



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

GENERAL OPTICAL COUNCIL

F(25)29

AND

KWAN LOK HO (SO-15618)

**DETERMINATION OF A SUBSTANTIVE HEARING
23 - 25 FEBRUARY 2026**

Committee Members:	Sarah Hamilton (Chair/Lay) Ann McKechin (Lay) Carolyn Tetlow (Lay) Kalpana Theophilus (Optometrist) Caroline Clark (Optometrist)
Legal adviser:	Kelly Thomas
GOC Presenting Officer:	Neel Rokad
Registrant present/represented:	No and not represented
Hearings Officer:	Bernice Yeboah/Arjeta Shabani
Facts found proved:	1(a), 1(b), 2, 3, 4(ii)(a-c), 4(iii)(a-c), 5(a-c), 6(a-c).
Facts not found proved:	4(i)(a-c)
Misconduct:	Found in relation to 1(a), 1(b), 2, 3, 4(ii)(a-c), 4(iii)(a-c), 5(a-c), 6(a-c).
Impairment:	Impaired
Sanction:	12 month suspension order with review
Immediate order:	No



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 Committee noted from the service bundle that the Registrant was informed of the hearing by an email from the GOC on 24 December 2025 sent to the Registrant's confirmed and up to date GOC contact details. This email provided the Registrant with a link to access the letter and Notice of the substantive hearing. The Committee also noted reference to an earlier letter sent on 23 September 2025 to the Registrant which contained access to the GOC's full disclosure bundle, which was to be relied upon at the substantive hearing.
3. The Registrant had previously replied to the GOC and had consented to email service in an email sent to the GOC on 28 June 2025. The Committee also noted a response from the Registrant to an earlier email. In that response on 2 June 2025, the Registrant stated "... I recently quit the pre-reg programme."
4. Given the fact that the Registrant had previously responded to the emails from the GOC at the registered email address provided, the Committee was satisfied that all reasonable efforts had been taken to serve notice, and that the Registrant had been properly served with notice of the substantive hearing.

Proceeding in the absence of the Registrant

5. Having determined that the Registrant had been properly served with the papers and given proper notice of the hearing, 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 having regard to the Registrant's responses 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. Given the Registrant's response on 2 June 2025, the Committee was satisfied that the Registrant had acknowledged emails from his registered email address and had the opportunity to participate in the substantive hearing if he had wished to. He had been informed in the notice of hearing that the hearing might proceed in his absence. The Committee noted that there had been no request for an adjournment of this hearing, conversely the Committee noted that the Registrant had stated in his response on 2 June 2025 that he had disengaged from the pre-registration programme and there has been no further engagement with these proceedings. The Committee concluded that the Registrant was aware that the hearing might proceed in his absence, and it

would serve no useful purpose to adjourn, there being no reason to expect a different outcome if proceedings were delayed. The Committee determined that in those circumstances the public would expect that the hearing proceed as it would be fair, economical, expeditious and efficient to do so.

9. Accordingly, the Committee determined that it was in the public interest for the hearing to proceed in the Registrant's absence.

ALLEGATION

1) *On or around 29 August 2024, you created fictitious patient records for:*

- a) *Patient A, [redacted]*
- b) *Patient B, [redacted]*

2) *You created fictitious patient records as set out at 1) above, to submit to the College of Optometrists for your stage 1, visit 4 assessment;*

3) *You indicated on the fictitious patient records as set out at 1) above, that these examinations were supervised by [redacted];*

4) *Your actions at 1) were:*

- a) *Inappropriate; and/or*
- b) *Misleading; and/or*
- c) *Dishonest:*

i. *in that you knew that you did not carry out the examinations you recorded on Patient A and Patient B's patient records;*

ii. *in that you knew that Patient A and Patient B were not genuine patients;*

iii. *in that you created records for Patient A and Patient B which you knew to be false.*

5) *Your actions at 2) were:*

- a) *Inappropriate; and/or*
- b) *Misleading; and/or*
- c) *Dishonest:*

i. *in that they could constitute as cheating for the purpose of the College of Optometrists' work-based assessment.*

6) Your actions at 3) were:

a) Inappropriate; and/or

b) Misleading; and/or

c) Dishonest:

i. in that you knew that you knew that these were not examinations that were carried out under [redacted] supervision.

DETERMINATION

Background to the allegations

10. The Registrant first registered with the GOC on 15 October 2019 as a Student Optometrist.
11. On 26 November 2024, the GOC received a referral from Vision Express Professional Services. The referral stated:

“Kwan Lok Ho, also known as Mike, joined Vision Express as a pre-registration [pre-reg] optometrist on 2nd October 2023 at the [redacted] store. On 9th September 2024, the supervisor [redacted] raised a concern regarding his pre-reg Kwan Lok Ho:

[[redacted] stated] “On 29-08-24 Kwan Lok Ho created 2 files on the Acuitas system. The first file was patient [redacted] and the second file [redacted]. Both of these files were fictitious patients and he made it appear to be a real case using my name on the examiner tab and saying that the examination was under my supervision.”

From the interviews that took place in store, Kwan Lok Ho refers to these as ‘dummy customers’ where his friends ‘gave him a case scenario’, and the interview notes also say ‘Mike says he was motivated to do this as he is finding it hard to find the case studies. He said he could not find patients with the desires [sic] complexities so he creates these scenarios which were missing from his competency.’

12. On 4 October 2024, the Registrant resigned. As a result, the [redacted] store was unable to complete its local level investigation.

Submissions on the facts

13. Mr Rokad opened the case for the GOC referencing the skeleton argument provided to the Committee.
14. [redacted], a registered Optometrist, gave oral evidence. [redacted] had provided a signed witness statement dated 5 June 2025, which was adopted as his evidence. During questioning, [redacted] described his role as the

Registrant's supervisor at the relevant time and explained the circumstances in which he discovered two patient records that he believed to be fictitious or inaccurately recorded. He stated that the records included his name as supervisor, which caused him concern that he could be associated with falsified clinical documentation. He explained that he was worried about the implications for patient safety, regulatory compliance, and his own professional responsibilities, particularly given the absence on leave of the store practice manager at the time.

15. [redacted] described conversations with the Registrant on 29 and 30 August 2024. He recalled that at the end of the first day the Registrant appeared defensive and annoyed by his questions. The Registrant did not appear to appreciate that there was anything wrong with the records he had created. [redacted] stated that he felt the Registrant intended to submit the records to his stage 1 assessor at the College of Optometrists at that point, although the Registrant did not specifically say so. By the following morning, [redacted] impression was that the Registrant had reflected on the matter and his attitude seemed 'different.' He appeared more apologetic and stated that he would not submit the records. However, [redacted] stated that he did not believe the Registrant fully appreciated the seriousness of the conduct. [redacted] described personally feeling vulnerable, frustrated, and he was concerned about whether the patients were real and accordingly he might be held responsible for inaccurate records.
16. [redacted] gave evidence regarding the nature of the patient records and why he believed they were not legitimate. He explained that Patient A was a person he knew to be a pre-registration colleague at another Practice, who was in her twenties, but the record recorded her as being in her fifties with a detailed clinical history inconsistent with her real age. He also explained that the records for Patient B appeared to have been created shortly before the appointment. [redacted] did not recall seeing Patient B in the practice. [redacted] stated that certain features of the records, such as missing phone numbers and email addresses, and the manner in which the appointments were recorded as re-tests, raised concerns. [redacted] confirmed, after the pages were unredacted upon the request of the Committee, that the addresses stated for Patient A and Patient B (which were the same addresses) were not the address of the Practice. He further explained that, in his view, the clinical information recorded for Patient A appeared to be fabricated.
17. [redacted] also addressed the Registrant's explanation that the records were created to practise record keeping and that he had informed his supervisor in advance. [redacted] stated that he did not recall being warned by the Registrant that there would be records created which would be unusual or that they were dummy records. [redacted] believed the Registrant was intending to submit the records he created for his competency assessment with the College of Optometrists. The Registrant was due to have an assessment at the Practice by a College assessor the following week. [redacted] explained that it would have been possible to practise competencies using simulated patients, but that this should have been disclosed openly to assessors and not recorded in a manner that suggested they were genuine patients. [redacted] concluded that, had he not become aware of the records (as a

result of checking the Registrant's records at the end of the day), the records could have appeared legitimate to a reviewer, which was a significant concern for him.

18. Mr Rokad, on behalf of the GOC, submitted that the evidence supported each of the allegations, and referred the Committee to the following evidence:

Allegation 1: On or around 29 August 2024, you created fictitious patient records for (a) patient A, [redacted], and b) Patient B, [redacted]

19. Mr Rokad outlined the page references for the patient records within the bundle and the witness statement of [redacted], the Registrant's supervisor. In support of the allegation, the GOC relies on the patient records for the patients as supplied to the Committee.

Allegation 2: You created fictitious patient records as set out at 1) above, to submit to the College of Optometrists for your stage 1, visit 4 assessment

20. Mr Rokad submitted that during the local level investigation, the Registrant appeared to confirm this to his supervisor [redacted]: "Mike initially said that he used his friend to help complete a competency as a simulation or dummy px. Mike says both friends gave him a case scenario." Further, Mr Rokad submitted that in the Registrant's response to the College of Optometrists, he admitted that he was "just using my friends to practice my competencies...we went directly to my consulting room without any pre-tests being carried out."

Allegation 3: You indicated on the fictitious patient records as set out at 1) above, that these examinations were supervised by [redacted]

21. In support of the allegation, the GOC relied on the patient records for Patient A and Patient B which show that the Registrant inputted [redacted] name as supervisor twice for Patient A and twice for Patient B.

Allegations 4-6: Your actions at 1) were:

- a) *Inappropriate; and/or*
- b) *Misleading; and/or*
- c) *Dishonest:*
 - i. *in that you knew that you did not carry out the examinations you recorded on Patient A and Patient B's patient records;*
 - ii. *in that you knew that Patient A and Patient B were not genuine patients;*
 - iii. *in that you created records for Patient A and Patient B which you knew to be false.*

5) *Your actions at 2) were:*

- a) *Inappropriate; and/or*
- b) *Misleading; and/or*
- c) *Dishonest:*
 - i. *in that they could constitute as cheating for the purpose of the College of Optometrists' work-based assessment.*

6) *Your actions at 3) were:*

- a) *Inappropriate; and/or*
- b) *Misleading; and/or*
- c) *Dishonest:*
 - i. *in that you knew that you knew that these were not examinations that were carried out under [redacted] supervision.*

22. Regarding allegations 4 and 6, Mr Rokad highlighted the comments of [redacted] in his initial referral to Vision Express, which states that the Registrant confirmed that he created these files and that it was a "mistake."

23. Regarding allegation 5, Mr Rokad highlighted the comments of [redacted]: *"It seemed from my review of the records that the Registrant had been trying to meet specific competencies"*. Mr Rokad also submitted that the Registrant appeared to confirm that these fictitious records were for an assessment: *"Mike says he was motivated to do this as he is finding it hard to find the case studies. He said he could not find patients with the desires [sic] competencies so he creates these scenarios which were missing from his competency."* Mr Rokad also submitted that the Registrant appeared unsure when questioned whether he would submit the fictitious records for his College of Optometrists assessment: *"When pushed by the SM [Store Manager] "I have asked you many times if you planned on submitting the false px files to your assessor, is this the truth?" to which he replied "No, I don't know."*

24. Mr Rokad submitted that in assessing whether the Registrant's conduct was inappropriate and/or misleading, the Committee should consider the Registrant's actions and apply the everyday meaning of those words.

25. In assessing whether the Registrant's conduct was dishonest, Mr Rokad outlined the relevant case law including the cases of *Ivey v Genting Casinos (UK) Ltd [2017] UKSC 67*; *GMC v Krishnan [2017] EWHC 2892 (Admin)* and *R v Barton and another [2020] EWCA Crim 575*, and submitted that the Committee should approach the issue of dishonesty in the following way:

- i. Consider whether the act or omission said to be dishonest is proven on the balance of probabilities;
- ii. Consider, on the balance of probabilities, what the Registrant's actual state of knowledge or genuine belief as to the facts was;

- iii. Consider whether the Registrant's actions were dishonest by the standards of ordinary honest people.
26. Mr Rokad submitted that it is the GOC's case that in relation to allegation 4, if it is found that the Registrant knowingly created fictitious records, that such conduct was dishonest and misleading, because the Registrant knew that he did not carry out the examinations that he recorded on Patient A and Patient B's records. Mr Rokad further submitted that the Registrant also knew that they were not genuine patients, as the witness [redacted] commented in his statement, and the Registrant also confirmed this during the local level investigation.
27. Mr Rokad submitted that in relation to allegation 5, the Registrant had admitted that the creation of these fictitious records was because he wanted to practise competencies ahead of his College of Optometrists' assessment.
28. Finally in relation to allegation 6, Mr Rokad submitted that by putting his supervisor's name [redacted] on the records, the Registrant's conduct was dishonest in that it suggested that the patient examinations were supervised by [redacted] when they had not been.
29. The Committee received advice from its Legal Adviser that at the fact-finding stage, it must determine whether each alleged fact has been proved on the balance of probabilities, the burden of proof resting with the GOC, and the Registrant is not required to disprove the allegations. Each allegation and particular must be considered separately, although the Committee is entitled to consider all of the evidence in the round. The seriousness of an allegation does not increase the standard of proof, although it may affect the Committee's assessment of the evidence (*Byrne v General Medical Council [2021] EWHC 2237 (Admin)*).
30. The Committee was advised to assess all oral and documentary evidence, considering its reliability, accuracy and credibility, and to give reasons for its findings. Contemporaneous documents and undisputed facts should be considered before considering witness demeanour (*Dutta v GMC [2020] EWHC 1974; Byrne v GMC*). Witness credibility should not be assessed solely on demeanour, and credibility may be divided (*Khan v GMC [2021] EWHC 374 (Admin)*). The Committee may draw reasonable inferences from the evidence but must not speculate.
31. In relation to dishonesty, the Committee was advised to apply the test in *Ivey v Genting Casinos (UK) Ltd t/a Crockfords (Respondent) [2017] UKSC 67*. It must first determine the Registrant's actual knowledge or belief as to the facts, and then determine whether the conduct would be regarded as dishonest by the standards of ordinary decent people. The Registrant does not need to have appreciated that his conduct was dishonest.
32. The Committee was reminded to distinguish between dishonesty, misleading conduct and inappropriate conduct as per the particulars of allegations 4), 5) and 6). Dishonesty is the most serious category and involves a fundamental breach of trust. Misleading and inappropriate conduct should be given their ordinary everyday meaning. Misleading usually suggests creating a false impression, including by omission, and may indicate a lack of integrity even without dishonest intent. Inappropriate conduct concerns breaches of

professional boundaries or conduct affecting professional reputation. Allegations framed in the alternative must not create unfairness or uncertainty. If misleading conduct is found but dishonesty is not, the Committee must explain why the threshold for dishonesty has not been met (*Wingate v Solicitors Regulation Authority [2018] EWCA Civ 366*).

33. The Committee was advised that the Registrant had not participated or engaged with the proceedings and had provided no positive good character evidence, therefore the Legal Adviser did not give good character guidance. However, the lack of previous adverse findings may be considered by the Committee to be a factor of relevance to its decision.
34. Ultimately, the Committee must consider all the evidence in the round and determine whether, on the balance of probabilities, the GOC has discharged the burden of proof in respect of each allegation.

Findings on the facts

Allegation 1: On or around 29 August 2024, you created fictitious patient records for (a) patient A, [redacted], and b) Patient B, [redacted]

35. The Committee considered the patient records within the bundle and the witness statement of [redacted], the Registrant's supervisor.
36. Upon reviewing the patient records, [redacted] stated that he considered them to be fictitious. [redacted] stated that Patient A was recorded to be 54 years of age although he knew her to be "more like in her 20's" having seen her on the day, and once previously in the Practice. [redacted] stated that he was also told by the Registrant that Patient B was a friend.
37. Upon reviewing the records, [redacted] stated that he found them to be unusual in that no fundus photographs had been taken. [redacted] further stated:

"I was concerned about the record for Patient B as the Registrant has recorded having carried out non-contact tonometry followed by Goldman tonometry with pupil dilation. I did not think that this could be correct as I was not aware of any pre-tests having been carried out for Patient B. The recording of the instillation of anaesthetic drops (oxubuprocaine) was also strange as the drops should be distilled [instilled sic] before tonometry is carried out, whereas the timings suggested that the drops had been instilled after tonometry was carried out.

I was concerned about the record for Patient A as the date of birth recorded within the records did not seem to accord with Patient A's age. I could also not locate any fundus photographs for this patient. It also seemed that the Registrant was trying to suggest that there were signs of diabetic retinopathy. He had also recorded that Patient A was going to attend the following day but she was not booked in the diary to reattend. The registrant also recorded as part of this history taking that the patient had reported a colour vision defect."

38. The Committee also noted that upon being asked about the records, the Registrant, according to [redacted], said about Patient A "it was his friend and he had just made a file in her name."

39. In the letter sent by the Registrant to the College of Optometrists (undated), the Registrant had admitted to creating the records:

“I set up two records, and when my friends arrived, we went directly to my consulting room without any pre-tests being carried out. I practised some practical skills on my friends (including Goldmann Applanation Tonometry, colour vision w/ Ishihara 24-plate test, retinoscopy, direct ophthalmoscopy, and prescribing magnifiers) by setting up some scenarios. Afterwards, I went downstairs, and as my supervisor had some free time, he looked at the two records I’d created for my friends.”

40. The Committee considered the evidence of [redacted] to be credible. He had given a consistent account from the outset and the patient records had been provided and reflected the same position. When comparing the account provided in the letter from the Registrant with the patient records, the Committee was satisfied that the information recorded was fictitious, including incorrect dates of birth, identical addresses and fictitious patient histories.
41. The Committee therefore found Allegation 1 proved.

Allegation 2: You created fictitious patient records as set out at 1) above, to submit to the College of Optometrists for your stage 1, visit 4 assessment

42. The Committee noted the evidence of [redacted] that during the local level investigation, the Registrant stated *“[the Registrant] initially said that he used his friend to help complete a competency as a simulation or dummy px. Mike says both friends gave him a case scenario.”*
43. The Committee also noted in the Registrant’s response to the College of Optometrists, he stated *“Unfortunately, my supervisor was unhappy that I had created these records, as he thought I was going to submit them to complete my competencies. I tried to explain that I was not going to submit the records without asking the assessor, but he said my actions were dishonest.”* The Committee determined that, at the point of the creation of the patient records, the Registrant had planned to submit the records to the College, albeit that he had later explained that he planned to speak to an assessor first (in his response to the College in October 2024).
44. The Committee also considered the timing of the patient records. [redacted] indicated in his evidence that the Registrant was *“due to have his stage 1 visit 4 on 4 September 2024.”* The patient records are alleged to have been created on or around 29 August 2024.
45. The Committee also considered the investigation document exhibited by the witness Store Manager [redacted]. It was noted *“When pushed by the SM ‘I have asked you many times if you planned on submitting the false px files to your assessor, is this the truth?’ to which he replied ‘No, I don’t know.”* The Committee noted that [redacted] did not attend to give evidence in person, her evidence was admitted as hearsay (that decision having been made at a preliminary hearing before a different Committee). Further, the interview notes exhibited by [redacted] were only a summary of an interview which appears to have been prepared by the regional manager [redacted]. The Committee

therefore placed limited weight on the evidence of the specific words used in the interview summary, as there was no evidence adduced from [redacted].

46. In her witness statement at paragraph 8 [redacted] stated that the Registrant said, “*he would not have submitted them and that he thinks there is a language barrier between [redacted] and him because of the Registrant’s English and [redacted] Irish accent.*” The Committee considered whether there may have been a language barrier. [redacted] stated in his evidence that he had supervised other pre-registration Optometrists who did not have English as their first language and there had been no issues. The Committee also noted that the Registrant was relatively young and inexperienced, and had not been represented during the investigation and the Committee took these factors into account.
47. In considering the information in the round, on balance, the Committee determined that the Registrant’s letter to the College of Optometrists contained the most detailed explanation of the Registrant’s reasons for creating the patient records. The Committee noted the Registrant’s statement in that letter that he intended to submit these records subject to speaking to an assessor first.
48. Taken together with the timing of the appointments, the Committee was satisfied on balance that it is more likely than not that the Registrant had created the fictitious patient records for the purpose of submitting them to the College of Optometrists for his stage 1, visit 4 assessment which was due the following week. If the Registrant had simply wanted to practise on his friends, there would have been no need to create patient identities on the system, entering a fictitious date of birth. He could have made a handwritten note for his own purposes.
49. The Committee therefore found Allegation 2 proved.

Allegation 3: You indicated on the fictitious patient records as set out at 1) above, that these examinations were supervised by [redacted]

50. The Committee considered the patient records in the bundle. In both of the records, the Registrant has specifically stated “*under [redacted] supervision.*” The records show that the Registrant inputted [redacted] name as supervisor twice for Patient A and twice for Patient B.
51. The Committee also considered [redacted] evidence that he had not in fact supervised the appointments, and that [redacted] was concerned it would leave the impression that he had supervised the examinations when he had not.
52. The Committee also noted the letter from the Registrant to the College of Optometrists which made clear that the Registrant accepted that [redacted] was not present during the appointments.
53. The Committee was therefore satisfied that the Registrant had indicated that the examinations were supervised by [redacted], when in fact they were not.
54. Therefore, the Committee found Allegation 3 proved.



Allegation 4: Your actions at 1) were:

a) Inappropriate; and/or

b) Misleading; and/or

c) Dishonest:

i. in that you knew that you did not carry out the examinations you recorded on Patient A and Patient B's patient records:

55. The Committee noted that in the records for Patients A and B, the Registrant had listed examinations carried out, including “Goldmann Applanation Tonometry, colour vision w/ Ishihara 24-plate test, retinoscopy, direct ophthalmoscopy, and prescribing magnifiers.” The Committee was not provided with evidence to dispute those assertions from any persons present in the appointments. It did not therefore have any evidence to show that the Registrant had not carried out the examinations he had recorded.
56. The evidence for this allegation was not expanded upon in the oral evidence of [redacted] or the submissions from the GOC. The Committee reminded itself of the burden and standard of proof. In this allegation, the GOC must prove that the Registrant did not carry out the examinations recorded, and that he knew he had not carried out the examinations recorded.
57. In the absence of further information, the Committee was not satisfied, on balance, that the Registrant did not carry out the examinations he had recorded.
58. The Committee found Allegation 4(i) not proved and therefore did not go on to assess whether the actions were inappropriate, misleading or dishonest.

Allegations 4: Your actions at 1) were:

a) Inappropriate; and/or

b) Misleading; and/or

c) Dishonest:

ii. in that you knew that Patient A and Patient B were not genuine patients:

59. The Committee considered the evidence of [redacted], and that of the Registrant in his letter to the College of Optometrists, when he stated “I was just using my friends to practise my competencies. I set up two records, and when my friends arrived, we went directly to my consulting room without any pre-tests being carried out.”
60. The Committee considered its findings in relation to Allegation 1 that the Registrant knew the records for Patient A and Patient B were fictitious. The Committee determined that it follows that the Registrant knew that Patient A and Patient B were not genuine patients.
61. The Committee considered whether the actions were inappropriate, misleading or dishonest. The Committee considered that, using the ordinary plain definitions, the actions were both inappropriate and misleading. Any person considering the patient records on the system may have believed that

these were genuine patients and this causes concern with regard to the integrity of records.

62. The Committee considered the tests in *Ivey* as to whether the Registrant has been dishonest. First, the Committee considered ‘*subjectively the actual state of [the Registrant’s] knowledge or belief as to the facts. [The Committee was mindful that] the reasonableness or otherwise of his belief is a matter of evidence going to whether he held the belief, but it is not an additional requirement that his belief must be reasonable; the question is whether it is genuinely held.*’
63. The Committee noted that the Registrant would have been aware of the *Standards for Optical Students* (“*the Standards*”), in particular *Standard 15* (“*Be honest and trustworthy*”). The Committee found that the Registrant was aware, when he made the records, that Patients A and B were not genuine patients and that he knew the records created for them were fictitious.
64. The Committee then considered stage 2 of *Ivey*, namely ‘*whether his conduct was honest or dishonest by applying the objective standards of ordinary decent people. [The Committee was mindful that] there is no requirement that the [Registrant] must appreciate that what he has done is, by those standards, dishonest.*’ The Committee noted the evidence of *[redacted]* who was clear in his evidence that he believed that creating non-genuine patient records was dishonest.
65. The Committee was mindful that leaving the patient records without clear annotation of a simulated patient on the system would create a false impression that Patients A and B were genuine patients. The Committee determined that an ordinary decent person, when considering the Registrant’s actions against *Standard 15*, would conclude that the Registrant’s actions were dishonest.
66. Therefore, the Committee found the Registrant’s actions at Allegation 4(ii) to be inappropriate, misleading and dishonest.

Allegations 4: Your actions at 1) were:

a) Inappropriate; and/or

b) Misleading; and/or

c) Dishonest:

iii. in that you created records for Patient A and Patient B which you knew to be false.

67. The Committee considered again the evidence of *[redacted]*, and that of the Registrant in his letter to the College of Optometrists, when he stated “*It has been difficult to find patients who need a magnifier, or who have a colour vision defect, and I thought it would be helpful to run through these scenarios with my friends, to practise asking the right questions during history and symptoms and record my findings within the clinical notes. I realise I could have just practised these techniques without creating a patient record for each of my friends, but I wanted to get used to recording the results in the normal way.*”

68. The Committee considered its findings in relation to Allegation 1 that the Registrant knew the records for Patient A and Patient B were fictitious. The Committee determined that it follows that the Registrant knew that the records created for Patients A and B were false.
69. The Registrant appeared to have created an entirely false history for the patients, including false dates of birth, false patient history and symptoms and false records that he was supervised throughout. The Committee considered that the patient records represented an entirely false narrative for Patients A and B which would be completely inaccurate for anyone who subsequently accessed the records.
70. The Committee considered whether the actions were inappropriate, misleading or dishonest. The Committee considered that, using the ordinary plain definitions, the actions were both inappropriate and misleading. Any person later considering the patient records on the system may have believed that the personal details added related to genuine patients. This causes concern with regard to the integrity of the records.
71. The Committee considered the tests in *Ivey* as to whether the Registrant has been dishonest. First, the Committee considered '*subjectively the actual state of [the Registrant's] knowledge or belief as to the facts. [The Committee was mindful that] the reasonableness or otherwise of his belief is a matter of evidence going to whether he held the belief, but it is not an additional requirement that his belief must be reasonable; the question is whether it is genuinely held.*'
72. The Committee noted that the Registrant would have been aware of the *Standards for Optical Students* ("*the Standards*"), in particular *Standard 15* ("*Be honest and trustworthy*"). The Committee found that the Registrant was aware, when he made the records, that the details provided were not genuine details from the patients he examined. In particular, the Committee noted the Registrant's comments that "*It has been difficult to find patients who need a magnifier, or who have a colour vision defect*" and it considered that, on the balance of probabilities, the Registrant had falsified the clinical issues he had recorded for Patients A and B when creating the records.
73. The Committee then considered stage 2 of *Ivey*, namely '*whether his conduct was honest or dishonest by applying the objective standards of ordinary decent people. [The Committee was mindful that] there is no requirement that the [Registrant] must appreciate that what he has done is, by those standards, dishonest.*' The Committee noted the evidence of *[redacted]* who was clear in his evidence that he believed that creating false records for Patients A and B was dishonest.
74. The Committee determined that creating a false record would create an impression that the Registrant had examined patients presenting genuine optical issues as recorded by him, including advice on recall, when he had not. The Committee determined that an ordinary decent person, when considering the Registrant's actions against *Standard 15*, would conclude that the Registrant's actions were dishonest.
75. Therefore, the Committee found the Registrant's actions at Allegation 4(iii) to be inappropriate, misleading and dishonest.

5) Your actions at 2) were:

a) Inappropriate; and/or

b) Misleading; and/or

c) Dishonest:

i. in that they could constitute as cheating for the purpose of the College of Optometrists' work-based assessment

76. The Committee considered its findings in relation to Allegation 2 that the Registrant created the records in order to submit them to the College of Optometrists for his stage 1, visit 4 assessment. The Committee considered whether the records could constitute cheating for the purpose of the College of Optometrists work-based assessment.
77. The Committee noted the evidence from [redacted] *"It seemed from my review of the records that the Registrant had been trying to meet specific competencies."* It is also noted that when [redacted] raised a written concern on 9 September 2024 he reported *"[The Registrant] says he was motivated to do this as he is finding it hard to find the case studies. He said he could not find patients with the desires [sic] competencies so he creates these scenarios which were missing from his competency."*
78. The Committee also considered the Registrant's position in his letter to the College of Optometrists: *"I tried to explain that I was not going to submit the record without asking the assessor..."* and *"I realise I could have just practised these techniques without creating a patient record for each of my friends, but I wanted to get used to recording the results in the normal way."* The Committee considered that it would have been open to the Registrant to simply practise the competencies and record the results on paper by hand, without recording them on a digital platform forming part of the records for the Practice.
79. The Committee considered carefully the evidence from the College of Optometrists. In particular, it noted that the College had received a letter from the Registrant outlining his position. In response, the College of Optometrists sent a letter to the Registrant on 30 October 2024, which stated: *"We are satisfied with your statement with your explanation of the circumstances, and as such we have decided not to proceed any further with our enquiries. You may now consider the case closed."* The Committee was also mindful that the Registrant had confirmed in his letter that he had never had any intention of falsifying records for his assessments.
80. The Committee also considered the fact that the Registrant had not been represented throughout and that English was not his first language and therefore the comments recorded in summary in his interviews and in his letter, when not tested in cross examination, were to be given the appropriate weight.
81. The Committee considered the evidence of [redacted] who described a change of attitude of the Registrant overnight after he had been confronted about the records. Initially, [redacted] stated that on 29 August 2024 the

Registrant had appeared ‘annoyed’ as if [redacted] was being an “obstacle or a nuisance” to him. However, the next day on 30 August 2024 the Registrant seemed apologetic. The Committee considered the evidence of [redacted] to be credible in this regard, even when taking into account the brevity of the meetings he had with the Registrant and the possible language barriers.

82. On balance, taking the two comments directly from the Registrant’s letter, together with the timing of the Registrant’s impending stage 1, visit 4 assessment, and the evidence of [redacted], the Committee did not accept the Registrant’s position that he was simply practising his competencies. The Committee found that there was no credible explanation for creating the fictitious records except that the Registrant planned to submit them for his College of Optometrists stage 1, visit 4 assessment. Indeed, the particular tests recorded, according to his supervisor, corresponded with the competencies the Registrant was lacking. For those reasons, the Committee was satisfied that the actions could constitute cheating for the purpose of the College of Optometrists Scheme for Registration work-based assessment.
83. The Committee considered whether the actions were inappropriate, misleading or dishonest. The Committee considered that, using the ordinary plain definitions, the actions were both inappropriate and misleading. The Committee was mindful that neither of the patient records were in fact submitted because they were picked up by his supervisor. However, any assessor considering the patient records could have been misled into concluding that the Registrant had completed relevant competencies when he had not.
84. The Committee considered the tests in *Ivey* as to whether the Registrant has been dishonest. First, the Committee considered ‘*subjectively the actual state of [the Registrant’s] knowledge or belief as to the facts. [The Committee was mindful that] the reasonableness or otherwise of his belief is a matter of evidence going to whether he held the belief, but it is not an additional requirement that his belief must be reasonable; the question is whether it is genuinely held.*’
85. The Committee noted that the Registrant would have been aware of the *Standards for Optical Students (“the Standards”)*, in particular *Standard 15 (“Be honest and trustworthy”)*, as well as the guidelines in relation to the work-based assessments. The Committee determined that the intention of the Registrant, at least at the point of creating the patient records, was to use them for submission to the College of Optometrists for his stage 1 visit 4 assessment. It follows that there was an intention to deceive the College into concluding that he had genuinely completed necessary competencies, when he had not.
86. The Committee then considered stage 2 of *Ivey*, namely ‘*whether his conduct was honest or dishonest by applying the objective standards of ordinary decent people. [The Committee was mindful that] there is no requirement that the [Registrant] must appreciate that what he has done is, by those standards, dishonest.*’ The Committee noted that [redacted] was clear in his evidence that he believed that it would be dishonest to submit such false records as evidence of the Registrant’s competency to the College of Optometrists.

87. The Committee determined that creating the false records in order to submit them to the College would create an impression that the Registrant had adequately met the required competencies when he had not. The Committee determined that an ordinary decent person, when considering the Registrant's actions against *Standard 15*, would conclude that the Registrant's actions were dishonest.
88. Therefore, the Committee found the Registrant's actions at Allegation 5 to be inappropriate, misleading and dishonest.

6) Your actions at 3) were:

a) Inappropriate; and/or

b) Misleading; and/or

c) Dishonest:

i. in that you knew that you knew that these were not examinations that were carried out under [redacted] supervision.

89. The Committee noted the evidence of [redacted] in confirming that he had not taken part in or observed the examinations. The Committee noted its findings in relation to Allegation 3 that the Registrant had fictitiously stated that [redacted] had supervised the examinations. The Committee determined that it follows that the Registrant knew that the examinations were not carried out under [redacted] supervision.
90. The Committee considered that the patient records reflected that [redacted] had supervised the examinations and this presented an entirely false narrative for anyone who later accessed the records. In particular, the Committee noted the concerns of [redacted] in relation to his own integrity and the reasons he was so concerned: "As I was the Registrant's supervisor, I was concerned that it could have had serious implications for me if I had signed off the Registrant's records for these patients for submission to his assessor without realising that they were dummy patients."
91. The Committee considered whether the actions were inappropriate, misleading or dishonest. The Committee considered that, using the ordinary plain definitions, the actions were both inappropriate and misleading. Any person considering the patient records on the system would have drawn the conclusion that the examinations were supervised by [redacted] and this would create serious concerns with regard to the integrity of records.
92. The Committee considered the tests in Ivey as to whether the Registrant has been dishonest. First, the Committee considered 'subjectively the actual state of [the Registrant's] knowledge or belief as to the facts. [The Committee was mindful that] the reasonableness or otherwise of his belief is a matter of evidence going to whether he held the belief, but it is not an additional requirement that his belief must be reasonable; the question is whether it is genuinely held.'
93. The Committee noted that the Registrant would have been aware of the *Standards for Optical Students* ("the Standards"), in particular *Standard 15* ("Be honest and trustworthy"). The Committee found that the Registrant was

aware, when he made the records, that the examinations were not supervised, by [redacted] or indeed any supervisor. The Committee determined that the Registrant had falsified his supervision in order to add credibility to the records, which he intended to use to submit to the College of Optometrists.

94. The Committee then considered stage 2 of Ivey, namely ‘*whether his conduct was honest or dishonest by applying the objective standards of ordinary decent people. [The Committee was mindful that] there is no requirement that the [Registrant] must appreciate that what he has done is, by those standards, dishonest.*’ The Committee noted the evidence of [redacted] who was clear that he was concerned for the serious implications for himself if the records had been inadvertently signed off, and believed the actions to be dishonest.
95. The Committee determined that creating a false record that an examination was supervised would create a false impression that the Registrant had adequately dealt with, and been supervised whilst dealing with, patients presenting genuine optical issues when he had not. The Committee determined that an ordinary decent person, when considering the Registrant’s actions against *Standard 15*, would conclude that the Registrant’s actions were dishonest.
96. Therefore, the Committee found the Registrant’s actions at Allegation 6 to be inappropriate, misleading and dishonest.
97. The Committee therefore found the facts proved in relation to allegations 1a) 1b), 2), 3), 4ii)(a-c), 4iii)(a-c), 5(a-c) and 6 (a-c).

Submissions on misconduct

98. Mr Rokad submitted that given the findings of the Committee, the Registrant’s conduct amounts to serious misconduct, and that in determining misconduct, the Committee should have regard to the Council’s *Standards for Optical Students*.
99. Mr Rokad submitted that the Registrant’s actions amounted to serious misconduct, according to the case of *Roylance*, in three ways: in creating fictitious records; in adding the supervisor’s name without authorisation; and in creating the records in order to submit them to the College of Optometrists. Mr Rokad submitted that the misconduct found brings disgrace to the individual and to the profession at large. Further, the Registrant has failed to engage with his regulator, the GOC since June 2025.
100. In doing so, Mr Rokad submitted that the Registrant had departed from *Standard 15 – be honest and trustworthy; Standard 16 - do not damage the reputation of your profession through your conduct*, and *Standard 18 – be candid when things go wrong* and therefore invited the Committee to find that there is serious misconduct for each of the proven allegations.
101. 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 according to the case of *Roylance v GMC (1999) Lloyd’s Rep Med 139* misconduct was described as “*A falling short by omission or commission of the standards to be expected among [Registrants] and such*

falling short must be serious,” therefore only serious misconduct is taken into consideration at the impairment stage. The Committee should consider each of the proven allegations in turn and decide on whether each amounted to serious misconduct.

102. In relation to dishonesty, the Legal Adviser outlined the case of *PSA v HCPC & Ajeneye [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 case also stated *“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.”*

103. Finally, the Legal Adviser stated 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 serious misconduct.

Findings on misconduct

Allegation 1: On or around 29 August 2024, you created fictitious patient records for (a) patient A, [redacted], and b) Patient B, [redacted]

104. The Committee considered its findings in Allegation 1 that the two patient records were recorded fictitiously. The information included incorrect dates of birth and fictitious patient histories which would create a false impression for colleagues viewing the records who could be misled. The Committee considered this to be a serious falling short of *Standards 15 – be honest and trustworthy* and *Standard 16 - do not damage the reputation of your profession through your conduct*.

105. The Committee therefore found that the actions at Allegation 1 as proved amounted to serious misconduct.

Allegation 2: You created fictitious patient records as set out at 1) above, to submit to the College of Optometrists for your stage 1, visit 4 assessment

106. The Committee considered its findings in Allegation 2 that the Registrant created the fictitious patient records to submit to the College of Optometrists for his stage 1, visit 4 assessment which was due the following week.

107. The Committee was mindful that no records were in fact submitted for assessment, although this was only due to the intervention of his supervisor *[redacted]*. The Committee considered that the Registrant had only created the records to submit to the College because he was aware he was lacking in the specific competencies. As such, this could have led to the Registrant qualifying when he was not competent. There was no evidence of the Registrant having raised with his supervisor any issues or any difficulties in finding patients with the relevant competencies.

108. The Committee considered this to be a serious falling short of *Standard 15 – be honest and trustworthy*, *Standard 16 - do not damage the reputation of*

your profession through your conduct and Standard 18 – be honest and candid when things go wrong.

109. The Committee therefore found that the actions at Allegation 2 as proved amounted to serious misconduct.

Allegation 3: You indicated on the fictitious patient records as set out at 1) above, that these examinations were supervised by [redacted]

110. The Committee considered its findings in Allegation 3 that the Registrant had recorded that the examinations were supervised by [redacted], when in fact they were not.
111. The Committee considered that leaving a false impression that examinations were supervised could have had a serious detrimental impact on [redacted] own professional reputation and accountability as well as on the wider profession as a whole.
112. The Committee considered this to be a serious falling short of *Standards 15 – be honest and trustworthy* and *Standard 16 - do not damage the reputation of your profession through your conduct.*
113. The Committee therefore found that the actions at Allegation 3 as proved amounted to serious misconduct.

Allegations 4(ii), 4(iii), 5 and 6

114. The Committee next considered the issue of misconduct separately for each Allegation 4(ii), 4(iii), 5 and 6. The Committee noted that it had already made findings of dishonesty in relation to each of these Allegations. However, the Committee has recorded below its findings in respect of misconduct for these Allegations together.
115. The Committee had found that the Registrant knew Patients A and B were not genuine patients (4(ii)), that he created records for them which he knew to be false (4(iii)), that the records could constitute cheating for the purpose of the College of Optometrists' work based assessment (5), that he knew these were not examinations carried out under [redacted] supervision (6), and that all of these actions were conducted dishonestly.
116. The Committee determined that this dishonest conduct was plainly a serious falling short of *Standard 15 – be honest and trustworthy; Standard 16 - do not damage the reputation of your profession through your conduct and Standard 18 – be honest and candid when things go wrong.*
117. The Committee therefore found that each of the actions at Allegations 4(ii), 4(iii), 5 and 6 as proved amounted to serious misconduct.
118. In conclusion, the Committee considered Allegations 1, 2, 3, 4(ii)(a-c), 4(iii)(a-c), 5(a-c) and 6(a-c) to be a serious departure from the *Standards* expected of a competent student optometrist, and determined that the Registrant's conduct amounts to serious misconduct within the meaning of *section 13D(2)(a) of the Act.*



Submissions on impairment

119. Mr Rokad outlined the case law with regard to impairment, referring in particular to the case of *Grant*. Mr Rokad submitted that given both the Committee's findings in respect of the facts and on his submissions in relation to misconduct, limbs b), c) and d) of the *Grant* test are engaged in this case.
120. Mr Rokad submitted that with regards to limb b), c) and d), the Registrant's propensity to make fictitious patient records, and to put them under the name of his supervisor with the intention of submitting them to the College of Optometrists for assessment has clearly brought the profession into disrepute, breached a fundamental tenet of the profession and showed dishonesty. Further, Mr Rokad submitted that the Registrant's lack of engagement means that there is no evidence of insight, which suggests that his conduct has not been remedied, and therefore the Registrant could continue to act dishonestly and further damage the reputation of the profession. As such, it is submitted that his conduct has not been remedied and there remains a risk of harm to patients and the public alike.
121. Mr Rokad further submitted that in particular, dishonesty in creating fictitious records is such that a finding of impairment is required to meet the wider public interest. He stated that the Registrant's conduct undermines the reputation of the profession and therefore a finding of impairment is necessary to uphold proper professional standards and maintain public confidence in the profession.
122. 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 set out in *Cohen v GMC (2008) EWHC 581*. The Legal Adviser also highlighted the four questions in the *Grant* case.
123. 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* which confirmed that a finding of dishonesty does not always mean that impairment is inevitable.
124. The Legal Adviser further advised the Committee that at the impairment stage, there is no burden or standard of proof, but ultimately it is a question of judgement for the Committee alone.

Findings on impairment

125. 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 [the Registrant] in the past acted dishonestly and/or is [he] liable to act dishonestly in the future.*

126. 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, to protect the public by promoting and maintaining public confidence in the profession and to promote and maintain proper professional standards and conduct.”

127. 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. Patients A and B were not genuine patients but rather friends of the Registrant and there is no evidence to suggest that they were unaware that they were there to help the Registrant practise his skills.

128. The Committee concluded that the Registrant had by his misconduct, *in the past* brought the profession into disrepute under limb b) of the *Grant* case. The Committee had found that the Registrant knew Patients A and B were not genuine patients (4(ii)), that he created records for them which he knew to be false (4(iii)), that the records could constitute cheating for the purpose of the College of Optometrists’ work based assessment (5), that he knew these were not examinations carried out under *[redacted]* supervision (6), and that all of these actions were conducted dishonestly. The Committee acknowledged that the conduct took place on only one day and on the following day, having further discussed the matter with his supervisor, the Registrant stated that he would not submit the records to the College. However, it involved two patients, was dishonest and was a serious falling short of the *Standards*.

129. The Committee determined that the Registrant had by his misconduct, *in the past* 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 optical student and found that the Registrant had fallen far below *Standards 15, 16 and 18*. The Registrant’s actions undermined the reputation of the profession amongst members of the public, other colleagues in the profession and patients.

130. The Committee determined that the Registrant had by his misconduct, *in the past* acted dishonestly under limb d) of the *Grant* case. The Committee has made findings that the conduct of the Registrant was dishonest.

131. The Committee then went on to consider the issues in the case of *Cohen* as found at *Paragraph 16.1* of the *Guidance*.

132. 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 the Registrant's misconduct is potentially capable of being remediated.
133. Secondly, the Committee considered whether the conduct has been remedied. The Committee looked carefully for evidence of remediation, the only explanation given by the Registrant found in his letter to the College of Optometrists in October 2024:
- "I am very sorry for this misunderstanding. English is not my first language, and although I warned my supervisor in advance that the records were just being used for practise, it's possible I didn't communicate this clearly enough."*
134. The Committee has made findings which rejected this explanation, and in any event did not consider this to sufficiently demonstrate insight or remediation. The Committee noted the Registrant has not presented any other evidence of remediation or insight, despite being offered the opportunity to do so. There was no reference in his letter to the potential impacts of his conduct on his supervisor, Patients A and B, his Practice colleagues or the wider profession. The Committee determined that there was no evidence of insight or remediation.
135. The Committee considered whether there was a risk of repetition. The Committee noted that the Registrant started his pre-registration placement on 2 October 2023, which means that the time period he would have been given to qualify as an Optometrist has now expired, that being 2 years and 3 months. The Registrant stated in his email to the GOC on 2 June 2025, *"I have recently quit the pre-reg programme."* Even if he were to return, it was likely that the Registrant would need to repeat part of his University course, and would at all times be fully supervised. However, in the Committee's view, even with such supervision, behaviour amounting to dishonesty would be difficult to guard against.
136. The Committee was mindful that its duty is not to consider whether there is any likelihood of a return to practice, but to consider current impairment and thereby any risk of repetition of the misconduct in the future. The Committee noted that the Registrant had failed to engage fully in the internal investigation, and had not engaged with these proceedings. Aside from his resignation, the Committee was not provided with any evidence that he has developed insight or undertaken any remediation to reassure it that the dishonest behaviour would not be repeated. The Committee concluded that there was risk of repetition of dishonesty in the future.
137. 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 has already noted that there was no evidence of any remediation or insight to enable it to conduct a risk assessment as to whether such conduct will 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.

138. The Committee then considered the public interest element. The Committee reminded itself of its findings that the Registrant knew Patients A and B were not genuine patients, that he created records for them which he knew to be false, that the records could constitute cheating for the purpose of the College of Optometrists' work based assessment, that he knew these were not examinations carried out under [redacted] supervision, and that all of these actions were conducted dishonestly.
139. The Committee also noted the *Hearings and Indicative Sanctions Guidance* ("the Guidance") at paragraph 17.1: "Dishonesty is particularly serious as it may undermine confidence in the profession." The Committee determined that an informed and fair-minded member of the public, if they were apprised of the facts, would be very concerned 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.
140. 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 train in order to uphold professional standards and public confidence in the profession.
141. The Committee therefore found that the Registrant's fitness to train as an Optometrist is currently impaired on both public protection and public interest grounds.

Submissions on sanction

142. Mr Rokad submitted that the GOC would invite the Committee to consider a sanction of erasure. Mr Rokad invited the Committee to first balance mitigating factors against the central aim of the sanctions, i.e. public protection. Mr Rokad submitted that when applying the *Guidance* at paragraph 14.2, there do not appear to be any relevant mitigating factors in relation to the Registrant.
143. Mr Rokad highlighted that the *Guidance* refers to consideration of aggravating factors at paragraph 14.3, and given the Committee's findings on dishonesty, the fact that the Registrant has failed to provide any evidence of insight or remediation as well as there being a risk of repetition, the appropriate sanction is one of erasure.
144. Mr Rokad submitted that although the Registrant was a student, paragraph 8.5 of the *Guidance* is clear that "mitigation must be balanced against the nature of the concern raised. In cases involving serious concerns about a student registrant's performance or conduct or dishonesty, the stage of training may be given less weight when considering what action is necessary to protect the public".
145. Mr Rokad submitted that suspension is not sufficient to be in the public interest because the extent of the Registrant's dishonesty shows attitudinal issues. The Registrant was only stopped from submitting the records to the College of Optometrists because [redacted] became involved. Mr Rokad submitted that this also caused a risk to [redacted] own registration. In those circumstances, Mr Rokad submitted that erasure was appropriate.

146. 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."

147. 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.

Findings on sanction

148. In reaching its decision on sanction the Committee took into account the legal advice, the submissions from the GOC, 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.

149. The Committee considered the *Guidance at paragraph 14.3* and considered the following to be aggravating features:

- False clinical records were made for two separate patients, Patients A and B;
- Lack of insight and remediation;
- The Registrant had failed to apologise for his misconduct to Patients A and B or to *[redacted]*.

150. The Committee considered the *Guidance at paragraph 14.2 and 8.4* and considered the following to be mitigating factors:

- The Registrant was at an early stage of his career, being only at the assessment stage of his pre-registration placement, and therefore relatively inexperienced;
- No patient harm was caused.

151. 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.

152. The Committee considered taking no further action but determined, having regard to the *Guidance*, that there were no exceptional circumstances to justify doing so, as to take no action would not reflect the seriousness of the dishonest misconduct and therefore it would be inappropriate.

153. The Committee considered a financial penalty and noted that the Registrant did not gain financially from this misconduct. In any event, the Committee

determined finally that a financial penalty would not reflect the seriousness of the misconduct.

154. The Committee next considered a period of conditional registration. 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 noted that the misconduct occurred on one date. However, there were no assurances in relation to insight or evidence of remediation. For those reasons, the Committee determined that there were no appropriate, proportionate, workable, and measurable conditions which would meet the Committee's concerns relating to the possible repetition of the Registrant's dishonest misconduct.

155. The Committee went on to consider a suspension order and the relevant sections of the *Guidance* contained within *paragraph 21.29* namely:

"[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. [not relevant]*

156. The Committee determined that factor a) was engaged, this being a serious matter of dishonesty. The Committee considered factor b) and noted that the misconduct occurred only on one date, however given the lack of engagement the Committee was concerned that the behaviour may be attitudinal, there being no reassurances in relation to insight and remediation. Factor c) applied as there had been no evidence of repetition (although he had not practised since). The Committee considered factor d) was not engaged, as it had already made findings that there was no insight and there was a risk of repetition. The Committee therefore concluded that some of the relevant factors in respect of suspension applied.

157. The Committee went on to test this proposition against the sanction of 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.”*

158. The Committee noted that factors b), d) and e) were not relevant. The Committee determined that factors a), f) and h) were engaged for the reasons set out previously. However, the Committee did not consider that there was an abuse of position as per factor c), a repeated breach of the professional duty of candour as per factor g), or a persistent lack of insight into seriousness of actions and consequences. Further, the Committee did not consider the behaviour to be so serious as to be fundamentally incompatible with being a registered professional, and where no lesser sanction than erasure would be appropriate. The Committee therefore concluded that some of the factors in respect of erasure applied.

159. The Committee considered in particular the *Guidance at paragraph 8.4-8.5:*

“8.4 When considering a proportionate sanction for a student registrant, the Committee may consider the stage of a registrant’s career/training when making decisions. Whether they have gained insight once they have had an opportunity to reflect on how they might have done things differently, with the benefit of experience and/or further training, may be a mitigating factor.

8.5 However, any mitigation must be balanced against the nature of the concern raised. In cases involving serious concerns about a student registrant’s performance or conduct, or dishonesty, the stage of training may be given less weight when considering what action is necessary to protect the public.”

160. The Committee acknowledged that dishonesty is serious and no insight or remediation had been evidenced. However, the misconduct occurred on one date. The Registrant was young and at an early stage of training which may have affected his decision making. The Registrant had not been represented throughout. It is accepted by the GOC that there was no direct risk of actual harm to Patients A and B. The Committee was mindful that erasure would only be appropriate where no other sanction is sufficient. The Committee weighed up each of the factors in *paragraphs 21.29, 21.35, 8.4 and 8.5* and for the reasons above, on balance, took the view that to erase the Registrant would be disproportionate.

161. The Committee therefore determined that the sanction of suspension would strike the appropriate balance of upholding the public interest against the interests of a competent professional returning to training. The Committee

determined that a lesser sanction would not mark the seriousness of dishonest misconduct.

162. The Committee determined that the appropriate length of suspension would be 12 months which would be the most appropriate length in order to uphold public protection, to maintain public confidence in the profession and to maintain proper professional standards. The Committee determined that this will allow the Registrant time to reflect and develop insight into the seriousness of the misconduct.

163. The Registrant will therefore be suspended from the register for a period of 12 months.

Review hearing

164. The Committee determined that 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:

- has fully appreciated the gravity of the offence;
- the misconduct has not been repeated; and
- that the Registrant's patients will not be placed at risk by resumption of training or by the imposition of conditional registration.

165. In particular, this Committee considered that a future review Committee may be assisted by:

- The Registrant's engagement and attendance at the review hearing;
- A reflective statement from the Registrant in relation to this Committee's findings;
- Evidence of the Registrant's developed insight and remediation;
- Evidence of focused CPD demonstrating courses in integrity, dishonesty and record keeping;
- Testimonials from the Registrant's employers (if working), whether paid or unpaid

166. The Registrant should be aware that it is open to the reviewing Committee to consider the full range of sanctions, and if there continues to be a lack of engagement there is a real risk of erasure.

Immediate Order

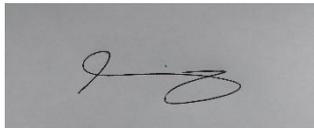
167. Mr Rokad did not make an application for an immediate order as the Registrant is no longer in training and would have to re-apply to join the College of Optometrists Scheme for Registration.

168. 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.

169. The Committee took account of the relevant paragraphs of the *Guidance* and determined that there was no necessity for an immediate order, there being no immediate risks as the Registrant is no longer in training and, given the lapse of time, would have to re-apply to join the College of Optometrists Scheme for Registration. The Committee therefore found that an immediate order was not necessary for the protection of the public, otherwise in the public interest or in the interests of the Registrant.

Chair of the Committee: Sarah Hamilton

Signature



Date: 25 February 2026

Registrant: Kwan Lok Ho

Signature: ...Sent to the Registrant via email...

Date: 25 February 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
<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 www.professionalstandards.org.uk or by telephone on 020 7389 8030.</p>
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 Level 29, One Canada Square, London, E14 5AA or by telephone, on 020 7580 3898.