

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

GENERAL OPTICAL COUNCIL

F(24)20

AND

UMAR MASOOD (01-26624)

**DETERMINATION OF A SUBSTANTIVE REVIEW
4 July 2025**

Committee Members:	Sara Nathan (Chair/Lay) Ann McKechin (Lay) Victoria Smith (Lay) Caroline Clark (Optometrist) Ann Barrett (Optometrist)
Legal adviser:	Lara Akande
GOC Presenting Officer:	Leonie Hinds
Registrant:	Present and represented
Registrant representative:	Trevor Archer
Hearings Officer:	Latanya Gordon
Outcome:	Conditional Registration Order 12 months (with review)

The Review Hearing

1. The Committee considered the documentary evidence that was before it, which included (but was not limited to), evidence from the substantive hearing, the earlier Committee's substantive determination and the Council's written submissions. The Registrant's bundle contained the Registrant's reflective statement, a stress management plan, personal development plan ("PDP") and continuing professional development record ("CPD"). The Registrant did not give oral evidence.

2. The Committee heard submissions from Ms Hinds on behalf of the Council and from Mr Archer on behalf of the Registrant in relation to current impairment.
3. Ms Hinds outlined the background to the case, the findings of the Substantive Committee and the law and procedure on review hearings. She reminded the Committee that there was a burden upon the Registrant to show that his fitness to practise was no longer impaired and that the Committee had to consider the matter of impairment afresh.
4. Ms Hinds acknowledged that the issue of current impairment was a matter for the independent judgement of the Committee. Ms Hinds submitted that the central question for the Committee was whether the Registrant had taken sufficient steps to indicate that the risk of repetition was fully mitigated and he had remedied the misconduct. Ms Hinds informed the Committee that the Council remained neutral on the issue of impairment.
5. Mr Archer, on behalf of the Registrant, invited the Committee to find that the Registrant was no longer impaired. Mr Archer outlined that since the conclusion of the substantive hearing, the Registrant has continued to reflect on the dishonest misconduct which brought him before his regulator. Mr Archer submitted that the period of suspension has had a sobering and significant impact on the Registrant. While no patient was harmed, the Registrant fully recognised the potential risks to patients of taking shortcuts and understands that any repetition of the misconduct would result in a more severe sanction.
6. Mr Archer informed the Committee that during the period of suspension, the Registrant had taken the opportunity to [redacted].
7. Mr Archer further explained that the Registrant had experienced financial hardship during this time, highlighting the emotional and practical difficulty of being unable to work in a profession he had spent many years building. Despite these challenges, the Registrant remains strongly committed to returning to practice and has shown genuine motivation to do so in a safe and responsible manner. In support of this, Mr Archer submitted that the Registrant had fully engaged with the Substantive Committee's recommendations by undertaking relevant CPD courses, including those focused on ethics and stress management; revised his personal development plan (PDP) to address wellbeing; and has produced a detailed reflective statement outlining six specific measures he intends to implement in the workplace to prevent any recurrence of the issues that led to the original misconduct.
8. Mr Archer highlighted that at the time of the previous hearing, one of the main reasons for a finding of impairment was the need to uphold public confidence in the profession, and submitted that the period of suspension has served its purpose in this regard and has sent a clear message to the public and other registrants. In conclusion, Mr Archer invited the Committee to find that given the steps the Registrant has taken – his ongoing reflection and learning, and his commitment to safe practice – the Registrant's fitness to practise is no longer impaired and he is fit to return to practice.
9. The Committee heard and accepted the advice of the Legal Adviser who advised that upon Review, the Committee would need to consider impairment afresh and referred them to the case of *Clarke v GOC* [2017] EWHC 521 (Admin). She advised that the question of impairment was a matter for the Committee's independent judgement taking into account all of the evidence it has seen and heard so far, and that a finding of impairment does not automatically follow a finding of misconduct - outlining the relevant principles set out in *Cohen v GMC* [2008] EWHC 581 (Admin). The Legal Adviser referred the Committee to the case of *Azzam v GMC* [2008] EWHC 2711 (Admin), and asked it to consider facts material to the practitioner's fitness to practise

looking forward, and for that purpose to take into account evidence as to his present skills or lack thereof and any steps taken, since the conduct criticised, to remedy any defects in skill. As the case involves a proven allegation of dishonesty, the Legal Adviser directed the Committee to give particular consideration to the judgments in *Yeong v General Medical Council* [2009] EWHC 1923 (Admin) and *Professional Standards Authority v Health and Care Professions Council and Ajeneye* [2016] EWHC 1237 (Admin).

10. The Legal Adviser referred the Committee to the test for considering impairment as set out by Dame Janet Smith in the fifth report of the Shipman Inquiry (para 25.67), and cited with approval the case of *CHRE v NMC & Paula Grant* [2011] EWHC 927 (Admin). The Committee was advised that at a review hearing, there is in effect a persuasive burden upon a Registrant to demonstrate that they are fit to resume unrestricted practice.

Findings regarding impairment

11. The Committee noted that the focus of a review hearing is upon the current fitness of the Registrant to resume practice, judged in light of what they have, or have not, done since the substantive hearing and whether they remained currently impaired.
12. The Committee took account of the substantive hearing decision and the findings of that Committee, as well as the steps which it had recommended may assist at a Review Hearing, as set out above.
13. The Committee bore in mind the Council's overarching objective and gave equal consideration to each of its limbs:

'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.'

14. The Committee first considered the questions endorsed in *Grant* in relation to past behaviour, and concluded that by not carrying out external and internal eye examinations and estimating measurements from retinal photographs and scans, the Registrant had in the past put patients at risk of harm. The Committee considered that in completing the patient record cards without having carried out the required eye examinations, and acting dishonestly, the Registrant had in the past brought the profession into disrepute and breached fundamental tenets of the profession. This had been demonstrated by the breaches of professional standards outlined above.
15. The Committee then went on to consider the questions to be asked from the case of *Cohen* as follows:
 - Whether the conduct leading to the allegations is easily remediable?
 - If it is, whether it has been remedied, and then,
 - Whether it is likely to be repeated?
16. The Committee considered that dishonest conduct is difficult, but not impossible to remediate. The Registrant had engaged with the hearing and provided his own bundle of documents for the hearing. The Committee had reviewed the content of this bundle very carefully.
17. The Committee carefully considered whether the Registrant's fitness to practise remains impaired, particularly in light of the public protection concerns arising from his past misconduct involving dishonesty. The Committee decided, based on the

evidence before it, that the Registrant had demonstrated some reflection on his past misconduct and the underlying factors that had contributed to it. While there was no evidence of clinical failings or direct harm to patients, the central issue remains the risk of the Registrant taking shortcuts under stress, either personal or professional.

18. The Committee noted that although the Registrant has undertaken some CPD and had produced an updated PDP, these were considered to be light, limited, late and future orientated. The Committee considered that the Registrant's CPD activity since the beginning of the current CPD cycle in January 2025 was minimal and the PDP lacked sufficient depth and structure. The Committee would have expected there to have been more engagement with his annual CPD requirements given that half a year had elapsed.
19. The Committee was not satisfied that the Registrant had demonstrated full and meaningful engagement with the concerns raised by the previous Committee. In particular, there remained a lack of comprehensive insight into the instances of dishonesty, and insufficient evidence of the steps the Registrant claims he will take to manage stress and prevent any future misconduct.
20. The Committee returned to the questions posed by Dame Janet Smith above and concluded in light of the conduct not being fully remedied, that there was a future risk that patients would be placed at an unwarranted risk of harm. Furthermore, that the profession may be brought into disrepute, that fundamental tenets of the profession may be breached in future and that the dishonesty might re-occur. It decided that there was a risk of repetition.
21. On the basis that there remained a risk to the health, safety and wellbeing of patients, the Committee concluded that the Registrant's current fitness to practise is impaired on a personal and/or clinical level.
22. The Committee went on to consider the wider public interest in maintaining public confidence in the profession and in promoting and maintaining proper professional standards and conduct where a practitioner had acted dishonestly and potentially placed patients at a risk of harm. The Committee decided that, given the period of suspension the Registrant has already served, public confidence in the profession would not be undermined if a finding of impairment were not made on public interest grounds.
23. The Committee concluded that the Registrant's fitness to practise is currently impaired on public protection grounds only.

Sanction

24. Having found that the Registrant's fitness to practise is currently impaired, the Committee went on to consider sanction.
25. Ms Hinds, on behalf of the Council, submitted that a conditional registration order for a period of 12 months would be an appropriate and proportionate disposal. She invited the Committee to impose such an order to provide the Registrant with the opportunity to secure employment, undergo a workplace induction, and receive meaningful feedback and supervision.
26. Mr Archer made submissions on behalf of the Registrant. Mr Archer submitted that a conditional registration order would be an appropriate and proportionate in the circumstances, as the period of suspension previously imposed has already marked the seriousness of the misconduct. He invited the Committee to consider that the focus should shift to supporting the Registrant's safe return to practice. Mr Archer

submitted that any conditions should not prevent the Registrant in re-engaging with the profession and securing employment.

27. The Committee heard and accepted the advice of the Legal Adviser. In accordance with the Hearings and Indicative Sanctions Guidance (“the Guidance”) she advised the Committee should impose the least onerous sanction sufficient to meet the risks, having regard to the principle of proportionality and the public interest. The Committee was advised to consider aggravating and mitigating factors together with the nature of the dishonesty. The Legal Adviser referenced *Bolton v Law Society [1994] WLR 512* and “*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*”.
28. The Committee considered the sanctions available to it from the least restrictive to the most severe, as set out in the Guidance. The Committee applied the principle of proportionality by weighing the Registrant’s interest with the public interest.
29. In reaching its decision on sanction, the Committee took into account the findings of the Substantive Committee, the Registrant’s bundle, the submissions it had heard on behalf of the Council and the Registrant and its findings on impairment.
30. Throughout its deliberations the Committee had regard to the overarching objective, giving equal consideration to each of its limbs.
31. The Committee considered the following to be aggravating factors:
 - a. The dishonesty took place in the course of the Registrant’s employment whilst he was conducting his clinical duties;
 - b. The misconduct was not an isolated incident as the Registrant had acted dishonestly on two separate occasions;
 - c. There was a potential risk of harm to patients; and
 - d. The Registrant has not demonstrated complete and thorough insight into his misconduct.
32. The Committee considered the following to be mitigating factors:
 - a. The Registrant is of good character with a previous unblemished record;
 - b. Previous “mystery shopper” reviews had not flagged any concerns with the Registrant’s practice;
 - c. The Registrant made early admissions;
 - d. There was no evidence of actual harm to patients as these were “mystery shoppers” and not real patients;
 - e. Although the Registrant’s misconduct was not a “one-off”, there is no evidence of deep-seated attitudinal problems; and
 - f. There was evidence that the Registrant had engaged in some reflection, CPD and development of his PDP.
33. The Committee considered that the most serious aspect of the Registrant’s misconduct was failing to carry out the internal and external eye examinations and completing patient records in such a way that another professional would consider that these examinations had been carried out.
34. In considering the misconduct in its entirety, and taking into account the relevant aggravating and mitigating factors, the Committee concluded that an informed and

reasonable member of the public would be seriously concerned by the Registrant's actions.

35. The Committee first considered taking no action. It decided, having regard to the Guidance, that there were no exceptional circumstances to justify it doing so. Taking no action would not protect the public.
36. The Committee decided that the imposition of a financial penalty was not appropriate or proportionate.
37. The Committee next considered whether a period of conditional registration would be appropriate. It noted the terms of paragraph 21.5 of the Guidance which states:

“Conditional registration may be appropriate when most, or all, of the following factors are apparent (this list is not exhaustive):

- 1. No evidence of harmful deep-seated personality or attitudinal problems.*
- 2. Identifiable areas of registrant's practise in need of assessment or retraining.*
- 3. Evidence that registrant has insight into any health problems and is prepared to abide by conditions regarding medical condition, treatment and supervision.*
- 4. Potential and willingness to respond positively to retraining.*
- 5. Patients will not be put in danger either directly or indirectly as a result of conditional registration itself.*
- 6. The conditions will protect patients during the period they are in force.*
- 7. It is possible to formulate appropriate and practical conditions to impose on registration and make provision as to how conditions will be monitored.”*

38. The Committee was mindful that the Registrant had not fully discharged the burden of demonstrating that his fitness to practise is no longer impaired. However, it acknowledged that he had taken some initial steps to address the misconduct found proved. The Committee concluded that a Conditional Registration Order would represent a sufficient and proportionate response to the risks identified. The Committee was satisfied that the public would be protected by a set of focussed, workable, and measurable conditions, which would also support the Registrant in his return to safe practice. These conditions will provide the Registrant with further time to reflect, under the guidance of a supervisor, on the seriousness of his misconduct and its potential impact on patients, thereby reducing the risk of repetition.
39. The Committee next considered the period for which conditions ought to be imposed, bearing in mind that the maximum is three years. It concluded that a period of 12 months from the end of the current suspension order is required and proportionate.
40. The Committee is of the view that any future reviewing Committee would be greatly assisted by a written statement from the Registrant demonstrating appropriate insight into his misconduct. This should include clear evidence that he fully recognises the seriousness of his actions and understands the impact they have had on his patients and on the wider reputation of the profession.
41. The Committee therefore imposes a Conditional Registration Order for a period of 12 months which will take effect from the expiry of the Registrant's current suspension order.
42. A review hearing will be held between four and six weeks prior to the expiration of this order. The Review Committee will need to be satisfied that the Registrant:

- a. has fully appreciated the gravity of the offence,
- b. has fully engaged with the conditions below, and
- c. has maintained his skills and knowledge.

Chairman of the Committee: Sara Nathan

Signature

Sara Nathan

Date: 04 July 2025

Registrant: Umar Masood

Signature Present via Microsoft Teams

Date: 04 July 2025

List of conditions

<p>A1.1</p> <p>Informing others</p>	<p>You must inform the following parties that your registration is subject to conditions. You should do this within two weeks of the date this order takes effect.</p> <ul style="list-style-type: none"> a. Any organisation or person employing or contracting with you to provide paid or unpaid optical services, whether or not in the UK (to include any locum agency). b. Any prospective employer or contractor where you have applied to provide optical services, whether or not in the UK. c. Chairman of the Local Optometric Committee for the area where you provide optometric services. d. The NHS body in whose ophthalmic performer or contractor list you are included or are seeking inclusion.
<p>A1.2</p> <p>Employment and work</p>	<p>You must inform the GOC if:</p> <ul style="list-style-type: none"> a. You accept any paid or unpaid employment or contract, whether or not in the UK, to provide optical services. b. You apply for any paid or unpaid employment or contract to provide optical services outside the UK. c. You cease working. <p>This information must include the contact details of your prospective employer/ contractor and (if the role includes providing NHS ophthalmic services) the relevant NHS body.</p>

<p>A1.3 Supervision of Conditions</p>	<p>You must:</p> <ul style="list-style-type: none"> a. Identify a workplace supervisor who would be prepared to monitor your compliance with numbers A 2.1, A 2.2 and A 2.3 of these conditions. b. Ask the GOC to approve your workplace supervisor within 4 weeks of the date this order takes effect. If you are not employed, you must ask us to approve your workplace supervisor before you start work. c. Identify another supervisor if the GOC does not agree to your being monitored by the proposed supervisor. d. Place yourself under the supervision of the supervisor and remain under his/her supervision for the duration of these conditions. e. At least once a month meet your supervisor to review compliance with your conditions and your progress with any personal development plan. f. At least every four months or upon request of the GOC, request a written report from your supervisor to be provided to the GOC, detailing how you have complied with the conditions he/she is monitoring. g. Inform the GOC of any proposed change to your supervisor and again place yourself under the supervision of someone who has been agreed by the GOC.
<p>A1.4 Other proceedings</p>	<p>You must inform the GOC within 14 days if you become aware of any criminal investigation or formal disciplinary investigation against you.</p>
<p>A1.5 Registration requirements</p>	<p>You must continue to comply with all legal and professional requirements of registration with the GOC. A review hearing will be arranged at the earliest opportunity if you fail to:-</p> <ul style="list-style-type: none"> a. Fulfil all CPD requirements; or b. Renew your registration annually.
<p>A2.1 CPD</p>	<p>To ensure that your CPD includes attending to matters of stress management and wellbeing in the workplace.</p>

<p>A2.2</p> <p>Restriction on practice</p>	<p>You must:</p> <p>a. Maintain an anonymised log detailing the number of patients you see each day, including the amount of time spent with each patient. This log must be reviewed and signed by the clinic supervisor (in each practice) at the end of each working day and be submitted to the GOC no later than two weeks prior to the next review hearing.</p>
<p>A2.3</p> <p>Personal development plan</p>	<p>a. You must work with your workplace supervisor to develop your personal development plan, which should be specifically designed to address deficiencies in the following areas of your practice:</p> <ul style="list-style-type: none"> • Effectively managing stress in the workplace; • Implementing and maintaining appropriate eye examination times; and • Ensuring that all eye examinations are conducted in a full, complete, and thorough manner. <p>b. Submit a copy of your personal development plan to the GOC for approval within four weeks of your supervisor being accepted by the GOC.</p>

NOTICE TO REGISTRANT:

- The GOC will enter these conditions against your name in the register save for any conditions that disclose information about your health.
- In accordance with Section 13C(3) of the Opticians Act 1989, the GOC may disclose to any person any information relating to your fitness to practise in the public interest.
- In accordance with Section 13B(1) of the Opticians Act 1989, the GOC may require any person, including your learning/workplace supervisor or professional colleague, to supply any information or document relevant to its statutory functions.

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 10 Old Bailey, London, EC4M 7NG or, by telephone, on 020 7580 3898.

