

**BEFORE THE FITNESS TO PRACTISE COMMITTEE  
OF THE GENERAL OPTICAL COUNCIL**

**GENERAL OPTICAL COUNCIL**

**F(25)19**

**AND**

**SUZY STONEHOUSE (D-16672)**

---

**DETERMINATION OF A SUBSTANTIVE HEARING  
AGREED PANEL DISPOSAL (APD)  
10 FEBRUARY 2026**

---

<b>Committee Members:</b>	Julia Wortley (Chair/Lay) Jacqueline Telfer (Lay) Nigel Pilkington (Lay) Sue Deal (Dispensing Optician) Gillian Perry (Dispensing Optician)
<b>Legal adviser:</b>	Kelly Thomas
<b>GOC Presenting Officer:</b>	Neel Rokad
<b>Registrant:</b>	Not present and unrepresented
<b>Registrant representative:</b>	N/A
<b>Hearings Officer:</b>	Bernice Yeboah/Anwar Henry
<b>Facts found proved:</b>	1(a), 2(a), 2(b), 2(c) and 3 proved by admission
<b>Facts not found proved:</b>	N/A
<b>Misconduct:</b>	Found
<b>Impairment:</b>	Impaired

**Sanction:** Erased

**Immediate order:** Yes

---

### **Proof of service**

1. The Committee heard an application from Mr Rokad, on behalf of the General Optical Council (GOC), for the matter to proceed in the Registrant's absence. First, the GOC was required to satisfy the Committee that the documents had been served in accordance with *Section 23A* of the *Opticians Act 1989* ("the Act") and *Rule 61* of the *Fitness to Practise Rules 2013* ("the Rules"). The Committee accepted the advice of the Legal Adviser.
2. The Registrant was informed of the hearing by an email from the GOC on 19 December 2025 sent to the Registrant's confirmed up to date GOC contact details. This document provided the Registrant with a link to access the letter and Notice of the Agreed Panel Disposal (APD) hearing. There was also an earlier email sent to the Registrant on 22 July 2025 which contained access to the GOC's full disclosure bundle, which was to be relied upon at the APD hearing.
3. The Registrant had consented to email service on 25 March 2025 in an email to the GOC. The Registrant had also provided various responses to the GOC, but in particular, in relation to service, had replied to the GOC on 17 October 2025 to an email containing the full papers and the APD report: "*I have reviewed the document and would like to state that I agree with everything that is written in there.*"
4. Given the responses, the Committee was satisfied that the Registrant had been properly served with Notice of the APD hearing.

### **Proceeding in the absence of the Registrant**

5. Having determined that the Registrant was properly served the papers, the Committee then went on to consider the reasons for the Registrant's absence and whether it was satisfied that it was in the public interest to proceed in accordance with Rule 22.
6. Mr Rokad submitted that all reasonable efforts have been taken to serve notice, and indeed the Registrant has acknowledged this in her communications with the GOC. Mr Rokad submitted that, having regard to all the circumstances the matter can proceed as it would be fair to the Registrant, the regulator and in the interests of the public.
7. The Legal Adviser outlined the cases of *GMC v Adeogba* [2016] EWCA Civ 162 and *R v Jones* [2002] UKHL, in terms of factors to consider as to whether it was in the public interest to proceed.

8. The Registrant had also replied to the disclosure bundle on 29 August 2025 stating *"I cannot open the attachments previously sent to me. I have been extremely unwell recently, so I apologise for my late reply. I will not be at the hearing. I admit to all offences. I have left my optical career and will not be returning."*
9. The Registrant then confirmed receipt of the bundle and her agreement to the APD report on 17 October 2025, stating *"I have reviewed the document and would like to state that I agree with everything that is written in there."*
10. The Registrant sent a further email on 28 October 2025 stating *"I will not be attending. I have admitted to all. I have left the career, and I will not be returning."*
11. The Committee noted that there had been no request for an adjournment of this hearing, conversely the Committee noted that the Registrant has been unequivocal in her responses that she is content for the hearing to proceed in her absence, and it would serve no purpose to adjourn. The Committee determined that in those circumstances the public would expect that the hearing proceed as it would be fair, economical, expeditious and efficient.
12. Accordingly, the Committee determined that it was in the public interest for the hearing to proceed in the Registrant's absence.

### **ALLEGATION**

*The Council alleges that you, Suzy Stonehouse (D-16672), a registered Dispensing Optician, whilst working at Specsavers Opticians, [redacted]:*

1. *Fraudulently processed the following refund onto a MasterCard ending [redacted]:*
  - a) *£180, on or around 9 November 2024.*
2. *Fraudulently processed the following refunds onto a MasterCard ending [redacted]:*
  - a) *£240, on or around 14 November 2024;*
  - b) *£525, on or around 29 November 2024;*
  - c) *£580, on or around 5 February 2025.*
3. *Your actions set out at 1 and/or 2 above were dishonest, in that you knew or ought to have known that you were not entitled to the money from these transactions.*

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

### **CONSENSUAL PANEL DETERMINATION AGREEMENT**

13. At the outset of this hearing, Mr Rokad on behalf of the GOC, informed the Committee that prior to this hearing a provisional agreement of panel disposal had been reached between the GOC, and the Registrant and the Registrant had signed the agreement on 21 October 2025.
14. The agreement, which was put before the Committee, sets out the Registrant's full admissions to the allegations, that the Registrant's actions amounted to misconduct and that the Registrant's fitness to practise is currently impaired by reason of misconduct. It is further stated in the agreement that the appropriate sanction in this case would be erasure from the register.
15. The Committee has considered the provisional agreement reached by the parties. That provisional agreement, in full, reads as follows:

#### *Nature of the Recommended Disposal*

18. *Upon the Registrant's admissions and upon the Council and Registrant agreeing to this recommendation, the parties jointly seek and recommend to the FTPC that this matter is disposed of by a determination on the following basis:*
  - i. *All of the particulars of the allegations are admitted and found proved;*
  - ii. *That the particulars of the allegations amount to misconduct;*
  - iii. *That the Registrant's fitness to practise is impaired by reason of misconduct; and*
  - iv. *The appropriate and proportionate sanction is an erasure.*

#### *Law*

19. *The matter is governed by The Opticians Act 1989 ("the Act") and The General Optical Council (Fitness to Practise) Rules Order of Council 2013 ("the Rules").*
20. *In accordance with Rule 46 a hearing is required to be conducted in three stages:*
  - i. *Stage 1 - Findings of fact;*
  - ii. *Stage 2 - Findings on whether, as a result of the facts found proved, the Registrant's fitness to practise is impaired by reason of misconduct;*

iii. *Stage 3 - Consideration of the appropriate sanction, if any.*

21. *Rule 40(6) provides: "the registrant may admit a fact or description of a fact, and a fact of description of a fact so admitted may be treated as proved."*

22. *More detailed submissions are set out below in respect of each stage.*

### *Stage 1: Factual Findings*

23. *The Registrant admits the facts alleged against them. The Registrant made the admissions at the local level and after being served the Council's case. The Registrant made no other submissions in mitigation or explanation to her conduct, and has accepted the allegations in full.*

24. *The parties agree that the facts of the allegations are made out. Notwithstanding this, the Council is aware that it retains the burden of proof. The Committee are respectfully directed to the following pages of the bundle, which the Council submits are demonstrative of the facts in the case:*

- a. The local level investigation interview, where the Registrant was presented with the evidence against her and admitted making unauthorised refunds back to her own card;*
- b. The local level investigation interview, where the Registrant admits her behaviour was theft, was wrong and was fraudulent;*
- c. The local level investigation interview, where the Registrant explained that her motivation behind the fraudulent activity was because she was "really struggling financially...I couldn't see another way";*
- d. The disciplinary hearing, where the Registrant confirmed the record of the local level interview was accurate and again admitted to her fraudulent behaviour;*
- e. The witness statement of [redacted], from Specsavers' Financial Risk Support ("FRS") team and his exhibits including the FRS Investigation Report.*

### *Stage 2: Misconduct and Impairment*

#### *Misconduct*

25. *With regard to the issue of misconduct, there is no definition but a review of some of the authorities provides some guidance. Lord Clyde's judgment in Roylance v GMC (no.2) [2000] 1 A.C. 311 (page 331), stated:*

*"Misconduct is 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. The misconduct is qualified in two respects. First, it is qualified by the word "professional" which links the misconduct to the profession of medicine. Secondly, the misconduct is qualified by the word "serious". It is not any professional misconduct which will qualify. The professional misconduct must be serious".*

26. *In the case of R (on the application of) Remedy UK v General Medical Council [2010] EWHC 1245, Elias LJ (at paragraph 37), stated:*

*"First, it may involve sufficiently serious misconduct in the exercise of professional practice such that it can properly be described as misconduct going to fitness to practise. Second, it can involve conduct of a morally culpable or otherwise disgraceful kind which may, and often will, occur out with the course of professional practice itself, but which brings disgrace upon the doctor and thereby prejudices the reputation of the profession."*

27. *As to seriousness, Collins J, in Nandi v General Medical Council [2004] EWHC (Admin), rightly emphasised (at paragraph 31) of his judgment:*

*"the need to give it proper weight, observing that in other contexts it has been referred to as 'conduct which would be regarded as deplorable by fellow practitioners'."*

28. *In the case of Calhaem v General Medical Council [2007] EWHC 2606 (Admin), Jackson J (at paragraph 39(1)) laid out the following principles:*

*"(1) Mere negligence does not constitute "misconduct" within the meaning of section 35C(2)(a) of the Medical Act 1983. Nevertheless, and depending upon the circumstances, negligent acts or omissions which are particularly serious may amount to "misconduct".*

*(2) A single negligent act or omission is less likely to cross the threshold of "misconduct" than multiple acts or omissions. Nevertheless, and depending upon the circumstances, a single act or omission, if particularly grave, could be characterised as "misconduct".*

*(3) "Deficient professional performance" within the meaning of section 35C(2)(b) is conceptually separate from negligence and from misconduct. It connotes a standard of professional performance which is unacceptably low and which (save in exceptional circumstances) has been demonstrated by reference to a fair sample of the doctor's work.*

*(4) A single instance of negligent treatment, unless very serious indeed, would be unlikely to constitute “deficient professional performance”.*

*(5) It is neither necessary nor appropriate to extend the interpretation of “deficient professional performance” in order to encompass matters which constitute “misconduct”.*

*29. The Registrant accepts the allegations, including that she was dishonest.*

*30. It is agreed by both the Council and the Registrant that the Registrant's conduct breached the following paragraphs of the Standards of Practice for Optometrists and Dispensing Opticians:*

*16. Be honest and trustworthy*

*17. Do not damage the reputation of your profession through your conduct*

*31. It is agreed by both parties that the allegations amount to a serious departure from the standard of practice expected of a competent dispensing optician.*

*32. The parties agree that the Registrant's conduct therefore amounts to misconduct within the meaning of section 13D(2)(a) of the Act.*

#### *Impairment*

*33. There are several authorities from the High Court in appeals against decisions of the General Medical Council's Fitness to Practise Panels, where the Panel has found a doctor's fitness to practise to be impaired. These authorities discussed the way in which regulatory committees should approach impairment in this case at the second stage.*

*34. As to the meaning of fitness to practise, in the case of Zvamunt v GMC [2008] EWHC 2643 (Admin) Mr Justice Mitting (at para 29) adopted the summary of potential causes of impairment offered by Dame Janet Smith in the Fifth Shipman Inquiry Report (2004, Paragraph 25.50). Dame Janet Smith considered that impairment would arise where a doctor:*

- a) presents a risk to patients;*
- b) has brought the profession into disrepute;*
- c) has breached one of the fundamental tenets of the profession;*
- d) has acted in such a way that his/her integrity can no longer be relied upon.*

*35. It is common ground that factors (b), (c) and (d) are engaged in this case.*

36. In *Cheatle v GMC*, Mr Justice Cranston (at paragraphs 21 - 22) said the following:

21. *There is clear authority that in determining impairment of fitness to practise at the time of the hearing regard must be had to the way the person has acted or failed to act in the past As Sir Anthony Clarke MR put it in Meadow v General Medical Council [2006] EWCA Civ 1390 [2007] 1 QB 462:*

*"In short, the purpose of fitness to practise proceedings is not to punish the practitioner for past misdoings but to protect the public against the acts and omissions of those who are not fit to practise. The FPP thus looks forward not back. However, in order to form a view as to the fitness of a person to practice today, it is evident that it will have to take account of the way in which the person concerned has acted or failed to act in the past".*

22. *In my judgement this means that the context of the doctor's behaviour must be examined. In circumstances where there is misconduct at a particular time, the issue becomes whether that misconduct, in the context of the doctor's behaviour both before the misconduct and to the present time, is such as to mean that his or her fitness to practise is impaired. The doctor's misconduct at a particular time may be so egregious that, looking forward, a panel is persuaded that the doctor is simply not fit to practise medicine without restrictions, or maybe not at all [emphasis added]. On the other hand, the doctor's misconduct may be such that, seen within the context of an otherwise unblemished record, a Fitness to Practice Panel could conclude that, looking forward, his or her fitness to practise is not impaired, despite the misconduct".*

37. In *Yeong v GMC* [2009] Mr Justice Sales (at paragraph 21), gave the following view:

*"It is a corollary of the test to be applied and of the principle that a FFTP is required to look forward rather than backward that a finding of misconduct in the past does not necessarily mean that there is impairment of fitness to practise - a point emphasised in Cohen and Zygmunt...in looking forward the FFTP is required to take account of such matters as the insight of the practitioner into the source of his misconduct, and any remedial steps which have been taken and the risk of recurrence of such misconduct. It is required to have regard to evidence about matter that have arisen since the alleged misconduct occurred".*

*(At Para 48): "Miss Grey submitted that each of Cohen, Meadow and Azzam was concerned with misconduct by a doctor in the form of clinical errors and incompetence. In relation to such type of misconduct, the question of remedial action taken by the doctor to address his areas of*



*weakness may be highly relevant to the question whether his fitness to practise is currently (i.e. at the time of consideration by a FTPP) impaired; but Miss Grey submitted that the position in relation to the principal misconduct by Dr Yeong in the present case (i.e. improperly crossing the patient/doctor boundary by entering into a sexual relationship with a patient) is very different. Where a FTPP considers that the case is one where the misconduct consists of violating such a fundamental rule of the professional relationship between medical practitioner and patient and thereby undermining public confidence to the medical profession, a finding of impairment of fitness to practise may be justified on the grounds that it is necessary to reaffirm clear standards of professional conduct so as to maintain public confidence in the practitioner and in the profession, in such a case, the efforts made by the medical practitioner in question to address his behaviour for the future may carry very much less weight than in the case where the misconduct consists of clinical errors or incompetence. I accept Miss Grey's submissions that the types of cases which were considered in Cohen, Meadow and Azzam fall to be distinguished from the present case on the basis she puts forward".*

38. The High Court revisited the issue of impairment in the recent case of *CHRE v NMC and Grant*, where Mrs Justice Cox noted (at paragraph 74):

*"In determining whether a practitioner's fitness to practise is impaired by reason of misconduct, the relevant panel should generally consider not only whether the practitioner continues to present a risk to members of the public in his or her current role, but also whether the need to uphold professional standards and public confidence in the profession would be undermined if a finding of impairment were not made in the particular circumstances [emphasis added]."*

### Stage 3: Sanction

39. Where the FTPC find that a registrant's fitness to practise is impaired, the powers of the FTPC are listed under section 13F (2) (3) and (4) of the Act. Section (2) states that the FTPC may, if they think fit, give a direction specified in subsection (3).
40. The purpose of sanctions in fitness practise proceedings are as follows:
- a) the protection of the public;
  - b) the declaring and upholding of high standards in the profession; and c) the maintenance of public confidence in the profession.

41. *Sanctions are not intended to be punitive. Accordingly, matters of personal mitigation carry very much secondary weight. In Bolton v The Law Society [1994] 1 WLR 512 Bingham LJ said:*
42. *"...the reputation of the profession is more important than the fortunes of any individual member. Membership of a profession brings many benefits but that is part of the price."*
43. *The FTPC should have proper regard to the Indicative Sanctions Guidance unless the FTPC have sound reasons to depart from it – per Lindblom LJ in PSA v (1) HCPC (2) Doree [2017] EWCA Civ 319 (at paragraph 29).*
44. *The FTPC must also have regard to the principle of proportionality. The principle requires that when considering what sanction to impose in order to fulfil the statutory over-arching objective, the FTPC must take into consideration the interests of the Registrant, which may include the wider public interest in a competent dispensing optician being permitted to return to practice. The FTPC should consider the sanctions available, starting with the least restrictive sanction available, judging whether that sanction will be sufficient to achieve the over-arching objective, and if it will not, moving on to consider the next least restrictive sanction.*
45. *In terms of aggravating features the Registrant was previously erased from the register by the Fitness to Practise Committee on 28 July 2015. This was in relation to the Registrant having been convicted for theft from employer and pleaded guilty to four counts of fraud in November 2014. The Registrant then applied to restore to the register and on 12 September 2017, the Registration Appeals Committee was satisfied that the Registrant is a fit person to practise as a Dispensing Optician and it was appropriate to direct the Registrar to restore her name to the register of Dispensing Opticians.*
46. *The Registrant has admitted to her conduct and has been open with the local level investigation, as well as expressed an intention to leave the profession. The Registrant has admitted dishonesty.*
47. *In terms of mitigating circumstances, there are no mitigating circumstances other than the fact that the Registrant has admitted the offences from the early stages of the local investigation and Council investigation.*
48. *Having regard to the Council's Indicative Sanctions Guidance ("the Guidance"), the parties agree that the appropriate and proportionate sanction is an erasure.*
49. *This sanction is appropriate and proportionate in that a lesser sanction would not mark the seriousness of the misconduct or allow the Registrant to reflect*

*sufficiently on her behaviour. The erasure is sufficient in light of there being an abuse of the Registrant's special position of trust.*

#### *No Further Action*

50. *The Guidance states that no further action may be justified in "exceptional circumstances". The Council considers that there are no exceptional circumstances to justify taking no action in this instance. The Council considers that taking no further action in light of the seriousness of the conduct involved would not uphold standards or maintain confidence in the profession and the regulatory process. The Registrant's admissions do not fully remediate the Registrant's misconduct.*

#### *Financial Penalty Order*

51. *The Guidance (at 21.9 – 21.14) suggests a Financial Penalty Order ("FPO") may be appropriate where the conduct was financially motivated and/or resulted in financial gain.*
52. *In the circumstances, the Council does not propose to seek an FPO. The Council notes that the Registrant's conduct was financially motivated and resulted in a financial gain to her. The Registrant has also paid back the sum gained, which nonetheless does not detract from the severity of her conduct. Notwithstanding these factors, an FPO is not being sought for two reasons.*
53. *Firstly, the sum gained was relatively trivial in amount. The Council notes that the Guidance is silent regarding a set figure before an FPO may be appropriate. The Council submits that a relatively small amount would not justify an FPO.*
54. *Secondly, the Registrant appears to have limited financial circumstances, which is understood to have been her initial motivation to commit the agreed misconduct. Therefore, applying paragraph 21.13 of the Guidance, an FPO would have limited utility, as the Registrant would likely have limited means to pay it.*
55. *Finally, the Registrant's conduct would not appear to favour an FPO. The Registrant admitted the conduct at the first instance and has continually engaged with the Council. The Registrant accepted that her conduct is not compatible with being a registered professional and that she should be erased.*

#### *Conditional Registration*

56. *For conditions to be appropriate where the FTPC has identified significant shortcomings in the Registrant's practice, the Guidance states, "the Committee*

*should satisfy itself that the registrant would respond positively to retraining which would thus allow the registrant to remedy any deficiencies in practice whilst protecting patients."*

- 57. The Council does not consider that conditions would be appropriate in light of the misconduct being non-clinical. In any event, the Council considers the misconduct too serious for the sanction of conditions.*

#### *Suspension*

- 58. Per 21.29 of the Guidance, suspension is appropriate when some or all of the following factors are apparent:*

- a. A serious instance of misconduct where a lesser sanction is not sufficient.*
- b. No evidence of harmful deep-seated personality or attitudinal problems.*
- c. No evidence of repetition of behaviour since incident.*
- d. The committee is satisfied the registrant has insight and does not pose a significant risk of repeating behaviour.*
- e. In cases where the only issue relates to the registrant's health, there is a risk to patient safety if the registrant continued to practise, even under conditions.*

- 59. The Council considers that a suspension will not be appropriate given that the Registrant was previously erased for a similar concern (theft conviction) and this has not stopped her repeating behaviour (c & d).*

#### *Erasure*

- 60. The parties agree that the Registrant's conduct is fundamentally incompatible with registered practise and this sanction is appropriate and proportionate.*

- 61. The Registrant has shown some insight in that she has admitted to the allegations early on and stated she wishes to be removed from the register as soon as possible, so to save the Council time and money. However, the Council is of the view there is a risk of repeating behaviour. Prior to this referral, the Registrant was criminally convicted of theft, as well as erased from the Register, before being restored. The Registrant repeated her behaviour following her restoration.*

- 62. The Registrant therefore was convicted of a dishonesty offence, involving financial gain, for which she was erased. The Registrant repeated the same dishonest behaviour, involving financial gain after she was restored to the Council's register. The Council submits that this demonstrates a pattern of behaviour. The Registrant has not learnt from the criminal conviction that led to her first erasure and has repeated almost identical conduct after her restoration.*

63. *The parties agree that the previous conduct, as well that the conduct of this referral, was a serious departure from professional standards, and ultimately an abuse of a position of trust.*

*Immediate Order*

64. *The parties agree that, should the FTPC accept the joint recommendation for disposal, it is appropriate to impose an immediate order of suspension for the Registrant as it is necessary to do so to protect the public and it is otherwise in the public interest.*

*Conclusion*

65. *The parties submit that erasure is the only appropriate outcome in this case. The parties jointly agree that an immediate order would protect the public and otherwise be in the public interest.*

**General Optical Council**

**7 October 2025**

*On behalf of the Council GOC:*



*Date: 07/10/2024*

*On behalf of the registrant:*



*Date: 21/10/2025*

## **BACKGROUND**

16. The Registrant registered with the GOC as a Dispensing Optician on 10 May 2011.
17. The Registrant was then erased from the register by the Fitness to Practise Committee on 28 July 2015. This was due to the Registrant having been convicted of theft from her employer, she having pleaded guilty to four counts of fraud in November 2014.
18. The Registrant then applied to restore her name to the register and on 12 September 2017 and the Registration Appeals Committee was satisfied that the Registrant was a fit person to practise as a Dispensing Optician, and it was appropriate to direct the Registrar to restore her name to the register of Dispensing Opticians.
19. On 3 March 2025 the GOC received a complaint from a Specsavers director informing the GOC that the Registrant had been made subject to an investigation as a result of fraudulent refund transactions made to her personal account on four separate occasions between November 2024 and February 2025.
20. During a disciplinary interview on 19 February 2025, the Registrant admitted to stealing on four separate occasions by crediting money into her sole account by fraudulently refunding transactions. The total amount stolen by the Registrant from her employer by this means was £1,525.00.
21. The Registrant left the practice and has now confirmed that she is no longer practicing.
22. The Registrant was served with the allegations and case papers on 29 May 2025 and was invited to provide representations, prior to the matter being considered by the Case Examiner's for their decision. The Registrant responded stating that she had no representations to make other than admitting to the allegation and informing the GOC that she has withdrawn herself from the GOC and ABDO registers. The Registrant has also stated that she no longer intends to return to work in optics.
23. The case was sent to the Case Examiners, who referred the case to the Fitness to Practise Committee on 8 July 2025.
24. The Registrant has not taken action to remain on the register and only remains on the register for the purpose of the FTPC proceedings.
25. The GOC's case was served on the Registrant on 22 July 2025

### **Fitness to practise history**

26. The Registrant has previous adverse fitness to practise history.
27. In November 2014, the Registrant pleaded guilty to four counts of fraud. The Council initiated a fitness to practice investigation following the conviction. As APD was not available at the time of this referral, a full substantive hearing was held. The Committee found the facts proven and the Registrant impaired. Due to the nature and seriousness of the conduct, the Registrant was erased from the Register on 28 July 2015.
28. Following her erasure, the Registrant applied for restoration to the Register in 2017. In the restoration hearing, The Registrant stated:  
*“that she had recognised the importance that was attached to honesty and integrity within the profession. She assured the Committee that there would be no repetition of the conduct which led to her convictions. She added that she was much better supported at home, and was no longer subject to the same financial pressure. She told the Committee that should she experience financial pressures in the future; she was now aware of support that she could access.”*
29. On 12 September 2017, the Registrations Appeals Committee was satisfied that the Registrant was a fit and proper person to practise as a Dispensing Optician and the Registrant’s name was restored to the register.

### **DETERMINATION**

#### **Advice on APD report**

30. The Legal Adviser outlined advice on APD reports which can be found at *paragraphs 8.3 to 8.7* of the GOC’s *Agreed Panel Disposal Policy* effective from August 2019. Essentially the Committee should work through the hearing as if it was a substantive hearing and must determine whether it agrees with the APD report at each of the stages before moving on to the next. The Committee must consider whether it:
  - a. Agrees with the findings in the report;
  - b. Disagrees with the findings in the report; or
  - c. Requires further information in order to reach their decision.
31. The Committee accepted the advice of the Legal Adviser.

### Findings on the facts

32. The Committee considered the bundle in its entirety and the contents of the agreed APD report. The Committee noted that the Registrant admitted the facts in their entirety.
33. The Committee noted *Rule 40 (6)* of the *Rules*:  
*“The registrant may admit a fact or description of a fact, and a fact or description of a fact so admitted may be treated as proved.”*
34. The Committee therefore agreed with the APD and determined that the facts in Allegations 1(a), 2(a), 2(b), 2(c) and 3 were proved.

### Findings on misconduct

35. The Committee considered the *Standards, Guidance*, the proposed APD report and the admissions from the Registrant
36. The Committee received and accepted advice from the Legal Adviser, who outlined the case law and Hearings and Indicative Sanctions Guidance (“The Guidance”) at Paragraphs 15.6-15.9 in relation to misconduct, reminding the Committee that only serious misconduct is taken into consideration at the impairment stage. The Committee should consider each of the proven allegations in turn and first decide on whether each amounted to serious misconduct.
37. In relation to dishonesty, the Legal Adviser outlined the case of *PSA v HCPC & Anor [2016] EWHC 1237 (Admin)* which stated:  
*“Deliberate dishonesty must come high on the scale of misconduct. That is particularly so when a direct consequence of that misconduct is physical harm to a patient. The lack of financial motive or personal gain means that a further aggravating feature is not present. It does not mitigate the risk of harm to patients created by the breach of professional standards. Equally, the number of instances of dishonesty is important, once might be described as an aberration but more than once, even if only twice, may demonstrate a tendency to act dishonestly.”*
38. Finally, the Legal Adviser advised that misconduct was a matter for the Committee’s own independent judgement and no burden or standard of proof applied. The Committee should only move on to the impairment stage if it found misconduct as agreed in the APD report.
39. The Committee accepted the legal advice and found as follows:  
*Allegation 1(a)*



40. The Committee noted its findings of fact that the Registrant had fraudulently processed a sum of £180 to her own financial benefit and this amounted to a serious departure from the honest standard of practice expected of a competent dispensing optician and therefore amounted to serious misconduct.

*Allegation 2(a)*

41. The Committee noted its findings of fact that the Registrant had fraudulently processed a sum of £240 to her own financial benefit and this amounted to a serious departure from the honest standard of practice expected of a competent dispensing optician and therefore amounted to serious misconduct.

*Allegation 2(b)*

42. The Committee noted its findings of fact that the Registrant had fraudulently processed a sum of £525 to her own financial benefit and this amounted to a serious departure from the honest standard of practice expected of a competent dispensing optician and therefore amounted to serious misconduct.

*Allegation 2(c)*

43. The Committee noted its findings of fact that the Registrant had fraudulently processed a sum of £580 to her own financial benefit and this amounted to a serious departure from the honest standard of practice expected of a competent dispensing optician and therefore amounted to serious misconduct.

*Allegation 3*

44. The Committee had concluded that the Registrant's actions were dishonest and had fallen far short of Standard 16 (Be honest and trustworthy) and Standard 17 (Do not damage the reputation of your profession through your conduct) and this amounted to serious misconduct.
45. The Committee therefore agreed with the APD and considered each allegation to be a serious departure from the *Standards* expected of a competent Dispensing Optician. The Committee determined that the Registrant's conduct amounts to serious misconduct within the meaning of *section 13D(2)(a)* of the *Act*.

**Findings on impairment**

46. The Committee heard and accepted advice from the Legal Adviser who outlined Paragraphs 16.1 to 16.7 of the *Guidance*. The Legal Adviser advised the Committee to consider the two separate elements of impairment namely the public component, which concerns the reputation of the profession and upholding professional standards, and the personal component which concerns the risk of repetition and insight displayed on the part of the Registrant as in *Cohen v GMC*

(2008) EWHC 581. The Legal Adviser also highlighted the four questions in the Grant case.

47. The Legal Adviser addressed the issue of dishonesty in impairment with the case of *PSA v HCPC and Ghaffar (2014) EWHC 2723 (Admin)* in which the Court held that “A finding of impairment does not, of course, necessarily follow upon a finding of dishonesty, although it is accepted by the Panel that it will be a frequent one.” The Legal Adviser also referred to the case of *PSA v (1) GMC (2) Uppal (2015) EWHC 1304 Admin* to outline that dishonesty does not always mean that impairment is inevitable. The Legal Adviser further advised the Committee that at the impairment stage, there is also no burden or standard of proof, but ultimately it is a question of judgement for the Committee alone.
48. The Committee heard and accepted the legal advice, considered the *Guidance* at paragraphs 16.1 to 16.7, the Cohen case and the four questions in the Grant case, namely:
  - a. *Has [the Registrant] in the past acted and/or is [he] liable in the future to act so as to put a patient or patients at unwarranted risk of harm; and/or*
  - b. *Has [the Registrant] in the past and/or is [he] liable in the future to bring the medical profession into disrepute; and/or*
  - c. *Has [the Registrant] in the past breached and/or is [he] liable in the future to breach one of the fundamental tenets of the medical profession;*
  - d. *has in the past acted dishonestly and/or is liable to act dishonestly in the future.*
49. The Committee also considered the GOC’s overriding objective, and gave equal consideration to each of its limbs as set out below:
 

*“To protect, promote and maintain the health, safety and well-being of the public, the protection of the public by promoting and maintaining public confidence in the profession and promoting and maintaining proper professional standards and conduct.”*
50. The Committee first considered the questions in the Grant case with regard to the Registrant’s past behaviour. The Committee did not consider limb a) of the Grant case to be engaged because there were no clinical allegations in this case which gave rise to patient safety concerns.
51. The Committee concluded that the Registrant had by her misconduct in this case brought the profession into disrepute under limb b) of the Grant case. The Committee noted in the APD that the Registrant had taken a substantial amount of money from the Practice, that being dishonest behaviour which fell far short of

the *Standards* expected. Her conduct was repetitive, there being four transactions over a significant period of three months.

52. The Committee determined that the Registrant had by her misconduct in this case breached one of the fundamental tenets of the profession under limb c) of the Grant case. The Committee determined that honesty is a core standard of any reasonably competent Dispensing Optician and had found that the Registrant had fallen far below *Standards* 16 and 17. The Registrant's actions undermined the reputation of the profession amongst members of the public, other colleagues in the profession and patients.
53. The Committee determined that the Registrant had by her misconduct in this case acted dishonestly under limb d) of the Grant case. The Committee determined that the conduct of the Registrant was repetitive, dishonest and attitudinal, particularly given her previous conviction and erasure for similar dishonesty.
54. The Committee then went on to consider the issues in the case of *Cohen* as found at *Paragraph 16.1* of the *Guidance*.
55. Firstly, the Committee considered whether the conduct which led to the allegation is remediable. The Committee considered that although it is difficult to remediate a finding of dishonesty, the Committee considered that it is potentially capable of being remediated.
56. Secondly, the Committee considered whether the conduct has been remedied. The Committee considered the comment made by the Registrant in her interview:  
*"I am sorry that I have stolen from my friends and been dishonest. I'm just really sorry. I'm really struggling financially at the moment, to the point where I can't afford to pay the electricity bill. Everything is increasing in cost and I have been foolish and I am just so sorry I couldn't see another way."*
57. The Committee determined there to be no insight offered from the Registrant to the Committee. The Committee noted that the Registrant has not presented any attempted remediation or insight in relation to the impact on her employer or the wider profession and patients. The Committee noted in the APD that the Registrant agreed that *"The Registrant made no other submissions in mitigation or explanation to her conduct, and has accepted the allegations in full."*
58. The Committee determined there to be a high risk of repetition. Aside from her declared intention not to return to the profession, the Committee was not provided with any reassurances that the behaviour would not be repeated. The Committee was mindful that the Registrant had previously been convicted of theft from her employer in the past and been erased by the GOC from the register. Indeed, the Registrant had stated to the Appeals Committee that *"...she had*

*recognised the importance that was attached to honesty and integrity within the profession. She assured the Committee that there would be no repetition of the conduct which led to her convictions. She added that she was much better supported at home, and was no longer subject to the same financial pressure. She told the Committee that should she experience financial pressures in the future, she was now aware of support that she could access.”* The Committee concluded that there was a high risk of repetition of the behaviour in the future, as the misconduct had already been repeated.

59. The Committee then returned to the *Grant* questions with reference to the Registrant’s *future* risk. The Committee considered limbs b), c) and d) of the *Grant* case as to whether the Registrant was in the future likely to bring the profession into disrepute, breach one of the fundamental tenets of the profession or act dishonestly. The Committee noted that it is agreed that the Registrant has not undertaken any remediation, and has not demonstrated any insight sufficient to satisfy the Committee that such conduct will not be repeated in the future. Therefore, the Committee found that there was a future risk in relation to limbs b), c) and d) of the *Grant* case.
60. The Committee then considered the public interest element. The Committee had made findings that the Registrant had taken a significant amount of money from the Practice which she was not entitled to, for her personal financial gain. The Committee had found that her conduct was repetitive and had occurred over a period of three months. The Registrant had previously been criminally convicted and erased from the GOC register for the same type of dishonest misconduct. The Committee determined that an informed and fair-minded member of the public, if they were appraised of those facts, would be shocked by the Registrant’s misconduct, and would reasonably conclude that a finding of impairment was necessary to promote and maintain public confidence in the profession and proper professional standards and conduct.
61. The Committee therefore found that both the personal and the professional elements of impairment were present, and determined that it was necessary in the public interest to make a finding of impairment of fitness to practise in order to uphold professional standards and public confidence in the profession.
62. The Committee therefore agreed with the APD and found that the Registrant is currently impaired.

### **Findings on sanction**

63. The Committee understood the parties had agreed as recorded in the APD report that erasure was the most appropriate sanction in this case.

64. *The Legal Adviser referred to the Guidance at Paragraphs 20-23 and 13F - 13H of the Opticians Act 1989 in outlining the sanctions available to the Committee. The Legal Adviser stated that the sanctions guidance is not a 'straitjacket', but if the Committee were to deviate, they must give reasons. It is not the purpose of sanctions to punish, but the Committee should consider proportionality and balance the interests of the public against those of the Registrant. The Legal Adviser referred to the case of Bolton v Law Society (1994) 1 WLR 512, which stated:*

*"The reputation of the profession is more important than the fortunes of any individual member. Membership of a profession brings many benefits, but that is part of the price."*

65. The Legal Adviser also outlined *Paragraphs 22.4 to 22.6* of the *Guidance* in relation to sanctions on dishonesty. The Legal Adviser advised that the Committee should, according to *Paragraph 8.3* of the *Guidance*, work through the sanctions starting with no order and then the least restrictive first.

66. In reaching its decision on sanction the Committee took into account the legal advice, the submissions in the APD report, the facts found proved and its previous findings on misconduct and impairment. Throughout its deliberations the Committee had regard to the *Guidance*, in particular paragraphs 20-23, as well as the overarching objective.

67. The Committee considered *the following to be aggravating features:*

- There was an abuse of a position of trust;
- The conduct was repetitive, there being four separate incidents of theft;
- The Registrant had been previously criminally convicted and erased from the register for the same type of offence;
- The conduct only stopped when it was detected by the Practice.

68. The Committee considered the following to be mitigating factors:

- The Registrant has admitted the allegations since the outset of the investigation
- The Committee has been informed that the Registrant has paid back the sum gained.

69. The Committee considered and weighed the aggravating and mitigating factors above when applying the *Guidance* at *paragraph 8.3* and considered the possible sanctions, starting with the least severe, that being to take no further action.
70. The Committee determined, having regard to the *Guidance*, that there were no exceptional circumstances to justify taking no further action, it would not reflect the seriousness of the misconduct and therefore it would be inappropriate.
71. The Committee did not agree that the financial loss to the Practice was trivial. In any event the Committee noted that the sum has been paid back, and the Registrant has limited means to pay a financial penalty order. The Committee determined finally that a financial penalty would not reflect the seriousness of the misconduct.
72. The Committee next considered a period of conditional registration.
73. The Committee determined that this was not a case that involved clinical failure and it would be inappropriate to consider the imposition of conditions. The Committee had agreed with the APD findings that the conduct was attitudinal. For those reasons, the Committee considered that conditional registration would not be appropriate in this case.
74. The Committee went on to consider a suspension order and the relevant sections of the *Guidance* contained within paragraph 21.29 namely:

*“Sanction [of suspension] may be appropriate when some, or all, of the following factors are apparent (this list is not exhaustive):*

  - a. Serious instance of misconduct where a lesser sanction is not sufficient.*
  - b. No evidence of harmful deep-seated personality or attitudinal problems.*
  - c. No evidence of repetition of behaviour since the incident.*
  - d. The Committee is satisfied the registrant has insight and does not pose a significant risk of repeating behaviour.*
  - e. In cases where the only issue relates to the registrant’s health, there is a risk to patient safety if the registrant continued to practise, even under conditions.”*
75. The Committee determined that factor e) was not relevant. The Committee determined that factor a) was engaged, this being a serious matter. However, factors b), c) and d) were not engaged. The Committee considered there was evidence of an attitudinal problem with regards to dishonesty. The Committee had also found that there was no evidence of insight or remediation, and there



was a high risk of repetition. Therefore, the Committee determined that it would not be appropriate to suspend the Registrant in these circumstances.

76. The Committee went on consider erasure and the relevant sections of the *Guidance* at paragraph 21.35:

*“Erasure is likely to be appropriate when the behaviour is fundamentally incompatible with being a registered professional and involves any of the following (this list is not exhaustive):*

- a. Serious departure from the relevant professional standards as set out in the Standards of Practice for registrants and the Code of Conduct for business registrants;*
- b. Creating or contributing to a risk of harm to individuals (patients or otherwise) either deliberately, recklessly or through incompetence, and particularly where there is a continuing risk of harm to patients;*
- c. Abuse of position/trust (particularly involving vulnerable patients) or violation of the rights of patients;*
- d. Offences of a sexual nature, including involvement in child pornography;*
- e. Offences involving violence;*
- f. Dishonesty (especially where persistent and covered up);*
- g. Repeated breach of the professional duty of candour, including preventing others from being candid, that present a serious risk to patient safety; or*
- h. Persistent lack of insight into seriousness of actions or consequences.”*

77. The Committee determined that factors a), f) and h) applied for the reasons set out previously. The Committee determined that the Registrant’s misconduct was fundamentally incompatible with being a registered professional and concluded that the only appropriate sanction was one of erasure.

78. The Committee therefore agreed with the APD report and determined that the sanction of erasure is appropriate and proportionate. The Committee determined that a lesser sanction would not mark the seriousness of the misconduct where, as the Committee had found, the Registrant’s misconduct was fundamentally incompatible with being a registered professional.

79. The Committee agreed with the findings in the APD.

80. The Registrant will therefore be erased from the register.

**Immediate Order**

81. The parties agreed in the APD report that an immediate order would be necessary in this case for the protection of the public and otherwise in the public interest.
82. The Committee heard and accepted advice from the Legal Adviser, namely that the Committee should refer to *Paragraphs 23.1-23.5* of the *Guidance*, that the Committee may impose an immediate order if it determines that it is necessary to protect members of the public, or is otherwise in the public interest, or is in the best interests of the Registrant. An Immediate Order would cover the appeal period, after which the substantive order will take effect if no appeal is lodged under Section 13I of the Opticians Act 1989.
83. The Committee took account of the relevant paragraphs of the *Guidance*. The Committee determined that there is a necessity for an immediate order. The Committee had made a finding that the Registrant's fitness to practise is impaired such that there were serious public interest concerns. The Committee therefore found that an immediate order was necessary in the public interest.
84. For the reasons above, the Committee determined to impose an immediate erasure order to cover the 28 days' appeal period.

**Chair of the Committee:** Julia Wortley

**Signature** .....  ..... **Date:** 10 February 2026

**Registrant:** Suzy Stonehouse

**Signature:** Shared with the Registrant via email **Date:** 10 February 2026



<b>FURTHER INFORMATION</b>	
<b>Transcript</b>	
A full transcript of the hearing will be made available for purchase in due course.	
<b>Appeal</b>	
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).	
<b>Professional Standards Authority</b>	
<p>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.</p> <p>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).</p> <p>Further information about the PSA can be obtained from its website at <a href="http://www.professionalstandards.org.uk">www.professionalstandards.org.uk</a> or by telephone on 020 7389 8030.</p>	
<b>Effect of orders for suspension or erasure</b>	
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.	
<b>Contact</b>	
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.	