BEFORE THE FITNESS TO PRACTISE COMMITTEE
OF THE GENERAL OPTICAL COUNCIL

GENERAL OPTICAL COUNCIL

F(25)01

AND

DENTON BARCROFT (01-10825)

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 **Monday 21 July to Wednesday 30 July 2025** 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 **Denton Barcroft** 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 March 2025

ALLEGATION

The Council alleges that you, Mr Denton Barcroft (01-10825), a registered Optometrist:

1) *On 23 May 2022 you attended to Patient A, and you:*

    a) *Failed to identify and/or record the new vessels at Patient A's optic discs suggesting signs of proliferative diabetic retinopathy;*
    b) *Failed to make an urgent referral to the Hospital Eye Service, despite this being clinically indicated;*
    c) *Failed to perform and/or record a dilated fundus examination of Patient A's eyes, despite this being clinically indicated;*
    d) *Failed to provide advice and/or record your advice to Patient A about the significance of her diabetic retinopathy so she could make an informed choice about next steps in her clinical journey;*
    e) *Failed to accurately document Patient A's visual symptoms in that you did not record:*

        (i) Patient A indicating that she was type 1 diabetic;
        (ii) Patient A saying her left eye was blurry;
        (iii) Patient A complaining of reduced vision

    f) *Failed to make further enquiries and/or record the findings of further enquiries in relation to Patient A's visual symptoms, at e) above, namely:*

        (i) The onset of the symptom(s);
        (ii) The nature of the symptom(s); and/or
        (iii) The duration of the symptom(s)

    g) *Failed to establish and/or record the level of control of Patient A's diabetes;*
    h) *Failed to provide advice and/or record your advice to Patient A in respect of her ceasing contact lens wear until her corneal staining had healed;*

2) *On 30 May 2022 you attended to Patient A, and you:*

    a) *Failed to identify and/or record signs of proliferative diabetic retinopathy;*
    b) *Failed to make an urgent referral to the Hospital Eye Service, despite this being clinically indicated;*
    c) *Failed to perform and/or record a dilated fundus examination of Patient A's eyes, despite this being clinically indicated;*
    d) *Failed to provide advice and/or record your advice to Patient A about the significance of her diabetic retinopathy so she could make an informed choice about next steps in her clinical journey;*
    e) *Failed to accurately document Patient A's visual symptoms in that you did not record:*

(i) *Patient A indicating that she was type 1 diabetic;*
(ii) *Patient A saying her left eye was blurry;*
(iii) *Patient A complaining of reduced vision.*

f) *Failed to make further enquiries and/or record the findings of further enquiries in relation to Patient A's visual symptoms, at e) above, namely:*

(i) *The onset of the symptom(s);*
(ii) *The nature of the symptom(s); and/or*
(iii) *The duration of the symptom(s).*

g) *Failed to establish and/or record the level of control of Patient A's diabetes;*

3) *On 8 June 2022, if Patient A attended the practice you:*

a) *Failed to identify and/or record signs of proliferative diabetic retinopathy;*
b) *Failed to make an urgent referral to the Hospital Eye Service, despite this being clinically indicated;*
c) *Failed to perform and/or record a dilated fundus examination of Patient A's eyes, despite this being clinically indicated;*
d) *Failed to provide advice and/or record your advice to Patient A about the significance of her diabetic retinopathy so she could make an informed choice about next steps in her clinical journey;*
e) *Failed to accurately document Patient A's visual symptoms in that you did not record:*

(i) *Patient A indicating that she was type 1 diabetic;*
(ii) *Patient A complaining of reduced vision.*

f) *Failed to make further enquiries and/or record the findings of further enquiries in relation to Patient A's visual symptoms, at e) above, namely:*

(i) *The onset of the symptom(s);*
(ii) *The nature of the symptom(s); and/or*
(iii) *The duration of the symptom(s)*

g) *Failed to establish and/or record the level of control of Patient A's diabetes;*
h) *Failed to advise Patient A that she should seek an opinion by another optometrist and/or the Hospital Eye Service when she told you about her visual symptoms and you were unable to offer Patient A an in-person examination;*

4) *Alternatively, to allegation 3) above, if Patient A did not attend the practice, on 8 June 2022, you failed to accurately record what service you provided to Patient A, namely recording an in-person visit when you only spoke to Patient A on the telephone;*

5) *Your actions at 4) above were*

    (i) Misleading; and/or
    Dishonest as you knowingly produced a false record.

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

Committee Members:	Adrian Smith (Chair)
	Victoria Smith (Lay)
	Mark McLaren (Lay)
	Alexander Howard (Optometrist)
	Gaynor Kirk (Optometrist)
Legal Adviser:	Alice Moller
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.