BEFORE THE FITNESS TO PRACTISE COMMITTEE
OF THE GENERAL OPTICAL COUNCIL

GENERAL OPTICAL COUNCIL

F(24)33

AND

MOHAMMED UL-HAQ (01-31900)

DETERMINATION OF A SUBSTANTIVE REVIEW
9 OCTOBER 2025

Committee Members:	Tehniat Watson (Chair/Lay) Ben Summerskill (Lay) Miriam Karp (Lay) Lousie Gow (Optometrist) Iftab Akram (Optometrist)
Legal adviser:	Aaminah Khan
GOC Presenting Officer:	Leonie Hinds
Registrant:	Present and represented
Registrant representative:	Eleanor Curzon
Hearings Officer:	Terence Yates
Outcome:	Not impaired

DETERMINATION

Background

1. The Registrant is a registered Optometrist who was first registered with the Council as a student optometrist on 13 October 2015 and registered as a fully qualified optometrist on 20 August 2019.
2. The matter concerns record-keeping failures including ensuring the safe custody of records, making appropriate referrals and the amendment of records.
3. A whistleblower raised concerns that the Registrant had provided patient records to another colleague instead of placing the records in the appropriate place while the Registrant was on leave from 24 August 2022 – 19 September 2022. During the Registrant's leave, several of the patients he served contacted the store to enquire about their referrals. Other colleagues could not locate the patient records and were unaware they had been passed to another colleague while the Registrant was on leave. It transpired that the Registrant did not send the referrals.
4. An internal investigation was carried out by Ms A, Clinical governance Optometrist at Boots Opticians. Ms A requested that these records be sent to her for investigation and these were shared on 13 September 2022. In her report, having viewed the records she found the following:

   (a) "Six were missing referral letters:

   - Four for cataracts

   - One for YAG-laser Capsulotomy

   - One suspect Glaucoma due to nerve appearance

   (b) *Two indicated that referral for Ocular Hypertension/suspect Glaucoma was being considered but no evidence of follow up. Records state that the patient was known to previously have 'high IOPs'*

   (c) *Due to lack of details recorded, it was not possible to determine whether referral was required/being considered for three of the records."*

5. On his return, the Registrant was asked to review the 11 patient records and complete the referral. After this review, the records were returned to Ms A. All records had been amended in one way or the other in the following ways:

   "Sections of the records which had been added to:

   1. *Front of record (3)*
   2. *Delegated Health Checks (2)*
   3. *History and symptoms (2)*
   4. *External eye examination (5)*

5. *Internal eye examination (4)*
6. *Refraction (4)*
7. *Advice (4)*

6. The findings were detailed as follows:

> "1. *The six records identified as "missing" referral letter on 13 September 2022 now have referral letters included. Delay in writing the referral ranged from 21 days to 92 days [subsequently amended to 22–99 days].*
>
> 2. *Both records where referral for Ocular Hypertension/suspect Glaucoma was being considered have been annotated to suggest that the Ishan(sic) decided to monitor the IOPS referral was not necessary.*
>
> 3. *Extra details have been added to the remaining three records – two of the records have been completely re-written. There is evidence that Ishan(sic) has confused two patients and therefore one of the records is not factually correct."*

7. The Registrant was then contacted for comment via email on 9 December 2022. His response was received on 19 December 2022.

8. With regards to the delayed referrals, the Registrant made the following comments:

> *'I generally try to complete referrals whilst the patient is still in the practice, but this isn't always possible due to time constraints. I was aware that in this case, it was a routine referral so I believe I kept the record to one side within my room with the intention of completing the records and referral later that day…'*

9. With regards to the record-keeping. The Registrant stated:

> *'I received a record keeping audit from* [Ms A]. *Some areas for improvement were noted, but overall I was pleased that I had passed the audit and received generally positive comments. This was the first time I'd been audited as a locum and I welcomed the feedback. I would like to say at the time, I kept a good standard of record keeping and the store had good staffing levels and experienced staff.*
>
> *After this period, the store became short-staffed, and extra patients were often booked in for eye tests or contact lens checks into the collection clinic. Given that I was predominately the only qualified practitioner on the premises this effectively meant that I was frequently double-booked, and as these patients were not turned away I was left in a difficult position. This increased pressure led me to develop bad habits such as writing down notes in my notebook, and transferring them onto the record later, rather than recording everything immediately within the main clinical notes.'*

10. The matter was referred to the Council in an email referral from Boot Opticians on 23 February 2023.

11. The Registrant's registration was suspended for 3 months following a substantive hearing which was held between 30 June - 8 July 2025. At the substantive hearing, the Registrant admitted the Allegations in full and was found to be impaired on public protection and public interest grounds. The substantive Committee directed that a Review hearing take place before the end of the period of suspension. The order of suspension is due to expire on 4 November 2025.

12. The substantive Committee considered that the Review Committee may be assisted by:

    i) A reflective statement demonstrating insight and understanding of the impact on patients in delayed referrals and inaccurate records;

    ii) Any evidence of further CPD, including self-directed learning or peer review and/or training which enables the Registrant to appreciate the significance of him keeping contemporaneous records and maintain professional standards and ethics.

The Review hearing

13. The Committee considered the documentary evidence that was before it, which included the earlier Committee's substantive determination and the Council's written submissions. The Registrant's bundle contained a reflective statement, documents and certificates from CPD courses, eight references and supervision reports covering the period from May 2023 to May 2025, when the Registrant was subject to an interim order of conditions.

14. Ms Hinds opened the case for the Council, outlining the history of the case, as summarised above. Ms Hinds confirmed that the Council were taking a neutral position on the issue of the Registrant's current impairment, which she submitted was entirely a matter for the judgment of the Committee.

15. The Registrant gave oral evidence expanding upon his latest reflective statement and answering questions from his representative and the Committee. In summary, the Registrant stated that he took full responsibility for his actions and explained that during his period of suspension he had a lot of time for further reflection. He explained how he understood the impact his misconduct had on patients, particularly the delay in their referrals and that they would be shocked that the referrals were not completed promptly.

16. The Registrant explained to the Committee what he had learnt from the CPD that he had undertaken, including the peer review session that he had attended and a 1:1 review session that he undertook looking at the Council's standards in detail. The Registrant explained that he had commenced his CPD early and could not re-do courses but had looked for other options, including reading articles and case studies online. The Registrant gave evidence of what he had learnt during his two years subject to supervision under his interim order of conditions and how this had improved his attitude to work. He learnt to focus upon the patient in front of him,

improve his record-keeping and ensure referrals were completed there and then, giving a copy to the patient before they left.

17. The Registrant was questioned on how he would approach a demanding role differently now and what practical steps he would take if his clinics were running behind schedule. The Registrant explained how he would respond to such a situation, which included speaking to patients and colleagues, taking a slot of the diary if possible to catch up, but stated that he would not allow external factors to compromise patient care, even if that meant running behind schedule.

18. Ms Curzon, on behalf of the Registrant, invited the Committee to find that the Registrant was no longer impaired for two main reasons. Firstly, the Registrant's continued reflection and remediation and secondly, the age of the misconduct and the Registrant's compliance with interim conditions for two years.

19. Ms Curzon submitted that the Registrant had demonstrated, both in his reflective statement and oral evidence, that he had taken full personal responsibility for the misconduct and it had now been remediated. Ms Curzon highlighted sections of the Registrant's reflective statement, which she submitted showed deep, meaningful reflection. She submitted that the Registrant appreciated the seriousness of the misconduct, the risk to patients and that he had reflected upon how to change his practice going forwards.

20. Ms Curzon highlighted that the substantive Committee had recommended steps, which the Registrant had since undertaken, including the further remediation and reflection envisaged by the earlier Committee. Ms Curzon submitted that the Registrant had done as much CPD as was possible given that he had already completed some courses from 2023. She highlighted the references which she described as 'universally complementary', as were the supervisor reports. Further, Ms Curzon submitted that the Registrant had kept his knowledge and skills up to date and had shown a genuine commitment to improving his practice.

21. Ms Curzon highlighted the age of the misconduct, which occurred over three years ago and at a relatively early stage of the Registrant's career. Further, there had been no repetition of the misconduct, nor any other concerns raised and when looking at future risk, she submitted that this was very low if not non-existent. Ms Curzon stated that the Registrant had completed two years of supervision under conditions, during which time he had improved his practice. Ms Curzon invited the Committee to find that the Registrant was not currently impaired on either public protection nor public interest grounds. She submitted that if an informed member of the public had read the documentary evidence and heard the Registrant give evidence then they would not be concerned about the Registrant returning to practice and confidence in the profession would not be undermined.

22. The Committee accepted the advice of the Legal Adviser, who referred the Committee to the relevant sections of the Hearings and Indicative Sanctions Guidance 2021. It was advised that the Committee will need to satisfy itself that the Registrant has fully appreciated the gravity of the offence, has not re-offended and has maintained his skills and knowledge, and that the Registrant's patients will not be placed at risk by resumption of practice. The Committee was advised that at a

Review hearing, there is in effect a persuasive burden upon a Registrant to demonstrate that they are fit to resume unrestricted practice.

Findings regarding impairment

23. The Committee had regard to the findings made at the substantive hearing, in particular the findings made at the impairment stage, including that the Registrant's misconduct had put patients at unwarranted risk of harm, had brought the profession into disrepute and had breached fundamental tenets of the profession. Whilst the substantive Committee had found the Registrant had started to develop insight at that time, it was not full and he had not fully remediated, particularly as he had not demonstrated an understanding of the impact of his misconduct on patient care and the reputation and confidence in the profession.

24. The Committee noted the recommendations that the earlier Committee had made of steps that it would consider would assist the reviewing Committee, as set out at paragraph 12 above.

25. The Committee was mindful that it needed to be satisfied that the Registrant has fully appreciated the gravity of the offences, has not re-offended and has maintained his skills and knowledge and that the Registrant's patients will not be placed at risk by resumption of practice.

26. The Committee considered that the Registrant has followed the recommendations made by the previous Committee, as he has provided evidence of further CPD, including the peer review and 1:1 training that he has undertaken and provided a detailed reflective statement demonstrating insight and understanding of the impact on patients of delayed referrals and inaccurate records.

27. In relation to the reflective statement produced by the Registrant, the Committee considered that this was detailed and demonstrated that the Registrant had undertaken deep and mature reflection during his period of suspension. In the statement the Registrant has shown that he appreciates the seriousness of his misconduct. Additionally, it showed that he had gained an understanding of the reasons why his misconduct occurred, how to prevent it re-occurring and the impact of it upon his colleagues, patients and the profession.

28. In relation to the Registrant's oral evidence, the Committee considered that the evidence given was credible and showed that the Registrant had demonstrated genuine and authentic insight into his misconduct. The Committee noted that the Registrant's development of insight has been a journey, given that he started to remediate by completing relevant CPD soon after the initial complaint.

29. The Committee noted that at the substantive hearing the Committee found that at that stage the Registrant had started to develop insight. In the period since the suspension was imposed, the Committee considered that the Registrant had taken his remediation seriously and had undertaken the further reflection required. The Committee was satisfied on the evidence before it that the Registrant had now developed full insight into the misconduct found and understood the gravity of his

misconduct and that the Registrant had now completed remediation, as fully as possible, such that there was no longer any risk to public protection.

30. The Committee noted that there had been no repetition of the misconduct since it occurred over three years ago and considered that the misconduct was highly unlikely to be repeated. It was the view of the Committee that the Registrant's skills and knowledge have remained up to date, given the relatively short period of suspension of three months and the voluntary work and learning that the Registrant has done within that time.

31. The Committee was mindful that there was in effect a persuasive burden on the Registrant to demonstrate that he is fit to resume unrestricted practice. The Committee was satisfied that given the further reflection and remediation that had taken place since the suspension was imposed, that the Registrant had discharged that burden and has demonstrated that he was safe to return to unrestricted practice.

32. The Committee considered that the public interest did not require a finding of impairment to be made, to maintain public confidence in the profession and/or to declare and uphold standards in the profession. The Committee concluded that the original suspension for a period of three months appropriately marked the misconduct. In view of the steps that the Registrant had undertaken to reflect, develop his insight and remediate, and with there being no repetition, the Committee was of the view that it was not necessary, nor proportionate, to make a finding of impairment on public interest grounds.

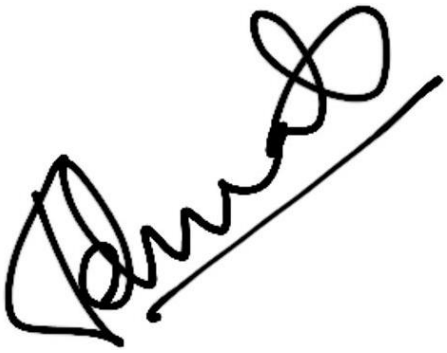
33. The Committee was satisfied that the Registrant was unlikely to be placed in a similar situation again as when the misconduct occurred, and even if he was, that the misconduct was very unlikely to be repeated given the safeguards that the Registrant had put in place. The Committee was satisfied that the Registrant had changed his attitude to work, to put the patient first, even when faced with external pressures, such as a challenging work environment.

34. Accordingly, the Committee found that the fitness of Mohammed Ul-Haq to practise as an optometrist is not impaired.

Declaration

35. The Committee makes a formal declaration that the Registrant's fitness to practise is no longer impaired for the reasons above. The substantive suspension order will expire at the conclusion of the three-month period for which it was imposed.

Chair of the Committee:

Signature  **Date: 9 October 2025**

Registrant: Mohammed Ihsan Ul-Haq

Signature present and received via email **Date: 9 October 2025**

FURTHER INFORMATION
Transcript
A full transcript of the hearing will be made available for purchase in due course.
Appeal
Any appeal against an order of the Committee must be lodged with the relevant court within 28 days of the service of this notification. If no appeal is lodged, the order will take effect at the end of that period. The relevant court is shown at section 23G(4)(a)-(c) of the Opticians Act 1989 (as amended).
Professional Standards Authority
This decision will be reported to the Professional Standards Authority (PSA) under the provisions of section 29 of the NHS Reform and Healthcare Professions Act 2002. PSA may refer this case to the High Court of Justice in England and Wales, the Court of Session in Scotland or the High Court of Justice in Northern Ireland as appropriate if they decide that a decision has been insufficient to protect the public and/or should not have been made, and if they consider that referral is desirable for the protection of the public. Where a registrant can appeal against a decision, the Authority has 40 days beginning with the day which is the last day in which you can appeal. Where a registrant cannot appeal against the outcome of a hearing, the Authority's appeal period is 56 days beginning with the day in which notification of the decision was served on you. PSA will notify you promptly of a decision to refer. A letter will be sent by recorded delivery to your registered address (unless PSA has been notified by the GOC of a change of address). Further information about the PSA can be obtained from its website at www.professionalstandards.org.uk or by telephone on 020 7389 8030.
Effect of orders for suspension or erasure
To practise or carry on business as an optometrist or dispensing optician, to take or use a description which implies registration or entitlement to undertake any activity which the law restricts to a registered person, may amount to a criminal offence once an entry in the register has been suspended or erased.
Contact
If you require any further information, please contact the Council's Hearings Manager at Level 29, One Canada Square, London, E14 5AA or by telephone, on 020 7580 3898.