BEFORE THE FITNESS TO PRACTISE COMMITTEE
OF THE GENERAL OPTICAL COUNCIL

GENERAL OPTICAL COUNCIL

F(24)04

AND

ATEEQ ASHRAF (01-28601)

DETERMINATION OF A SECOND SUBSTANTIVE REVIEW
15 July 2026

Committee Members:	Sara Nathan (Chair/Lay) Vivienne Geary (Lay) Jane Kilgannon (Lay) Caroline Clark (Optometrist) Jashneen Mangat (Optometrist)
Legal adviser:	Aaminah Khan
GOC Presenting Officer:	Leonie Hinds
Registrant:	Present and represented
Registrant representative:	Eleanor Curzon (Counsel)
Hearings Officer:	Latanya Gordon
Outcome:	**Not Impaired**

DETERMINATION

ALLEGATION

The Council alleges that in relation to you, Mr Ateeq Ashraf (01-28601), a registered Optometrist, whilst you were working for Specsavers Branch 1 and Specsavers Branch 2:

1) *Between 20 July 2019 and 21 September 2019 (inclusive), you completed eye examinations in less than 12 minutes for:*

    a. *one or more patients listed in Schedule A, namely:*

        i. *Patient A1,*

        ii. *Patient A2,*

        iii. *Patient A3,*

        iv. *Patient A4,*

        v. *Patient A5,*

        vi. *Patient A6,*

        vii. *Patient A7,*

        viii. *Patient A8,*

        ix. *Patient A10,*

        x. *Patient A11,*

        xi. *Patient A12,*

        xii. *Patient A13,*

        xiii. *Patient A14,*

        xiv. *Patient A15,*

        xv. *Patient A16,*

        xvi. *Patient A17,*

        xvii. *Patient A18,*

        xviii. *Patient A19,*

        xix. *Patient A20,*

        xx. *Patient A21,*

        xxi. *Patient A22,*

        xxii. *Patient A23,*

        xxiii. *Patient A24,*

        xxiv. *Patient A27,*

b. one or more of the patients listed in Schedule B, namely:

i. Patient B1,

ii. Patient B3,

iii. Patient B4,

iv. Patient B5,

v. Patient B6,

vi. Patient B7,

vii. Patient B8,

viii. Patient B9,

ix. Patient B10,

x. Patient B11,

xi. Patient B13,

xii. Patient B15,

xiii. Patient B16,

xiv. Patient B17,

c. one or more of the patients listed in Schedule C, namely:

i. Patient C5,

ii. Patient C19,

iii. Patient C21,

iv. Patient C22,

d. one or more of the patients listed in Schedule D, namely:

i. Patient D3,

ii. Patient D7,

iii. Patient D11,

iv. Patient D13,

v. Patient D16,

vi. Patient D18;

2) You failed to allow sufficient time to conduct adequate and/or complete examinations on some or all of the patients listed in paragraph 1(a) and/or 1(b) and/or 1(c) and/or 1(d);

3) *The eye examinations you conducted for some or all of the patients listed in paragraph 1(a) and/or 1(b) and/or 1(c) and/or 1(d) were incomplete and/or performed to an inadequate standard;*

4) *On 20 July 2019, you failed to reach an adequate standard in performing and/or recording eye examinations in relation to one or more of the patients below, in that you failed to undertake and / or record:*

   a. *visual fields for Patient A4,*

   b. *in relation to Patient A12:*

      i. *measurements of intraocular pressure,*

      ii. *visual fields,*

   c. *visual fields for Patient A18;*

5) *On 27 July 2019, you failed to reach an adequate standard in performing and/or recording eye examinations in relation to one or more of the patients below, in that you failed to undertake and / or record:*

   a. *the measurement of intraocular pressure in relation to Patient B8,*

   b. *visual fields in relation to Patient B6;*

6) *On 14 September 2019, you failed to reach an adequate standard in performing and/or recording eye examinations in relation to one or more of the patients below, in that you failed to undertake and/or record:*

   a. *measurement of the intraocular pressure in relation to Patient C2,*

   b. *measurement of the intraocular pressure in relation to Patient C9;*

7) *Between 20 July 2019 and 21 September 2019 you failed to adequately undertake the measurement of and / or accurately record the measurement of basic binocular vision in relation to:*

   a. *one or more of the patients listed in Schedule A,*

   b. *one or more of the patients listed in Schedule B,*

   c. *one or more of the following patients in Schedule C:*

      i. *C1,*

      ii. *C2,*

      iii. *C3,*

      iv. *C4,*

v. C5,
vi. C6,
vii. C7,
viii. C10,
ix. C11,
x. C12,
xi. C13
xii. C14,
xiii. C15,
xiv. C18,
xv. C19,
xvi. C20,
xvii. C21,
xviii. C22,
xix. C23,

d. one or more of the patients listed in Schedule D;

8) Between 20 July 2019 and 21 September 2019 on more than one occasion you failed to keep patient-tailored records in that you used the same entries across multiple records, including but not limited to:

a. cover testing,
b. pupil reactions,
c. internal eye examinations,
d. flashes and floaters,
e. symptoms,
f. reasons for visit.

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

[For schedules see Annex]

Background

1. The Registrant is an Optometrist, who registered in March 2015. At the time of the events set out in the Allegation, the Registrant was working in two branches of Specsavers in [redacted], Branch 1 and Branch 2.
2. It is alleged, in summary, that the Registrant took insufficient time to perform eye examinations on a number of patients, seen on four dates between 20 July 2019 and 21 September 2019. The Council's case is that for example, a routine eye examination should take in the region of 20 - 30 minutes, whereas for the patients listed, the Registrant completed their eye examinations in less than 12 minutes.
3. Following an audit and the instruction of an expert witness, Professor Harper, concerns were raised in respect of over 80 patients that the Registrant had examined on the four dates in question. The concerns in essence are that a number of the examinations were inadequate and/or incomplete, as set out in the Allegation, and the Registrant's record keeping was deficient.
4. At a substantive hearing, which took place between 5 – 12 August 2024, the Registrant admitted the Allegation in full and the Committee made findings of misconduct and current impairment. In relation to sanction, the Registrant's registration was made subject to conditions for a period of two years with a review to take place after nine months so that the Registrant's progress could be closely monitored. The order of conditions is due to expire on 8 September 2026.
5. At the substantive hearing, the Committee considered that the Review Committee would be assisted by:

    (i) Evidence of further reflection in an updated reflective statement, including reflections on the motivations behind his misconduct occurring and the impact upon patients of receiving inadequate sight tests;

    (ii) A timely and up to date PDP, with any evidence of further relevant CPR or remediation undertaken;

    (iii) Any evidence of how the Registrant has addressed the concerns outlined in Professor Harper's report, including how any learning has been implemented by the Registrant into his clinical practice, with tangible examples.

First Review hearing 3 June 2025

6. At the hearing the Committee had before it two bundles of documents produced by the Council, which included documents from the substantive hearing, the substantive hearing decision, correspondence with the Registrant regarding compliance with the conditions (including documents from the Registrant's workplace supervisor and auditor) and the Council's Statement of Facts for the Review hearing, dated 29 April 2025.

7. The Committee also had before it a Registrant's bundle, which included the Registrant's reflective statement, two references (one from his workplace supervisor and one from his records auditor), CPD Statements covering the period from 2022 – 2025 and a Personal Development Plan (PDP). In addition, the Committee was provided with an email chain from the Registrant's records auditor clarifying an issue regarding how he had recorded in the audits when visual field tests were not required.

8. The Committee heard submissions from Mr Rokad on behalf of the Council and from Ms Vanstone on behalf of the Registrant in relation to current impairment. The Registrant did not give evidence.

9. Mr Rokad adopted the Council's Statement of Facts, which outlined the background of the case, the findings of the substantive Committee and the law and procedure on review hearings. Mr Rokad reminded the Committee that there was a burden upon the Registrant to show that his fitness to practise was no longer impaired.

10. Mr Rokad submitted that the Council had had the opportunity to liaise with Ms Vanstone, who represented the Registrant, and there was an agreed position between the parties. Mr Rokad explained that it was understood that the Registrant was conceding that his fitness to practise remains currently impaired and that the conditions should be extended for a period of three months, in order for the Registrant to have a short further period to be able to demonstrate compliance with his conditions and that he is no longer impaired.

11. The Chair of the Committee sought clarification regarding how this position related to the original period of conditions which was for two years. Mr Rokad submitted that the Council's primary position was that the Registrant should remain under conditions for the two year duration of the substantive order, but if the Committee were of the view that it should be for a shorter length then the Council agreed with the three month period.

12. Ms Vanstone, on behalf of the Registrant, outlined that the Registrant's position is that he accepts that his fitness to practise remains impaired and that the conditions should continue. She invited the Committee to make the conditions for a shorter period, or alternatively to direct a further review hearing in three months time.

13. Ms Vanstone submitted that the misconduct concerned four separate dates over a number of months, whereas the conditions demonstrate a much greater oversight of the Registrant's practice. She submitted that the Registrant had undertaken substantial remediation and reminded the Committee when considering the supervisor reports, that records are never 100% accurate and perfection was not required. Ms Vanstone submitted that the question was whether the risk has been mitigated and she submitted that the Registrant had made considerable progress and the risk was much less than before.

14. In relation to the public interest, Ms Vanstone submitted that this had been upheld by the Registrant's compliance with the conditions over the past nine months and a member of the public would be reassured by the remediation of the Registrant that

standards had been upheld. In particular, Ms Vanstone highlighted positive comments from the reports of the Registrant's supervisor and auditor, who were both content with the Registrant's practice and neither had any concerns. Whilst there may be some work still to be done, the auditor was happy with the progress made and there was no risk to patients.

15. Ms Vanstone referred the Committee to the email chain with the auditor of the Registrant's records, which confirmed that in most cases when the Registrant had not conducted a visual fields test one had not been considered necessary. Ms Vanstone submitted that because of the way this had been recorded on the audits, perhaps they did not give the clearest picture but this could be clarified in the next audit. Ms Vanstone highlighted that one of the main areas of concern in this case was related to the length of time that the Registrant's tests took, which were found to be less than 12 minutes. Now the vast majority of his tests lasted between 20-30 minutes, as recommended by Professor Harper, which was a significant improvement. Ms Vanstone submitted that this showed that the Registrant has addressed and was continuing to address the concerns.

16. Additionally, the Registrant had prepared a PDP and updated it, which was clearly structured to meet the concerns in the case. In terms of CPD, the Registrant had already completed 19 points and was way ahead of his targets. Ms Vanstone referred the Committee to the Registrant's reflective statement, parts of which she highlighted.

17. Ms Vanstone further submitted that although conditions for a period of two years had been imposed by the substantive Committee, it had also ordered a review hearing after nine months to give the Registrant an opportunity to demonstrate that he had undertaken remediation. Ms Vanstone invited the Committee to give consideration to reducing the length of the period of conditions or to direct a review in a shorter period of time, such as three months.

18. The Committee received advice from the Legal Adviser, who referred the Committee to the relevant sections of the Hearings and Indicative Sanctions Guidance 2021. The Committee was advised that it will need to satisfy itself that the Registrant has fully appreciated the gravity of the offence, has not re-offended and has maintained his skills and knowledge, and that the Registrant's patients will not be placed at risk by resumption of unrestricted practice. 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.

19. The Legal Adviser advised that its powers were set out at section 13F(13) of the Opticians Act 1989 and should the Committee find current impairment, all sanctions are available to the Committee at a substantive review but the reasons for sanction must reflect the current situation. It was also up to the Committee to consider directing a further review hearing, if it considers that conditions ought to be maintained.

20. The Committee went into private session to start to deliberate, during which in answer to queries raised by the Committee, the Legal Adviser gave further advice

regarding the powers of the Committee under section 13F(13). As this advice had not been given in the presence of the parties, the hearing was reconvened so that the advice could be reiterated in the presence of the parties and so that they had the opportunity to respond to it. In the hearing, the Legal Adviser advised that having considered the wording of section 13F(13), which was outlined, there was a power to extend but no express provision or power to shorten the period of conditional registration.

21. Whilst there is a power under section 13F(13)(d) to revoke, or vary, any of the conditions, this goes on to state "for the remainder of the current period of conditional registration." Therefore, it did not appear that it was possible to maintain but shorten the period of conditions that had been imposed. The Legal Adviser advised that the Committee could direct a further review hearing at any time period it considered appropriate and the future review Committee could consider at that stage whether the Registrant's fitness to practise remained impaired.

22. The parties were given the opportunity to consider that advice and respond to it. Ms Vanstone accepted the advice of the Legal Adviser that there was no power to shorten the existing period of conditions, but asked the Committee to direct a review hearing take place within a short period of time, so that the Registrant could invite the Committee to revoke the conditions at that time.

23. Mr Rokad, on behalf of the Council, also confirmed that the legal advice was accepted and that the period of conditions could not be shortened under section 13F(13). The Committee then retired to continue to deliberate.

The Committee's findings regarding impairment

24. The Committee took account of the substantive hearing determination and the findings of the previous Committee, as well as the steps which it recommended may assist at a Review hearing, as set out above.

25. The Committee was mindful that at a review hearing, the onus was on the Registrant to discharge the persuasive burden upon him that he was no longer impaired and that he was fit to practise unrestricted.

26. The Committee was impressed with the efforts of the Registrant to date and considered that he had taken steps to remediate, including preparing a PDP and undertaking relevant and targeted CPD. The Committee considered that the Registrant was developing his clinical skills and knowledge, for example pursuing a glaucoma qualification. However, it was accepted by the Registrant that he still had more work to do and that he had not yet fully remediated, and further that he should remain under the conditions of practice order at this time. The Committee also considered that the period of time was still relatively short that the Registrant had been practising under the conditions imposed at the substantive hearing (with this review being listed at the nine month stage into the two year original order).

27. On the evidence before the Committee, it was not satisfied that the Registrant had discharged the persuasive burden upon him to show that he is currently fit to

practise unrestricted. Indeed, he expressly concedes that his fitness to practise is currently impaired. Accordingly, the Committee found that the fitness of Ateeq Ashraf to practise as an Optometrist remains impaired.

Sanction

28. Having considered that the Registrant's fitness to practise is impaired, the Committee next considered what direction it should make pursuant to section 13F(13) of the Act. The Committee was mindful of the legal advice that it had received, which was accepted by the parties, that it could not shorten the period of conditions. Effectively, it had the power to maintain the existing conditions, vary them (for the remaining length of the order) or to change the type of order, for example, to one of suspension. Both parties were inviting the Committee to maintain the order of conditions, with a review hearing to be directed in three months time.

29. Having regard to the options open to the Committee, it considered that it was appropriate to maintain the two year order of conditions, without variation. The Committee was satisfied that the Registrant was adhering to the conditions and that they were workable, and a proportionate and appropriate sanction to the risks identified in the case. The Committee considered that there was no basis to revoke, vary or extend the conditions.

30. The Committee considered that it would be appropriate for a review hearing to take place prior to the Registrant's return to unrestricted practice, so that a future review Committee can be reassured that the Registrant is fit in due course to resume unrestricted practice. However, the Committee was not of the view that such a review should take place in three months time as the parties had suggested. The Committee noted that the substantive Committee made findings of impairment on the grounds of both the public component and the wider public interest, with a period of two years being the minimum period necessary to be a proportionate sanction in this case.

31. Whilst the Registrant, at this review, has shown that he is making good progress in terms of developing his insight and remediation, which is lowering the risk of repetition, it remains necessary in the Committee's view that conditions remain in place for the original period of two years in order to meet the public interest concerns that arise in this case, in order to maintain confidence in the profession and maintain and uphold standards in the profession.

32. The Committee therefore maintained the conditions as originally imposed, which are due to expire in September 2026. A review hearing will be held between four and six weeks prior to the expiration of this order.

33. The Committee considers that it would assist the review Committee if the Registrant was able to provide the following:

    (i) Evidence of further reflection in an updated reflective statement, including reflections on the motivations behind his misconduct

occurring and the impact upon patients of receiving inadequate sight tests. Whilst the Registrant is not obliged to give evidence, the Committee considered that hearing directly from the Registrant would be helpful;

(ii) A timely and up to date PDP, with any evidence of further relevant CPD or remediation undertaken;

(iii) Any evidence of how the Registrant has addressed the concerns outlined in Professor Harper's report, including how any learning has been implemented by the Registrant into his clinical practice, with tangible examples;

(iv) Clear written reports from the Registrant's workplace supervisor, which clearly outline how the Registrant has complied with his conditions, in particular conditions A1.3 (e), (f) and (g).

Second Review Hearing - 15 July 2026

34. The Committee was provided with a documentary bundle by the Council, which included the earlier Committees' decisions and documents relating to the Registrant's compliance with his conditions, including Independent audit reports and the Registrant's supervisor reports. The Committee was also provided with the Council's skeleton argument for this hearing.

35. The Registrant provided the Committee with a bundle which contained a reflective statement, CPD records, the Registrant's Personal Development Plan ('PDP'), seven references from professional colleagues, an NHS clinical audit report from a direct observation on 6 May 2026 and a Specsavers Quality Assurance Audit dated 27 June 2026.

36. The Committee heard submissions from Ms Hinds, on behalf of the Council, and from Ms Curzon, on behalf of the Registrant, in relation to current impairment. The Registrant also gave evidence on the issue of impairment.

37. Ms Hinds referred the Committee to the Council's skeleton argument, which outlined the background to the case, including the findings of the past review Committee and the law and procedure on review hearings. Ms Hinds submitted that the original concerns were serious and went to the core of the Optometrists duties, including carrying out adequate clinical assessments and recordkeeping concerns.

38. Ms Hinds submitted that the central issue was whether there remained a risk to the public if the Registrant returned to unrestricted practice. She acknowledged that the Registrant had made progress and had complied with his conditions, providing regular supervisor reports and had constructively engaged with audits and monitoring. Ms Hinds acknowledged that the Registrant had completed CPD and had developed insight having reflected on his misconduct.

39. However, Ms Hinds submitted that it was a matter for the Committee as to whether the Registrant had sufficiently remediated so that the misconduct had been adequately addressed and there was no longer a risk to patients. She referred the Committee to the NHS audit that had been carried out which identified that there were some remaining concerns and room for improvement, which she submitted was relevant to the risk of repetition. Ms Hinds stated that it was a matter for the Committee as to whether it was sufficiently reassured on the evidence before it that the risks had been sufficiently addressed.

40. Ms Hinds reminded the Committee that it was for 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.

41. Ms Hinds informed the Committee that there had been a second referral to the Council, in respect of which the Case Examiners had decided a warning should be offered to the Registrant, rather than a referral to a Fitness to Practise Committee. Ms Hinds stated that the Council did not put significant weight on this matter and it was not relied upon as a sperate incident of misconduct going to fitness to practise, but rather as part of the background to the case.

42. The Registrant gave evidence and was asked questions by his representative Ms Curzon and the Committee Chair. Ms Hinds, on behalf of the Council, had no questions for the Registrant.

43. In summary, the Registrant in his evidence explained his understanding of the risks of his misconduct, which he stated risked misdiagnosis and mismanagement, as well as undermining the standards expected and confidence in the profession. The Registrant also acknowledged the impact of his actions upon colleagues and future care if records are incomplete and how not fully addressing patients' concerns could affect their quality of patient care and quality of life.

44. The Registrant described his past practice as being polar opposite to how he practises now, which he had realised from seeing the same patients again and comparing his past patient records to how he completes them now. He explained that he now works more methodologically, diligently and consciously and he no longer lets external pressures of a busy store affect him, instead focusing upon the patient in the examination room. The Registrant explained that he had developed insight and now saw his misconduct through a '*different lens'* and that he now did not recognise himself from his past practice.

45. The Registrant, when asked what steps he has taken to ensure that he does not repeat the misconduct, stated that he double checks everything, making sure all of the patient's concerns have been addressed and tailors everything around the patient in front of him. He described his practice as being more mindful and he did not let himself be influenced by whatever was happening outside of the testing room.

46. In relation to his completion of CPD, the Registrant explained that he had based his CPD upon the concerns identified in the report of Dr Harper (the Council's expert in

the substantive case) and he had reflected, as he was completing the CPD, on how it could be introduced into his practice. He stated that his PDP acted as a 'log-book', reminding him of his goals and how to achieve them. The Registrant also explained how he would discuss cases with colleagues and seek out the opinions of others, including more junior colleagues and he appreciated that there may be a range of experience and views on issues.

47. In answer to a question from the Chair, the Registrant explained that whilst he had worked as a locum at various stores previously, he now only worked at one store where he intended to stay, as he had a support network there.

48. In her submissions on impairment, Ms Curzon invited the Committee to find that the Registrant was not currently impaired. She reminded the Committee that when considering the issue of impairment it should look forward, not back and that the purpose of these proceedings was not to punish the Registrant but to protect the public from those not fit to practise unrestricted.

49. Ms Curzon submitted that the earlier reviewing Committee had been impressed by the remediation undertaken by the Registrant but considered it was not fully developed at that time. She highlighted that the earlier Committee had made a series of recommendations, all of which she submitted the Registrant had addressed in full.

50. Ms Curzon invited the Committee to consider whether the misconduct was remediable, had been remedied and whether it was likely to be repeated. She submitted that it was remediable, as had been found by the earlier Committees and it now had been fully remediated. Ms Curzon submitted that the Registrant had taken full responsibility for his failings, he had clearly reflected and embraced his learning and development. She submitted that the Registrant had shown, through the evidence in the bundles and his oral evidence, that he can practice safely and within the standards to be expected. The Registrant had addressed why he acted in the manner that he did and had clearly reflected upon his misconduct, which he deeply regretted.

51. Ms Curzon submitted that the Registrant had addressed the risk of harm from his misconduct and had given evidence of his full and detailed understanding of the impact of his actions upon his patients, colleagues and the profession. She stated that the Registrant had completed targeted and relevant CPD, which had a clear and positive impact upon his practice. He had produced a PDP and shown a continued commitment to developing his practice, targeting the concerns of Dr Harper directly. Ms Curzon submitted that he has shown a powerful reflective practice and a determination to address the deficiencies in his practice.

52. Ms Curzon highlighted to the Committee the positive workplace supervisor reports and the seven references from professional colleagues, which she described as universally positive, speaking to the Registrant's strong communication skills and clinical competence. She highlighted that several of the references referred to the Registrant taking longer to test patients now, how his recordkeeping had improved, and how the authors would have complete confidence in the Registrant testing their

own family members. Ms Curzon submitted that the references should reassure the Committee that there had been genuine and sustained improvement to the Registrant's practice whilst practising under conditions.

53. Ms Curzon submitted that it was clear that the Registrant had undertaken introspective reflection and had taken all reasonable steps to remediate, so that it was very unlikely that the misconduct would be repeated. She highlighted that there had been no repetition in the seven years since the original concerns and he had practised as an Optometrist throughout that period. Ms Curzon submitted that the Registrant should not be held to inhumane levels of perfection and that every professional's practice could be improved, but that did not mean that there was a real risk of repetition.

54. In relation to the other referral, Ms Curzon invited the Committee to put no weight on it, as the Case Examiners had invited a warning on the basis that it would not amount to impairment. She confirmed that it related to an appointment with a patient on 1 June 2024, which pre-dated the substantive hearing and the two year period of conditions.

55. Ms Curzon submitted that there was no ongoing risk that would justify a finding of impairment on either public protection or public interest grounds. She submitted that the public interest could be upheld by the abundance of confidence that the Registrant's professional colleagues has in him, as well as the Registrant's engagement in a robust regulatory process and practising under conditions for two years.

56. Ms Curzon submitted that the original concerns had been sufficiently addressed and the public confidence in the profession would not be undermined by a finding of no impairment; rather the public interest would be best served by the Registrant being permitted to return to unrestricted practice.

57. The Committee accepted the advice of the Legal Adviser, who referred the Committee to the relevant sections of the Hearings and Indicative Sanctions Guidance. The Legal Adviser advised that the Committee will need to satisfy itself that the Registrant has fully appreciated the gravity of the offence, has not re-offended and has maintained his skills and knowledge, and that the Registrant's patients will not be placed at risk by resumption of practice. 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.

The Committee's findings on impairment

58. The Committee had regard to the substantive hearing decision and the findings of the previous Committees, as well as the steps which the last Review Committee had recommended may assist at this Review (as set out above).

59. The Committee was satisfied given the nature of the misconduct (relating to clinical concerns) that it was remediable.

60. The Committee considered whether the misconduct had been remediated. The Committee was satisfied from the Registrant's detailed reflective statement, as supplemented by his articulate oral evidence, that he had thoroughly reflected upon his misconduct. The Committee considered that the Registrant gave clear and credible evidence. It was satisfied that the Registrant had shown that he understood the factors that led to the misconduct occurring and that he had now changed his practice and taken steps to address those issues (with a focus now on patient care).

61. The Committee considered that the Registrant's supervisor reports and audits showed the progression of the Registrant over time and since the last review hearing. The Committee was satisfied that the Registrant had improved his clinical skills and had matured whilst working under his current conditions, including spending longer testing and improving his recordkeeping. Furthermore, the Registrant's supervisor was satisfied with the Registrant's progress and no further recent concerns had been raised. The Committee noted in particular that in the most recent NHS audit, in May 2026, the Adviser [redacted] had been impressed with the Registrant's performance.

62. The Committee was satisfied that the Registrant fully appreciates the seriousness and impact of the misconduct in this case and it has not been repeated (whilst there has been a further referral to the Council this pre-dates the substantive hearing and the order of conditions, therefore the Committee did not place weight upon it). The Committee was satisfied that the Registrant has maintained an appropriate level of skills and knowledge given the considerable remediation that he has undertaken.

63. The Committee considered that Registrant had provided documentary evidence showing that he had completed relevant and targeted CPD and that he had genuinely embraced the concept of continuous learning and improving his practice. He has shown that he has continued to engage with the Council, and comply with robust conditions over a two year period, submitting regular and positive supervisor reports. Further, he has produced several positive testimonials from colleagues, which the Committee considered were impressive and reassuring.

64. The Committee therefore decided that given the steps taken by the Registrant and the insight he had developed, he had adequately remediated the misconduct and the risk of repetition was low. The Committee considered that there was no other remediation that the Registrant would reasonably undertake.

65. The Committee was mindful that there was in effect a persuasive burden on the Registrant to demonstrate that he is fit to resume unrestricted practice. The Committee was satisfied that given the considerable further reflection and remediation since the last hearing, that the Registrant has demonstrated he is safe to return to unrestricted practice.

66. The Committee considered whether the public interest required a finding of impairment to be made, however it agreed with the view of earlier Committees that the public interest had been sufficiently marked by the initial 2 year period of conditions.

67. Accordingly, the Committee found that the fitness of the Registrant to practise as an Optometrist is not impaired.

Declaration

68. The Committee makes a formal declaration that the Registrant's fitness to practise is no longer impaired for the reasons above**.** The Committee directs, exercising its power under section 13F(13)(d) of the Opticians Act 1989, that the existing conditions are revoked.

Chairman of the Committee: Sara Nathan

Signature  **Date: 15 July 2026**

Registrant: **Ateeq Ashraf**

Signature Present vis MS Teams **Date: 15 July 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.

Effect of orders for suspension or erasure

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.

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.