BEFORE THE FITNESS TO PRACTISE COMMITTEE
OF THE GENERAL OPTICAL COUNCIL

GENERAL OPTICAL COUNCIL

F(26)09

AND

MICHAEL BEARD (01-16313)

NOTICE OF INQUIRY
SUBSTANTIVE HEARING

Take notice that an inquiry will be conducted in the above matter by the Fitness to Practise Committee of the General Optical Council.

A substantive hearing will be proceeding:

Remotely
The substantive hearing will commence at 9:30am on **Tuesday 25 August to Thursday 3 September 2026 (not including Monday 31 August 2026)** by way of video conference or telephone conference facilities.

The Inquiry will be based upon the allegation submitted by the Council (see below) and will determine whether the fitness to practise of **Michael Beard** is impaired by virtue of the provisions contained in section 13D(2) of the Opticians Act 1989.

Euan Napier
Hearings Manager, General Optical Council

28 July 2026

ALLEGATION

The Council alleges that in relation to you, Michael John Beard (01-16313), a registered Optometrist, whilst you were employed at Specsavers [redacted]:

1) On or around 7 October 2022, you conducted a sight test on Patient 1 and you:

    a. Failed to accurately assess the fundus/macular with either an examination method (direct or indirect ophthalmoscopy) and/or with interpretation of the findings from ocular imaging; or

    b. In the alternative to 1a) above, failed to check any ocular imaging obtained on the day;

    c. Failed to detect signs of suspected wet AMD in the right eye;

    d. Failed to urgently refer for specialist macular opinion;

2) On or around 28 November 2024, you conducted a sight test on Patient 2 and failed to perform and/or record the following, despite the patient presenting for a recheck due to intermittent diplopia:

    a. An assessment of the patient's spectacle prescription;

    b. An assessment of the patient's visual acuities;

    c. An assessment of the patient's binocular vision;

    d. An assessment of the patient's ocular motor balance;

3) On or around 23 December 2024, you conducted a sight test on Patient 2 and failed to perform and/or record the following, despite the patient presenting for a further recheck due to intermittent diplopia:

    a. An assessment of the patient's spectacle prescription;

    b. An assessment of the patient's visual acuities;

    c. An assessment of the patient's binocular vision;

    d. An assessment of the patient's ocular motor balance;

4) On or around 28 November 2024, you conducted a sight test on Patient 3 and failed to perform and/or record the following, despite the patient having a history or retinal detachment and presenting with concerns about their vision:

    a. Intraocular pressures;

b. Refraction;

c. An assessment of visual acuities;

d. An assessment of the external eye;

e. An assessment of the internal eye;

5) On or around 28 November 2024, you failed to advise Patient 3 about his visual symptoms and/or the potential significance of the findings to his care;

6) On or around 21 December 2024, you conducted a sight test on Patient 4 and failed to perform and/or record the following, despite the patient presenting with deteriorating vision:

a. An assessment of the external eye;

b. An assessment of the internal eye;

c. An assessment of visual acuities with a pin hole test;

d. An assessment of the patient's near ocular motor balance;

7) On or around 21 December 2024, you failed to provide Patient 4 with a clear management plan to indicate that a discussion had taken place about referral;

8) On or around 23 December 2024, you conducted a sight test on Patient 4 and failed to perform and/or record the following, despite the patient presenting with deteriorating vision:

a. An assessment of the external eye;

b. An assessment of the internal eye;

c. An assessment of visual acuities with a pin hole test;

d. An assessment of the patient's near ocular motor balance;

9) Between 21 December 2024 and 23 December 2024, you failed to refer Patient 4 to the Hospital Eye Service to investigate unexplained reduced vision in each eye;

10) On or around 6 July 2023, you conducted a sight test on Patient 5 and you:

a. Failed to adequately record your assessment of the patient's right macular;

b. Failed to adequately assess the patient's internal eye;

c. Failed to detect signs of suspected retinal detachment;

d. Incorrectly identified that the patient had wet AMD;

e. Failed to adequately interpret/and or seek advice regarding the interpretation of the patient's OCT imaging;

f. Failed to make a next day referral for suspected macula retinal detachment;

11) On or around 23 April 2024, you conducted a sight test on Patient 6 and you:

a. Failed to adequately record the patient's macular status;

b. Failed to adequately interpret/and or seek advice regarding the interpretation of the patient's OCT imaging;

12) On or around 6 July 2024, you conducted a sight test on Patient 8 and you failed to refer for further investigation at a sub-specialist macular clinic, despite the patient presenting with reduced visual acuity in the left eye;

13) On or around 24 January 2025, you conducted a sight test on Patient 9 and you failed to maintain adequate patient records in that you:

a. Did not to record which eye had ptosis;

b. Recorded normal findings on the external eye examination, contradicting the suggestion that the patient had a ptosis;

14) On or around 24 January 2025, you failed to refer Patient 9 and/or record a referral to the hospital Eye Service for ptosis and reduced visual acuity;

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

Committee Members:	Louise Fox (Chair)
	Kevin Connolly (Lay)
	Amanda Webster (Lay)
	Caroline Clark (Optometrist)
	Louise Gow (Optometrist)
Legal Adviser:	Aaminah Khan
Hearings Officer:	Natasha Bance
Transcribers:	Marten Walsh Cherer Limited

If you require further information relating to this hearing, please contact the Council's Hearings Manager at hearings@optical.org.