the over 55 years representing 14% of the population. In terms of the groups used in the study, the <25 years of age group represented registrants within the first two or three years of qualification. The 25-39 years of age group represented registrants within four-16 years of qualification. The third group, 40-54 years of age represented registrants between 17 and 31 years qualified, whilst the final group of 55 years+ represented registrants with 32 years or more registration. The GOC reported the annual population of optometrists to be between 10419 in 2006 and 12761 in 2011. Future studies would benefit from aligning the groups in the hearings to the data available from the GOC. For the purposes of this study, a figure of 23 years (the age of a registrant qualifying straight from school after completing the appropriate university degree) was subtracted from each of the GOC groups to give an equivalent for the groups observed in the study. The data does reveal that the greatest number of registrants fell within the 10-20 and 21-30 years of length of registration. It was also noted that the greater percentage of GOC disciplinary and FTP hearings involved the smaller number of registrants at either end of the length of registration spectrum.

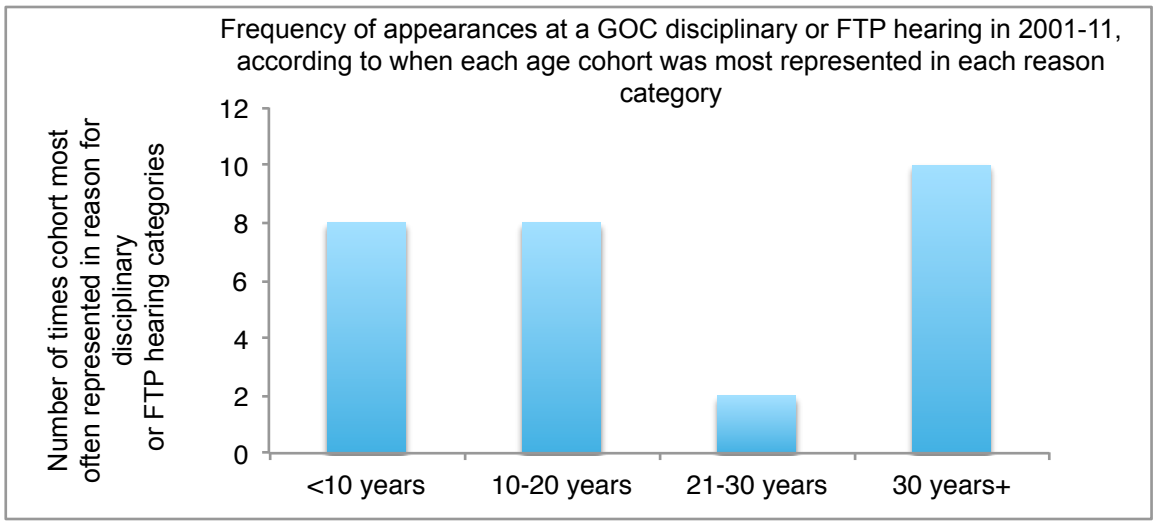
5.6.2 Most represented groups at GOC disciplinary or FTP hearings by length of registration

Having recorded this data and gained an understanding of the proportion of each group in relation to the total registrant population, it became possible to assess which group of practitioners, if any were more likely to be called to Disciplinary or FTP Committee hearing.

When the data were collected and analysed, the single group by age, with the greatest number of cases eventually ending up in front of a fitness to practise to panel was the group of practitioners who had been on the register for less than 10 years (figure 4.6.1). Further examination of the 25 different categories originally recorded (figure 4.2.1) when considered with the spread of types of cases associated with various age groups, a different result emerged. The cohort with 30+ years on the register, although only responsible for 25% of all Disciplinary or FTP Committee hearings during the study period (opposed to 38% for the cohort of <10 years registered), were in fact the group of registrants that had the highest number of hearings in 10 of the 25 categories in table 4.2.1. This was followed by the <10 years registered and 10-20 years cohorts at having the highest

number of hearings in eight of the 25 categories, and finally the 21-30 years cohort with two of the categories listed when they were the most represented. The category age related macula degeneration (AMD) was equally represented in the 10-20 years and 30+ years category and counted twice. The inappropriate referral (IR) had an equal number of cases in the <10 years, 10-20 years and 30+ years registered categories and counted once in each. This is demonstrated in figure 5.6.2.1 from the data in table 4.6.3.

Figure 5.6.2.1 Frequency that a GOC registrant appearances at a GOC disciplinary or FTP hearing during 2001-11, by how often each age cohort was represented in the 25 reason categories



Having reviewed both the length of time of registration and compared the various cohorts to the spread of occurrence of types of disciplinary or FTP case, it was now the older cohort of practitioner that is more likely to be involved in a wider number of types of case, even if the over overall number of cases against this category of practitioner is lower.

The examination of the types of cases by age cohort revealed that for the group with less than 10 years on the GOC register they had a wide spread of different types of cases, but with a strong bias towards the non-clinical causes (figure 4.6.3). This group would have been made up from mainly younger (with the exception of some older practitioners who would have joined the profession later) and less experienced registrants. Since 2005, this group would have also included students and pre-registration students. This cohort perhaps representing their inexperience was represented in a wide range of cases, with a large bias towards inappropriate behaviour and dishonesty. These were followed by theft from an employer and NHS fraud. Less frequent, was inadequate sight test and inappropriate record keeping, which would have been secondary to the much smaller number,

but wide range of clinical complaints that this cohort found themselves answerable for. The clinical issues included cases related to two cases of melanoma, two glaucoma, two retinal detachments, three where no fields test was performed, two inadequate referrals, one macular hole, one failure to manage paediatric amblyopia, and two no referrals. This group appear to have found themselves predominantly at FTP Committees for inappropriate behaviour, theft and dishonesty. Clinically this cohort also had a wide spread of cases, which would also have reflected their clinical inexperience and is demonstrated against the other age cohorts in figure 4.6.3 in the Results Chapter.

5.6.3 The <10 years registered cohort

There were some significant changes (as already discussed) that occurred during the time of the study. One of these changes was the inclusion of students to the registers from 2005. This combined with the new FTP rules taking affect at the same time, may be in part be responsible for the increase in inappropriate behaviour reasons recorded at FTP hearings. The student population continued to increase during the duration of the study (table 4.10.1). Since the study and at the time of writing, a further two universities have expressed interest in opening optometry courses in Portsmouth[103] and Hertfordshire[104]. Hertfordshire has been approved by the GOC and started to admit students in September 2015. Ethics is a subject that was required to be taught and its relationship with the optical professional explored and discussed against the various models that exist. The fact that many of the complaints involved the less experienced registrant or student, did present the question as to whether or not it was appropriate that students especially, should have been held to the same ethical standards as fully qualified registrants. They were arguably still learning the implications of registration whilst being expected to maintain the associated ethical and professional standards. Despite the conflict between being a student learning what ethical and professional standards are expected of an optical professional, there was a case against a student optometric registrant where an application for a judicial review was made (ref 9200119) to establish the GOCs authority to conduct the hearing. The judicial review confirmed that the GOC did have the authority to oversee cases against student registrants. The outcome at the end of that case was a three-year warning and the chair made a strongly worded statement to let the registrant know what would be expected of them during their professional career. The GOC remained unusual being the only UK body overseeing a health profession that registered associated students. Other

comparable professions, medicine, dentistry and pharmacy for example allowed the student's conduct to be held accountable to the university where they were studying.

Assessing the student registrants that were involved with FTP during the study period it was noted that there were 14 student optometrists and seven student dispensing optician registrants. Of these, the student optometrists were involved in 11 cases of dishonesty and three fell within the inappropriate behaviour category. With regards the student dispensing optician registrants, two were implicated in cases of dishonesty, one in inappropriate behaviour and three for theft from an employer. These 21 cases represented just over a third of the total 59 cases in the <10 years registered cohort. Specifically, if student registrants were omitted, 13 of the 15 dishonesty reasons for attending would no longer feature and four of the 15 inappropriate behaviour reasons would also be absent. This would reduce the bimodal effect of the graph in figure 4.6.3, but the inappropriate behaviour and theft and fraud cases in this group, would remain greater than with the other length of registration groups.

5.6.4 The 10-20 years registered cohort

The next cohort, the 10-20 years registered, was found to have attended a Disciplinary or FTP Committee hearing most commonly for reasons related to NHS fraud (11 cases, see table 4.6.3). Issues around performing an inadequate sight test (i.e., not performing a part of the sight test considered mandatory, e.g., tonometry on over 40s) were next most frequent at nine cases and registration / re-registration (nine cases) closely followed. Clinically this group had a small number of cases in total, with the most frequent being three incidences of failure to adequately manage paediatric amblyopia. This was followed by two cases retinal detachment, two no fields test, two inadequate referrals, and one each of glaucoma and age related macular degeneration.

5.6.5 The 21-30 years registered cohort

The 21-30 years registered cohort recorded a decrease in clinical and non-clinical issues resulting in these registrants having to attend either a Disciplinary or FTP Committee hearing. This cohort had the smallest number of occasions to be called to a disciplinary and FTP hearings. Theft and fraud from the NHS, although less frequent than the preceding groups represented the most

common non-clinical cause of a disciplinary or FTP hearing at five cases (table 4.6.3). The most common clinical reason for this group to attend a hearing was related to five cases involving inappropriate record keeping. The second most common clinical reason for attendance at a Disciplinary or FTP Committee hearing was related to four cases involving glaucoma, followed by two situations of failure to manage paediatric amblyopia effectively, two no referrals, one no fields test and one case associated with a retinal detachment.

The cohort of 21-30 years represented the group that was least likely to attend a disciplinary or FTP hearing during the study period 2001-2011.

5.6.6 The 30+ years registered cohort

The final cohort examined was that of the registrant with 30+ years on the register (see figure 4.6.3). This was the group with very low non-clinical issues (eight cases recorded). These included five cases of NHS fraud / theft and three cases implicating inappropriate behaviour. This group however had the widest range of cases where they were most represented at Disciplinary or FTP Committee hearings. The most frequent reason quoted was that of 16 counts of inadequate sight test, which was predominantly a secondary reason to the main complaint. This was followed by twelve counts of inappropriate record keeping, another mainly secondary reason. The most frequent primary clinical complaint was nine counts of glaucoma, followed by six involving a retinal detachment. Others included three cases where no referral was made, two where no fields test was performed and two each of prescribing inappropriately and failure to adequately manage paediatric amblyopia.

The 30+ years on the register cohort, represented registrants that started to have problems predominantly with their clinical skills. Of all the groups examined it was the 30+ years on the register cohort that demonstrated the greatest number of cases involving inadequate sight test, glaucoma and retinal detachment. Cases where registrants were called to account for regularly using techniques such as ocular palpitation to assess intra ocular pressures were noted and demonstrated that there is no space for assuming that all registrants find it easy to progress to new methods of examination. This was a group that should start to be more concerned about

maintaining their clinical skillset through specific CPD activity. This cohort may also represent a further opportunity to CPD providers to target this group with specific activities including hands-on workshops and discussions that relate older familiar techniques to the newer now expected techniques.

5.6.7 The variation in type of complaint associated with each of the length of registration cohorts

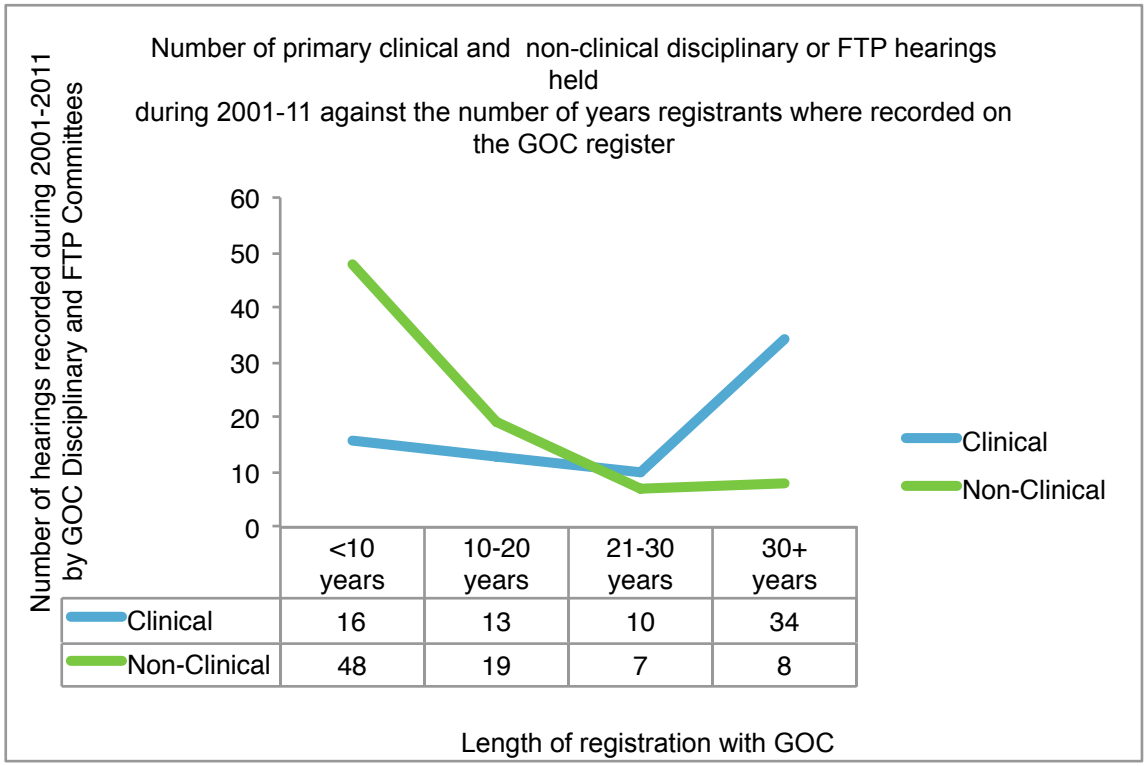
The study recorded 187 hearings of the Disciplinary and FTP Committees during 2001 to 2011. There were 174 individual registrants involved as previously stated at the beginning of the Results Chapter. The population of optometrists recorded in 2011 was 12761 who were responsible for conducting around 20 million eye examinations in the same year (table 4.6.2). Against this backdrop alone, it can be seen that the number of complaints over the period 2001-2011 is incredibly small. As well as demonstrating the very small number of hearings against the size of the profession, the study was also able to demonstrate some trends between the length of registration with the GOC and the type of complaint a registrant is likely to be involved in on those very infrequent occasions when they occur.

The chart in figure 5.6.7.1 utilised the data in table 4.6.3 and defined clinical cases as melanoma (MEL), glaucoma (GLA), cataract (CAT), macular hole (MH), age related macular degeneration, inadequate referral (IR), no fields test performed (NF), no referral when necessary (NR), failure to manage paediatric amblyopia (PA) and prescribing inappropriately (ORx) . The non-clinical cases were defined as Data Protection Act infringements (DPA), failing to provide information to investigating committee (DATA), acts of dishonesty (Dis), Inappropriate physical behaviour (InB), advertising rules infringement (ADV), fraud / theft from employer and fraud / theft from NHS.

The subsequent chart in figure 5.6.7.1 demonstrated that the less experience practitioner and this would include the student registrants, were more likely to be involved in non-clinical complaints than clinical. That said, although much smaller in number to the non-clinical, this group also had the second highest number of clinical complaints of the cohorts. This perhaps reflected their inexperience both with the standards required of a member of a professional and the practical application of their newly acquired specialist knowledge. The chart also demonstrated that the longer a registrant was on the register, the less likely they were to be involved in a non-clinical

complaint. However, from 30 years onwards the risk of a clinical complaint increased rapidly. Both of these findings may be of use when designing specific CPD activity which may need to have different emphasis according to the target registrant.

Figure 5.6.7.1 Summary of the variation in the number of primary clinical reasons (i.e., not including inappropriate record keeping or inadequate sight test categories) that a Disciplinary or FTP Committee hearing was held for by age cohort



	<10 years	10-20 years	21-30 years	30+ years
Clinical	16	13	10	34
Non-Clinical	48	19	7	8

When considering the reasons for FTP cases and their associated outcomes, a secondary clinical issue that arises regularly is the quality of the record keeping. In all the length of registration cohorts, it was evident that the categories of Inadequate Sight Test (IST) and Inappropriate Record Keeping (IRK) were very common findings during the respective hearings. The Disciplinary and FTP cases would have included an assessment of the associated records to ensure what should have been done was done, i.e., the sight test was adequate and complete. Evidence of this inspection and assessment was in the frequent recording of IST across the age groups. Similar results for IRK across the age groups, indicated that there were also issues with inadequate record keeping across all ages. This finding of IRK across all age groups, indicates that an area of CPD activity that all groups would benefit by would be continued guidance as to what makes a good record, specifically when examined by a peer or in the scenario when your actions are being investigated by the likes of GOC FTP Committee.

5.7 The most frequent clinical based complaints that occurred in a GOC disciplinary or FTP hearing during 2001-2011

From a clinical perspective, there are several aspects for registrants to be aware of. When clinical complaints have arisen the greatest number of complaints was with reference to glaucoma (21 cases from the 187 hearings), followed by retinal detachment (12 cases from the 187 hearings), and then followed by failure to manage amblyopia effectively in children (nine cases from the 187 hearings). The expected management by a GOC registrant of a presenting condition, included any associated and appropriate referral to secondary care for further intervention as may have been required.

The most frequent clinical based complaints that occurred in a GOC disciplinary or FTP hearing during 2001-2011 was as follows:

1. The greatest number involved cases of glaucoma
2. The second most common involved retinal detachment
3. The third most common was in relation to cases where there was a failure to manage effectively prescribing in children

Each of these are described in more detail in this section.

5.7.1 Disciplinary and FTP hearings involving glaucoma during 2001-2011

All registrants would be advised to review their knowledge of relevant glaucoma management in optical practice. The most common group that were involved in cases involving glaucoma were those who had been on the register for 30 years or more (13 occasions out of a total of 21). The second highest number of occasions (four) occurred in the group who had been registered between 21 and 30 years. The length of time on the register reflected the fact that it generally took longer for a glaucoma complaint to arise due to multiple patient visits over many years having to take place before the complaint was made.

The College of Optometrists has produced guidelines in conjunction with the Royal College of Ophthalmologists, for the referral of asymptomatic glaucoma patients[105]. The guidance is described as not being a protocol but does provide the following information as a guide when considering an asymptomatic patient if the optometrist identifies one or more of the following:

a. 'There are optic disc signs consistent with glaucoma in either eye.

b. The IOP in either eye exceeds 21mmHg (note referral in specific scenarios below).

c. A visual field defect consistent with glaucoma is detected in either eye.

d. A narrow anterior drainage angle on van Herick testing consistent with a significant risk of acute angle closure within the foreseeable future

e. Conditions often associated with glaucoma (e.g. pigment dispersion syndrome or pseudoexfoliation).

The guidance also makes recommendations about older asymptomatic patients as follows:

Practitioners may consider not referring patients at low risk of significant visual field loss in their lifetime -

a. Patients aged 80 years and over with measured IOPs <26mmHg with otherwise normal ocular examinations (normal discs, fields and van Herick).

b. Patients aged 65 and over with IOPs of <25mmHg and with otherwise normal ocular examinations (normal discs, fields and van Herick).

These groups do not qualify for treatment under current NICE guidance. Such patients may be advised that they should be reviewed by a community optometrist every 12 months'.

The College of Optometrists advice also gives information on the preferred methods for measuring intraocular pressures.

Registrants should ensure they have modern equipment (which should be regularly serviced and calibrated) for the correct measurement of IOPs and the recording of visual fields. The cases stretched over several years and emphasis was put on the lack of clinical advancement between patient visits. With optical practices now having routine access to slit lamps, indirect fundus viewing techniques, modern visual field screening equipment, fundus cameras and in some cases, OCTs, all registrants should be aware of their responsibility to maintain their skills when it comes to assessing for glaucoma. Some CPD providers may wish to put a greater emphasis on this area of study, due to the greater frequency with which glaucoma appeared to cause problems for practitioners over any other clinical cause.

5.7.2 Disciplinary and FTP hearings involving retinal detachment during 2001-2011

The second most problematic clinical area for registrants was the appropriate optical management of patients presenting with signs of retinal detachment. Complaints where registrants had missed the signs of a retinal detachment occurred throughout all the registrant age groups, but particularly frequently in the registrant with more than 30 years on the register (six occasions out of a total of 12). Eye examinations can be either routine in response to a recall, or a patient may be motivated to attend due to the presence of a new symptom.

The College of Optometrists has provided guidance on the management of patients that present with signs of a retinal detachment[106] that make the following recommendations:

a. ‘If you are unable to carry out an adequate examination when you examine a patient who presents with flashes and/or floaters you must refer the patient to a practitioner who is competent to do this.

b. You should ensure that frontline or support staff are trained to deal with such a patient who contacts the practice. Patients should be told a diagnosis cannot be reached without an examination.

c. If you carry out an examination you should continue until you detect a problem and can make a diagnosis or have sufficient evidence to decide what action to take.

d. If you suspect a retinal break or tear you should, as a minimum:

1. take a detailed history and symptoms, looking for particular risk factors
2. examine the anterior vitreous to look for pigment cells
3. perform a dilated fundal examination, using an indirect viewing technique
4. give appropriate advice to the patient, which you back up with written information'.

All registrants would be advised to ensure that when conducting eye examination, that they have undertaken a thorough history and symptoms to ensure that they capture the reason why a patient has attended. The introduction of triage forms for use by reception and ancillary staff should be considered to help the practitioner capture all of the reasons for a patient visit. Having established the reason for the visit, the practitioner must then ensure that they undertake appropriate examinations. This should include the measurement of vision and a dilated examination, followed by a relevant and timely referral as appropriate. All registrants, but particularly those with 30 years or more on the GOC register would be advised to update their training on the management of retinal detachment. Continuing professional development providers may wish to provide courses aimed at the registrant who has been on the GOC register for a longer period of time specifically to help reduce further FTP hearings in the future.

5.7.3 Disciplinary and FTP hearings involving the failure to effectively manage paediatric amblyopia during 2001-2011

The third most frequent clinical complaint involved the failure to effectively manage paediatric amblyopia (nine occasions). The nature of these cases takes time to develop, and the registrants most likely to be involved with these types of cases were from the 10-20 years on the register group (three occasions) followed by two occasions each for the and 21-30 and 30+ years on the register groups.

The College of Optometrists makes a number of recommendations when examining the younger child[107]. The most pertinent advice with regards the disciplinary and FTP hearings for 2001-2011 involved the advice surrounding amblyopia:

> 'You should consider use of a cycloplegic agent to give:
>
> 1. an accurate assessment of the refractive error, which is the major factor in amblyopia or squint, and
> 2. the best possible view of the fundus, within the limits of the co-operation of the child'.

The advice also extends to the recommended ways of recording visual acuity in very young patients:

> 'When possible you should use a line or array of letters, pictures or symbols to measure morphoscopic acuity, or some other method that induces crowding. This is because the use of single optotypes to measure visual acuity may overestimate the degree of visual acuity in patients with some amblyopias. Acuity charts, utilising crowding and logMAR letter-by-letter scoring, are recommended'.

For registrants, they would be very well advised when seeing young children, as part of the complete eye examination to ensure they have fully assessed the family history for existing amblyopia, conducted stereo and VA tests with appropriate age related equipment and should always have considered a cycloplegic examination if there is any doubt about the development of vision. CPD providers may wish to consider the challenges that the testing of particularly young children presents and offer all registrants insight into ways of overcoming some of the challenges that this group of patients has presented. There are a number of options to help these practitioners in addition to the importance of a relevant history and cycloplegic examination, for example the adoption of techniques that include child friendly equipment such as reduced size testing apparatus, adapted acuity testing methods and brightly coloured fixation targets.

5.8 The impact of ethics on the outcomes of GOC Disciplinary and FTP Committee hearings

During the formation of the study, the ethics of conducting the study were considered (section 3.1). Ethics was also an important consideration into the handling of the results. When the data were collected and analysed it became clear that some of the complaints against registrants that reached either the Investigating / Investigation Committee, and / or the Disciplinary Committee / FTP Committee, also had ethical and moral implications. During the collection of data, it became evident that there was a division in the types of complaints. This was either of a clinical or non-clinical origin. A GOC registrant must have regard to having to maintain 'appropriate ethical standards' (as discussed in section 1.5). Taking the two very broad types of complaints named above, the study was able to evaluate the various outcomes associated with each. During the duration of the study, reference has already been made to the change from a disciplinary to a FTP process in 2005. The disciplinary process only allowed for punitive action to be taken against a registrant regardless of the nature of the complaint. The non-clinical complaints tended to be fraud, theft, dishonest behaviour or other criminal matters. These non-clinical matters demonstrated a failure to maintain the expected the ethical standard of a registrant. Such behaviour would have been obvious to the registrant that it fell below what was expected and therefore unethical. The definition of what is ethical from a clinical point of view was more difficult to conclude. It could be argued that an older practitioner who has failed to keep their skills up to date has behaved in an unethical manner. However, in such cases the events leading up to a complaint may have taken many years to build up. The registrant may also have undertaken some further education and CET, but had still not managed to acquire the skills required to stay up-to-date. The clinical complaints tended to be a failure of management of a procedure or process leading to unethical behaviour, rather than an overt lack of regard to ethics as may be argued was the case for registrants involved in fraud and criminal activity.

The main difference between clinical and non-clinical cases, was that clinical issues could potentially be addressed by non-punitive means by the FTP Committee (unless the registrant was not willing to change their techniques or attend further training). The non-clinical cases were rooted in forms of dishonesty or criminal behaviour, which did not often allow the FTP Committee to address beyond the available punitive measures.

Further examination of this was made possible by examining the types of cases that resulted in erasures after been heard by the Disciplinary or FTP Committees. The following categories were selected as being the cases most likely to involve fraudulent and criminal behaviour, acts of Dishonesty (Dis) – involved acts of fabricating case records, testing when knowingly not qualified, theft and fraud; acts of Inappropriate Behaviour (InB) – involved the use of illegal drugs, police cautions for ABH, drink driving and theft; Fraud / Theft from employer (EFr); Fraud / Theft from NHS (NFr). The remaining categories were deemed to be non-criminal / clinical in origin.

Under the pre-2005 Disciplinary Committee, 46% of all erasures were derived from non-criminal / clinical cases, and 54% from criminal / dishonest cases (figure 4.7.1). Following the rule change in 2005 and the introduction of the new FTP process, non-criminal / clinical fell to 20% of all erasures, leaving criminal / dishonest complaints at 80% of the total (figure 4.7.2).

These results indicated that the concept of ethics extended to both clinical and non-clinical complaints. An erasure would only be made when the behaviour of a registrant as they conducted their activities, be it clinical or non-clinical, fell below the ethical standards expected of a GOC registrant. The results did demonstrate that following the 2005 rule change to an FTP process, the committee was now likely to be making use of a greater scope of sanctions it had open to it, in addition to the punitive options only available under the Disciplinary Committee. This was recorded as a drop to 20% of non-criminal / clinical issues resulting in erasure following the FTP rule change compared to 46% prior to the rule change.

The advantage of the FTP process over a disciplinary process was that the GOC was able to use a range of sanctions appropriate to the practitioner involved. The GOC was still able to suspend or erase a practitioner when no other sanction was appropriate, e.g., for acts of fraud, theft or inappropriate behaviour above. However, the remit of the GOC was to protect the public by upholding standards. Where a registrant was deemed to have fallen short of the expected standards and therefore committed misconduct (but not serious misconduct where their ability to practise would have been put in doubt), the GOC had a wider range of options, including warnings and conditional registrations with the FTP process post the 2005 rule changes. This would seem to

have led to a steep decline in clinical issues having been responsible for the erasure of registrants in the period post 2005. The number of erasures as seen in table 4.9.1, was equivalent to 3.5 per annum (39 erasures / 11 years) over the period of the whole study. Broken down to the period pre the rule change versus post the rule change, the figures are similar, although they show a slight increasing trend post the rule change. The first case to be processed under FTP was in early 2006. The last case to be processed with the Disciplinary Committee was late 2005. Under the terms of the rule change, the FTP process only applied to cases that started from June 30th 2005, hence the lag in the FTP processes been recorded in the transcripts. Taking this lag into account, the number of erasures between 2001 and the end of 2005 and therefore under the former Disciplinary Committee was 14 or 2.8 per annum (14 erasures / 5 years). For the new FTP process the total number of erasures was 25 between 2006 and 2011, or 4.2 per annum (25 erasures / 6 years). Interesting to note that whilst there were only three clinical types of cases leading to erasure post 2006, these were relatively soon after the introduction of the FTP rules. Two were in 2007 and involved inadequate record keeping and an inadequate referral. The final clinical related erasure was in 2008 and involved glaucoma. There were no further clinical related erasures between 2008 and 2011, although there were 18 erasures where their origins could be judged to be of a non-clinical basis.

As previously noted, the other legislative change that occurred on the 30th June 2005, was the inclusion of students onto the GOC register. This included both student optometrists and student dispensing opticians. Referring to the data in figure 4.9.2 and the data recorded on the spread-sheet in Appendix 3, students were responsible for five erasures between 2005 and 2011. All of these erasures involving students were due to non-clinical issues, including one case of harassment with police involvement, one case of inappropriate behaviour around female colleagues, a failure to declare a subsequent expulsion from a university course to another university, one case of actual body harm involving the police and two cases of theft from employers. When these five erasures were removed from the total of 25 post the 2005 rule changes, the number of erasures per annum dropped to 3.3 per annum, which was closer to the 2.8 per annum recorded under the previous Disciplinary Committee in the years 2001-2005. The increase in cases overall, can be seen to have been influenced in an upward direction by the addition of students to the register.

5.9 Disciplinary and FTP Committee hearings that resulted in a warning, fine or suspension

There were cases which although found, did not result in erasure from the GOC register. In addition to erasures, the GOCs Disciplinary and FTP Committees were also able to issue a warning, fine or suspension (figure 4.9.3). It was noted that the introduction of the FTP rules in 2005 had some impact, most notably around the issuing of a warning, which was not a sanction available to the previous Disciplinary Committee. In addition the maximum fine that the FTP Committee could issue was £50000 compared to £1600 of the previous Disciplinary Committee. Of the 187 hearing transcripts studied, 46 registrants were issued with a warning, fine, suspension or fine and suspension. Examining the situation for clinical versus non-clinical events in this group of sanctions, of the total 46 registrant cases, six of the cases had a clinical origin whilst 40 of the cases had a non-clinical origin.

Dividing this further into the period pre the 2005 FTP rules, there were 17 cases during 2001-05 representing 10 fines and 12 suspensions (five where a fine and suspension were issued). In terms of clinical versus non-clinical in the pre-2005 rule change period, there were two clinical cases versus 15 non-clinical. Post the 2005 rule changes representing the period 2006-11, there were a total of 29 cases, representing eight fines, 12 warnings, 11 suspensions, two where suspensions and a fine was issued, and finally one where a warning and a fine was issued (this was a complex case involving three different registrants, one corporate body, one student dispensing optician and one dispensing optician). The split of clinical versus non-clinical cases was five versus 24 respectively.

Warnings, fines and suspensions are all types of punitive actions. The study showed that the clinical versus non-clinical split was a total of seven versus 39. Taking the earlier observation from section 5.1.3 that 65% of all Disciplinary or FTP Committee hearings involved non-clinical cases, it was expected that the number of clinical cases that resulted in a warning, fine or suspension would be higher. The figure of seven represents 15% of the total hearings that had a warning, fine or suspension. This indicated that a proportion of the clinical complaints were being managed through another non-punitive mechanism, such as conditions on registration and further training. This

approach was a function of the FTP Committee, whereas the previous Disciplinary Committee was unable to make such arrangements once the complaint had reached it.

Examining the 12 warnings that were issued post the 2005 rule changes (warnings were not an option pre-2005), six were issued to registrants where the initial complaint had been clinical in origin. These included one retinal detachment management, one post assessment of examination technique by college examiner after previous FTP direction, one failure to manage amblyopia in a child, one for no appropriate dispensing supervision, one related to AMD management and one case involving glaucoma management. Examining the six warnings given for the hearings of non-clinical origin, there were two for dishonesty and four issued for inappropriate behaviour. The warnings given as a result of cases of dishonesty were against two pre-registration optometrists, one for presenting a case record indicating that they had seen a patient when they had not. The second was for falsifying reasons for not attending their hospital placement. The remaining four warnings were related to cases of inappropriate behaviour, two of which involved police cautions for battery and assault, whilst the remaining two were warnings given for drug offences. Examining the fines that were issued pre 2005 FTP rule changes, there were 10 in total. Five of these fines were for NHS fraud offences and of these, four were issued at the maximum amount of £1600 available to the committee at the time. The one exception was related to a case involving employment contractual inaccuracies of a pre-registration optometrist, which led unwittingly to an incorrect application for a pre-registration training grant. The rules of the Disciplinary Committee at the time were such that only punitive options were available and since the allegation had been proven, the committee proceeded with a financial penalty but at £1000 (£600 less than the maximum allowed). Two of the fines were for failing to register with the GOC. The GOC had a requirement to have ensured that each year each registrant had signed a declaration that stated their current registration place of work, qualifications and whether or not they have had any notifiable incidents. The first of the fines issued for failure to register was early in 2001 and involved a dispensing optician that had continued to work in practice, but not maintained their registration. In addition, this registrant had been fitting contact lenses whilst neither registered nor holding the correct qualification to do so. This registrant was issued with a suspension of three months and fine of £300. The second of the failure to register fines was issued at the then maximum £1600 amount. On this occasion the registrant was been held to account for repeatedly

failing to register and having continued to conduct sight tests whilst not registered. There was one fine issued to a registrant who failed to provide records to the GOC following a complaint as required under the Data Protection Act. This registrant was subsequently fined £500 and issued with a suspension of six months. There was a fine issued to a registrant of the maximum amount of £1600 along with a three month suspension where the case had revolved around the registrant taking a copy of a computerised database from a practice where he was working and subsequently opened a new business opposite using the database. The final fine issued pre 2005 rule change, was the only one related to a clinical matter, specifically the management of a retinal detachment. This resulted in a fine of £500.

Post the 2005 FTP rule change, eight fines were issued. Seven of these were related to complaints that were non-clinical in origin. Three involved pre-registration student optometrists who were fined varying amounts from £1800 to £3000. One of the affected registrants had since qualified and was attending a review of an interim situation whereby they were placed on conditional registration following the initial complaint. This registrant was fined at a lower amount of £1000, suspended for three months and released from the terms of their conditional registration. The other fines were issued in relation to the criminal dishonest use of a disabled parking badge (£1000) and two cases of repeated failure to register on the GOC registers and continuing to test sight whilst not permitted to do so (£2500 and £1600 respectively). The most significant fine was related to a clinical complaint and was widely reported in the optical press at the time. In 2009, three registrants were jointly held to account, a body corporate, dispensing optician and a dispensing optician for their actions in failing to provide adequate supervision for the dispensing of a patient under the age of 16 years. The body corporate was fined £30,000 for its part in the mismanagement of adequate supervision, which ultimately led to the incorrect prescription having been provided to the patient. Suspensions issued without either a warning or fine numbered 16 in total between 2001-11. Of these, nine were for fraud / theft (six for NHS fraud and three for theft from employer). There were a further six cases of inappropriate / dishonest behaviour. These six offences all involved the failure of the registrants to notify the GOC of their involvement with the police. These episodes involved a number of criminal cases, spanning across drug possession, theft, drink driving and staging car accidents to claim insurance pay-outs. The one fine that was issued regarding a complaint that had

a clinical origin, was prior to the 2005 FTP rule changes. This occasion involved a case of an inappropriate spectacle prescription having been issued that led to amblyopia.

Throughout 2001-11 registrants who repeatedly failed to register but continued in practice feature equally both pre and post the 2005 FTP rule changes with warnings, fines or suspensions. Also notable was the fact that there were 11 cases of NHS fraud resulting in a suspension or fine before the 2005 FTP rule changes and none post the 2005 rule change. There were no cases of theft from an employer resulting in a fine or suspension before the 2005 FTP rule change, and three cases post the 2005 rule change, suggesting a further change to the approach in managing registrants surrounding the issue of theft post the 2005 FTP rule changes.

5.10 Disciplinary and FTP Committee hearings that resulted in an erasure

Following on from the analysis of warnings, fines and suspensions, a similar consideration was given to registrants who were erased. Earlier it was stated that pre and post the 2005 FTP rule change, the number of erasures had increased slightly and that this was likely due to the addition of students to the register from 2005.

Pre the 2005 FTP rule change there were 14 erasures recorded for the period 2001-05. Seven of these were for non-clinical related complaints, four of which were cases of NHS fraud. A further two non-clinical cases were for theft from an employer. A single case involved an optometric registrant having been found guilty in court of sexual assault.

The clinical related cases that led to erasure pre the 2005 FTP rule change included three cases of not being qualified to practise. The first one of these was a pre-registration student, who was also qualified as a dispensing optician. The student did not tell his employer that he had failed his professional qualifying exams and instead took up a position of optometrist as if fully qualified. In this particular case, it was only three days before the ineligibility came to light as a result of enquires made to the practice from the College of Optometrists about re-sits. The registrant eventually appeared in a magistrates court on 16 counts of testing sight whilst not being a registered medical practitioner or registered ophthalmic optician contrary to Section 24 of the

Opticians Act 1989. The case against the registrant held in the magistrates court, was found and the registrant was ordered to pay £1500 on each count and a further £4162.90 in costs, representing a total of £28162.90. This particular case demonstrated very clearly that a registrant not only needs to act in accordance with the requirements as laid down by the GOC, but also served as a reminder that some activities are also regulated in law and carry consequences beyond the remit of the GOC. The second non-qualified case that led to an erasure from the GOC register was a case of a dispensing optician with his own practice who was found on at least one occasion to have tested the sight of a patient and issued a prescription accordingly. The third not qualified case covered a dispensing optician, that fitted spectacles to under 16 year olds when not on the register or supervised, along with the fitting of contact lenses when not qualified to do so. This registrant had also received a police caution relating to theft from their employer.

Two further clinical cases were involved in inappropriate prescribing and subsequently claiming funds from the NHS. The first of these cases involved the prescribing of inappropriate spectacles or non-prescribing of spectacles to children, that left the child at risk of developing amblyopia. The second case was brought to the attention by the registrant's colleagues who had some concerns over prescribing habits, which subsequently led to an erasure based on the poor record keeping to explain why certain patients had been prescribed prism controlled bifocals.

Post the 2005 FTP rule change there were 25 erasures. During this period, only four were for complaints that originated in clinical matters. The remaining 21 were for non-clinical events, including 10 for theft from an employer and three for theft from the NHS. The reduction in the number of erasures for complaints of a clinical origin relative to the number of erasures of complaints that were non-clinical in origin, following the 2005 FTP rule change, would appear to provide further evidence that the FTP process was better able to deal with clinical issues through a different route to that of a punitive sanction. The FTP process opened up alternative ways for the GOC to deal with clinical complaints versus non-clinical. The GOC as stated is there to protect the public as well uphold standards of education on the profession. The addition of the FTP process in 2005 provided the GOC with the mechanism to provide a more appropriate sanction against registrants who had fallen short of expected standards. The GOC through the FTP process

however was still able to issue punitive actions against registrants as required for more serious clinical and pre-dominantly non-clinical and criminal activity.

The clinical cases that led to erasure from the GOC register post the 2005 FTP rule change, included two separate registrants with poor management of patients with glaucoma. The first of these was an optometrist based in a secondary care setting, who was consulted and failed to take sufficient detail to highlight the family history of glaucoma or perform a visual field test and therefore identify the potential risk of glaucoma to the patient. The second was a registrant who had allowed his skills to become outdated and was still relying on digital palpitation as a technique for assessing intra ocular pressures. Subsequently a patient developed glaucoma and the complaint was lodged. During the investigation, this registrant was also found to have been performing sight tests over a number of years whilst unregistered. The third clinical erasure involved a registrant who had fabricated records. This optometrist registrant had previously been made the subject of an erasure order due to NHS fraud and had successfully applied to re-join the register. On this occasion, the combination of clinical and dishonesty issues resulted in a further erasure. The final clinical case was that of a dispensing optician who was at a second hearing for fitting contact lenses whilst not qualified to do so.

Eight of the cases post the 2005 FTP rule changes involved various counts of inappropriate behaviour. These situations involved individual convictions for:

- internet child pornography
- sexual assault on two females
- harassment
- collecting inappropriate images of children
- Actual Body Harm (ABH)
- committing an act outraging public decency
- child pornography

In addition, one further example of inappropriate behaviour and in this case, dishonesty, involved a student optometrist who was expelled following violent behaviour and who subsequently failed to notify another university to whom they were applying, of said expulsion.

As well as considering the outcomes of the GOC Disciplinary and FTP Committee hearings in various different ways, if the information is to be seen in context, it was important to consider the number of complaints against the number of registrants. There were 187 Disciplinary or FTP Committee hearings heard by the GOC during 2001-11. During this period the number of GOC registrants registered with the GOC increased from 13709 in 2001-02 to 18582 in 2010-11 (table 4.9.1).

5.11 The common themes from the Disciplinary and FTP Committee hearings transcripts and the implication in professional practice

A benefit of identifying common themes was to provide the opportunity for reflection and to help guide practitioners away from the some of the more common pitfalls that have beheld other registrants before them.

Registrants have a great responsibility upon them to maintain extremely high levels of honesty and integrity at all times. This responsibility goes beyond the part of their life occupied by work, and extends to all aspects of their behaviour and interactions with others. Almost two thirds of all complaints had nothing to do with clinical competence, but were directly related to the character of the registrant under question. The sanctions given for breaking this responsibility can be severe and often result in suspension, fine and or erasure. Within professional optical practice, the most important action that all registrants must take, regardless if they are in receipt of a brand new student registration or have been on the register in excess of 30 years, is to remember that possession of GOC registration comes with an expectation to uphold certain standards of conduct. These standards of conduct extend well beyond the clinical interaction with patients as evidenced by the majority of Disciplinary or FTP Committee hearings having involved non-clinical cases.

The Disciplinary and FTP Committees were charged with upholding the expected standards of registrants and therefore protecting the public. When it came to non-clinical matters at either a Disciplinary or FTP Committee hearing, the most common way that this was handled was by means of a punitive sanction. As described in section 1.5 a punitive action was intended as a punishment. Section 1.5 describes ‘the advantage of FTP was that it enabled provisions such as

supervision or specialised additional training to be imposed for some situations as appropriate, rather than simply a suspension, erasure and / or a financial penalty'. A remorseful registrant that showed the source of the complaint against them was an exceptional incident and was now prepared to improve their conduct, knowledge and skills by actively committing themselves to relevant community work or further study, was at a reduced risk of punitive action being taken against them. This became particularly relevant (although not exclusively) to clinical complaints. The changes following the 2005 FTP rule change included the introduction of warnings and conditional registration, allowing the FTP Committee to handle some complaints (normally clinical) in a non-punitive manner.

The table 5.11.1 that follows provides the main findings of the study according to

1. Gender associations
2. Workforce trends
3. Registration type
4. Practice setting
5. Length of registration with the GOC
6. Non-clinical related complaints
7. Clinical related complaints

Table 5.11.1 The common themes from the study of GOC disciplinary and FTP transcripts 2001-2011

Key Findings	Summary description of key findings
1. Gender Associations	There was initially a small bias in favour of male registrants at the beginning of the study period in 2001, but this changed to a small bias in favour of females towards the end of the study in 2011 There was a broadly even split of male and female GOC registrants during 2001-2011 Despite the broadly even split in male and female GOC registrants, male registrants were brought to a disciplinary or FTP hearing more frequently by a factor of 3.5:1
2. Workforce Trends	Current workforce trends suggest that the female workforce will continue to grow Workforce studies indicate that significantly more female than male registrants work part-time hours The market share of the independent sector reduced throughout the period 2001-2011, whilst the multiple sector business increased
3. Registration Type	Dispensing optician registrants were involved in 34 cases, representing 20% of the 174 registrants called to disciplinary or FTP hearing during 2001-2011 96% of all cases against dispensing opticians were for non-clinical complaints and 4% clinical in origin Optometrist registrants were involved in 118 cases, representing 68% of the 174 registrants brought before a disciplinary or FTP hearing during 2001-2011 39% of all cases against optometrist registrants were for non-clinical complaints and 61% clinical in origin There was one body corporate brought to a hearing during 2001-2011 The remaining 21 registrants were made up from student dispensing opticians (seven) and student optometrists (14)
4. Practice Setting	Independent practice market share reduced and was replaced with that of a growing multiple business market share during 2001-2011 NHS theft and fraud was more accessible to independent registrants but steadily reduced as the market share of the multiple practice increased In addition to the market share changes of independent versus multiple business settings, the FTP changes of 2005 have coincided with an increase of clinical complaints being heard during 2001-2011.

5. Length of Registration	Registrants with less than 10 years GOC registration were involved in the greatest number of cases involving non-clinical complaints. This was influenced by the inclusion of student registrants from 2005 Registrants with 10-20 years GOC registration were most often called to account on matters of NHS fraud followed by registration issues Registrants with 21-30 years GOC registration were the least likely to be called to a GOC disciplinary or FTP hearing during 2001-2011 Registrants with 31 years or more GOC registration were the least likely to be involved with complaints that were non-clinical in nature. They were however involved in a greater spread of clinical complaints than any other group.
6. Non-Clinical related	65% of all GOC disciplinary / FTP hearings during 2001-2011 Non-clinical related cases were split between theft and fraud cases and further cases that involved other types of inappropriate behaviour The most common type of non-clinical case involved theft/fraud from the NHS The second most common type of non-clinical case involved inappropriate behaviour that wasn't theft/fraud related The third most common type of non-clinical case involved dishonesty that wasn't theft/fraud / other inappropriate behaviour related (e.g., failing to renew registration, make a statutory declaration or fabrication of case records)
7. Clinical Related	35% of all GOC disciplinary / FTP hearings during 2001-2011 Greatest number of clinical complaints involved cases of glaucoma The second most common clinical related complaint was those that involved retinal detachment The third most common clinical related complaint was in relation to cases where there was a failure to manage effectively prescribing in children

5.12 Summary of the review of Disciplinary and FTP Committee hearings transcripts

The findings showed that despite a broadly gender balanced workforce, male registrants were more likely to be held to account by the Disciplinary or FTP Committee hearings.

Male registrants appeared more likely to be involved with cases involving inappropriate physical behaviour. These types of cases involved acting in an unprofessional and unethical manner often relating to criminal matters and therefore more likely to be erased from the register (a form of punitive sanction) post the 2005 FTP rule changes. The wider range of non-punitive sanctions available to deal with other types of complaints that became available to the FTP Committee post 2005 versus the punitive sanctions of the previous disciplinary process may have been responsible for fewer clinical related cases leading to punitive sanctions post the 2005 FTP rule changes.

Optometric registrants were over three times more likely to be involved in a Disciplinary or FTP Committee hearing than dispensing optician registrants. The data in table 4.3.1 recorded the population of dispensing optician and optometrist registrants. This indicated that throughout the study period of 2001-2011 the ratio of optometrists to dispensing opticians changed from 1.9:1 to 2.2:1. Despite the approximate 2:1 ratio throughout the period of study, optometrists were more likely by a ratio of 3.5:1 to be involved in a disciplinary or FTP hearing. The results also demonstrated that optometrists had a much greater exposure to clinical risk than their dispensing optician counterparts.

During the duration of the study, registrants working in the independent sector were more likely than their counterparts in other sectors to be called to account in a Disciplinary or FTP Committee hearing. However, the study revealed a changing market share throughout 2001-2011 which recorded the growth of the multiple business model over the independent business model. The results demonstrated that over the course of the study, the main cause of complaints against independent businesses decreasing in a corresponding fashion, with a trend towards increased numbers of complaints coming from the multiple model of business as its market share increased.

During the study period, the most frequent reason for a Disciplinary or FTP Committee hearing was related to NHS fraud.

The vast majority of NHS fraud cases involved a registrant working within an independent optical business. The number of cases however declined year on year (see figure 5.5.1.2) reflecting the change in market share from independents business model to multiple business model. Mintel information from section 5.5, recorded the independent sector as 48% in 2007 and by 2010, this reducing trend was confirmed with a market share of 41%.

Less experienced registrants with less than 10 years on the register were the most represented group and appeared in 41% of all FTP hearings. These less experienced registrants had a wide spread of different types of complaints for which they were held accountable, however there was a bias towards the non-clinical and inappropriate behaviour categories. This number was inflated post the 2005 registration changes when student dispensing opticians and student optometrists joined the registers.

More experienced registrants with 30+ years on the register, were the least likely to be held accountable for fraud or theft, but the most likely to be involved in complaint with a clinical origin.

Disciplinary or FTP Committee hearings that had a non-clinical origin were represented in 62% of all cases.

The most common clinical reason quoted in a Disciplinary or FTP Committee hearing involved the optometric management of glaucoma.

When examining sanctions excluding erasure (i.e., warning, fine, suspension or a combination), the non-clinical complaints versus the clinical complaints ratio, was 39:7 respectively.

Financial penalties imposed ranged between £300 and £30,000.

It is possible for a magistrates court to fine a registrant in addition to any sanction the GOC can impose if the registrant has acted outside of the law as well as against the expected standards of a GOC registrant.

Erasures were dominated by non-clinical events in a ratio of 31:8.

Erasures were predominantly due to NHS fraud pre the 2005 FTP rule changes and dominated by inappropriate behaviour post the 2005 FTP rule changes.

5.13 Main Recommendations

This section is split into three subsections with the intention to be able to make recommendations to:

1. Registrants
2. Optical businesses
3. Optical regulatory bodies

5.13.1 Recommendations to Registrants

During the study, the following clinical conditions were found to be the most frequent at GOC disciplinary and FTP hearings: glaucoma, retinal detachment and examining children. The College of Optometrists does provide guidance (previously referred to in section 5.7) that can help registrants ensure that they are up to date with what is expected when examining these groups of patients. For all patients it is essential that full notes are recorded of all procedures undertaken along with their respective results and any subsequent actions taken.

5.13.1.1 Glaucoma (advice to registrants)

Patients at risk of glaucoma were discussed in section 5.7.1. They should be identified either before the examination or from taking a full history. The examination should include a full slit lamp examination to include anterior angle assessment, as well as recording of the optic nerve head appearance. Intra ocular pressures should be recorded and repeated where indicated. Visual fields examination should also be performed and recorded. If fundus photography and or an OCT instrument is available, the these should be considered also to help in future examinations to judge whether or not there has been any progression. If a patient is to be referred following your findings, then the referral letter should include clearly (in addition to you and practice identity and date), all of the information necessary to ensure the correct onward pathway for the patient. This may include information such as the up to date refraction and VA details, a well-defined description of your findings and any familial risk factors, copies of field tests, intra ocular pressures with time of day, and an indication of urgency.

5.13.1.2 Retinal Detachment (advice to registrants)

The advice to registrants when seeing patients at risk of retinal detachments was discussed in section 5.7.2. Registrants should ensure that they are familiar with the guidance provided by the College of Optometrists. As a minimum the College suggests that a registrant should take a detailed history and symptoms, looking for particular risk factors, examine the anterior vitreous to look for pigment cells, perform a dilated fundal examination, using an indirect viewing technique and give appropriate advice to the patient, which you back up with written information.

5.13.1.3 Examining younger children (advice to registrants)

Section 5.7.3 covered the advice provided by the College of Optometrists when seeing young children. It is this group which where the reason for the third most frequent clinical reason for optometrists having to attend a GOC disciplinary or FTP hearing during 2001-2011. The advice as well as providing information on how to examine the younger child, makes the comment that you should consider use of a cycloplegic agent to give an accurate assessment of the refractive error,

which is the major factor in amblyopia or squint, and the best possible view of the fundus, within the limits of the co-operation of the child.

5.13.1.4 Registrant recommendation to those within the first 10 years of registration

This group would benefit from taking advantage of a wide range of CET that is available to help ensure that they gain as broad an understanding of the profession that they have joined as possible. CET is available which can provide advice for many of the ocular conditions they will now face as qualified registrants.

This group also includes student registrants, who would benefit from an understanding as soon as possible after joining the student GOC registers that they are from that moment to be held to the same ethical and professional standards as other registrants.

5.13.1.5 Registrant recommendation to those with over 30 years of GOC registration

This group are the least likely to be called to account for a non-clinical reason. However, they should be aware that they are the most likely to be involved in a wide range of clinical cases and be prepared to keep up to date with the latest techniques and instrumentation available to manage their patients.

5.13.2 Recommendations to optical businesses

The optical business landscape is changing. The study recorded that during 2001-2011 there was a shift from the independent sector to the multiple business sector. Further reports indicated that by 2013 the market share of independents had fallen to 28% from 48% reported in 2007 (section 5.3). In addition, the number of registrants joining the profession continued to grow, increasing the number of registrants falling into the <10 year registration category, with the associated increased risk of both clinical and non-clinical complaints from this cohort. The following recommendations are made for the independent and multiple business sectors:

5.13.2.1 Recommendations to independent business sector

Although the sector is smaller than it was in 2001, the independent optical business was responsible for 94% of all NHS fraud / theft complaints. This sector would benefit from designing and adopting an industry standard NHS and Finance audit process. In the absence of the industry providing one either voluntarily or as a requirement of holding a GOS contract, independent optician businesses should consider designing their own bi-annual check of processes including appropriate NHS sight test processing, record keeping, correct NHS spectacle voucher provision and NHS reconciliation checks.

Along with the above financial checks, this sector will also be affected the changing workforce, as the newer registrants increase in number. It should be minded to ensure that any of these new registrants are guided towards appropriate CET and CPD early on in their career with a particular focus on standards, glaucoma, retinal detachment and examining very young children.

5.13.2.2 Recommendations to multiple business sector

As the market share shifts towards multiples and an increase in the number of registrants who have spent less time on the GOC register, the multiple businesses should concentrate upon providing specific CET in key clinical areas of glaucoma, retinal detachment and examination of young

children. Ideally this should be part of a broader range of CET and CPD that also emphasises the standards required of a professional.

5.13.3 Recommendations to optical regulatory bodies

The regulatory bodies can perhaps consider two types of action following this study. The first should be to consider bespoke CET and CPD. The second should be to consider whether the industry and in particularly the independent business sector would benefit from the imposition of a NHS / financial audit process.

5.13.3.1 Provide bespoke CET / CPD

The first 10 years of registration provide challenges of fully understanding responsibility of professional, as well as a broad range of clinical issues.

The 10-30 year registered group represent the majority of practitioners. These are more experienced and may be interested in career development clinically, technologically or in a management capacity.

The 30 years plus category represent those who have been on the register the longest. The study revealed that the most significant issue for this group was a broad range of clinical problems. This cohort may benefit from bespoke CET aimed at refreshing the knowledge and updating the skills of the older practitioner. This CET may benefit from being targeted at this group and thereby differentiating itself from other CET available.

Each of these three groups may respond differently to different types of CET and technology as well as having very bespoke CET requirements. This would be worthy of further investigation and the possible design of bespoke CET that covers the areas that they have been shown to be most in need of during this study.

5.13.3.2 NHS finance controls

The industry generally, and especially the independent optical business sector may benefit from the design and implementation of an approved NHS finance audit. The audit would be intended to ensure that the best practice in managing a valuable GOS contract is followed at all times. The audit could be become a compulsory tool that allows both the contractor and the NHS the opportunity to identify any discrepancies at an early stage and allow an early resolution. The NHS finance audit should include a spot check of patient records, ensuring that they are complete, recalled at the correct intervals and if spectacles were supplied that the associated spectacle voucher was processed correctly. These checks would need to be performed against the practice financial records and should be carried out regularly, for example bi-annually. The audit could be made to be as comprehensive as deemed necessary to ensure the public trust in the optical industry when handling NHS funding. The GOC may wish to consider if such a proposal would fall under their remit. Alternatively, such an audit may be of benefit in keeping professional insurance cover prices down and such providers of optical insurance, the AOP or FODO may wish to consider designing their own audits and insist on this as part of their insurance policies to contractors.

5.14 Study limitations and future research

This section considers the limitations and potential future research areas with reference to the following themes:

1. The study period
2. The study depended upon the Hearing manager providing all transcripts
3. Relevant data. The definition of primary and secondary data / Clinical and non-clinical
4. Continual changes in FTP post the study
5. GOC versus Civil litigation
6. Workforce patterns
7. Pace of future technological change in the optical profession
8. Impact of bodies corporate
9. Fitness To Practise stages
10. Future analyses and the use of other professions for comparison
11. Future quantitative and statistical analysis

1. The study period took advantage of the fact that the Hearings Manager provided 11 years of data and therefore all 11 years were used. Future studies would benefit from adopting a more metric approach and consider blocks of 10 years.

2. The study depended upon all of the transcripts being supplied by the Hearing Manager. Since the 2009-2010 year, the GOC has published a summary of cases held at FTP in its annual reports[108]. This summary does not contain the level of detail of the transcripts, but does provide detail on total complaints received by the investigating committee and not just the complaints that went to a FTP Committee hearing. Other complaints recorded by bodies including the NHS and the Ocular Consumer Complaint Service for example, would be worth consideration to provide further perspective on the most common complaints against registrants, rather than just FTP outcomes. This additional detail may be useful in future studies and may improve the insight to registrants that can be provided.

3. Future studies may benefit from the experience of this study in relation to classification of data. As this study proceeded, it become useful to identify primary and secondary complaints investigated at FTP along with separating clinical from non-clinical sources of complaints. Examples of primary reasons would be complaints linked to a clinical condition such as glaucoma, and associated secondary reasons would include for example, 'no fields test performed'. With the advantage of having completed this first study, future studies should consider a more condensed and clear definition of categories that led to FTP hearings. This may be of particular benefit for measuring the effect if any on the application of FTP process versus the earlier disciplinary process. This would be most evident in recording what type of complaints result in punitive versus non-punitive measures.

4. Future studies should take into account the continual changes in the legal structure that surrounds the GOC. For example, there have been two further changes since the completion of the study, which have had or will have in the future, potential implications on the management of complaints to the GOC. Firstly, on the 1st April 2014, new FTP rules came into effect, introducing for the first time the concept of a case examiner who became the principle decision makers at the Investigation Committee stage. Along with this change, the registrar was given the ability to refer the most urgent cases to a FTP hearing and in some cases to an Interim Order hearing[109]. Secondly the GOC completed a review of its standards issued to registrants in June 2015. This review included potential changes to what was expected of registrants and had potential to alter the way that registrants exercise their duties in practice in the future. All changes such as these would need to be considered when making any comparisons to the outcome of this study.

5. GOC versus Civil litigation

   An aspect not explored within the study, but would be worthy of consideration in future work, would be the recording of whether or not civil action had already been taken against the registrant. This may provide insight as to whether or not the FTP process is or could be

used by complainants prior to civil action for free, as a way of judging whether or not expensive civil action afterwards may be successful.

6. Workforce Patterns

The study revealed the effects of workforce patterns to be important in exploring the impact of complaints against different groups of registrants. Recent optical workforce surveys reveal a greater number of part-time female optometrists and dispensing opticians. Future studies would benefit from further analysis of the optical workforce to provide further insight to the risk factors of particular registrant cohorts. The current workforce surveys are derived from various segments of the profession and not always necessarily representative of the whole profession, e.g., from College of Optometrists members or biased towards the independent sector as was noted in the study. Future work may also include a more comprehensive and inclusive survey of the optical workforce.

7. Pace of future technological change in the optical profession

The pace of change in the optical profession was noted during the period 2001-2011 with such things as the advancement of computerised practice management and the impact of social media and the internet. As the optical profession continues to grow and evolve, it will inevitably start to include new technologies, which may become routine procedures such as the rise of fundus photography and OCT procedures for example. In addition, new technologies may provide for the provision of rudimentary home eye tests by patients themselves via emerging inexpensive mobile technologies such as Eyenetra[110] and Peek[111]. This will create new responsibilities for GOC registrants in ensuring that relevant information is both understood and acted upon in the patient's best interests.

8. Impact of increased body corporate registration

The increase in body corporate registrations discussed in section 5.1.2 may have implications for registrants in future studies and would be worth considering in potential subsequent studies.

9. Fitness To Practise stages

Following the adoption of the formal FTP rules by the GOC in June 2005, there are four set stages that that cases reach during the process. These were described in section 3.4.1. Given that future studies will take place solely in the FTP environment, then reference to these stages in future studies would provide further information that may increase the insight available to optical registrants.

10. Future analyses and the use of other professions for comparison

This study was a qualitative investigation of the transcripts related to disciplinary and FTP hearings of the GOC during 2001-2011. Such a study had not previously been undertaken and although the findings have provided insight to other registrants, the information revealed may be able to be used in future quantitative research. Such research may include the exploration of whether or not there are any correlations between certain actions of registrants and possible associated FTP outcomes. Such quantitative research may also benefit from widening the scope of exploration to other similar professions such as medicine, dentistry, pharmacy and nursing.

11. Future quantitative and statistical analysis

The data collected in the current study were not readily open to statistical analysis. This was due to a number of variables that were difficult to overcome during the study. These variables included:

(i) The effect of part-time work. Future studies would benefit from knowledge of the number of hours a registrant worked per week, to allow an improved comparison between registrants and registrant cohorts, due to the fact that registrants working very few hours will be at less risk of incident than those working many hours per week.

(ii) The effect of career progression. As a registrant's career extends they may find themselves still working full-time, but perhaps in different and various roles including management, mentoring, teaching or research for example. The types of work as well as the hours of work will have some impact into the risk of a registrant facing a FTP hearing.

(iii) The length of time registered cohorts. This data was difficult to analyse as firstly not all of the hearing transcripts provided the registration date of the registrant and secondly, it was possible that the cohort of 30 plus years on the register would not be as representative as the group with <10 years on the register. This was due to the longer registered group not including former colleagues who have left the register after previous erasures, change of career or retirement. These departures made the data difficult to statistically analyse.

References

1. GOC. Introduction to the GOC [Internet]. [cited 2016 Feb 27]. Available from: https://www.optical.org/en/about_us/introduction_to_the_goc/index.cfm
2. GOC. Glossary, optometrist [Internet]. [cited 2016 Feb 27]. Available from: https://www.optical.org/en/utilities/glossary.cfm/order/O/#Optometrist
3. GOC-recognised qualifications [Internet]. [cited 2016 Feb 27]. Available from: https://www.optical.org/en/Registration/the-register/gocrecognised-qualifications.cfm
4. College of Optometrists. About us [Internet]. [cited 2016 Feb 27]. Available from: http://www.college-optometrists.org/en/college/index.cfm
5. GOC. Glossary, dispensing optician [Internet]. [cited 2016 Feb 27]. Available from: https://www.optical.org/en/utilities/glossary.cfm/order/D/#Dispensing%20optician
6. ABDO. About ABDO | ABDO [Internet]. [cited 2016 Feb 27]. Available from: http://www.abdo.org.uk/about-abdo/
7. ABDO-careers-brochure1.pdf [Internet].[cited 2016 Feb 27]. Available from: http://www.abdo.org.uk/wp-content/uploads/2012/07/ABDO-careers-brochure1.pdf
8. Academic Dictionaries and Encyclopedias. body corporate definition [Internet]. [cited 2016 Feb 27]. Available from: http://law.academic.ru/7042/%5C/%5C/tg.delnapb.com/%5C/%5C/tg.delnapb.com/%5C/%5C/tg.delnapb.com/?id=276422&t=iframe
9. Ophthalmologists TRC of. What is an Ophthalmologist? [Internet]. [cited 2016 Feb 27]. Available from: https://www.rcophth.ac.uk/about/what-is-ophthalmology/what-is-an-ophthalmologist/
10. BIOS. BIOS - About BIOS [Internet]. [cited 2016 Feb 27]. Available from: http://www.orthoptics.org.uk/about-BIOS
11. AOP. The Association of Optometrists | AOP About AOP [Internet]. [cited 2016 Feb 27]. Available from: https://www.aop.org.uk/about-aop
12. FODO. Home - FODO [Internet]. [cited 2016 Feb 27]. Available from: http://www.fodo.com/home/home
13. The Optical Confederation. Home - Optical Confederation [Internet]. [cited 2016 Feb 27]. Available from: http://www.opticalconfederation.org.uk/
14. GOS Contracts. The General Ophthalmic Services Contracts Regulations 2008 [Internet]. [cited 2015 Jul 5]. Available from: http://www.legislation.gov.uk/uksi/2008/1185/regulation/2/made
15. Data protection - GOV.UK [Internet]. [cited 2014 Apr 10]. Available from: http://www.legislation.gov.uk/ukpga/1998/29/contents?text=data%20protection%20act#match-1
16. NICE. Glaucoma | Guidance and guidelines | NICE [Internet]. [cited 2015 Jul 5]. Available from: http://www.nice.org.uk/guidance/cg85
17. NICE. Photochemical corneal collagen cross-linkage using riboflavin and ultraviolet A for keratoconus and keratectasia | Guidance and guidelines | NICE [Internet]. [cited 2015 Jul 5]. Available from: http://www.nice.org.uk/guidance/ipg466
18. GMC. Fitness to Practise Panels [Internet]. [cited 2015 Jul 5]. Available from: http://www.gmc-uk.org/concerns/hearings_and_decisions/fitness_to_practise_panels.asp
19. GDC. Fitness to practise [Internet]. [cited 2015 Jul 5]. Available from: https://www.gdc-uk.org/Dentalprofessionals/Fitnesstopractise/Pages/default.aspx
20. NMC. NMC FTP [Internet]. [cited 2015 Jul 5]. Available from: http://www.nmc.org.uk/concerns-nurses-midwives/what-we-do/
21. GOC. Welcome to the General Optical Council [Internet]. Mission Statement. [cited 2011 Dec 6];Available from: http://www.optical.org/
22. GOC. The General Optical Council (Fitness to Practise) (Amendment in Relation to Standard of Proof) Rules Order of Council 2008 [Internet]. [cited 2015 Sep 6]. Available from: http://www.legislation.gov.uk/uksi/2008/2690/schedule/made
23. GOC. New Fitness to Practise Rules [Internet]. [cited 2015 Aug 26]. Available from: https://www.optical.org/en/Investigating_complaints/new-ftp-rules.cfm
24. GOC. Welcome to the General Optical Council [Internet]. Mission Statement. [cited 2011 Dec 6];Available from: http://www.optical.org/
25. Committee members [Internet]. [cited 2015 Aug 31]. Available from: https://www.optical.org/en/about_us/People/committee-members.cfm

26. Association of Optometrists. The optometry Red Book (2001) : non-clinical, legal and regulatory aspects of optometric practice in the UK.
27. AOP. The Association of Optometrists | AOP About AOP [Internet]. [cited 2016 Feb 2]. Available from: https://www.aop.org.uk/about-aop
28. OCCS 2010 Annual Report [Internet]. [cited 2011 Dec 6];Available from: http://www.opticalcomplaints.co.uk/downloads.html
29. Association of Optometrists. The optometry Red Book (2001) : non-clinical, legal and regulatory aspects of optometric practice in the UK: pp65-66.
30. GOC (Fitness to Practise Rules) Order of Council 2005 [Internet]. [cited 2012 Jan 15]. Available from: http://www.legislation.gov.uk/uksi/2005/1475/contents/made
31. GOC. The General Optical Council (Rules relating to Injury or Disease of the Eye) Order of Council 1999 [Internet]. [cited 2015 Sep 5]. Available from: http://www.legislation.gov.uk/uksi/1999/3267/contents/made
32. The General Optical Council (Committee Constitution Rules) Order of Council 2005 [Internet]. [cited 2015 Aug 31]. Available from: http://www.legislation.gov.uk/uksi/2005/1474/schedule/paragraph/10/made
33. Association of Optometrists. The optometry Red Book (2001) : non-clinical, legal and regulatory aspects of optometric practice in the UK: p61
34. GOC. The General Optical Council (Committee Constitution Rules) Order of Council 2005 [Internet]. [cited 2016 Feb 7]. Available from: http://www.legislation.gov.uk/uksi/2005/1474/schedule/paragraph/26/made
35. GOC. The General Optical Council (Committee Constitution Rules) Order of Council 2005 [Internet]. [cited 2016 Feb 7]. Available from: http://www.legislation.gov.uk/uksi/2005/1474/schedule/paragraph/24/made
36. GOC. The General Optical Council (Committee Constitution Rules) Order of Council 2005 [Internet]. [cited 2016 Feb 7]. Available from: http://www.legislation.gov.uk/uksi/2005/1474/schedule/paragraph/23/made
37. GOC. The General Optical Council (Committee Constitution Rules) Order of Council 2005 [Internet]. [cited 2016 Feb 7]. Available from: http://www.legislation.gov.uk/uksi/2005/1474/schedule/paragraph/24/made
38. GOC. The General Optical Council (Committee Constitution Rules) Order of Council 2005 [Internet]. [cited 2016 Feb 7]. Available from: http://www.legislation.gov.uk/uksi/2005/1474/schedule/paragraph/27/made
39. Association of Optometrists. The optometry Red Book (2001) : non-clinical, legal and regulatory aspects of optometric practice in the UK: p61
40. Association of Optometrists. The optometry Red Book (2001) : non-clinical, legal and regulatory aspects of optometric practice in the UK: p66
41. The General Optical Council (Registration Rules) Order of Council 2005 [Internet]. [cited 2015 Aug 31]. Available from: http://www.legislation.gov.uk/uksi/2005/1478/contents/made
42. Trust, assurance and safety: the regulation of health professionals in the 21st century - Publications - GOV.UK [Internet]. [cited 2015 Aug 26]. Available from: https://www.gov.uk/government/publications/trust-assurance-and-safety-the-regulation-of-health-professionals-in-the-21st-century
43. Association of Optometrists. The optometry Red Book (2001) : non-clinical, legal and regulatory aspects of optometric practice in the UK: p59
44. Ethics: definition of ethics in Oxford dictionary (British & World English) [Internet]. [cited 2013 Aug 12]. Available from: http://oxforddictionaries.com/definition/english/ethics?q=ethics
45. Dudley, Will, and Engelhard, Kristina, eds. Immanuel Kant : Key Concepts. Durham, GBR: Acumen, 2010. ProQuest ebrary. Web. 26 September 2015.pp121-135
46. Pierscionek BK. Law and ethics for the eye care professional. Edinburgh; New York: Butterworth Heinemann/Elsevier; 2008.pp33-48
47. Morality: definition of morality in Oxford dictionary (British & World English) [Internet]. [cited 2013 Aug 12]. Available from: http://oxforddictionaries.com/definition/english/morality?q=morality
48. GOC. Continuing Education and Training (CET) [Internet]. [cited 2014 Apr 6]. Available from: https://www.optical.org/en/Education/CET/
49. GOC. What are the CET requirements? [Internet]. [cited 2016 May 6]. Available from: https://www.optical.org/en/Education/CET/cet-requirements-for-registrants.cfm#Reqs_for_optoms

50. GMC. Professional development [Internet]. [cited 2016 May 6]. Available from: http://www.gmc-uk.org/education/continuing_professional_development.asp
51. GDC. CPD requirements for dentists and DCPs [Internet]. [cited 2016 May 6]. Available from: http://www.gdc-uk.org/Dentalprofessionals/CPD/Pages/cpdrequirements.aspx
52. GPhC. Continuing professional development | General Pharmaceutical Council [Internet]. [cited 2016 May 6]. Available from: https://www.pharmacyregulation.org/education/continuing-professional-development
53. NMC. Employers and revalidation [Internet]. [cited 2016 May 6]. Available from: https://www.nmc.org.uk/registration/guidance-for-employers/employers-revalidation/
54. Joint College of Optometrists and Ophthalmologists Clinical Commissioning Guide for Glaucoma - urgent_eye_care_template_25_11_13.pdf [cited 2014 Apr 7]. Available from: http://www.college-optometrists.org/filemanager/root/site_assets/guidance/urgent_eye_care_template_25_11_13.pdf
55. Oxford Dictionary. profession: definition of profession in Oxford dictionary (British & World English) [Internet]. [cited 2014 Apr 8]. Available from: http://www.oxforddictionaries.com/definition/english/profession
56. Pierscionek BK. Law and ethics for the eye care professional. Edinburgh; New York: Butterworth Heinemann/Elsevier; 2008. pp19-32
57. Pierscionek BK. Law and ethics for the eye care professional. Edinburgh; New York: Butterworth Heinemann/Elsevier; 2008. p24
58. UK Office for National Statistics. Release Edition Reference Tables - ONS [Internet]. [cited 2014 Apr 4]. Available from: http://www.ons.gov.uk/ons/publications/re-reference-tables.html?edition=tcm%3A77-316654
59. Dabasia PL, Edgar DF, Garway-Heath DF, Lawrenson JG. A survey of current and anticipated use of standard and specialist equipment by UK optometrists. Ophthalmic Physiol Opt. 2014 Sep;34(5):592C/%5
60. Bonilla-Warford N. Many social media options exist for optometrists. Optometry - Journal of the American Optometric Association. 2010 Nov;81(11):613. O
61. Levati, Sara. Professional conduct among registered nurses in the use of online social networking sites. Journal Of Advanced Nursing. Volume: 70 Issue: 10 (2014-10-01) p. 2284-2292. ISSN: 0309-2402
62. GMC. Doctors' use of social media (2013) [Internet]. [cited 2016 Feb 7]. Available from: http://www.gmc-uk.org/guidance/ethical_guidance/21186.asp
63. NMC. Social media guidance [Internet]. [cited 2016 Feb 7]. Available from: https://www.nmc.org.uk/standards/guidance/social-media-guidance
64. Home - Optical Confederation [Internet]. [cited 2014 Apr 4]. Available from: http://www.opticalconfederation.org.uk
65. Social Media - Guidance for Optometrists and Opticians - 3 September 2012 AG.pdf [internet] [cited 2014 Apr 4]. Available from: http://www.opticalconfederation.org.uk/downloads/guidance/Social%20Media%20-%20Guidance%20for%20Optometrists%20and%20Opticians%20-%203%20September%202012%20AG.pdf
66. D5 London: teaching children to code - GOV.UK [Internet]. [cited 2016 May 2]. Available from: https://www.gov.uk/government/publications/d5-london-summit-themes/d5-london-teaching-children-to-code
67. million+: mature students [Internet]. [cited 2014 Apr 5]. Available from: http://www.millionplus.ac.uk/research-policy/reports/latest-reports/never-too-late-to-learn/
68. Data protection - GOV.UK [Internet]. [cited 2014 Apr 10]. Available from: http://www.legislation.gov.uk/ukpga/1998/29/contents?text=data%20protection%20act#match-1
69. NHS. NHS England » Information governance [Internet]. [cited 2014 Apr 12]. Available from: http://www.england.nhs.uk/ourwork/tsd/ig/
70. Operational Guidance to the NHS – AQP [Internet] Available from: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/216137/dh_128462.pdf
71. Google Scholar [Internet]. [cited 2015 Jul 26]. Available from: https://scholar.google.co.uk/

72. PLOS ONE : accelerating the publication of peer-reviewed science [Internet]. [cited 2015 Jul 26]. Available from: http://www.plosone.org/article/citationList.action?articleURI=info%3Adoi%2F10.1371/journal.pone.0093949
73. Morgan, E H, The professional liability problem and optometry. Journal of the American Optometric Association Volume: 42 Issue: 2 Pages: 160-4 Published: 1971-Feb
74. Classe, J G,A review of professional liability cases affecting the practice of optometry. Journal of the American Optometric Association Volume: 57 Issue: 1 Pages: 66-71 Published: 1986-Jan
75. Bowers, S A, Precedent-setting professional liability claims involving optometry. Journal of the American Optometric Association Volume: 57 Issue: 5 Pages: 397-401 Published: 1986-May
76. Scholles, J R A review of professional liability claims in optometry. Journal of the American Optometric Association Volume: 57 Issue: 10 Pages: 764-6 Published: 1986-Oct
77. Help with Health Costs. [internet] cited 2nd March 2016. Available from http://www.nhs.uk/NHSEngland/Healthcosts/Pages/Eyecarecosts.aspx
78. Grinyer A. The ethics of the secondary analysis and further use of qualitative data. Social Research Update. 2009 Summer;(56):1–4.1
79. The College of Optometrists. Code of Ethics and Guidance for Professional Conduct [Internet]. [cited 2013 Dec 20]. Available from: http://www.college-optometrists.org/en/professional-standards/Ethics_Guidance/
80. GOC Past Hearings [Internet]. [cited 2015 Aug 15]. Available from: https://www.optical.org/en/Investigating_complaints/Hearings/past_hearings/
81. General Optical Council. Fitness To Practise panels hearings guidance and indicative sanctions [internet] cited 4th March 2016. Available from https://www.optical.org/en/Investigating_complaints/fitness-to-practise-guidance/
82. GOC. The Opticians register, comprising the registers and lists kept by the General Optical Council. (1988) Published by the General Optical Council
83. GOC. The Opticians register, comprising the registers and lists kept by the General Optical Council. (2000) Published by the General Optical Council
84. General Optical Council. Annual Reports [Internet]. [cited 2014 Apr 25]. Available from: http://www.optical.org/en/news_publications/Publications/annual_reports_archive.cfm
85. GOC Annual Report 2010-2011 [Internet]. [cited 2011 Dec 11];Available from: http://annualreport10-11.optical.org/
86. GOC Annual Report 2009-2010 [Internet]. [cited 2011 Dec 11];Available from: http://annualreport09-10.optical.org/
87. GOC Annual Report 2008-2009 [Internet]. [cited 2011 Dec 11];Available from: http://annualreport08-09.optical.org/
88. GOC Annual Reports [Internet]. [cited 2011 Dec 11];Available from: http://www.optical.org/en/news_publications/Publications/annual_reports_archive.cfm
89. GOC. The Opticians register, comprising the registers and lists kept by the General Optical Council. (2000) Published by the General Optical Council, pp369-397
90. GOC. GOC Annual Report - The GOC at a glance [Internet]. [cited 2016 Mar 27]. Available from: http://annualreport10-11.optical.org/the-goc-at-a-glance/
91. GOC Annual Reports [Internet]. [cited 2011 Dec 11];Available from: http://www.optical.org/en/news_publications/Publications/annual_reports_archive.cfm
92. Nettleton, S. and Harding, G. (1994) “Protesting patients: a study of complaints submitted to a Family Health Service Authority”. Sociology of Health & Illness 16 (1) 38-61
93. Health Authorities Act 1995 [Internet]. [cited 2016 Feb 14]. Available from: http://www.legislation.gov.uk/ukpga/1995/17/section/1/enacted
94. Wilkin, D., Gillam, S., & Smith, K. (2001). Tackling organisational change in the new NHS. *BMJ : British Medical Journal*, *322*(7300), 1464–1467.
95. The National Health Service (Clinical Commissioning Groups) Regulations 2012 [Internet]. [cited 2016 Feb 14]. Available from: http://www.legislation.gov.uk/uksi/2012/1631/contents/made
96. Choices NHS. The structure of the NHS in England - NHS Choices [Internet]. 2015 [cited 2016 Feb 14]. Available from: http://www.nhs.uk/NHSEngland/thenhs/about/Pages/nhsstructure.aspx

97. College of Optometrists. Optical Workforce Survey - Commissioned and collaborative research [Internet]. [cited 2016 Mar 10]. Available from: http://www.college-optometrists.org/en/research/funded-projects/commissioned-research-2.cfm/Optical%20Workforce%20Survey
98. College of Optometrists. Optical Workforce Survey - full report [Internet]. [cited 2016 Mar 10]. Available from: http://www.college-optometrists.org/en/utilities/document-summary.cfm?docid=34645CB2-9582-4911-84672B5C888A2F22
99. College of Optometrists. Optical Workforce Survey - full report [Internet] page 57. [cited 2016 Mar 10]. Available from: http://www.college-optometrists.org/en/utilities/document-summary.cfm?docid=34645CB2-9582-4911-84672B5C888A2F22
100. College of Optometrists. Optical Workforce Survey - full report [Internet] page 37. [cited 2016 Mar 10]. Available from: http://www.college-optometrists.org/en/utilities/document-summary.cfm?docid=34645CB2-9582-4911-84672B5C888A2F22
101. Green P. Optical Market Share: Independent opticians down to 28% market share | Independent Practice Growth UK [Internet]. [cited 2015 Aug 28]. Available from: http://www.opticiansmarketing.co.uk/resources/exclusive-independent-opticians-down-to-28-market-share/
102. Bainbridge J, 28.04.2010. Sector insight: Optical goods and eye care [Internet]. [cited 2015 Aug 28]. Available from: http://www.marketingmagazine.co.uk/article/999829/sector-insight-optical-goods-eyecare
103. University of Portsmouth planning optometry course [Internet]. Optician. [cited 2015 Aug 31]. Available from: http://www.opticianonline.net/university-portsmouth-planning-optometry-course/
104. Master of Optometry | University of Hertfordshire [Internet]. [cited 2015 Aug 31]. Available from: http://www.herts.ac.uk/courses/master-of-optometry-moptom
105. College of Optometrists. Guidance on the referral of Glaucoma suspects by community optometrists [Internet]. [cited 2016 Mar 13]. Available from: http://www.college-optometrists.org/en/utilities/document-summary.cfm/docid/B7251E0C-2436-455A-B15F1E43B6594206
106. College of Optometrists. Examining patients who present with flashes and floaters - The College of Optometrists [Internet]. [cited 2016 Mar 13]. Available from: http://guidance.college-optometrists.org/guidance-contents/knowledge-skills-and-performance-domain/examining-patients-who-present-with-flashes-and-floaters/?searchtoken=retinal+detachment
107. College of Optometrists. Examining younger children - The College of Optometrists [Internet]. [cited 2016 Mar 13]. Available from: http://guidance.college-optometrists.org/guidance-contents/knowledge-skills-and-performance-domain/examining-younger-children/?searchtoken=amblyopia+in+children
108. GOC. Annual Reports [Internet]. [cited 2015 Aug 31]. Available from: https://www.optical.org/en/news_publications/Publications/annual_reports_archive.cfm
109. The General Optical Council (Fitness To Practise Rules) Order of Council 2005 [internet]. [cited 2015 Aug 31]. Available from: http://www.legislation.gov.uk/uksi/2005/1475/introduction/made
110. lokidg@gmail.com TA-. EyeNetra - Smartphone-powered Refraction [Internet]. EyeNetra. [cited 2016 Mar 27]. Available from: http://www.eyenetra.com
111. PEEK. Professional eye exams from a phone [Internet]. Peek Vision. [cited 2016 Mar 27]. Available from: http://www.peekvision.org/

Appendix

Appendix 1. College of Optometrists Code of Ethics and Guidance for Professional Conduct

Appendix 2. General Optical Council Fitness To Practise Rules 2005

Appendix 3. Data recorded from study in spread-sheet form.

Appendix 1. College of Optometrists Code of Ethics and Guidance for Professional Conduct

Good Optometric Practice: Guidance for Professional Conduct

Preface

The Code of Ethics is the basis of the whole professional conduct of optometrists, and all Fellows and Members of the College must subscribe to it:

AN OPTOMETRIST SHALL ALWAYS PLACE THE WELFARE OF THE PATIENT BEFORE ALL OTHER CONSIDERATIONS AND SHALL BEHAVE IN A PROPER MANNER TOWARDS PROFESSIONAL COLLEAGUES AND SHALL NOT BRING THEM OR THE PROFESSION INTO DISREPUTE.

There are ten principles which apply to any professional practice and which sum up in a concise form the optometrist's obligations.

Principles

1. The practitioner should always have as his prime concern the welfare and safety of both patient and the public.

2. The practitioner should ensure that he is adequately covered by public and products liability insurance which includes professional indemnity cover.

3. The honour and dignity of the profession shall be upheld at all times and no activity shall be engaged in which might bring the profession into disrepute.

4. The practitioner shall at all times have due regard to the laws and regulations applicable and maintain a high standard of professional conduct. Acts or omissions which might impair confidence in the profession should be avoided.

5. Information relating to the health or welfare of any patient or person should be respected and remain confidential between practitioner and patient or person, unless disclosure is specifically permitted by such patient or person or by law.

6. The practitioner should keep abreast of the progress of scientific and other relevant knowledge pertinent to the profession, seek to develop his professional competence and maintain a high standard of professional expertise relative to his sphere of activity.

7. The practitioner should not agree to practise under any conditions of service which would prevent or impede his professional integrity, nor impose such conditions on other members of the profession.

8. Practitioners should co-operate with professional colleagues and members of other professions to the benefit of patients and the public.

9. No practitioner should criticise or cast doubts on the integrity of other professional colleagues except when absolute candour is required in the furnishing of evidence in legal or disciplinary proceedings, or if the practitioner considers that patients' welfare is being placed at risk through the actions of a professional colleague.

10. No practitioner should advise, prescribe or engage in any procedure beyond his competence and training. Engaging in occasional practice is not in the best interests of the patient; practitioners should be aware of their limitations and refer to a more competent colleague as necessary.

Guidance for Professional Conduct

The Guidance that follows is issued in pursuance of the College's formal object, "the maintenance for the public benefit of the highest possible standards of professional competence and conduct". Although not exclusive, it represents the College's view of how the Code of Ethics should be interpreted, both as to principles and practice, by Fellows and Members in their professional lives. The Guidance is used by the College in judging the professional conduct of Fellows and Members. The Disciplinary Committee of the General Optical Council frequently makes reference to the College's Guidance in determining whether or not actions on the part of an optometrist amount to serious professional misconduct.

Where in the Guidance reference is made to optometrists in the masculine gender only, this is simply for ease of construction; in such cases it is understood that 'he', 'him', 'his', should also be read as 'she', 'her' and 'hers'.

The Guidance is divided into two sections – Part 1: Ethics and Part 2: Clinical Practice.

Part 1 is the foundation of all practice and its principles are immutable; only the detail may change. Part 2, on the other hand, is constantly changing as technology improves and scope of practice expands. The format will allow the College to keep its Guidance up-to-date with the minimum of paperwork and inconvenience to Fellows and Members.

The Guidance document represents the College's view of good practice, this being defined by the College Council as being "what a competent optometrist is able to do in practical and achievable terms and within existing training and skills". It is not a set of instructions and does not constitute a "check list" of clinical or professional procedures that must be carried out. It is for each practitioner to exercise his or her professional judgement.

Within the overarching professional obligations, there exist different types of duties, none of which are mutually exclusive. There is a common law duty to practise to the same standard as a reasonably competent optometrist.

The College of Optometrists

There are statutory duties imposed by the Opticians Act, which provides that only certain categories of persons can carry out eye examinations, and stipulates the duties to be fulfilled when examining a patient's eyes. These apply to both private and NHS eye examinations. In addition, when an optometrist carries out an NHS eye examination he is also bound by the NHS regulations.

The optometrist also has a contractual duty to the patient if the patient contracts with the optometrist for him to provide any private service and a contractual duty to the NHS in the provision of GOS eye examinations.

In all of these instances the optometrist must exercise reasonable care.

Information about the relevant legislation is contained in Section 16 paragraph 16.09 of the Guidance.

The College endorses the need for fees to reflect the professional service provided and supports the profession in its goal of achieving realistic payment to cover the costs of services and facilities provided. It is the College's view that optometrists should be properly remunerated; adequate fees will encourage compliance with the Guidance and hence will be to the public benefit.

The College believes that the Guidance represents an accurate statement of the law at the time of issue. However, the Guidance does not constitute legal advice on specific situations and as the Guidance cannot cover every situation, practitioners should take their own legal advice as appropriate.

Each section of the Guidance is divided under three headings – Guideline, Advice and Information. These can be defined as follows:

Guideline

What the practitioner should do in a given set of circumstances.

Advice

Advice on when and how to satisfy the guideline.

Information

The equipment, instruments and other facilities or background information available to assist the practitioner to comply with the Guideline.

Fellows or Members who need further guidance on ethical matters are invited to seek advice from the College.

Optometric Adviser,
College of Optometrists,
42 Craven Street, London
WC2N 5NG
Tel: 020 7839 6000
Fax: 020 7839 6800
Email: optometric.adviser@college-optometrists.org
Website: www.college-optometrists.org

Appendix 2. General Optical Council Fitness To Practise Rules 2005

SCHEDULE: THE GENERAL OPTICAL COUNCIL (FITNESS TO PRACTISE) RULES 2005

The General Optical Council, in exercise of their powers under sections 13E(1), 23C, 23D(7), 23E(8) and 31A of the Opticians Act 1989(1) and of all other powers enabling them in that behalf, after consultation with such organisations representing the interests of registrants as the Council consider appropriate(2), hereby make the following Rules:
PART 1 CITATION, COMMENCEMENT AND INTERPRETATION
Citation and Commencement

1. These Rules may be cited as the General Optical Council (Fitness to Practise) Rules 2005 and shall come into force on 30th June 2005.
Interpretation

2.—(1) In these Rules—

“allegation” means an allegation of the kind set out in section 13D (allegations)(3);

“clinical adviser” means a clinical adviser appointed under section 23E(1)(a) (other advisers);

“conditional order” means an order made under section 13F (powers of the Fitness to Practise Committee)(4) that a registrant’s registration or entry relating to a specialty is to be conditional upon compliance with specified requirements;

“the Council” means the General Optical Council;

“Fitness to Practise Committee” means the Committee referred to in section 5C(1) (Fitness to Practise Committee)(5);

“hearing questionnaire” means a questionnaire in such form as is approved by the Council, seeking information from the parties with the purpose of facilitating the preparation and conduct of a substantive hearing;

“interim order” means an order under section 13L (interim orders)(6);

“interim order hearing” means any hearing at which the Fitness to Practise Committee may determine any issue relating to the making of an interim order or at which an interim order is made;

“the Investigation Committee” means the Committee referred to in section 4(1) (Investigation Committee)(7);

“legal adviser” means a legal adviser appointed under section 23D(1) (legal advisers);

“the Presenting Officer” means the representative of the Council instructed by the registrar to act on behalf of the Council in proceedings before the Fitness to Practise Committee, and may include solicitor or counsel;

“procedural hearing” means any hearing at which the Fitness to Practise Committee may determine matters of procedure only;

“registrant”, in relation to a hearing—
(a)

includes any representative of the registrant attending the hearing in accordance with the provisions of rule 20(2); and
(b)

means, for the purposes of the service of any notification or other notice under these Rules or the provision of information, a person whom the registrar has been informed is instructed to represent the registrant;

“registrar” means the registrar of the Council referred to in section 1(3) (constitution and functions of the Council);

“specialist adviser” means a specialist adviser appointed under section 23E(1)(b);

“specialty” means a specialty or level of proficiency particulars of which may, by virtue of rule 10 (specialties) of the General Optical Council (Registration) Rules 2005(8), be entered in a register in respect of a registrant;

“substantive hearing” means any hearing at which the Fitness to Practise Committee may—
(a)

determine any issue relating to an allegation against a registrant; or
(b)

may make an order under the provisions of sections 13F to 13I (power to order immediate suspension etc. after a finding of impairment of fitness to practise)(9); and

“suspension order” means any order made under section 13F directing that a registrant’s registration be suspended for a specified period or indefinitely or that a registrant’s entry relating to a specialty be removed for a specified period.

(2) In these Rules any reference to a numbered section is a reference to the section of the Opticians Act 1989 which bears that number.
PART 2 INVESTIGATION
Delegation of Investigation

3. Where an allegation has been made against a registrant, an officer of the Council, other than the registrar, may, until such time as the Investigation Committee considers the allegation under rule 6, exercise the function of investigating allegations which is conferred on the Investigation Committee by section 13D(5) (investigation of allegation of impairment of fitness to practise)(10).
Notification

4.—(1) The registrar shall, before any allegation against a registrant is considered by the Investigation Committee, serve on the registrant—

(a)a notification of each allegation; and

(b)copies of the documents which the registrar intends to place before the Investigation Committee.

(2) The notification under paragraph (1)(a) shall—

(a)invite the registrant to respond to the allegation with written representations, together with copies of any other documents which the registrant wishes the Investigation Committee to consider; and

(b)inform him that representations received from him will be disclosed, where appropriate, to the person making the allegation (if any).

(3) A copy of any written comments received from the person making the allegation, following such disclosure to him as is referred to in paragraph (2)(b), shall be sent to the registrant by the registrar.
Representations and documents from the registrant

5. Where the registrant wishes the Investigation Committee to consider any representations or documents, he or it shall provide these within 28 days of the date upon which the notification under rule 4(2) was served on him or it.
Consideration and investigation by the Investigation Committee

6. The Investigation Committee shall, following the completion of the procedures set out in rules 4 and 5—

(a)consider each allegation together with the registrant's representations under rule 4 and any documents provided by the registrar, the registrant or the person making the allegation (if any); and

(b)decide whether any further investigation, including any examination under rule 7, is required.

PART 3 ASSESSMENTS OF INDIVIDUAL REGISTRANTS

Appointment of assessors and direction for assessment by the Investigation Committee

7.—(1) Where the Investigation Committee are considering an allegation against an individual registrant, the Committee may—

(a)appoint one or more persons to assess and report to them on—

(i)the registrant's health, or

(ii)the standard or quality of the work done or being done by the registrant; and

(b)direct the registrant to meet with the person or persons appointed and to submit to any examination required for the purposes of their assessment and report.

(2) Where the Committee give a direction under paragraph (1)(b), they shall specify the matters on which the registrant is to be assessed.

Appointment of assessors and direction for assessment by the Fitness to Practise Committee

8.—(1) Where an allegation against an individual registrant has been referred to the Fitness to Practise Committee under section 13D(6)(b) (reference by registrar following direction from Investigation Committee)(11), the Committee may—

(a)appoint one or more persons to assess and report to them on—

(i)the registrant's health, or

(ii)the standard or quality of the work done or being done by the registrant; and

(b)direct the registrant to meet with the person or persons appointed and to submit to any examination required for the purposes of their assessment and report.

(2) When the Committee give a direction under paragraph (1)(b), they shall specify the matters on which the registrant is to be assessed.

Assessment notification

9. Where the Investigation Committee or the Fitness to Practise Committee have appointed an assessor under rule 7 or 8, the registrar shall—

(a)serve on the registrant a notification of the appointment;

(b)fix the date of the meeting with the assessor; and

(c)serve on the registrant, and on the assessor, a notification of—

(i)the date of the meeting, and

(ii)the direction the Committee have given under rule 7(1)(b) or 8(1)(b).

Date of meeting

10. The meeting referred to in rule 9 shall take place no earlier than 28 days after the date upon which the notification required by paragraph (c) of that rule was served on the registrant.

Assessment report

11. Each assessor appointed under rule 7 or 8 shall, once he has completed his assessment, send a report of the assessment to—

(a)the registrar; and

(b)the registrant.

Failure to submit to or co-operate with an assessment

12. Where a registrant has failed to submit to, or to co-operate with, any examination required or directed to be carried out under rule 7 or 8, the Fitness to Practise Committee shall draw such inferences as seem appropriate to them in relation to him.

PART 4 REFERRAL TO THE FITNESS TO PRACTISE COMMITTEE

Referral to Fitness to Practise Committee

13. The Investigation Committee shall, taking into account any report of an assessment carried out under Part 3, decide whether or not an allegation ought to be referred to the Fitness to Practise Committee.

Warnings

14.—(1) Where the Investigation Committee decides that an allegation against a registrant ought not to be considered by the Fitness to Practise Committee, they shall consider whether or not to give a warning to the registrant regarding his or its future conduct or performance.

(2) If it appears to the Committee that they may wish to give a warning, they shall direct the registrar to notify the registrant in writing that he is entitled to make written representations within the period of 28 days beginning with the date of the notice.

(3) The Investigation Committee shall take into account any representations made by the registrant in accordance with paragraph (2).

Review of decision not to refer

15.—(1) Subject to paragraph (2), a decision not to refer an allegation to the Fitness to Practise Committee may be reviewed by the Investigation Committee.

(2) Subject to paragraph (3), the Committee shall not review such a decision unless they consider that there is new evidence or information which makes such a review—

(a)necessary for the protection of the public;

(b)necessary for the prevention of injustice to the registrant; or

(c)otherwise necessary in the public interest.

(3) The Investigation Committee may review such a decision where they receive information that the Council has erred in its administrative handling of the case and they are satisfied that it is necessary in the public interest to do so.

(4) Where the Investigation Committee decides to review a decision, the registrar shall—

(a)inform the registrant and the maker of the allegation (if any) of the decision to review;

(b)inform the registrant and the maker of the allegation (if any) of any new evidence or information and, where appropriate, provide them with copies of any new evidence received; and

(c)seek representations from the registrant and the maker of the allegation (if any) regarding the review of the decision.

(5) Where the Investigation Committee has reviewed a decision, it may—

(a)determine that the original decision should stand;

(b)decide that the allegation ought be referred to the Fitness to Practise Committee.

(6) Where the Investigation Committee has reviewed a decision not to refer, the registrar shall notify—

(a)the registrant;

(b)the maker of the allegation (if any); and

(c)any other person he considers has an interest in receiving a notification,

in writing, as soon as reasonably practicable, of the Investigation Committee's decision, together with the reasons for that decision.

Termination of referral

16.—(1) Where an allegation against a registrant has been referred to the Fitness to Practise Committee under section 13D(6)(b) (reference by registrar following direction from Investigation Committee)(12), the Investigation Committee may review the referral.

(2) If the Investigation Committee no longer consider that the allegation ought to be considered by the Fitness to Practise Committee, the Investigation Committee shall give a direction to that effect and the Fitness to Practise Committee shall not consider that allegation

(3) Where the Investigation Committee give a direction under paragraph (2) the registrar shall notify—

(a)the registrant;

(b)the maker of the allegation (if any); and

(c)any other person he considers has an interest in receiving a notification,

in writing, as soon as reasonably practicable, of the Investigation Committee's decision, together with the reasons for that decision.

PART 5 INTERIM ORDERS

Notification of application for interim order

17. Where a matter has been referred to the Fitness to Practise Committee to consider the making of an interim order, the registrar shall serve on the registrant a notification that an application is to be made for an interim order, together with—

(a)the date of the interim order hearing;

(b)a statement of the facts constituting the basis of the application;

(c)the names of any witnesses upon whose evidence the Presenting Officer intends to rely and copies of any statements or reports made by the witnesses;

(d)copies of any documentary evidence upon which the Presenting Officer intends to rely; and

(e)the information set out at rule 26(2)(a) to (c).

Date of interim order hearing

18. Unless the Fitness to Practise Committee are of the view that the public interest requires an earlier hearing, the interim order hearing shall take place no earlier than 7 days after the date upon which the notification was served on the registrant in accordance with rule 17.

Conduct of interim order hearings

19.—(1) Rules 8 to 12, 2O to 24, 35 to 43, 45 to 49 and 54(2) to 58, shall apply to an application for an interim order, and to interim order hearings, except that references in those Rules to an allegation shall be read as references to the matter to be determined by the Fitness to Practise Committee.

(2) An interim order hearing shall, for the purposes of this rule, be treated as a substantive hearing.

PART 6 HEARINGS OF THE FITNESS TO PRACTISE COMMITTEE
Representation

20.—(1) The parties to proceedings to be heard before the Fitness to Practise Committee shall be entitled to be heard at any hearing of those proceedings by the Committee.

(2) The parties shall be entitled to be represented at any such hearing by—

(a)a person with a general qualification (within the meaning of section 71 of the Courts and Legal Services Act 1990);

(b)an advocate in Scotland, or a solicitor entitled to appear in the Court of Session and the High Court of Justiciary;

(c)a member of the Bar of Northern Ireland or Solicitor of the Supreme Court of Northern Ireland; or

(d)in the case of the registrant, any of the following—

(i)a representative of any professional organisation of which the registrant is a member,

(ii)where the registrant is a business registrant, a responsible officer of the body corporate, or

(iii)if the registrant so requests and the Fitness to Practise Committee agree, any other suitable person.

(3) Subject to paragraph (4), where an individual registrant is not represented, he may be accompanied and advised by any person, provided that such person shall not be entitled to address the Committee without their permission.

(4) A person who gives evidence at a hearing shall not, without the permission of the Fitness to Practise Committee, be entitled to represent or accompany the registrant at the hearing.
Proceeding in the absence of the registrant

21. Where the registrant is neither present nor represented at a hearing, the Fitness to Practise Committee may nevertheless proceed if—

(a)they are satisfied that all reasonable efforts have been made to notify the registrant of the hearing; and

(b)having regard to any reasons for absence which have been provided by the registrant, they are satisfied that it is in the public interest to proceed.
Joinder

22.—(1) If the conditions specified in paragraph (2) are satisfied, the Presenting Officer may apply to the Fitness to Practise Committee at a procedural hearing for a direction that one substantive hearing may be held in relation to two or more registrants.

(2) The conditions are that—

(a)all reasonable efforts have been made to notify each registrant of the procedural hearing at which the application under paragraph (1) is to be determined; and

(b)each registrant is offered an opportunity to be heard on the application at the procedural hearing.

(3) The Fitness to Practise Committee may, where just to do so, direct that one hearing be held in relation to two or more registrants and, where such a direction is made—

(a)these Rules shall have effect in relation to the hearing with the necessary adaptations; and

(b)each registrant shall be able to exercise any of the rights granted to him or it under these Rules whether or not any other registrant wishes to exercise that right.
Hearings in public

23.—(1) Subject to paragraphs (2) to (5) below, hearings before the Fitness to Practise Committee shall be held in public.

(2) The Fitness to Practise Committee may determine that the public shall be excluded from the proceedings, or any part of the proceedings, where the Committee consider that such exclusion would be appropriate, having regard to—

(a)the interests of the maker of an allegation (if one has been made);

(b)the interests of any patient or witness concerned;

(c)the interests of the registrant; and

(d)all the circumstances, including the public interest.

(3) Subject to paragraph (4), the Fitness to Practise Committee shall sit in private where they are considering the physical or mental health of the registrant.

(4) Where the Fitness to Practise Committee are considering matters referred to in paragraph (3), they may meet in public where they consider that it would be appropriate to do so, having regard to the matters set out in paragraph (2)(a) to (d).

(5) The Fitness to Practise Committee may at any time deliberate in the absence of the parties, their representatives and the public.
Exclusion from hearings

24. The Fitness to Practise Committee may exclude from the whole or any part of a hearing, any person (including a party or his or its representative) whose conduct, in the Committee's opinion, has disrupted or is likely to disrupt the proceedings.
PART 7 PROCEDURE AND ORDER OF PROCEEDINGS
Procedural and substantive hearings

25.—(1) Where an allegation has been referred to the Fitness to Practise Committee—

(a)there shall be one or more procedural hearings; and

(b)there shall be a substantive hearing.

(2) Paragraph (1) shall not apply in any case where the Investigation Committee have given a direction under rule 16(2).
Notification

26.—(1) Where an allegation has been referred to the Fitness to Practise Committee, the registrar shall, as soon as is reasonably practicable, serve on the registrant—

(a)a notification setting out the allegation, the particulars of the allegation and the information set out in paragraph (2);

(b)a copy of the hearing questionnaire completed by the Presenting Officer;

(c)a hearing questionnaire for the registrant to complete;

(d)copies of any statements made by witnesses upon whose evidence the Presenting Officer intends to rely; and

(e)copies of any documentary evidence upon which the Presenting Officer intends to rely.

(2) The notification in paragraph (1)(a) shall inform the registrant:

(a)of his right to attend the hearing and to be represented at the hearing in accordance with rule 20;

(b)of the power of the Fitness to Practise Committee to proceed in his absence under rule 21;

(c)of his right to adduce evidence in accordance with rule 46 and to call and cross-examine witnesses; and

(d)of the Committees powers of disposal under section 13F to 13I.

Completion of hearing questionnaire by the registrant

27. No later than 28 days after the service on the registrant of the hearing questionnaire referred to in rule 26(1)(b), the registrant shall—

(a)complete the hearing questionnaire served on him or it under rule 26(1)(c); and

(b)serve it upon the Presenting Officer and the registrar.

Procedural hearing

28. The registrar shall serve on the parties a notification in writing of the date of any procedural hearing.

29. A procedural hearing shall not be held earlier than 7 days after the date upon which the hearing questionnaire completed by the registrant was due to be served on the Presenting Officer and the registrar in accordance with the provisions of rule 27.

30. At a procedural hearing, the Fitness to Practise Committee—

(a)may consider the completed hearing questionnaires;

(b)may invite representations from the parties (if present);

(c)may establish a timetable for the disclosure of evidence by each party; and

(d)shall make directions for the further conduct of the matter.

Date of substantive hearing

31. Except where the parties agree that the substantive hearing may follow on immediately from a procedural hearing—

(a)the registrar shall serve on the parties a notification in writing of the date of the substantive hearing; and

(b)the substantive hearing shall not be held earlier than 28 days after the date upon which the notification of the date of hearing was served on the registrant.

Advance provision of information

32.—(1) This rule applies to—

(a)copies of any statements or reports made by witnesses; and

(b)copies of any documentary evidence,

upon which the registrant or the Presenting Officer intend to rely and which each agrees may be disclosed to the other and to the Fitness to Practise Committee in advance of the substantive hearing.

(2) Subject to any timetable for disclosure of evidence established under rule 30, each party shall, no later than 14 days before the date fixed for the substantive hearing, provide to the other the copies of documents to which this rule applies.

Committee copies of documents

33. No later than 7 days before the date fixed for the substantive hearing, the registrar shall provide to the Fitness to Practise Committee copies of all documents provided under rule 32.

Amendment of particulars of allegation

34.—(1) The Presenting Officer may apply to the Fitness to Practise Committee for the particulars of the allegation contained in the notification served under rule 26(1)(a) to be amended.

(2) The Fitness to Practise Committee may grant such an application where they are satisfied that it is just to do so.

(3) If the Fitness to Practise Committee decide to amend the particulars of the allegation at a procedural hearing and the registrant is not present at the hearing at which the matter is considered, they shall direct the registrar to serve on the registrant notification of the amended particulars of allegation.

Adjournment

35.—(1) At any stage a party may apply to the Fitness to Practise Committee for the adjournment of a hearing.

(2) Such an application shall be heard either at the hearing at which the application is made or, if the application is made otherwise than at a hearing, on the next date upon which the Fitness to Practise Committee sit.

36.—(1) Upon the hearing of an application under rule 35, or of their own motion, the Fitness to Practise Committee may adjourn a hearing.

(2) When announcing their decision, the Committee shall, if granting the application fix a new date for the hearing.

37. Where the Fitness to Practise Committee decide to adjourn a hearing under rule 36, the registrar shall serve on the parties a notification of the adjournment and the new date for the hearing.

Admissibility of evidence

38.—(1) Subject to paragraphs (2) and (3), the Fitness to Practise Committee may admit any evidence they consider fair and relevant to the case before them, whether or not such evidence would be admissible in a court of law.

(2) Where evidence would not be admissible in criminal proceedings in England and Wales, the Committee shall not admit such evidence unless, on the advice of the legal adviser, they are satisfied that their duty of making due inquiry into the case before them makes its admission desirable.

(3) Evidence which has not been disclosed in accordance with rule 32 or any timetable established by the Fitness to Practise Committee under rule 30 shall be admitted only with the permission of the Fitness to Practise Committee given at the substantive hearing.

Vulnerable witnesses

39.—(1) In proceedings before the Fitness to Practise Committee, the following may, if the quality of their evidence is likely to be adversely affected as a result, be treated as a vulnerable witness—

(a)any witness under the age of 17 at the time of the hearing;

(b)any witness with a mental disorder within the meaning of the Mental Health Act 1983(13);

(c)any witness who is significantly impaired in relation to intelligence and social functioning;

(d)any witness with physical disabilities who requires assistance to give evidence;

(e)any witness, where the allegation against the registrant is of a sexual nature and the witness was the alleged victim; and

(f)any witness who complains of intimidation.

(2) Subject to the advice of the legal adviser, and upon hearing representations from the parties, the Committee may adopt such measures as it considers desirable to enable it to receive evidence from a vulnerable witness.

(3) Measures adopted by the Committee may include, but shall not be limited to—

(a)use of video links;

(b)use of pre-recorded evidence as the evidence-in-chief of a witness, provided always that such witness is available at the hearing for cross-examination and questioning by the Committee;

(c)use of interpreters (including signers and translators) or intermediaries;

(d)use of screens or such other measures as the Committee consider necessary in the circumstances in order to prevent—

(i)the identity of the witness being revealed to the press or the general public; or

(ii)access to the witness by the registrant; and

(e)the hearing of evidence by the Committee in private.

(4) Where—

(a)the allegation against a registrant is based on facts which are sexual in nature;

(b)a witness is an alleged victim; and

(c)the registrant is acting in person,

the registrant shall not without the written consent of the witness be allowed to cross-examine the witness in person.

(5) In the circumstances set out in paragraph (4), in the absence of written consent, the registrant shall no less than 7 days before the hearing appoint a legally qualified person to cross-examine the witness on his behalf, and in default, the Council shall appoint such person on behalf of the registrant.

Evidence on oath

40. Witnesses shall be required to take an oath, or to affirm, before giving oral evidence at a hearing.

Legal advisers

41. The Fitness to Practise Committee shall be advised by a legal adviser who shall—

(a)be present at all hearings;

(b)advise the Committee on any matters of law, evidence or procedure which are referred to him by the Committee;

(c)advise the Committee on an issue of law where it appears to him that, without his intervention, there is the possibility of a mistake of law being made;

(d)intervene to advise the Committee or the Panel of any irregularity in the conduct of the proceedings which comes to his knowledge;

(e)ensure that—

(i)advice given to the Committee under paragraph (b) is tendered in the presence of the parties attending the hearing, or

(ii)if the advice is tendered after the Committee have begun to deliberate as to their findings, every such party is informed as to the advice given; and

(f)if the Committee so require, advise on the drafting of the Committee's decisions.

Clinical advisers

42. Where a registrant's physical or mental health is to be considered by the Fitness to Practise Committee, the Committee shall be advised by a clinical adviser who shall—

(a)be present at the hearing at which the registrant's physical or mental health is to be considered;

(b)advise the Committee on the significance of any evidence before them pertaining to the registrant's physical or mental health;

(c)ensure that—

(i)advice given to the Committee under paragraph (b) is tendered in the presence of the parties attending the hearing, or

(ii)if the advice is tendered after the Committee have begun to deliberate as to their findings, every such party is informed as to the advice given.

Specialist advisers

43. Where a specialist adviser has been appointed in relation to a matter to be considered at a substantive hearing, the adviser shall—

(a)be present at the hearing;

(b)advise the Fitness to Practise Committee on matters relating to the specialty for which he has been appointed;

(c)ensure that—

(i)that advice given to the Committee under paragraph (b) is tendered in the presence of the parties attending the hearing,

(ii)if the advice is tendered after the Committee have begun to deliberate as to their findings, that every such party is informed as to the advice given.

Admissions

44. If the registrant is present at the hearing, the Fitness to Practise Committee shall ascertain whether the registrant wishes to make any admissions.

Presentation of the Presenting Officer's case

45.—(1) The Presenting Officer shall address the Fitness to Practise Committee in relation to each allegation and may call witnesses and adduce documentary and other evidence in support.

(2) Any witness who gives oral evidence under paragraph (1) may be cross-examined by the registrant and re-examined by the Presenting Officer.

Presentation of the registrant's case

46.—(1) Following the presentation of evidence by the Presenting Officer, the registrant may address the Fitness to Practise Committee in relation to each allegation and may call witnesses and adduce documentary and other evidence in support.

(2) Any witness who gives oral evidence under paragraph (1) may be cross-examined by the Presenting Officer and re-examined by the registrant.

Evidence in rebuttal

47.—(1) The Presenting Officer may, with the permission of the Fitness to Practice Committee, call witnesses and adduce documentary and other evidence in rebuttal of any matter raised by the registrant.

(2) Any witness who gives oral evidence under paragraph (1) may be cross-examined by the registrant and re-examined by the Presenting Officer.
Questions

48. In addition to any question put to any witness pursuant to rules 45 to 47, questions may also be put by—

(a)a member of the Fitness to Practise Committee; and

(b)with the permission of the Chairman of the Committee—

(i)the legal adviser,

(ii)a clinical adviser, where appointed, on matters relating to the physical or mental health of the registrant, and

(iii)a specialist adviser, where appointed, on matters relating to the specialty for which he has been appointed.
Submissions

49.—(1) Following the presentation of evidence, including any evidence in rebuttal, the Presenting Officer shall be entitled to address the Fitness to Practise Committee.

(2) Following any address made by the Presenting Officer, the registrant shall be entitled to address the Fitness to Practise Committee.
Findings

50. The Fitness to Practise Committee shall then determine their findings as to fact and as to whether or not the allegation is proven.
PART 8ORDERS OF THE FITNESS TO PRACTISE COMMITTEE
Declarations where allegation not proven

51. Where, in the case of an individual registrant, it has been alleged that his fitness to practise was impaired but the Fitness to Practise Committee decide that he is fit to practise—

(a)the Committee shall, if requested by the registrant, make a declaration to that effect, giving their reasons; or

(b)the Committee may, if no such request is made but the registrant nonetheless consents, make such a declaration.

52. Where, in the case of a business registrant, it has been alleged that the registrant was not fit to carry on the business of an optometrist or a dispensing optician or both but the Fitness to Practise Committee decide that the registrant is fit to carry on that business—

(a)the Committee shall, if requested by the registrant, make a declaration to that effect, giving their reasons;

(b)the Committee may, if no such request is made but the registrant nonetheless consents, make such a declaration.
Submissions etc. as to orders

53. Where the determination of the Fitness to Practise Committee under rule 50 is that an allegation is proven, the Committee may receive further evidence and hear any further submissions from the Presenting Officer and the registrant as to the appropriate order, if any, to be made.
Orders of the Fitness to Practise Committee

54.—(1) The Fitness to Practise Committee shall then deliberate and decide whether to make any direction or order under sections 13F to 13I (which set out the powers of the Fitness to Practise Committee)(14).

(2) The Fitness to Practise Committee shall announce their decisions as to any directions or orders to be made.
Written decision

55. The Fitness to Practise Committee shall give the parties a written record of their decisions under these Rules, together with reasons for any decision made.
Costs and expenses

56. The Fitness to Practise Committee may, as they think fit, summarily assess the costs of any party to the proceedings and order any party to pay all or part of the costs or expenses of any other party.

57. Where the Fitness to Practise Committee are considering an order under rule 56 and are considering making an award against an individual registrant, they shall take into account his ability to pay.
Period of payment

58. Where the Fitness to Practise Committee have made an order under rule 56, they may specify the period within which the costs or expenses are to be paid.
PART 9REVIEWS
Referral of a review

59. Where the Fitness to Practise Committee have previously made an interim order, conditional order or suspension order in respect of a registrant, the registrar—

(a)shall refer the case to the Committee for the purposes of sections 13F(10) or 13L(3)(a) or (9); or

(b)may refer the case to the Committee where new evidence is received by the Council which, in the registrar's opinion, suggests that an order imposed on the registrant's registration ought to be reviewed.
Notice of review

60. The registrar shall serve on the registrant notification of the date of the proposed review of an interim order, a conditional order or a suspension order together with—

(a)a copy of any statement, report or other document which:

(i)the registrant has not previously been sent; and

(ii)is relevant to the review; and

(b)the information set out at rule 26(2)(a) to (c).
Date of review

61. Unless the Fitness to Practise Committee are of the view that the public interest requires an earlier hearing or with the agreement of the registrant, a hearing to review an interim order, a conditional order or a suspension order shall not be held earlier than 28 days after the date upon which the notification was served on the registrant by virtue of rule 60.
Conduct of review hearing.

62.—(1) The review of an interim order, a conditional order or a suspension order shall be conducted in accordance with the provisions of rules 8 to 12, 20 to 24, 32 and 33, 35 to 43, 45 to 49 and 54(2) to 58, except that references to allegations shall be read—

(a)as references to the basis of the matter to be determined by the Fitness to Practise Committee; and

(b)as including references to the registrant's compliance with the order in question since its imposition.

(2) The review hearing shall, for the purposes of this rule, be treated as a substantive hearing.
PART 10MISCELLANEOUS

Voting

63.—(1) Decisions of the Investigation Committee and Fitness to Practise Committee shall be taken by a simple majority.

(2) No Chairman of a Committee may exercise a casting vote.

(3) No member of a Committee may abstain from voting.

(4) Where the votes are equal the Committee shall decide the issue under consideration in favour of the registrant.
Record of Hearing

64. A verbatim record, in either written or electronic form, shall be taken of every hearing before the Fitness to Practise Committee.
Service of documents

65.—(1) Any notice of hearing required to be served upon the registrant under these Rules shall be served in accordance with section 23A (service of notification)(15).

(2) If the registrant is represented by a solicitor, any such notice shall be served at the solicitor's practising address.

(3) Any other notice or document to be served on a person under these Rules may be sent by ordinary post.

(4) The service of any notice or document under these Rules may be proved by—

(a)a confirmation of posting issued by or on behalf of the Post Office, or other postal operator or delivery service; or

(b)a signed statement from any person serving the notice or document by hand.
(1)

1989 c. 44. Sections 13E, 23C, 23D and 23E were inserted by S.I. 2005/848.
(2)

See section 23C(10) of the Opticians Act 1989.
(3)

Section 13D was inserted by S.I. 2005/848.
(4)

Section 13F was inserted by S.I. 2005/848.
(5)

Section 5C was inserted by S.I. 2005/848.
(6)

Section 13L was inserted by S.I. 2005/848.
(7)

Section 4 was substituted by S.I. 2005/848.
(8)

The Rules are scheduled to S.I. 2005/ 1478
(9)

Sections 13F to 13I were inserted by S.I. 2005/848.
(10)

Section 13D was inserted by S.I. 2005/848.

(11)

Section 13D was inserted by S.I. 2005/848.
(12)

Section 13D was inserted by S.I. 2005/848.
(13)

1983 c. 20.
(14)

Sections 13F to 13I were inserted by S.I. 2005/848.
(15)

Section 23A was inserted by S.I. 2005/848.

Appendix 3. Data recorded from study in spread-sheet form.

The individual years of the study are banded horizontally white and green.

The spread-sheet used the following key:

ADV…… Advertising Rules Infringement
AMD……Age Related Macular Degeneration
ARR…… Application to Re-Register
BC……Body Corporate
CAT……... Cataract
CLO…… Contact Lens Optician – Dispensing Optician qualified to fit contact lenses
CLR…… Contact Lens Related
DATA…… Failing to provide information to Investigating Committee
DIR…… Director of Company
Dis…….. Dishonesty not including theft or fraud
DO…….. Dispensing Optician
DOMI……Domiciliary based practise
DPA…… Data Protection Act Infringements
EFr……..Fraud / Theft from Employer
FtR……..Failure to Register
GLA……Glaucoma
HDO……... Hospital Dispensing Optician
HOO……... Hospital Optometrist
InB…….. Inappropriate Physical Behaviour
IND…… Independent Optician Business
IndF…… Independent Optician involved in NHS theft / fraud
IPS……..Inadequate Pre-Registration Supervision
IR……Inadequate Referral
IRK……..Inappropriate Record Keeping
IST……..Inadequate Sight Test
LOC…… Locum Self Employed Professional
M……Multiple business (further denoted by a number)
MEL…… Melanoma
MH……..Macular Hole
NF……...No Fields Test performed
NFr…… Fraud / Theft from the National Health Service
NoS…… No Supervision
NQ……... Not Qualified to practise
NR…….. No Referral when necessary
OO……..Optometrist (Ophthalmic Optician)
ORx…… Prescribing Inappropriately (i.e., spectacles not necessary)
PA……Failing to manage effectively paediatric amblyopia
RD…….. Retinal Detachment
SDO……Student Dispensing Optician
SOO……Student Optometrist
UDO……... University based Dispensing Optician
UNI……..University student
UOO……University based Optometrist

				Practitioner Type							Mode Of Practice							
Case Reference	YEAR	Male	Female	OO	SOO	DO	SDO	CLO	BC	INT	MULT	IND	IndF	DIR	LOC	EMP	HOO	HDO
3001001	2001					1					1							
3001002	2001					1		1										
3001003	2001	1		1														
3001004	2001		1	1								1	1		1			
3001005	2001	1		1								1			1			
3001006	2001	1		1								1	1		1			
3001007	2001		1	1								1			1			
3001008	2001	2				2						2	1					
3001009	2001																	
3001010	2001		1	1													1	
3001011	2001		1	1								1	1					
4001012	2002	1				1					1							
4001013	2002	1		1								1	1		1			
4001014	2002		1			1					1	1						
4001015	2002	1		1								1	1					
4001016	2002	1		1								1						
4001017	2002	1		1							1			1				
4001018	2002	1		1								1	1					
4001019	2002	1		1							1							
4001020	2002	1		1								1	1					
4001021	2002	1		1								1						
4001022	2002	1		1								1						
5001023	2003	1		1								1	1					
5001024	2003	1		1								1	1					
5001025	2003		1	1								1						
5001026	2003	1		1								1	1					
5001027	2003	1		1								1	1					
5001028	2003		1														1	
5001029	2003	1		1								1						
5001030	2003	1		1								1						
5001031	2003	1				1						1						
5001032	2003	1				1						1						
5001033	2003		1			1					1							

Case Reference	YEAR	Male	Female	OO	SOO	DO	SDO	CLO	BC	INT	MULT	IND	IndF	DIR	LOC	EMP	HOO	HDO
5001035	2003	1		1								1	1					
5001034	2003	1		1														
5001036	2003	1				1		1				1						
5001037	2003	1		1								1						
5001038	2003	1		1								1						
5001039	2003											1	1					
5001040	2003		1	1								1					1	
5001041	2003																	
5001042	2003	1		1														
5001043	2003																	
6001044	2004		1	1								1						
6001045	2004	1				1						1						
6001046	2004	1		1														
6001047	2004		1	1								1						
6001048	2004	1		1								1						
6001049	2004		1	1							1				1			
6001050	2004	1		1								1						
6001051	2004	1		1								1						
6001052	2004	1		1							1							
6001053	2004		1	1								1						
6001054	2004		1	1								1	1					
6001055	2004	1				1						1						
6001056	2004		1	1								1						
6001057	2004	1		1								1						
6001058	2004	1		1								1						
6001059	2004	1		1							1							
6001060	2004	1				1						1						
6001061	2004	1		1							1				1		1	
6001062	2004		1			1					1				1			
6001063	2004		1	1								1						
6001064	2004	1		1								1			1			
6001065	2004		1	1								1						
6001066	2004	1		1								1						
6001067	2004	1		1								1						
7001068	2005	1		1								1						
7001069	2005	1				1						1						1
7001070	2005	1		1								1						

Case Reference	YEAR	Male	Female	OO	SOO	DO	SDO	CLO	BC	INT	MULT	IND	IndF	DIR	LOC	EMP	HOO	HDO
7001071	2005																	
7001072	2005																	
7001073	2005	1		1								1						
7001074	2005	1		1								1						
7001075	2005		1	1								1						
7001076	2005	2		1		1						2						
7001077	2005	1		1								1			1			
7001078	2005	1		1								1						
7001079	2005	1		1								1						
7001080	2005	1				1						1	1					
7001081	2005	1		1								1						
7001082	2005		1			1						1						
7001083	2005																	
7001084	2005																	
7001085	2005	1				1		1			1				1			
8001086	2006	1		1							1							
8001087	2006		1	1								1						
8001088	2006	1		1								1						
8001089	2006	1				1						1						
8001090	2006	1				1					1							
9001091	2007	1		1							1				1			
9001092	2007	1		1								1						
9001093	2007	1		1							1				1			
9001094	2007	1		1								1						
9001095	2007	1	1	2								2						
9001096	2007	1	1	2								2			2			
9001097	2007	1		1								1						
9001098	2007	1		1							1			1				
9001099	2007	1		1											1			
9001100	2007	1		1								1						
9001101	2007	1		1								1						
9001102	2007	1				1												
9100103	2008	1				1					1				1			
9100104	2008	1		1								1						

Case Reference	YEAR	Male	Female	OO	SOO	DO	SDO	CLO	BC	INT	MULT	IND	IndF	DIR	LOC	EMP	HOO	HDO
9100105	2008	1		1								1						
9100106	2008	1		1							1				1			
9100107	2008	1		1								1						
9100108	2008	1		1								1						
9100109	2008		1	1								1			1			
9100110	2008	1		1								1						
9100111	2008	1		1								1						
9100112	2008		1			1						1						
9100113	2008	1					1				1							
9100114	2008	1			1													
9100115	2008	1		1							1				1			
9100116	2008	1		1							1							
9200117	2009	1		1								1						
9200118	2009																	
9200119	2009	1			1													
9200120	2009	2				1	1		1		1							
9200121	2009	1		1								1						
9200122	2009		1	1							1							
9200123	2009		1	1							1							
9200124	2009	1			1						1							
9200125	2009	1		1							1							
9200126	2009	1		1								1						
9200127	2009		1	1							1							
9200128	2009	1				1						1						
9200129	2009	1		1								1						
9200130	2009	1		1								1						
9200131	2009	1	1	1		1						1						
9200132	2009		1	1							1							
9200133	2009	1			1													
9200134	2009	1			1						1							
9200135	2009	1			1						1							
9200136	2009	1				1					1							
9200137	2009										1							
9200138	2009	1				1												
9200139	2009	1		1														
9200140	2009	1			1						1							
9200141	2009	1					1					1						
9200142	2009	1				1						1						

Case Reference	YEAR	Male	Female	OO	SOO	DO	SDO	CLO	BC	INT	MULT	IND	IndF	DIR	LOC	EMP	HOO	HDO
9300143	2010																	
9300144	2010		1	1								1	1					
9300145	2010																	
9300146	2010																	
9300147	2010		1		1						1							
9300148	2010	1		1								1						
9300149	2010																	
9300150	2010		1	1														
9300151	2010	1			1						1							
9300152	2010																	
9300153	2010	1		1														
9300154	2010	1		1							1							
9300155	2010		1				1				1							
9300156	2010	1			1													
9300157	2010	1			1						1							
9300158	2010		1	1							1							
9300159	2010	1			1													
9300160	2010	1					1											
9300161	2010		1	1														
9300162	2010	1		1							1							
9300163	2010	1		1							1				1			
9300164	2010	1					1					1						
9300165	2010	1		1														
9300166	2010	1				1						1						
9300167	2010	1		1							1							
9300168	2010		1			1					1							
9300169	2010		1			1												
9300170	2010	1			1													
9300171	2011	1		1								1						
9300172	2011																	
9300173	2011	1						1			1							
9300174	2011	1		1							1							
9300175	2011	1		1								1						
9300176	2011	1		1							1							
9300177	2011	1					1					1						

Case Reference	YEAR	Male	Female	OO	SOO	DO	SDO	CLO	BC	INT	MULT	IND	IndF*	DIR	LOC	EMP	HOO	HDO
9300178	2011	1		1														
9300179	2011	1						1										
9300180	2011	1		1														
9300181	2011		1	1							1							
9300182	2011	1			1													
9300183	2011	1		1							1							
9300184	2011																	
9300185	2011	1				1					1							
9300186	2011	1		1								1						
9300187	2011	1		1								1						
Totals		***135***	***39***	***118***	***14***	***34***	***7***	***5***	***1***	***0***	***50***	***100***	***30***	***2***	***21***	***0***	***4***	***1***

Note. The total number of transcripts read was 187.
In the case of hearings that led to adjournments and a subsequent hearing(s), the second and subsequent hearings were acknowledged as separate events, but the registrant only counted once. There were a small number of joint cases that included one or more registrant.
*IndF – accounts for independent opticians who were involved in NHS theft / fraud cases.

					Committee Structure				Defendant Present	Type of Case								
Case Reference	UOO	UDO	DOM	NKn	Lay	OO	DO	OPH		FtR	ARR	NQ	IST	CLR	NoS/ IPS	IRK	Mel	GLA
3001001					3	1	1	1	0	1		1						
3001002				1	3	2	1	1	1		1							
3001003			1		2	2	1	1	1				1			1		
3001004			1		2	2	1	1	1		1					1		
3001005					2	2	2	1	1		1							1
3001006					3	2	1	1	1	1		1						
3001007					3	2	1	1	1	1		1						
3001008					2	2	2	1	1		2							
3001009					2	2	2	1	1									
3001010					3	2	1	1	1							1		1
3001011			1		3	2	1	1	1							1		
4001012					2	1	2	1	1	1		1						
4001013			1		2	1	2	1	1									
4001014					2	2	2	2	0									
4001015					2	2	2	2	1									
4001016					2	1	1	1	1									
4001017					2	2	2	2	1									
4001018					2	2	2	2	1									
4001019					2	2	2	2	1									
4001020			1		2	1	1	2	1		1					1		
4001021					2	3	1	1	1							1		1
4001022					2	1	1	1										
5001023			1		2	1	1	1	1		1							
5001024			1		2	1	1	1	1		1							
5001025					2	1	1	1	1						1			
5001026					2	1	1	2	1									
5001027					2	1	1	2	1									
5001028					2	1	1	2	1		1					1		1
5001029			1		2	1	1	1	1				1					
5001030					2	1	1	1	1	1		1						1
5001031					2	1	1	1	1									
5001032					2	1	1	1	1									
5001033					2	1	1	1	1									

Case Reference	UOO	UDO	DOM	NKn	Lay	OO	DO	OPH		FtR	ARR	NQ	IST	CLR	NoS/ IPS	IRK	Mel	GLA
5001035			1		2	1	1	1	1				1			1		
5001034					2	1	1	1	0									
5001036					2	1	1	1	1									
5001037					2	1	1	1	1									
5001038					2	1	1	1	1									
5001039					2	1	1	1	0				1			1		
5001040					2	1	1	1	1				1					
5001041			1		2	1	1	1	1		1							
5001042					2	1	1	1	1									
5001043																		
6001044					1	2	1	1	1									
6001045					2	1	1	1	1									
6001046				1	2	1	1	1	1	1		1						
6001047					2	1	1	1	1									
6001048					2	1	1	1	1									1
6001049					2	1	1	1	1									1
6001050					2	1	0	0	1							1		
6001051					2	1	0	0	1	1		1						
6001052					3	1	1	0	1	1		1						
6001053					2	1	1	1	1									
6001054					2	2	1	0	1									
6001055					2	2	1	0	1									
6001056					2	1	1	1	1							1		
6001057					2	2	1	0	0									
6001058					2	1	1	1	1							1		1
6001059					2	2	0	1	1				1					
6001060					2	1	2	0	1			1						
6001061					2	2	0	1	1				1					
6001062					2	1	2	0	0									
6001063					1	2	1	1	1				1					
6001064					2	2	0	1	1				1					
6001065					3	2	0	0	1				1					
6001066					2	1	1	1	1		1							
6001067					2	1	1	0	1									
7001068			1		1	2	0	0	1							1		
7001069					3	0	1	1	1			1						
7001070			1		3	1	1	0	1									

Case Reference	UOO	UDO	DOM	NKn	Lay	OO	DO	OPH		FtR	ARR	NQ	IST	CLR	NoS/ IPS	IRK	Mel	GLA
7001071					2	2	2	0	0									
7001072					2	2	2	0	0									
7001073					3	2	0	0	1									
7001074					3	2	0	0	1									
7001075					3	1	1	0	1							1		
7001076					2	2	1	0	2			1	1					
7001077					1	2	2	0	1				1			1		
7001078					2	1	1	0	1				1			1		1
7001079					2	2	1	0	1									
7001080					2	1	1	0	1									
7001081					2	1	1	0	1									
7001082					2	1	1	0	1									
7001083					2	1	1	0	1				1			1		
7001084					3	2	0	0	1	1								
7001085					2	1	1	0	1									
8001086					3	2	0	0	1									
8001087					3	2	0	0	1	1								
8001088					3	2	0	0	1							1		1
8001089					3	0	2	0	1			1						
8001090					2	0	1	0	1									
9001091					2	1	0	0	0				1			1		
9001092					3	2	0	0	1									
9001093					3	2	0	0	1									
9001094					3	2	0	0	1									
9001095					3	2	0	0	2									2
9001096					3	2	0	0	2									2
9001097					3	2	0	0	1	1								
9001098					3	2	0	0	1				1					
9001099			1		3	2	0	0	0				1			1		
9001100					3	2	0	0	1	1								
9001101					3	2	0	0	1				1			1		1
9001102					3	0	2	0	NKn									
9100103					3	0	2	0	1			1						
9100104					3	2	0	0	1				1			1		

Case Reference	UOO	UDO	DOM	NKn	Lay	OO	DO	OPH		FtR	ARR	NQ	IST	CLR	NoS/ IPS	IRK	Mel	GLA
9100105					2	1	0	0	0				1			1		1
9100106					3	2	0	0	1							1		1
9100107					3	2	0	0	1									
9100108					3	2	0	0	1									
9100109					3	2	0	0	1				1					
9100110					3	2	0	0	1				1					1
9100111					3	2	0	0	1				1					
9100112					3	0	2	0	0									
9100113					3	0	2	0	NKn									
9100114					3	2	0	0	0									
9100115					3	2	0	0	1									
9100116					3	2	0	0	1	1								
9200117					3	2	0	0	1				1			1		
9200118					3	0	2	0	1									
9200119					3	2	0	0	1									
9200120					3	1	1	0	1						1			
9200121					3	2	0	0	1				1			1		
9200122					3	2	0	0	1									
9200123					3	2	0	0	1				1			1		
9200124					3	2	0	0	1									
9200125					3	2	0	0	1									
9200126					3	2	0	0	1							1		
9200127					3	2	0	0	1				1					
9200128					3	0	2	0	1									
9200129					3	2	0	0	1	1								
9200130					3	2	0	0	1									
9200131					3	1	1	0	2									
9200132					3	2	0	0	1				1			1		1
9200133					3	2	0	0	0									
9200134					4	1	0	0	1									
9200135					3	2	0	0	1									
9200136					3	0	2	0	1									
9200137					3	2	0	0	1									
9200138					3	0	2	0	0									
9200139					3	2	0	0	1									
9200140					3	2	0	0	1									
9200141					3	0	2	0	1									
9200142					3	0	2	0	0									

Case Reference	UOO	UDO	DOM	NKn	Lay	OO	DO	OPH		FtR	ARR	NQ	IST	CLR	NoS/ IPS	IRK	Mel	GLA
9300143					2	2	0	0	1				1					1
9300144					3	2	0	0	1									
9300145					3	2	0	0	0									
9300146					3	1	0	0	1									
9300147					3	2	0	0	1									
9300148					3	2	0	0	1									
9300149					3	2	0	0	1									
9300150					3	2	0	0	1									
9300151					3	2	0	0	1									
9300152					3	2	0	0	1									
9300153					3	2	0	0										
9300154					3	2	0	0	1									
9300155					3	0	2	0	0									
9300156					3	2	0	0	1									
9300157					3	2	0	0	1									
9300158					3	2	0	0	1				1					
9300159					3	2	0	0	1									
9300160					4	0	1	0	0									
9300161					3	2	0	0	1				1	1				
9300162					3	2	0	0	1									
9300163					3	2	0	0	1							1		
9300164					3	0	2	0	0									
9300165					3	2	0	0	1									
9300166					3	0	2	0	0									
9300167					3	2	0	0	1									
9300168					3	0	2	0	1									
9300169					3	0	2	0	1									
9300170					3	2	0	0	1									
9300171					3	2	0	0	1									
9300172					3	2	0	0	1				1					
9300173					3	0	2	0	1				1	1				
9300174					3	2	0	0	1				1					
9300175					3	2	0	0	1				1					
9300176					3	2	0	0	1									
9300177					3	0	2	0	1									

Case Reference	UOO	UDO	DOM	NKn	Lay	OO	DO	OPH		FtR	ARR	NQ	IST	CLR	NoS/ IPS	IRK	Mel	GLA
9300178					3	2	0	0	1									
9300179		1			3	0	2	0	1					1				
9300180					3	2	0	0	1									
9300181					3	2	0	0	1								1	
9300182					3	2	0	0	1									
9300183					3	2	0	0	1									
9300184					3	2	0	0	1								1	
9300185					3	0	2	0	1									
9300186					3	2	0	0	1				1					1
9300187					3	2	0	0	0				1					
	0	***1***	***13***	***2***	***482***	***272***	***133***	***66***	***164***	***14***	***11***	***13***	***37***	***3***	***2***	***30***	***2***	***21***
TOTAL CASES																		

																Outcome	
Case Reference	CAT	MH	AMD	RD	IR	NF	NR	PA	ORx	Dis	InB	IPS	ADV	EFr	NFr	Found	Not Found
3001001																1	
3001002											1					1	
3001003																1	
3001004							1								1	1	
3001005							1									1	
3001006															1	1	
3001007																1	
3001008															2	2	
3001009																	
3001010						1	1									1	
3001011															1	1	
4001012																1	
4001013															1	1	
4001014														1		1	
4001015															1	1	
4001016											1					1	
4001017															1	1	
4001018															1	1	
4001019											1					1	
4001020															1	1	
4001021																1	
4001022								1	1							1	
5001023															1	1	
5001024															1	1	
5001025												1				1	
5001026															1	1	
5001027															1	1	
5001028																1	
5001029																	1
5001030																1	
5001031											1						1
5001032															1	1	
5001033														1		1	

Case Reference	CAT	MH	AMD	RD	IR	NF	NR	PA	ORx	Dis	InB	IPS	ADV	EFr	NFr	Found	Not Found
5001035															1	1	
5001034																	
5001036															1	1	
5001037																1	
5001038													1				1
5001039									1						1	1	
5001040				1	1	1											1
5001041																1	
5001042																	
5001043																	
6001044				1													1
6001045													1			1	
6001046																	1
6001047															1	1	
6001048																	1
6001049																	1
6001050																1	
6001051																	1
6001052																	1
6001053				1												1	
6001054															1	1	
6001055																1	
6001056	1																1
6001057															1	1	
6001058					1												1
6001059								1									1
6001060																1	
6001061							1	1									1
6001062														1		1	
6001063							1	1									1
6001064							1	1								1	
6001065							1	1									1
6001066															1	1	
6001067															1		
7001068									1								1
7001069																1	
7001070															1	1	

Case Reference	CAT	MH	AMD	RD	IR	NF	NR	PA	ORx	Dis	InB	IPS	ADV	EFr	NFr	Found	Not Found
7001071																	
7001072																	
7001073															1	1	
7001074																	
7001075														1		1	
7001076					1											1	1
7001077																	1
7001078						1											1
7001079									1						1	1	
7001080															1	1	
7001081																	
7001082															1		1
7001083								1									1
7001084				1												1	
7001085				1		1										1	
8001086											1					1	
8001087																	1
8001088																	1
8001089														1		1	
8001090											1					1	
9001091					1											1	
9001092											1					1	
9001093				1												1	
9001094				1													1
9001095																	2
9001096																	2
9001097																1	
9001098		1			1												1
9001099																1	
9001100																1	
9001101																1	
9001102											1					1	
9100103																1	
9100104																	1

Case Reference	CAT	MH	AMD	RD	IR	NF	NR	PA	ORx	Dis	InB	IPS	ADV	EFr	NFr	Found	Not Found
9100105																1	
9100106						1											
9100107															1	1	
9100108														1		1	
9100109																	1
9100110																	1
9100111								1									
9100112														1		1	
9100113														1		1	
9100114											1					1	
9100115														1		1	
9100116																1	
9200117						1		1									1
9200118																	
9200119										1							
9200120																1	2
9200121																	
9200122																	
9200123																	1
9200124										1						1	
9200125										1						1	
9200126			1														1
9200127				1													1
9200128										1	1						
9200129																1	
9200130															1	1	
9200131															1	1	1
9200132																	1
9200133										1	1					1	
9200134											1						1
9200135																	
9200136														1		1	
9200137																	
9200138											1					1	
9200139										1				1		1	
9200140																	1
9200141														1			1
9200142														1		1	

Case Reference	CAT	MH	AMD	RD	IR	NF	NR	PA	ORx	Dis	InB	IPS	ADV	EFr	NFr	Found	Not Found
9300143						1	1										
9300144															1	1	
9300145										1						1	
9300146																	
9300147										1				1			1
9300148																	
9300149										1						1	
9300150											1						1
9300151																	
9300152										1						1	
9300153											1					1	
9300154										1							1
9300155										1				1		1	
9300156											1					1	
9300157										1						1	
9300158			1													1	
9300159											1						1
9300160											1					1	
9300161																	1
9300162											1						1
9300163				1													1
9300164														1		1	
9300165											1						1
9300166											1					1	
9300167											1						1
9300168										1	1						1
9300169														1			1
9300170										1	1					1	
9300171																	
9300172																	1
9300173				1													1
9300174				1		1											1
9300175				1													1
9300176											1					1	
9300177										1						1	

Case Reference	CAT	MH	AMD	RD	IR	NF	NR	PA	ORx	Dis	InB	IPS	ADV	EFr	NFr	Found	Not Found
9300178										1						1	
9300179																	1
9300180										1	1					1	
9300181																	1
9300182										1	1						1
9300183																	
9300184																	1
9300185														1		1	
9300186																	1
9300187																	1
	1	***1***	***2***	***12***	***5***	***8***	***8***	***9***	***3***	***19***	***27***	***1***	***2***	***18***	***32***	***105***	***65***
TOTAL CASES																	

Case Reference	Warning	Fine	Fine amount	Conditional Registration	Suspension	Suspension Length	Erasure
3001001		1	300		1	3	
3001002							
3001003							1
3001004							
3001005							
3001006		1	2100				
3001007		1	250				
3001008							
3001009							
3001010							1
3001011		1	1600		1	6	
4001012		1	700				
4001013							1
4001014							1
4001015		1	1600		1	3	
4001016		1	500				
4001017					1	6	
4001018					1	6	
4001019							1
4001020							
4001021		1	1000				
4001022							1
5001023							
5001024							
5001025		1	1000				
5001026							1
5001027							1
5001028							
5001029							
5001030							1
5001031							
5001032					1	9	
5001033							

Case Reference	Warning	Fine	Fine amount	Conditional Registration	Suspension	Suspension Length	Erasure
5001035					1	12	
5001034							
5001036							
5001037		1	500				
5001038							
5001039		1	1600				1
5001040							
5001041							
5001042							
5001043							
6001044							
6001045		1	500				
6001046							
6001047		1	1600				
6001048							
6001049							
6001050		1	1600		1	3	
6001051							
6001052							
6001053		1	500				
6001054		1	1000				
6001055		1	500		1	6	
6001056							
6001057					1	3	
6001058							
6001059							
6001060							1
6001061							
6001062							1
6001063							
6001064					1	1	
6001065							
6001066							
6001067							
7001068							
7001069							1
7001070							1

Case Reference	Warning	Fine	Fine amount	Conditional Registration	Suspension	Suspension Length	Erasure
7001071							
7001072							
7001073		1	1600		1	3	
7001074							
7001075							
7001076							
7001077							
7001078							
7001079		1	1600				
7001080		1	1600				
7001081							
7001082							
7001083							
7001084		1	1600				
7001085							
8001086							1
8001087							
8001088							
8001089							1
8001090				1			
9001091							1
9001092		1	1250				
9001093				1			
9001094	1						
9001095							
9001096							
9001097		1	2500				
9001098							
9001099							1
9001100		1	1600		1	6	
9001101				1			
9001102							1
9100103							1
9100104	1						

Case Reference	Warning	Fine	Fine amount	Conditional Registration	Suspension	Suspension Length	Erasure
9100105							1
9100106							
9100107							1
9100108							1
9100109							
9100110							
9100111							
9100112							1
9100113					1	3	
9100114							1
9100115							1
9100116					1	28	
9200117	1						
9200118					1	12	
9200119	1						
9200120	1		30,000				
9200121							
9200122							
9200123							
9200124		1	3000				
9200125		1	1000		1	3	
9200126	1						
9200127							
9200128					1	12	
9200129							
9200130							1
9200131				1			
9200132	1						
9200133							1
9200134							
9200135							
9200136							1
9200137							
9200138							1
9200139							1
9200140	1						
9200141				1			
9200142							1

Case Reference	Warning	Fine	Fine amount	Conditional Registration	Suspension	Suspension Length	Erasure
9300143				1			
9300144							1
9300145					3		
9300146							
9300147							
9300148							
9300149		1	1000				
9300150							
9300151							
9300152					1	6	
9300153				1			
9300154	1						
9300155							1
9300156					3		
9300157		1	1800				
9300158				1			
9300159	1						
9300160							1
9300161							
9300162	1						
9300163							
9300164							1
9300165	1						
9300166							1
9300167	1						
9300168							
9300169							
9300170					1	12	
9300171							
9300172							
9300173	1						
9300174							
9300175							
9300176							1
9300177					1	12	

Case Reference	Warning	Fine	Fine amount	Conditional Registration	Suspension	Suspension Length	Erasure
9300178					1	12	
9300179	1						
9300180					1	5	
9300181							
9300182	1						
9300183							
9300184	1						
9300185							1
9300186	1						
9300187	1						
	19	***28***	***£65400.00***	***8***	***29***	***86***	***39***
TOTAL CASES							

			Experience			
Case Reference	Restoration	Adjourned	<10 years	10-20 years	21-30 years	30 years +
3001001						
3001002	1					
3001003				1		
3001004	1					1
3001005	1					1
3001006			1			
3001007				1		
3001008	Failed			2		
3001009	Failed					
3001010					1	
3001011				1		
4001012				1		
4001013			1			
4001014			1			
4001015						1
4001016						1
4001017					1	
4001018					1	
4001019			1			
4001020	Failed		1			
4001021					1	
4001022					1	
5001023	1		1			
5001024	1		1			
5001025					1	
5001026			1			
5001027				1		
5001028	1				1	
5001029				1		
5001030						1
5001031						1
5001032						1
5001033	1					

Case Reference	Restoration	Adjourned	<10 years	10-20 years	21-30 years	30 years +
5001035						1
5001034		1				
5001036	1			1		
5001037				1		
5001038			1			
5001039						1
5001040						1
5001041	Failed					
5001042						
5001043						
6001044						
6001045				1		
6001046						1
6001047					1	
6001048						1
6001049						1
6001050					1	
6001051				1		
6001052				1		
6001053					1	
6001054				1		
6001055			1			
6001056						1
6001057					1	
6001058						1
6001059						1
6001060			1			
6001061					1	
6001062				NK		
6001063						1
6001064			1			
6001065						
6001066	1		1			
6001067	1			1		
7001068						
7001069						1
7001070				1		

Case Reference	Restoration	Adjourned	<10 years	10-20 years	21-30 years	30 years +
7001071		1				
7001072		1				
7001073					1	
7001074		1				
7001075			1			
7001076			1	1		
7001077						1
7001078						1
7001079						1
7001080						
7001081		1				
7001082				1		
7001083				1		
7001084				1		
7001085				1		
8001086				1		
8001087			1			
8001088						1
8001089				1		
8001090			1			
9001091				1		
9001092						1
9001093						1
9001094						1
9001095			1			1
9001096				1		1
9001097				1		
9001098			1			
9001099						1
9001100					1	
9001101						1
9001102						
9100103				1		
9100104						1

Case Reference	Restoration	Adjourned	<10 years	10-20 years	21-30 years	30 years +
9100105						1
9100106		1	1			
9100107				1		
9100108				1		
9100109				1		
9100110				1		
9100111	1			1		
9100112			1			
9100113			2			
9100114			2			
9100115				1		
9100116					1	
9200117				1		
9200118						
9200119						
9200120						
9200121	1				1	
9200122		1				
9200123			1			
9200124			1			
9200125			1			
9200126						1
9200127			1			
9200128			1			
9200129				1		
9200130			1			
9200131				1		1
9200132				1		
9200133			1			
9200134			1			
9200135		1				
9200136						
9200137		1				
9200138						
9200139						
9200140			1			
9200141			1			
9200142						

Case Reference	Restoration	Adjourned	<10 years	10-20 years	21-30 years	30 years +
9300143			1			
9300144						
9300145			1			
9300146		1				
9300147			1			
9300148		1				
9300149			1			
9300150						
9300151		1				
9300152			1			
9300153				1		
9300154			1			
9300155			1			
9300156			1			
9300157			1			
9300158				1		
9300159			1			
9300160			1			
9300161			1			
9300162						
9300163			1			
9300164			1			
9300165					1	
9300166						
9300167			1			
9300168						
9300169				1		
9300170			1			
9300171		1				
9300172						1
9300173						1
9300174						1
9300175						1
9300176			1			
9300177						

Case Reference	Restoration	Adjourned	<10 years	10-20 years	21-30 years	30 years +
9300178			1			
9300179						1
9300180			1			
9300181			1			
9300182			1			
9300183		1				
9300184			1			
9300185			1			
9300186						1
9300187			1			
	12	***14***	***59***	***40***	***17***	***39***
TOTAL CASES						

	Notes
Case Reference	
3001001	Registrant declared to employer he was a qualified contact lens optician when he was not. He fitted contact lenses regardless/ He had also failed to maintain his DO registration.
3001002	Restoration following erasure involving alcohol and indecent assault against a minor. The registrant was on the sex offenders list.
3001003	
3001004	Restoration following NHS fraud, failure to refer and inappropriate record keeping
3001005	Restoration following missed glaucoma and no associated referral
3001006	
3001007	
3001008	Joint hearing with 3001009 – Each considered individually for restoration. NHS fraud previously found against both brothers. During the restoration hearing, the Disciplinary Committee found a lack of remorse and the failure to quantify the loss to the NHS as reason not tore restore either brother to the register.
3001009	Joint hearing brothers
3001010	HOO based OO did not take sufficient FOH / glaucoma history
3001011	
4001012	Two separate fines of 200+500
4001013	
4001014	
4001015	This case describes the lay panel for 2002
4001016	
4001017	
4001018	
4001019	.? Notifiable occupation
4001020	£1m not quite fraud but suspicious
4001021	Poor record keeping Found. Complaint originated after failure to detect glaucoma at successive visits. Px eventual went elsewhere for second opinion.
4001022	Inappropriate Rx / No Rx for children - no cycloplegic exam indicated in case
5001023	Restoration case after previous erasure - NHS fraud
5001024	erasure for 10/12 before reapplying
5001025	
5001026	
5001027	
5001028	
5001029	CEO provided character reference
5001030	Digital palpitation used – GLA – No NCT / GAT
5001031	
5001032	
5001033	multiple theft cases (refunds on cards) from both SS and an IND - After prison sentence and no further crimes,

Case Reference	
5001035	
5001034	Practitioner did not attend
5001036	Successful individual restoration to register - connected to 5001008 joint case
5001037	Px confidentiality breached - information presented to a another Px suffering from a similar condition
5001038	Advertising Superiority over another practice - practitioner admitted offence readily, but committee felt he was young and remorseful - No FTP issues.
5001039	Poor records relating to prism controlled bif dispense. Connected to 5001034 which was previously adjourned. Used 1988 Opticians Register to confirm original registration
5001040	Practitioner was working IND, although also practises in a hospital -No Dilation - Inappropriate referral alleged used 2000 register
5001041	Related to 4001020 £1mfraud
5001042	
5001043	Adjourned due to bias concerns on committee
6001044	
6001045	3rd hearing for advertising
6001046	
6001047	2000 register
6001048	2000 register
6001049	complainant died before case heard
6001050	2000 register
6001051	
6001052	
6001053	referred next day to HES, not deemed sufficient due to lack of dilated exam.
6001054	relation to pre-reg training grant fraud
6001055	2000 register - stole database and set up new practice
6001056	
6001057	
6001058	52 years in practice
6001059	First practitioner involved with PA relates to 6001061
6001060	small group of practices ??IND - Failed OO Pre-Reg performed ST unsupervised
6001061	Connected with 6001059 - this is the 2nd practitioner seeing same Px in practice at next visit
6001062	proceedings define committee
6001063	Involved the treatment of anisometropia appropriate in a child
6001064	
6001065	
6001066	related to 5001026 - comment made that due to rehabilitation efforts, unusually the panel restored the registrant, which otherwise wouldn't had been the case
6001067	related to 5001027. Previously 3001006
7001068	
7001069	ST whilst not qualified
7001070	2000 register

Case Reference	
7001071	Adjourned case against single registrant. Reconvened in 7001076 against two registrants (related to 7001072 and 7001076)
7001072	Adjourned case against single registrant. Reconvened in 7001076 against two registrants (related to 7001071 and 7001076)
7001073	
7001074	connected to 7001084 – Criminal standard of proof – Practising whilst not registered – Not adequately investigating signs of flashes and floaters
7001075	Theft from employer / removed record card to hide theft / No penalty due to remorse and forthright evidence provided
7001076	DO from 2000 register - No penalty for OO found guilty of referring without seeing the Px (depended upon description of Sx taken by the DO) - much remorse, no penalty
7001077	Allegation that tonometry was not performed and record filled out as if it was - the records were so poor that the case couldn't be proved one way or the other and the matter dropped.
7001078	Failure to investigate GLA Sx including lack of fields test
7001079	NHS Fraud - Very small Rx provided on GOS 3 - Decision finely balanced - No erasure/suspension - max financial penalty
7001080	Misuse of GOS 4 - No personal financial advantage
7001081	
7001082	Concludes with guilty of professional misconduct, falling short of SERIOUS professional misconduct
7001083	connected to 7001081 - evidence not found to be sufficient to conclude SERIOUS professional misconduct, despite the OO's performance lacking in aspects
7001084	connected to 7001074 – Criminal standard of proof applied – Max fine given (£1600) and advice to maintain omngoing registration
7001085	no penalty - unblemished career, findings of serious professional misconduct and regret enough
8001086	internet child pornography
8001087	
8001088	
8001089	Non-qualified / registered DO fitting spectacles to under 16s/ CL / theft- 10 years 3days at time of hearing 2000 Register
8001090	Drug abuse / sanction included regular testing and reports to GOC for 24/12
9001091	Fabricated record keeping - 2nd offence following previous NFr- two committee members stepped down bore proceedings commenced to avoid bias / mental illness
9001092	homophobic letters written
9001093	
9001094	
9001095	
9001096	
9001097	Failed to register 7 times since 2005
9001098	
9001099	failed: 1. To maintain adequate patient records;2. To conduct an assessment of intraocular pressure for those patients.3. For the reasons set out above the registrant is guilty of deficient professional performance; AND in light of the above fitness to practise is impairedP68 interesting ref new rules criminal to civil
9001100	Practising 8 years with no registration
9001101	
9001102	Sexual assault on females
9100103	DO fitting CL without qualification - second time caught.
9100104	deficient professional performance NOT Impairment

Case Reference	
9100105	No tonometer / fields equipment / poor record keeping - failed to update practice over a 25 year period
9100106	Store initiated complaint / complainant permission not received / adjourned no subsequent hearing
9100107	
9100108	
9100109	
9100110	
9100111	
9100112	Erased in her absence following theft from employer.
9100113	
9100114	convicted of harassment
9100115	false invoicing iro 18K
9100116	
9200117	p40 day6-7 indicates place of work
9200118	Connected to 9100112 - appealed against previous FTP decision in the high court - <10 years qualification at time of offence, and case was proceeded in her absence – Registrant has retained her original GOC number, following the case revisited by the GOC FTP. At this most recent event , the GOC found exceptionally that a suspension order could be given.
9200119	Following judicial review, a warning was issued - SOO did not attend hospital placement and lied about their absence
9200120	Multiple Found / SDO Not found – Warning / DO Not found pg 5 day 12
9200121	
9200122	No referral for glaucoma / raised IOPs
9200123	CL related
9200124	Student forged witness testimonies
9200125	Submitted false records during pre-registration period
9200126	Did not conduct adequate eye examination and did not achieve multiple GOC core competencies as set out at Performance Assessment
9200127	
9200128	Convicted in court for theft and not declared to GOC on numerous occasions
9200129	No sanction despite FOUND, due to “peculiar circumstances”
9200130	
9200131	DO not found - OO Conditional Registration
9200132	
9200133	SOO - violent behaviour / knife / Uni / dishonesty application to other uni following expulsion - Skype used
9200134	Sent offensive texts as a student, Police Caution, now qualified
9200135	fabricated case records / adjourned for sanction – associated with 9300145
9200136	Employer fraud - caught on camera - some rehab - erased
9200137	registrant admitted signing caution with police, but under duress and denies the charge – connected 9300146/7
9200138	photographing children
9200139	employed as franchise director - false refunds and made up employees using family members to draw extra salary - also attempted to blame another person when caught
9200140	pre-reg - disorganised record keeping in pre-reg year
9200141	following previous interim suspension, and much effort of registrant to rehabilitate, not erased, but conditional registration granted
9200142	DO

Case Reference	
9300143	connected to 9200122 – Conditional registration allowed – specific CET prescribed
9300144	fraud 11 years old
9300145	Student failed final College exam and suspended - will not be able to reapply for registration – associated 9200135
9300146	Student involved in employer theft, accepted a caution from Police. During investigations was not always truthful.
9300147	Connected to 9300146 (final day)
9300148	Connected to 9300149 - fraudulent use of disabled badge and criminal conviction
9300149	Connected to 9300148 - impairment found, but due to remorse, time scale since incident and new family - sanction limited to financial fine
9300150	Criminal conviction admitted to cocaine possession and use - Not Found due to time since offence, small amount of drug involved, no repeat and remorse shown.
9300151	Criminal conviction for theft from Selfridges not declared on register
9300152	Connected to 9300151
9300153	Drunk driving conviction - hearing predominantly heard in private
9300154	Failed to disclose conviction for fraud - at time of offence registrant had recently emigrated from India - shown remorse and understanding since
9300155	Conviction for theft - refunds onto partner's card – aggravated by position of trust.
9300156	Conviction for ABH as a student - very remorseful - suspension to be permanent on record for life and will need to disclosed for whole career- has lost 1 year of uni and therefore 12/12 of earnings
9300157	Falsifying record in pre-reg
9300158	Missed AMD and didn't perform well on college performance report hence FTP case
9300159	Police caution, battery, swearing at public and cannabis possession - registrant declared convictions when studying competences in pre-reg year after realising he had to
9300160	Actual Body Harm Registrant left profession and did not attend hearing.
9300161	CL solution in eye - question over advice provided
9300162	Warning to stay on record for 5 years
9300163	Joined GOC register 2006 - first trained as an Optom in 1974 in India - manual records not recorded by VE when Locum reported he didn't know computer system, but allegation of poor records rejected.
9300164	Theft found, however FTP commented that this was a first offence and had the registrant engaged with the process, it is likely an alternative outcome may have come to pass
9300165	Police caution for common assault - currently studying for PhD and has completed an MA and MSc
9300166	Serving for prison service following outraging public decency charge - now on sex offenders register (sexual act in presence of under 16 year old)
9300167	Multiple of drug possession offences Plymouth Court - has stopped using drugs during a 16/12 conditional registration and given a 5 year warning
9300168	Common assault conviction and failed to notify GOC on retention application
9300169	Conviction for theft from employer
9300170	Conviction for shoplifting, drug possession, supply and importing into UK, drink driving, failing to notify GOC on retention application - debate over effect of suspension preventing registrant from completing pre-reg year
9300171	Initial complaint by Px was unfounded but led to performance review which was subject of FTP
9300172	Related to 9300171 - conduct found deficient but registrant completed courses and demonstrated insight to deficiencies.
9300173	Warning for 5 years based on standards of record keeping
9300174	Committee decided this was a one-off lapse following an otherwise incident free career - registrant now retired.
9300175	(small chain, not national multiple group) - FDT cited as inadequate screener and that repeat should be done on same day, not at collection of spectacles - use of paper by Shah to support what reasonable optometrists actually do
9300176	Conviction for child pornography - case notes indicate working at "we'll known high street multiple as employed" - erased as suspension can only be for 12/12 and was deemed to be inadequate
9300177	Multiple accounts of fraud involving faking ABDO certificates and falsely claiming to be qualified DO and CLO

Case Reference	
9300178	Peripheral involvement with family fraud involving staging car accidents and insurance claim - registrant failed to declare criminal investigations to both PCT and GOC at given opportunities, GOC renewal
9300179	Dispenses incorrectly extended wear lenses to a Px for 15 years - records lost - no record of sight tests - senior lecturer and head of research group at Anglia - warning for 5 years
9300180	Failed to declare reprimand, conviction for both Assault and cannabis possession over a ten year period of GOC retention - has only been able to work under supervision and not join PCT list since allegations came to light
9300181	Px complaint stemmed from failure to detect melanoma at ee. Investigations indicated poor record keeping, but overall complaint not found.
9300182	Previous conviction for theft from employer - previous hearing in 2006 deemed inappropriate to train as an Optom - this time not found to be impaired but 3 year warning given
9300183	Ocular melanoma - related to 9300184
9300184	Ocular melanoma - warning for 2 years
9300185	Theft from employer - false refunds- whilst employed as store manager
9300186	Showed insight and remorse - peer review undertaken since incident - warning on record for 3 years
9300187	Limited findings proved - some inadequacy in record keeping, but not enough to demonstrate impairment - practitioner now practising in Caribbean - 5 year warning on record.