BEFORE THE FITNESS TO PRACTISE COMMITTEE
OF THE GENERAL OPTICAL COUNCIL

GENERAL OPTICAL COUNCIL

F(26)01 & 02

AND

MISBAH AHMED (01-38171)
VAISHALI PATEL (01-35121)

DETERMINATION OF A SUBSTANTIVE HEARING
22 - 28 OCTOBER 2026

Committee Members:	Sara Nathan (Chair) Amanda Webster (Lay) Asmita Naik (Lay) Iftab Akram (Optometrist) Louise Gow (Optometrist)
Legal adviser:	Clare Stirrat
GOC Presenting Officer:	Hugo Lodge
Registrants present/represented:	Yes, and represented
Registrant representative:	Misbah Ahmed (MA) - David Claxton Jennifer Taylor (AOP) Vaishali Patel (VP) - Marc Walker
Hearings Officer:	Terence Yates
Facts found proved:	MA – 1 and 2 admitted and found proven VP - 1 and 2 admitted and found proven
Facts not found proved:	None
Misconduct:	MA - Found VP - Found
Impairment:	MA- Not impaired VP –Not impaired

ALLEGATION

Allegation – Ms Misbah Ahmed

The Council alleges that in relation to you, Ms Misbah Ahmed (01-38171), a registered Optometrist:

1) *Between 4 December 2023 and 4 December 2024, you booked and cancelled false appointments on one or more occasions using genuine patient details as set out in Schedule A below;*
2) *Your actions at 1) above were dishonest in that you booked and cancelled the appointments knowing that they were false;*

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

SCHEDULE A

No.	Patient ID	Booking Date/Time	Cancellation Date/Time
1	[redacted]	2024-01-16 10:32:00	2024-01-16 11:56:20
2	[redacted]	2024-01-16 14:52:53	2024-01-16 15:17:07
3	[redacted]	2024-02-02 12:06:28	2024-02-02 12:56:21
4	[redacted]	2024-03-08 12:00:45	2024-03-08 15:46:20
5	[redacted]	2024-03-20 11:45:04	2024-03-20 12:16:18
6	[redacted]	2024-04-18 12:41:28	2024-04-18 13:07:07
7	[redacted]	2024-04-18 10:43:04	2024-04-18 12:26:36
8	[redacted]	2024-04-26 14:37:32	2024-04-26 15:06:42
9	[redacted]	2024-04-26 11:15:41	2024-04-26 12:46:22
10	[redacted]	2024-04-28 12:58:05	2024-04-28 15:46:49
11	[redacted]	2024-05-03 10:13:14	2024-05-03 11:16:17
12	[redacted]	2024-05-15 12:11:35	2024-05-15 13:06:40
13	[redacted]	2024-05-21 12:34:38	2024-05-21 13:16:23
14	[redacted]	2024-05-22 09:48:47	2024-05-22 11:06:41
15	[redacted]	2024-05-21 17:17:52	2024-05-21 17:26:22
16	[redacted]	2024-05-26 11:25:39	2024-05-26 11:36:22
17	[redacted]	2024-05-26 08:55:01	2024-05-26 09:26:17
18	[redacted]	2024-05-28 15:22:17	2024-05-28 15:46:25
19	[redacted]	2024-05-29 14:42:19	2024-05-29 14:46:24
20	[redacted]	2024-05-30 14:44:29	2024-05-30 14:56:22
21	[redacted]	2024-05-31 14:18:57	2024-05-31 14:56:24
22	[redacted]	2024-05-31 09:55:16	2024-05-31 10:46:23
23	[redacted]	2024-05-31 11:05:51	2024-05-31 11:36:22
24	[redacted]	2024-06-04 16:31:11	2024-06-04 17:06:43
25	[redacted]	2024-06-05 11:02:40	2024-06-05 11:56:17
26	[redacted]	2024-06-11 10:24:20	2024-06-11 10:36:18
27	[redacted]	2024-06-11 11:11:24	2024-06-11 11:56:20

28	[redacted]	2024-06-11 15:11:29	2024-06-11 15:16:19
29	[redacted]	2024-06-12 09:04:54	2024-06-12 09:07:24
30	[redacted]	2024-06-12 09:27:33	2024-06-12 10:36:19
31	[redacted]	2024-06-13 14:26:26	2024-06-13 14:36:09
32	[redacted]	2024-06-23 13:02:53	2024-06-23 13:57:04
33	[redacted]	2024-06-26 10:24:45	2024-06-26 10:28:36
34	[redacted]	2024-06-28 10:12:03	2024-06-28 12:26:35
35	[redacted]	2024-07-05 12:53:06	2024-07-05 15:37:05
36	[redacted]	2024-07-10 14:01:09	2024-07-10 16:07:40
37	[redacted]	2024-07-12 13:54:58	2024-07-12 15:47:06
38	[redacted]	2024-07-12 10:14:55	2024-07-12 12:16:12
39	[redacted]	2024-07-16 09:38:19	2024-07-16 09:56:17
40	[redacted]	2024-07-19 10:35:24	2024-07-19 12:46:18
41	[redacted]	2024-07-25 10:14:02	2024-07-25 10:46:17
42	[redacted]	2024-07-28 10:08:51	2024-07-28 10:16:16
43	[redacted]	2024-08-16 09:50:16	2024-08-16 10:06:44
44	[redacted]	2024-08-28 11:34:50	2024-08-28 12:16:35
45	[redacted]	2024-09-12 15:07:52	2024-09-12 17:16:54
46	[redacted]	2024-09-13 08:45:53	2024-09-13 11:26:27
47	[redacted]	2024-09-18 13:56:49	2024-09-18 15:17:04
48	[redacted]	2024-09-20 10:37:34	2024-09-20 15:27:06
49	[redacted]	2024-09-20 08:54:31	2024-09-20 15:16:34
50	[redacted]	2024-09-29 12:18:42	2024-09-29 12:37:19
51	[redacted]	2024-10-02 09:59:09	2024-10-02 10:36:49
52	[redacted]	2024-10-02 14:55:45	2024-10-02 16:16:32
53	[redacted]	2024-10-04 11:52:44	2024-10-04 12:16:58
54	[redacted]	2024-10-04 12:15:33	2024-10-04 12:37:16
55	[redacted]	2024-10-06 09:35:26	2024-10-06 11:26:23
56	[redacted]	2024-10-06 11:24:12	2024-10-06 11:37:02
57	[redacted]	2024-10-06 15:30:47	2024-10-06 15:57:15
58	[redacted]	2024-10-06 09:15:30	2024-10-06 10:16:37
59	[redacted]	2024-10-10 09:10:53	2024-10-10 09:37:17
60	[redacted]	2024-10-11 10:59:10	2024-10-11 14:26:24
61	[redacted]	2024-10-11 10:14:16	2024-10-11 10:47:02
62	[redacted]	2024-10-11 09:55:51	2024-10-11 12:07:33
63	[redacted]	2024-10-13 14:53:14	2024-10-13 16:07:33
64	[redacted]	2024-10-13 09:16:08	2024-10-13 09:56:31
65	[redacted]	2024-10-20 11:23:17	2024-10-20 13:07:34
66	[redacted]	2024-10-20 09:26:59	2024-10-20 15:37:16
67	[redacted]	2024-10-21 10:15:57	2024-10-21 10:16:26
68	[redacted]	2024-10-23 12:47:41	2024-10-23 12:56:37
69	[redacted]	2024-10-23 14:34:26	2024-10-23 15:27:13
70	[redacted]	2024-10-23 10:29:02	2024-10-23 11:27:19
71	[redacted]	2024-10-30 09:13:24	2024-10-30 12:56:40
72	[redacted]	2024-10-30 09:16:21	2024-10-30 15:07:22

73	[redacted]	2024-11-01 14:02:57	2024-11-01 15:07:01
74	[redacted]	2024-11-06 10:12:28	2024-11-06 11:36:35
75	[redacted]	2024-11-06 10:36:11	2024-11-06 11:56:49
76	[redacted]	2024-11-10 11:23:58	2024-11-10 11:37:15
77	[redacted]	2024-11-10 11:32:50	2024-11-10 12:36:43
78	[redacted]	2024-11-15 11:10:26	2024-11-15 11:46:43
79	[redacted]	2024-11-15 12:20:49	2024-11-15 13:07:13
80	[redacted]	2024-11-15 15:38:17	2024-11-15 16:07:16
81	[redacted]	2024-11-17 08:48:05	2024-11-17 14:26:47
82	[redacted]	2024-11-27 09:13:01	2024-11-27 10:27:04
83	[redacted]	2024-11-29 16:09:36	2024-11-29 16:17:10
84	[redacted]	2024-12-04 11:21:23	2024-12-04 12:17:13

Allegation – Ms Vaishali Patel

The Council alleges that you, Miss Vaishali Patel (01-35121), a registered Optometrist:

1) *Between 4 December 2023 and 4 December 2024, you booked and cancelled false appointments on one or more occasions using genuine patient details as set out in Schedule A below;*
2) *Your actions at 1. above were dishonest in that you booked and cancelled the appointments knowing that they were false;*

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

Schedule A

No.	Patient ID	Booking date/time	Cancellation date/time (within 10 mins)
1	[redacted]	2023-12-09 14:12:58	2023-12-09 15:06:35
2	[redacted]	2023-12-11 13:13:36	2023-12-11 14:46:25
3	[redacted]	2023-12-29 12:22:36	2023-12-29 16:06:26
4	[redacted]	2024-01-02 15:22:39	2024-01-02 15:46:38
5	[redacted]	2024-01-12 15:19:50	2024-01-12 17:26:46
6	[redacted]	2024-01-27 11:54:56	2024-01-27 11:56:21
7	[redacted]	2024-02-02 09:07:03	2024-02-02 10:16:22
8	[redacted]	2024-02-13 11:39:08	2024-02-13 11:46:19
9	[redacted]	2024-02-14 13:01:28	2024-02-14 14:26:21
10	[redacted]	2024-03-19 13:11:58	2024-03-19 14:06:35
11	[redacted]	2024-03-23 09:02:55	2024-03-23 09:06:35
12	[redacted]	2024-03-29 12:22:07	2024-03-29 12:26:22
13	[redacted]	2024-03-29 12:25:24	2024-03-29 13:06:39
14	[redacted]	2024-03-30 09:25:23	2024-03-30 15:06:38
15	[redacted]	2024-04-01 13:12:20	2024-04-01 13:16:19
16	[redacted]	2024-04-03 12:03:19	2024-04-03 14:16:21

No.	Patient ID	Booking date/time	Cancellation date/time (within 10 mins)
17	[redacted]	2024-04-03 14:27:42	2024-04-03 14:56:21
18	[redacted]	2024-04-03 14:27:56	2024-04-03 14:56:21
19	[redacted]	2024-04-06 10:06:10	2024-04-06 10:36:33
20	[redacted]	2024-04-08 09:46:58	2024-04-08 12:56:30
21	[redacted]	2024-04-15 11:17:22	2024-04-15 14:26:35
22	[redacted]	2024-04-16 10:03:21	2024-04-16 10:57:01
23	[redacted]	2024-04-17 11:48:22	2024-04-17 15:07:20
24	[redacted]	2024-04-19 13:10:06	2024-04-19 15:26:21
25	[redacted]	2024-04-20 08:57:07	2024-04-20 09:56:22
26	[redacted]	2024-04-26 09:27:48	2024-04-26 12:46:22
27	[redacted]	2024-04-27 13:47:56	2024-04-27 15:26:55
28	[redacted]	2024-04-27 09:35:58	2024-04-27 14:26:53
29	[redacted]	2024-04-29 11:50:25	2024-04-29 15:16:10
30	[redacted]	2024-05-01 14:56:25	2024-05-01 15:06:43
31	[redacted]	2024-05-07 14:29:24	2024-05-07 14:36:20
32	[redacted]	2024-05-10 09:05:16	2024-05-10 12:56:22
33	[redacted]	2024-05-10 09:04:50	2024-05-10 12:16:28
34	[redacted]	2024-05-14 13:46:38	2024-05-14 13:56:24
35	[redacted]	2024-05-20 09:12:21	2024-05-20 09:16:17
36	[redacted]	2024-05-24 08:49:49	2024-05-24 09:36:25
37	[redacted]	2024-05-24 14:11:13	2024-05-24 16:16:22
38	[redacted]	2024-05-22 09:55:42	2024-05-22 10:06:39
39	[redacted]	2024-05-14 09:31:14	2024-05-14 12:16:25
40	[redacted]	2024-05-29 08:57:26	2024-05-29 13:56:20
41	[redacted]	2024-05-31 14:03:26	2024-05-31 14:46:23
42	[redacted]	2024-06-03 14:22:33	2024-06-03 14:26:22
43	[redacted]	2024-06-03 14:22:00	2024-06-03 14:26:22
44	[redacted]	2024-06-04 08:49:50	2024-06-04 10:11:52
45	[redacted]	2024-06-22 09:02:55	2024-06-22 15:26:21
46	[redacted]	2024-06-22 12:45:25	2024-06-22 15:06:38
47	[redacted]	2024-06-22 16:24:06	2024-06-22 16:36:20
48	[redacted]	2024-06-24 10:45:24	2024-06-24 11:47:34
49	[redacted]	2024-06-24 12:51:10	2024-06-24 15:46:20
50	[redacted]	2024-06-28 11:44:20	2024-06-28 14:16:22
51	[redacted]	2024-07-02 08:59:45	2024-07-02 09:56:12
52	[redacted]	2024-07-05 14:31:48	2024-07-05 15:56:08
53	[redacted]	2024-07-10 10:04:17	2024-07-10 14:56:19
54	[redacted]	2024-07-10 14:35:50	2024-07-10 16:46:18
55	[redacted]	2024-07-08 11:00:14	2024-07-08 11:16:19
56	[redacted]	2024-07-12 14:07:07	2024-07-12 15:06:33
57	[redacted]	2024-07-12 10:40:13	2024-07-12 14:36:11
58	[redacted]	2024-07-12 08:38:52	2024-07-12 12:16:12
59	[redacted]	2024-07-16 12:25:14	2024-07-16 13:07:28

No.	Patient ID	Booking date/time	Cancellation date/time (within 10 mins)
60	[redacted]	2024-07-19 11:25:07	2024-07-19 14:07:26
61	[redacted]	2024-07-19 10:56:35	2024-07-19 11:07:26
62	[redacted]	2024-07-19 09:20:26	2024-07-19 11:56:10
63	[redacted]	2024-07-19 09:07:48	2024-07-19 10:56:14
64	[redacted]	2024-07-23 14:50:07	2024-07-23 14:56:17
65	[redacted]	2024-07-29 15:44:02	2024-07-29 15:57:06
66	[redacted]	2024-07-31 12:55:22	2024-07-31 15:27:06
67	[redacted]	2024-07-31 09:05:06	2024-07-31 09:16:18
68	[redacted]	2024-07-31 13:59:13	2024-07-31 14:16:10
69	[redacted]	2024-08-02 09:09:05	2024-08-02 12:36:07
70	[redacted]	2024-08-09 09:01:41	2024-08-09 11:27:06
71	[redacted]	2024-08-12 11:31:47	2024-08-12 11:36:11
72	[redacted]	2024-08-14 10:16:23	2024-08-14 10:26:07
73	[redacted]	2024-08-14 14:18:20	2024-08-14 14:26:14
74	[redacted]	2024-08-14 09:55:02	2024-08-14 11:26:17
75	[redacted]	2024-08-16 13:59:37	2024-08-16 14:16:19
76	[redacted]	2024-08-16 10:27:34	2024-08-16 10:36:44
77	[redacted]	2024-08-22 09:33:09	2024-08-22 09:46:17
78	[redacted]	2024-08-30 11:42:19	2024-08-30 12:56:28
79	[redacted]	2024-08-30 14:49:44	2024-08-30 16:57:01
80	[redacted]	2024-09-10 13:45:57	2024-09-10 13:56:51
81	[redacted]	2024-09-10 13:36:06	2024-09-10 16:46:38
82	[redacted]	2024-09-10 10:23:24	2024-09-10 10:26:26
83	[redacted]	2024-09-10 10:24:06	2024-09-10 13:07:15
84	[redacted]	2024-09-10 09:56:21	2024-09-10 11:26:56
85	[redacted]	2024-09-11 11:11:39	2024-09-11 15:46:27
86	[redacted]	2024-09-18 11:45:17	2024-09-18 12:16:26
87	[redacted]	2024-09-20 09:48:14	2024-09-20 10:26:55
88	[redacted]	2024-09-20 09:58:05	2024-09-20 12:17:03
89	[redacted]	2024-09-20 14:01:10	2024-09-20 14:47:03
90	[redacted]	2024-09-20 15:06:03	2024-09-20 15:56:37
91	[redacted]	2024-09-25 13:09:15	2024-09-25 13:16:33
92	[redacted]	2024-09-25 13:10:06	2024-09-25 13:16:33
93	[redacted]	2024-09-27 15:56:11	2024-09-27 16:16:45
94	[redacted]	2024-09-27 16:10:02	2024-09-27 16:46:39
95	[redacted]	2024-09-27 09:48:27	2024-09-27 10:36:32
96	[redacted]	2024-09-29 10:29:03	2024-09-29 10:36:59
97	[redacted]	2024-10-01 09:56:45	2024-10-01 16:36:27
98	[redacted]	2024-10-02 11:00:09	2024-10-02 12:37:05
99	[redacted]	2024-10-07 12:10:37	2024-10-07 12:26:24
100	[redacted]	2024-10-08 10:42:33	2024-10-08 12:07:27
101	[redacted]	2024-10-16 13:44:45	2024-10-16 14:26:52
102	[redacted]	2024-10-18 09:30:30	2024-10-18 14:46:34

No.	Patient ID	Booking date/time	Cancellation date/time (within 10 mins)
103	[redacted]	2024-10-22 11:54:36	2024-10-22 12:36:45
104	[redacted]	2024-10-22 09:26:07	2024-10-22 12:27:08
105	[redacted]	2024-10-23 09:10:02	2024-10-23 10:07:00
106	[redacted]	2024-10-25 14:57:42	2024-10-25 15:36:32
107	[redacted]	2024-10-25 14:03:19	2024-10-25 16:26:48
108	[redacted]	2024-10-25 10:25:21	2024-10-25 15:36:32
109	[redacted]	2024-10-25 09:30:50	2024-10-25 10:27:07
110	[redacted]	2024-10-28 12:33:05	2024-10-28 13:46:27
111	[redacted]	2024-10-28 12:11:23	2024-10-28 12:37:11
112	[redacted]	2024-10-28 10:06:37	2024-10-28 11:26:33
113	[redacted]	2024-10-29 12:48:10	2024-10-29 12:57:05
114	[redacted]	2024-10-30 15:32:56	2024-10-30 15:56:55
115	[redacted]	2024-10-29 15:52:01	2024-10-29 15:56:54
116	[redacted]	2024-11-04 11:48:30	2024-11-04 14:57:07
117	[redacted]	2024-11-04 13:10:57	2024-11-04 14:27:21
118	[redacted]	2024-11-05 12:41:46	2024-11-05 12:47:06
119	[redacted]	2024-11-05 12:30:34	2024-11-05 12:47:06
120	[redacted]	2024-11-06 10:32:34	2024-11-06 11:47:14
121	[redacted]	2024-11-06 11:06:18	2024-11-06 12:06:58
122	[redacted]	2024-11-11 11:38:24	2024-11-11 11:56:58
123	[redacted]	2024-11-20 10:13:08	2024-11-20 16:17:03
124	[redacted]	2024-11-22 13:49:09	2024-11-22 14:36:56
125	[redacted]	2024-11-22 12:03:44	2024-11-22 12:46:32
126	[redacted]	2024-11-27 08:55:49	2024-11-27 12:16:40
128	[redacted]	2024-12-02 10:33:00	2024-12-02 10:36:45
129	[redacted]	2024-12-03 10:27:31	2024-12-03 10:36:57
130	[redacted]	2024-12-03 10:27:44	2024-12-03 10:46:35
131	[redacted]	2024-12-04 14:44:04	2024-12-04 15:16:42
132	[redacted]	2024-12-04 09:50:37	2024-12-04 09:57:02
133	[redacted]	2024-12-04 09:51:19	2024-12-04 10:56:34
134	[redacted]	2024-12-03 11:17:54	2024-12-03 11:26:55

DETERMINATION

Admissions in relation to the particulars of the allegation

1. At the outset of the hearing Mr Claxton on behalf of Ms Ahmed and Mr Walker on behalf of Ms Patel advised the Committee that there would be full admissions made in relation to the factual particulars of the Allegation.
2. The parties agreed that it would be useful for the Committee to hear from Mr A and latterly, Mr B, at the facts stage. To enable this to occur, the Allegation was not read until after their evidence was heard.
3. Following the evidence each Registrant admitted Particulars 1 and 2 of the Allegation against them.
4. The Committee noted that both Registrants had received independent legal advice, and it was satisfied that the admissions were unequivocal and that the Registrants fully understood the implications of admitting Particulars 1 and 2.
5. The Committee received and accepted the advice of the Legal Adviser and in accordance with Rule 46(6) of the General Optical Council's Fitness to Practise Rules 2013 (The Rules) the Chair announced that the facts of the Allegation had been found proved.

Background to the allegations

6. Misbah Ahmed and Vaishali Patel are both General Optical Council (GOC) registered Optometrists who were employed at Specsavers, [redacted] at the relevant time.
7. The Allegation arises from events said to have occurred between 4 December 2023 and 4 December 2024. The GOC alleges that, on one or more occasions during that period, the Registrants booked and cancelled false appointments using genuine patient details. The appointments relied upon by the GOC are particularised in Schedule A to the Allegation for each Registrant.
8. Around October 2024 Ms A, an Optical Assistant, noticed on the electronic patient booking system (Socrates) that a patient appointment was booked and cancelled on the same day. The relevant appointment related to a patient who had already been seen earlier in the day. It is said that the Registrant, Ms Ahmed, had booked and cancelled the appointment.
9. Upon noticing the same issue on a subsequent occasion, Ms A took screen shots and reported the issue to Mr A, the store retail manager. Ms A noticed similar appointments being booked and cancelled on the same day by the Registrant, Ms Patel. Ms A considered it to be unusual as Optometrists do not

usually book appointments, and there was no reason for the patients to return having been seen earlier in the day.

10. Mr A investigated by asking the IT department to check for cancelled appointments. A cancelled appointment report was obtained over a 12-month period. The report showed that a number of appointments (over 80 for Ms Ahmed and over 130 for Ms Patel) had been booked and cancelled on the same day by both Registrants over a 12-month period. Mr A concluded that the appointments were fake.

11. Mr A spoke to staff members and to the Registrants. It is said by Specsavers that the fake appointments resulted in a loss of a full week of appointments, and therefore revenue.

12. When the Registrants were interviewed as part of the Specsavers investigation process on 4 December 2024, they both admitted booking and cancelling appointments on the same day and were unable to offer any good reason for doing so.

Evidence

13. The Committee heard live evidence on affirmation from Mr A and Mr B, and admitted their statements in evidence. In addition, the Committee reviewed the documentary evidence including two other agreed statements contained within the 386-page hearing bundle, the skeleton argument of 27 pages, a 26-page bundle for Ms Ahmed, and a bundle of 20 pages for Ms Patel.

14. Mr A confirmed that he was no longer working in the role of Store Manager for Specsavers. It was noted that the Allegation was that the Registrants had used real patient details to book and cancel appointments. Mr A explained that there was another way of blocking out time by using the 'Do Not Book' option. Mr A was asked when it might be appropriate for the 'Do Not Book' slots in the diary to be used. He indicated that if there was sickness or a locum did not turn up, they would cancel all of the appointments and use 'Do Not Book' to ensure no further appointments could be booked into that clinic. He stated that if there was an emergency referral or an appointment was running late it would also be possible to book out the slot to give the Optometrists time to catch up. Mr A advised that guidance was given to staff that if they were running behind to let the Clinic Coordinator know and they would sort it out.

15. Mr A confirmed that if the 'Do Not Book' slot had been used for genuine purposes there would be no need for it to be cancelled. He stated that by cancelling an appointment there was no record of it on the 'Fail to Attend' report. He confirmed that the cancellation of the 'Do Not Book' slot was not an appropriate use of the system, and not what it was intended for. Mr A

confirmed that there was a customer ID linked to the 'Do Not Book' slots by way of a client called 'Mr Do Not Book'. Each Registrant had used the 'Do Not Book' slot just once within the Schedule.

16. Mr A surmised that if an appointment was booked out at 10:24am and cancelled at 10:36am it would take up the 10:20 appointment slot so no one could book into it as it was cancelled with so little time at the end that it was not bookable.

17. Mr A stated that it was not an Optometrist's role to manage the diary. There was an allocated Clinic Coordinator (usually an Optical Assistant) each day who would work at the 'pod' at the front of the store to manage the diary and workload. He indicated that if an Optometrist was struggling the Clinic Coordinator was the designated person to manage the diary. Mr A described an 'open-door' policy with colleagues seeking support when required. He stated that a 'Do Not Book' slot would stand out to the Clinic Coordinator.

18. Mr A stated that it was difficult to say how many emergency appointments they would deal with as one week there may be three and then nothing for months.

19. Mr A indicated that the false appointments would cause a loss to the business as it would not be possible for a genuine patient to be seen. He confirmed when questioned that a full week's worth of revenue would be lost through the booked and cancelled appointment slots, assuming they were running at 100% capacity. He added that the fail to attend rate was about 10% at that time.

20. Mr A explained the supervision and support system for staff. He stated that each would have a performance review meeting every six months, and that the staff would set their own objectives. It was confirmed that performance metrics were discussed at the performance review meeting, and staff were offered support if they were falling below average in terms of their testing times, or numbers of patients seen per day.

21. Mr A stated that there were also monthly conversations with staff to discuss Key Performance Indicator's (KPIs) and life generally. He advised that if an Optometrist wished to only see 16 patients per day, there would be some resistance as he was running a business. He indicated that they would be offered support to achieve a higher throughput and that the business would want to see a period of sustained improvement rather than a short-term lift.

22. Mr A could not recall any performance issues with either of the Registrants.

23. Mr A described there being a busy clinic environment at the [redacted] store, where they operated a 'rolling diary' with each Optometrist seeing the next

patient waiting when they became available. He confirmed that a rolling clinic made it more difficult for the Clinic Coordinators to see what was happening with the diary system. He stated that there were 'hardly any' walk-ins and that there was no 'ghost diary'. Mr A stated that there was no pressure on Optometrists to see additional patients.

24. Mr A indicated that if a patient walked in for an appointment they would be booked into an available appointment slot later that day rather than squeezed into a slot that wasn't there. He stated that the diary was filled around 80% of the time and there were always gaps.

25. Mr A stated that occasionally patients would telephone and query appointment emails. He hadn't linked it at that time to the automatically generated emails sent out when an appointment was booked or cancelled by the Registrants, and instead assumed the patient had an appointment at a different store through the centralised Specsavers booking system.

26. Mr A stated that the Registrants conduct was caught by chance. When they were first interviewed there was only evidence of it occurring on one or two occasions. He stated that they looked into all Optometrists to see if it was common, others only had up to eleven booked and cancelled appointments in the same period.

27. Mr A described Optometrists working for 8 hours per day and testing time in the region averaged 19 minutes. He stated that not every clinical interaction was an eye test. He confirmed that an Optometrist would only close the patient file once the notes had been finished.

28. Mr B gave evidence on affirmation, and his statement and exhibits were admitted in evidence. Mr B was referred to the record of the internal disciplinary meeting where Ms B acknowledged that it was the Clinic Coordinator who should book and cancel appointments. It was highlighted that Ms B acknowledged that she had been told this on a previous occasion.

29. Mr B confirmed that if the diary needed to be amended the Registrants should liaise with the Clinic Coordinator and that the 'Do Not Book' slots should be utilised rather than real patient details.

30. Mr B stated that the Clinic Coordinator was trained on how the clinic was run and was best placed to manage the diary and make decisions on behalf of the business, the Optometrists, and the team in store.

31. Mr B acknowledged that in Ms Patel's one-to-one, moving from 25-minute clinics to clinics which alternated 20 and 25-minute appointments were discussed. He indicated that 25-minute clinics would result in lots of time

without patients as there was a 10% fail to attend rate on average, and less availability for patients.

32. When asked about Ms Ahmed, Mr B stated that work pressures were not raised by her as an issue prior to the dishonesty being identified. Mr B also indicated that he did not see the need to extend the clinic time to 25 minutes as Ms Ahmed was testing on average at around 19 minutes, and he did not accept that she was under work pressure. Mr B did not accept that Ms Ahmed did not have sufficient time to do administrative tasks. He indicated that not many stores give admin time and had she asked she would have been given time.

33. Following the evidence being heard the Allegation was put to both Registrants. The Chair received and accepted the advice of the Legal Adviser and announced that the facts admitted were found proved in accordance with Rule 46(6) of the Rules.

Misconduct

34. The facts of the Allegation were proved by way of admission. Therefore, the Committee went on to consider whether or not the facts found proved amounted to misconduct. Both Registrants gave evidence on affirmation for the purpose of assisting the Committee in its decision on misconduct, and, if found, impairment.

35. Whilst the Committee heard submissions on both misconduct and impairment together, it was aware that it must consider and reach a decision on misconduct first and only move on to consider impairment if misconduct was found proven

36. Ms Ahmed adopted her reflective statement in evidence and stated that the [redacted] store was a lot busier than she was used to, as in her previous store as a newly qualified Optometrist she had 30-minute clinics. It was confirmed that she had been qualified for one year when she started at [redacted] Specsavers. She stated it took her a while to get used to 20/25-minute clinics and she described it as a 'struggle' and stated that she dreaded coming into work.

37. At the time of the alleged misconduct Ms Ahmed stated that she was in one of two rooms situated on the ground floor which meant that she saw more patients who had additional needs, including reduced mobility. She stated that invariably it took longer to see these patients as it was necessary to position them correctly. She indicated that as they tended to be older patients there would be more complexity and pathology to note, and she didn't want to rush and compromise patient care.

38. Ms Ahmed also stated that she was one of a few Optometrists within the clinic who undertook DVLA appointments, and that these were expected to be accommodated in addition to her scheduled clinic appointments rather than a dedicated appointment slot. She also stated that eye tests and contact lens after care would be booked into one appointment slot rather than the two she felt she needed. She indicated that she would click on the diary to create more time, as if she overran it had a knock-on effect all day, and she may not get finished on time. Ms Ahmed stated that she would click on the patient she was with or one she knew would take longer. She stated that the 'dummy' appointments gave her breathing space, and she didn't think that it would be regarded as dishonest at that time.

39. Ms Ahmed explained the 'rolling clinic' system and how this worked. She stated that by booking time out everyone would benefit and be able to catch up. She described the pressures arising from patients arriving late, pre-

screens, and dilations, as well as DVLA appointments being slotted into the normal clinic. She stated that her testing time ran from opening the digital patient record on Socrates to closing it, and that she may need to return to files later to write up notes.

40. Ms Ahmed stated that she spoke with her manager, and she did not think that she had communicated the extent to which she was struggling. She stated that she did not feel that her managers were sympathetic. Ms Ahmed advised that she had dropped to working four days a week mid-way through the year.

41. Ms Ahmed described speaking with the Clinic Coordinator and said it depended on the situation as to what response she got, as if there had been gaps in the morning clinic, they were told that they may not meet targets. She stated that she was unable to block out the 'noise' of patients who had been left waiting as this made her very stressed.

42. Ms Ahmed stated that she would be more assertive now if she was in a similar situation and speak to the Clinic Coordinator to manage the diary so that she could focus on the patients. She stated that in her current practice (where she has 25-minute appointments and a set, not a rolling, clinic so she knows what is coming up) if she had dilated a patient and needed to wait 20 minutes, she would inform the Clinic Coordinator and carry-on testing. Ms Ahmed confirmed that she now knew that putting in dummy appointments was wrong and wouldn't do it again.

43. Ms Ahmed described the importance of honesty as a healthcare professional, and the impact of dishonesty on patient care and the wider profession. She acknowledged that it would have been confusing for patients to receive emails booking and cancelling appointments, especially if their driving licence and independence were at risk.

44. Ms Ahmed denied that she had discussed what she was doing with Ms Patel. She stated that she had booked the appointments of her own accord due to the struggles she was having and her embarrassment that she was struggling.

45. Ms Ahmed stated that she was first aware that Ms Patel had been doing a similar thing when she was interviewed during the disciplinary process. She stated that she did not realise that Ms Patel was also struggling. Ms Ahmed confirmed that she did not socialise with colleagues outside of the workplace and had only sent a few text or WhatsApp messages to Ms Patel.

46. Ms Ahmed described her current locum work as easier as she is given 25-minute testing times.

47. Ms Patel took the affirmation and adopted her reflective statement in evidence which she indicated she had prepared on 28 or 29 September 2026.

48. She advised the Committee that when she had started at [redacted] Specsavers in late September 2022, she had worked in one of the downstairs rooms and was only able to undertake certain types of appointments, not the more complex ones. She stated that she moved upstairs into the ground floor accessible rooms in the summer of 2023 after a more senior Optometrist left the practice and she had been trained in accredited schemes such as CUES (emergency symptoms) and DVLA. Ms Patel described feeling under pressure as there was only her and the Ophthalmic Director doing certain types of appointments. She stated that when she started it was a 25-minute clinic which changed to an alternate 20/25 minute clinic without discussion.

49. Ms Patel indicated that there were no gaps in the diary with one patient being seen after the other. She stated that at her previous clinic she had 30-minute individual clinics as a newly qualified Optometrist and the day flowed much better.

50. Ms Patel stated that she raised the issue at each one-to-one she had, and she was told she needed to cut down her test times from her average of 23 minutes. She stated that she felt rushed and was conscious it may affect the standard of care she provided. She stated that she was advised to keep an eye on the clock but felt more pressure from clock-watching rather than focussing on the patient.

51. Ms Patel stated that she would use the details of the patient she was seeing to block out another appointment. She stated that she didn't realise they would be notified and didn't think it would show on the patient record.

52. Ms Patel stated that the 'extra care' clinic was a 'ghost' clinic which was absorbed within the day-to-day work and she found it to be overwhelming. She stated that if a patient was having an eye test and a contact lens after care, they would be booked in for one appointment when she thought it should be two.

53. Ms Patel stated that at the time she knew making dummy appointments was not the right thing to do but didn't think of the implications. She denied knowing that Ms Ahmed was also undertaking the same practice. Ms Patel stated that she had started at [redacted] Specsavers around a year before Ms Ahmed started there and began the dummy appointments about two months before Ms Ahmed arrived. She denied that she had given Ms Ahmed the idea. She indicated that she could not recall exchanging messages with Ms Ahmed, that

she had never socialised with her outside of work, and she first found out about Ms Ahmed doing the same thing at her disciplinary meeting with Mr A.

54. Ms Patel indicated that she had reflected on ways she could have handled the situation differently, and what she would do now, to ensure it was not repeated.

55. Ms Patel described the impact of her conduct on the patients, and the impact on the reputation of the profession.

56. Ms Patel indicated that the Continuing Professional Development (CPD) she had submitted to the Committee had been targeted to the Allegation with most being undertaken in September 2026. She stated that she had struggled to come to terms with the Allegation initially, maybe for a year, but had then come to the realisation as a professional she needed to address it.

57. The Committee heard submissions from Mr Lodge for the GOC with reference to his skeleton argument, he referred to the GOC Standards of Practice for Optometrists and Dispensing Opticians in submitting that the Registrant's had deliberately breached those Standards over a 12-month period which would cause damage to the reputation of the profession. Mr Lodge invited the Committee to consider that patients had received emails which would have caused confusion.

58. Mr Claxton on behalf of Ms Ahmed invited the Committee to conclude that this had been a borderline technical case of both dishonesty and misconduct. He submitted that there had been no advantage or gain created for Ms Ahmed, and he invited the Committee to conclude that it did not fall far below the Standards expected of a registered professional and that fellow professionals would not find the conduct 'deplorable'.

59. Mr Claxton submitted that no harm had been caused or risked and that there was no evidence of harm to Specsavers. He invited the Committee to consider Ms Ahmed's youth and inexperience as relevant in that she lacked the confidence and assertiveness to have found an alternative solution to the pressures of work.

60. Mr Walker for Ms Patel invited the Committee to consider that not every incident of dishonesty amounts to misconduct. He submitted that the conduct admitted would not erode the public's trust in the profession, and that it was not sufficiently serious.

61. Mr Walker invited the Committee to consider the context in which the dishonesty arose when each Registrant was facing workload pressures and acted independently of the other in an attempt to manage their workload. He identified that there was no evidence of collusion between the two Registrants

and there was no evidence that patients had been concerned by the receipt of emails.

62. Mr Walker referred to the case of *Forz Khan v Bar Standards Board [2028] EWHC 2184 Admin* which, he stated, established any misconduct must be serious enough to cross the threshold of professional misconduct. He stated that Ms Patel had merely used the incorrect mechanism to gain some time.

63. The Committee received and accepted the advice of the Legal Adviser. The Committee was referred to *Roylance v General Medical Council (No 2) [2000] 1 A.C. 311* where the Privy Council defined "misconduct" as "a word of general effect, involving some act or omission which falls short of what would be proper in the circumstances. The standard of propriety may often be found by reference to the rules and standards ordinarily required to be followed by a medical practitioner in the particular circumstances".

64. The Committee was also referred to *Nandi v General Medical Council* [2004] EWHC (Admin).

65. The Committee was mindful that not every breach of the Standards will necessarily amount to misconduct and understood that for conduct to amount to misconduct, it must amount to a serious departure from the Standards expected. Therefore, the Committee considered the nature, context and circumstances of the admitted conduct.

66. The Committee considered the conduct of the Registrants collectively to decide whether misconduct was established on the facts, rather than looking at each individually, as each had admitted the same behaviour, albeit on a slightly different scale.

67. The Committee considered the evidence of Mr A to be truthful, and he gave a factual account of how he expected the clinic to be run, which assisted the Committee in understanding the 'rolling clinic' and the way Socrates was operated.

68. In relation to the evidence of Mr B, the Committee considered his evidence to be truthful, although at times he appeared defensive when asked if the primary focus was on business KPIs rather than staff wellbeing.

69. The Committee was of the view that Ms Ahmed in her evidence was considered, calm, believable and honest. She did not waiver when challenged. She gave an account of a difficult work situation which she found herself to be in. The Committee considered her to be a conscientious practitioner who was feeling overwhelmed.

70. Ms Patel also came across as being truthful, and she gave a detailed and credible account of how the work pressures got to her in the workplace when she was focussed on patient care. It appeared to the Committee that she was finding the whole situation very difficult. Both Registrants gave a consistent account that they had not colluded together, and there was no evidence presented to the Committee to support collusion, which was not part of the charge.

71. The Committee considered that the concerns in relation to time pressures had impacted both Registrants independently and added credence to the struggles which they each described. The responses of both Registrants together with their youth and inexperience supported the assertion that they did not have the confidence to challenge the testing times imposed on them. Both Registrants described feeling less pressure in their current roles as a result of the longer and set clinic times.

72. The Committee was aware that youth and inexperience do not create a lower standard of professional conduct, but it considered these as relevant factors in relation to culpability and seriousness. The Committee considered the GOC Standards of Practice for Optometrists and Dispensing Opticians effective from April 2016 and found that the facts admitted and found proved engaged the following Standard:-

'16.1 - Act with honesty and integrity to maintain public trust and confidence in your profession'.

73. The Committee considered that the admitted dishonesty inevitably engaged this Standard.

74. The Committee did not consider Standards 17.1, 14.6 or 10.1 to be engaged on the facts of this case.

75. In relation to Standard 17.1 '*Ensure your conduct, whether or not connected to your professional practice, does not damage public confidence in you or your profession',* the Committee noted that there was no financial gain for either Registrant, and the dishonest acts were undertaken by each Registrant in an attempt to afford themselves the time required to ensure they gave each patient the care they required, and that clinical notes were completed. The Committee took the view that a member of the public, apprised of the facts of this case, would not consider a practitioner who sought to give themselves the time to practise safely, had damaged the reputation of the profession. The Registrants had identified a work around which was to the benefit of the patient, and the dishonesty was not motivated by financial or malicious factors.

76. In considering Standard 14.6 '*Only use the patient information you collect for the purposes it was given, or where you are required to share it by law, or in the public interest',* the Committee noted that there was no evidence of patients complaining about receiving emails booking or cancelling appointments. The Committee was of the view that there had been no breach of General Data Protection Regulation (GDPR) as the patient details were not leaked to, or shared with, any third party.

77. Standard 10.1 '*Work collaboratively with colleagues within the optical professions and other healthcare practitioners in the best interests of your patients, ensuring that your communication is clear and effective'* was not considered to be engaged in this case. Whilst there was a communication system within the practice the Registrants had been unable to successfully deploy this to manage their time. The Committee was satisfied that the dishonest acts of the Registrants were done, from their perspective, in the best interests of their patients, and to afford them the time that was required to give the patients the time and the care they needed.

78. The Committee found the following factors present in relation to seriousness:-

- the dishonesty was not a one-off isolated incident; it occurred on multiple occasions over a one-year period and may well have continued had the Registrants not been caught;
- the Registrants' conduct was calculated in that they used genuine patient details to book and cancel appointments in the knowledge that they might be caught if they used the 'Do Not Book' system;
- the booking system generated emails to some of the patients concerned which may have caused confusion in patients who could be vulnerable;
- multiple patient details were used;
- the Registrants deliberately and repeatedly manipulated the diary system to ease work pressures in a way which they knew was not authorised by the business;
- the Registrants did not consider the implications of their actions at the time.

79. The Committee noted the following mitigating features present:-

- the conduct was not motivated by financial or malicious gain;
- the Registrants were acting in an attempt to manage workloads which they found unfeasible;

- the Registrants had tried to raise the time management issues with their managers, although they had perhaps not been persistent or assertive enough;
- there was no evidence of actual patient harm.

80. In assessing the overall seriousness of the conduct, the Committee concluded that had the dishonesty been isolated or even had occurred just a few times over a year, it may not have crossed the threshold for amounting to serious professional misconduct. However, due to the repeated, persistent, sustained and calculated nature of the dishonesty in this case by both Registrants, involving genuine patient details in the exercise of their professional practice, the conduct was sufficiently serious that it can properly be described as misconduct. It is a fundamental tenet of the profession to act with honesty and integrity, and by acting dishonestly the Registrants have behaved in a manner which some fellow practitioners would find 'deplorable'.

81. The Committee was of the view that the findings establish that the Registrants acted in such a way that their conduct fell far short of what would be proper in the circumstances, and what the public would expect of a GOC registered Optometrist. Additionally, fellow professionals would find the conduct deplorable. The Committee concluded that the facts found admitted and proved were sufficiently serious to cross the threshold of misconduct on both Registrants' part.

Impairment

82. The Committee next considered, pursuant to Rule 46(14), whether the fitness to practise of the Registrants was currently impaired, as a result of the misconduct found.

83. The Committee heard from Mr Lodge on behalf of the GOC on the issue of impairment with reference to his skeleton argument.

84. Mr Claxton on behalf of Ms Ahmed invited the Committee to the view that there was no risk of repetition of the conduct, and he submitted that the public interest did not require a finding of impairment. Mr Claxton referred to the insight demonstrated by Ms Ahmed and how she had responded differently in her current role.

85. Mr Walker on behalf of Ms Patel referred to the insight, remorse and remediation which had been demonstrated to suggest that there was no risk of repetition. He invited the Committee to consider that the remediation

addresses the public interest concerns, and that the public interest was served by the Registrant's rigorous examination throughout the regulatory process.

86. The Committee received and accepted the advice of the Legal Adviser, and was referred to the Hearings and Indicative Sanctions Guidance. In summary, the Legal Adviser reminded the Committee to consider whether the Registrants' fitness to practise was currently impaired; taking into account the nature and seriousness of the dishonest conduct; whether it was remediable, had been remedied and what the likelihood of repetition was. She further reminded the Committee that it should have regard to the wider public interest and whether a finding of impairment was necessary to uphold public confidence in the profession.

87. The Committee considered the case of *Council for Healthcare Regulatory Excellence (CHRE) v Nursing and Midwifery Council (NMC) and Grant [2011] EWHC 927 (Admin)* which adopted and clarified the test for impairment of fitness to practise, which was formulated by Dame Janet Smith in the Fifth Report of the Shipman Inquiry with reference to the following questions:-

    a. has in the past acted and/or is liable in the future to act so as to put a patient or patients at unwarranted risk of harm; and/or

    b. has in the past brought and/or is liable in the future to bring the medical profession into disrepute; and/or

    c. has in the past breached and/or is liable in the future to breach one of the fundamental tenets of the medical profession; and/or

    d. has in the past acted dishonestly and/or is liable to act dishonestly in the future.'

88. The Committee did not find limbs a – c to be engaged on the facts of this case.

89. The Committee found only limb d of the test to be engaged by the Registrants' past conduct. The Committee did not find that the Registrants were liable to act dishonestly in the future.

90. The Committee found that the Registrants had acted dishonestly over a prolonged period, the wrongdoing was not a one-off isolated incident, and there was an element of planning and premeditation.

91. The Committee considered the principles set out by Mr Justice Silber in *Cohen v GMC [2008] EWHC 581 (Admin):-*

    a. are the acts or omissions which led to the allegation remediable?
    b. has the registrant taken remedial action?
    c. are those acts or omissions likely to be repeated?

92. The Committee considered the failings to be remediable, although it acknowledged that attitudinal concerns, such as dishonesty, can be more difficult to remediate. The Committee considered the nature of the dishonesty to have been situational to that particular role, where the Registrants were manipulating the diary system as a coping mechanism to manage their workload. The Registrants had undertaken targeted training and had been candid in their evidence in accepting that what they did was wrong. The Committee acknowledged that there was no ill-intent behind their actions.

93. There was evidence before the Committee, on behalf of both Registrants, that they were now conducting themselves differently, and the Committee attached significant weight to the detailed reflections it had received from both Registrants. The Registrants both presented as conscientious with patient care at the heart of their practice.

94. The Committee found that the Registrants had both demonstrated good insight into the negative impact dishonesty has on the public perception of the profession, and why it was damaging to the profession, and colleagues, if the public could not rely upon the honesty and integrity of Optometrists. It considered that the Registrants both understood where they went wrong and had put into place mechanisms to avoid similar conduct happening again in future. The Committee was satisfied that through learning and reflection on focussed courses relating to ethics and honesty, the Registrants were both better equipped to recognise and act upon stressful situations to avoid a repetition of similar conduct in future.

95. The Committee in considering the likelihood of repetition had regard to the testimonials on behalf of both Registrants which were positive. Both Registrants provided references (Ms Ahmed four and Ms Patel two) from professionals aware of the Allegation, and which were supportive of their characters and practice. The Committee noted that it was now approximately two years since the misconduct occurred and there had been no further concerns raised. The Committee had been reassured by the evidence of the Registrants that they had developed insight, learned from their behaviour, and were now better equipped to deal with a similar situation should it arise. Both Registrants had developed insight and shown a good level of remediation, which mitigates the risk should they be placed in a similar position again. The Committee noted the targeted CPD undertaken and it considered that the risk of repetition of similar misconduct was low. Accordingly, the Committee concluded that the misconduct was unlikely to be repeated.

96. The Committee reminded itself that there was no evidence of patient harm on the facts of this case and the Registrants' clinical skills were not in issue. The Committee concluded that a finding of impairment was not required on public protection grounds.

97. The Committee went on to consider whether a finding of impairment was required in the public interest.

98. The Committee noted that both Registrants had engaged in the disciplinary and regulatory processes which had extended over a two-year period, had conducted themselves well, and had been accountable for their actions. The Committee was of the view that both Registrants had taken the regulatory process seriously and had reflected and developed themselves sufficiently to ensure there was no repetition of the behaviour. The Committee was mindful that both Registrants had been in the early stages of their careers when the misconduct arose, when they perhaps were not well equipped to deal with a commercially pressurised environment.

99. The Committee had decided that there was no financial gain or ill-intent on the part of either Registrant, and their actions were brought about in an attempt to enable them to manage their workload in a pressurised environment. The Committee was satisfied that there was no risk of repetition which could result in a risk of harm, taking account of the insight, reflections and testimonials it had received for each Registrant.

100. In considering the requirement to maintain and uphold proper professional standards and public confidence in the profession, the Committee concluded that a member of the public apprised of the full facts, with knowledge of the disciplinary and regulatory processes, would consider those processes, where the Registrants had wholly engaged and were subjected to rigorous questioning, sufficient to mark the misconduct, to satisfy public confidence in the profession and its regulation.

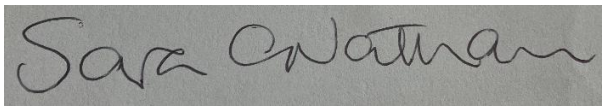
101. The Committee considered that a member of the public aware of the full circumstances, and the work undertaken by the Registrants, would have confidence that the regulatory process had worked. Accordingly, the Committee was not able to find impairment on public interest grounds.

102. The Committee found that the fitness of Misbah Ahmed and Vaishali Patel to practise as Optometrists is not impaired.

Declaration

The Committee makes a formal declaration that the Registrants' fitness to practise is not impaired.

Chair of the Committee: Sara Nathan

Signature  **Date: 28 October 2026**

Registrant: Misbah Ahmed

Signature present and received via email **Date: 28 October 2026**

Registrant: Vaishali Patel

Signature present and received via email **Date: 28 October 2026**

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.
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.