

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

**GENERAL OPTICAL COUNCIL
F(24)20**

AND

UMAR MASOOD (01-26624)

**DETERMINATION OF A SECOND SUBSTANTIVE REVIEW
22 JUNE 2026**

Committee Members:	Andy Brennan (Chair/Lay) Ann McKechin (Lay) Victoria Smith (Lay) Caroline Clark (Optometrist) Danielle Ellis (Optometrist)
Legal adviser:	Kelly Thomas
GOC Presenting Officer:	Holly Huxtable
Registrant:	Present and represented
Registrant representative:	Trevor Archer instructed by Katie Holland (AOP)
Hearings Officer:	Vineeta Desai/Latanya Gordon
Outcome:	No impairment

First Review Hearing – 4 July 2025

1. The Committee considered the documentary evidence that was before it, which included (but was not limited to), evidence from the substantive hearing, the earlier Committee's substantive determination and the Council's written submissions. The Registrant's bundle contained the Registrant's reflective statement, a stress management plan, personal development plan ("PDP") and continuing professional development record ("CPD"). The Registrant did not give oral evidence.
2. The Committee heard submissions from Ms Hinds on behalf of the Council and from Mr Archer on behalf of the Registrant in relation to current impairment.
3. Ms Hinds outlined the background to the case, the findings of the Substantive Committee and the law and procedure on review hearings. She reminded the

Committee that there was a burden upon the Registrant to show that his fitness to practise was no longer impaired and that the Committee had to consider the matter of impairment afresh.

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

since the conduct criticised, to remedy any defects in skill. As the case involves a proven allegation of dishonesty, the Legal Adviser directed the Committee to give particular consideration to the judgments in *Yeong v General Medical Council [2009] EWHC 1923 (Admin)* and *Professional Standards Authority v Health and Care Professions Council and Ajeneeye [2016] EWHC 1237 (Admin)*.

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

Findings regarding impairment

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

'To protect, promote and maintain the health, safety and well-being of the public, the protection of the public by promoting and maintaining public confidence in the profession and promoting and maintaining proper professional standards and conduct.'

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



17. The Committee carefully considered whether the Registrant's fitness to practise remains impaired, particularly in light of the public protection concerns arising from his past misconduct involving dishonesty. The Committee decided, based on the evidence before it, that the Registrant had demonstrated some reflection on his past misconduct and the underlying factors that had contributed to it. While there was no evidence of clinical failings or direct harm to patients, the central issue remains the risk of the Registrant taking shortcuts under stress, either personal or professional.
18. The Committee noted that although the Registrant has undertaken some CPD and had produced an updated PDP, these were considered to be light, limited, late and future orientated. The Committee considered that the Registrant's CPD activity since the beginning of the current CPD cycle in January 2025 was minimal and the PDP lacked sufficient depth and structure. The Committee would have expected there to have been more engagement with his annual CPD requirements given that half a year had elapsed.
19. The Committee was not satisfied that the Registrant had demonstrated full and meaningful engagement with the concerns raised by the previous Committee. In particular, there remained a lack of comprehensive insight into the instances of dishonesty [redacted].
20. The Committee returned to the questions posed by Dame Janet Smith above and concluded in light of the conduct not being fully remedied, that there was a future risk that patients would be placed at an unwarranted risk of harm. Furthermore, that the profession may be brought into disrepute, that fundamental tenets of the profession may be breached in future and that the dishonesty might re-occur. It decided that there was a risk of repetition.
21. On the basis that there remained a risk to the health, safety and wellbeing of patients, the Committee concluded that the Registrant's current fitness to practise is impaired on a personal and/or clinical level.
22. The Committee went on to consider the wider public interest in maintaining public confidence in the profession and in promoting and maintaining proper professional standards and conduct where a practitioner had acted dishonestly and potentially placed patients at a risk of harm. The Committee decided that, given the period of suspension the Registrant has already served, public confidence in the profession would not be undermined if a finding of impairment were not made on public interest grounds.
23. The Committee concluded that the Registrant's fitness to practise is currently impaired on public protection grounds only.

Sanction

24. Having found that the Registrant's fitness to practise is currently impaired, the Committee went on to consider sanction.
25. Ms Hinds, on behalf of the Council, submitted that a conditional registration order for a period of 12 months would be an appropriate and proportionate disposal. She invited the Committee to impose such an order to provide the Registrant with the opportunity to secure employment, undergo a workplace induction, and receive meaningful feedback and supervision.
26. Mr Archer made submissions on behalf of the Registrant. Mr Archer submitted that a conditional registration order would be an appropriate and proportionate in the

circumstances, as the period of suspension previously imposed has already marked the seriousness of the misconduct. He invited the Committee to consider that the focus should shift to supporting the Registrant's safe return to practice. Mr Archer submitted that any conditions should not prevent the Registrant in re-engaging with the profession and securing employment.

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

completing patient records in such a way that another professional would consider that these examinations had been carried out.

34. In considering the misconduct in its entirety, and taking into account the relevant aggravating and mitigating factors, the Committee concluded that an informed and reasonable member of the public would be seriously concerned by the Registrant's actions.
35. The Committee first considered taking no action. It decided, having regard to the Guidance, that there were no exceptional circumstances to justify it doing so. Taking no action would not protect the public.
36. The Committee decided that the imposition of a financial penalty was not appropriate or proportionate.
37. The Committee next considered whether a period of conditional registration would be appropriate. It noted the terms of paragraph 21.5 of the Guidance which states:

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

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

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

recognises the seriousness of his actions and understands the impact they have had on his patients and on the wider reputation of the profession.

41. The Committee therefore imposes a Conditional Registration Order for a period of 12 months which will take effect from the expiry of the Registrant's current suspension order.
42. A review hearing will be held between four and six weeks prior to the expiration of this order. The Review Committee will need to be satisfied that the Registrant:
 - a. has fully appreciated the gravity of the offence,
 - b. has fully engaged with the conditions below, and
 - c. has maintained his skills and knowledge.

Second Review Hearing – 22 June 2026

43. The Committee considered the documentary evidence that was before it, which included (but was not limited to), evidence from the substantive hearing, the earlier Committees' determinations, the Council and the Registrant's previous bundles. In addition, the Council and the Registrant had supplied new bundles, which contained the Registrant's reflective statement, three supervisor's reports covering the periods July 2025 - November 2025, December 2025 – March 2026 and April 2026 to the date of the hearing, a performance development plan ("PDP"), a continuing professional development ("CPD") record and an anonymised patient log.
44. Ms Huxtable outlined the background to the case, the findings of the substantive Committee and the law and procedure on review hearings. She reminded the Committee that there was a burden upon the Registrant to show that his fitness to practise was no longer impaired and that the Committee had to consider the matter of impairment afresh.
45. Ms Huxtable submitted that the Committee should determine whether the Registrant remains currently impaired, having regard in particular to whether he has demonstrated sufficient insight in line with the guidance provided by the previous Committee. Whilst acknowledging the positive supervision reports, absence of further concerns in practice, completion of targeted CPD, and evidence of maintained clinical competence, the Council invited the Committee to scrutinise the Registrant's reflective statement to assess whether it adequately recognises the seriousness of the misconduct and its impact on patients and the profession. The Council emphasised that the question of impairment is ultimately a matter for the Committee's professional judgment, taking into account the extent of remediation, insight, and the risk of repetition.
46. The Registrant gave evidence and stated that he has reflected extensively on his misconduct over the past three years, describing that it has been at the forefront of his mind on a daily basis and that, at the time of the events, his [redacted] was poor. He explained that he now fully recognises the seriousness of failing to conduct an internal eye examination, identifying the risks of missing significant pathology such as cataracts, retinopathy, retinal detachment, or even signs of a tumour, with potential consequences including loss of sight or, in extreme cases, risk to life. He acknowledged the wider impact on patient trust and the reputation of the profession, including the risk that patients may be deterred from seeking medical advice. He was clear that such conduct is wholly incompatible with his professional role,

emphasising that he would “*never ever again*” omit a proper examination and would not take shortcuts even under stress. He described the steps taken to remediate his practice, including improved stress management through exercise, reviewing clinics in advance, seeking support from colleagues where necessary, and utilising breaks and breathing techniques, stating that these changes have made him calmer, more resilient, and better able to ensure safe and proper patient care.

47. During Committee questions, the Registrant stated that since July 2025 he has undertaken formal CPD totalling two points, consisting of two stress-management courses, supplemented by informal learning through articles, podcasts, and online materials, though these did not attract CPD points. He confirmed that the actions in his PDP have been completed, supported by positive supervisor reports. [redacted]
48. Mr Archer submitted that the Registrant has fully complied with all conditions over a prolonged period of more than two years, during which he has demonstrated safe and professional practice under supervision, supported by consistently positive supervisor reports and an absence of any clinical concerns, dishonesty, or risk to patient safety. Mr Archer stated that the Registrant has shown genuine insight, having reflected deeply on the seriousness of his misconduct and its potential consequences, and has developed effective strategies to manage stress, supported by targeted CPD and a refined personal development plan.
49. Mr Archer emphasised that the Registrant has practised safely even during a period of significant personal and professional stress without any repetition of the misconduct, evidencing maturity and remediation. He submitted that the original concerns as to public confidence have now been addressed through the suspension and conditions imposed, and that the Registrant has transitioned successfully towards unrestricted practice. Accordingly, Mr Archer submitted that the Registrant’s fitness to practise is no longer impaired.
50. The Legal Adviser outlined that the guidance in relation to substantive order review hearings can be found at *Paragraphs 24.1-24.5 of the Hearings and Indicative Sanctions Guidance (“the Guidance”)*. The case of *Clarke v General Optical Council [2017] EWHC 521 (Admin)* established that a review hearing will be dealt with as a substantive hearing and will commence at the impairment stage, and there is a persuasive burden upon a Registrant to demonstrate that they are fit to resume unrestricted practice (*Abrahaem v GMC EWHC 183 (Admin)* and *Khan v GPhc [2016] UKSC 64*). The Committee should consider the current fitness of the registrant to resume practice, judged in light of what they have, or have not, done since the substantive hearing and whether they remain impaired.
51. The Legal Adviser also outlined *Paragraphs 16.1 to 16.7 of the Guidance* in relation to impairment, and the four questions in the *Grant* case. Finally, the Legal Adviser advised the Committee that at the impairment stage, there is also no burden or standard of proof, but ultimately it is a question of judgement for the Committee alone.
52. The Committee accepted the advice of the Legal Adviser, considered the GOC and Registrant bundles served, the oral evidence of the Registrant, and the submissions by both Counsel. The Committee reminded itself that it was not bound by the findings of the previous Committee on impairment or sanction.
53. The Committee considered the *Guidance at paragraphs 16.1 to 16.7*, the cases of *Clarke* and *Cohen* and the four questions in the *Grant* case, namely:



- a. *“Has [the Registrant] in the past acted and/or is [he] liable in the future to act so as to put a patient or patients at unwarranted risk of harm; and/or*
- b. *Has [the Registrant] in the past and/or is [he] liable in the future to bring the medical profession into disrepute; and/or*
- c. *Has [the Registrant] in the past breached and/or is [he] liable in the future to breach one of the fundamental tenets of the medical profession;*
- d. *has in the past acted dishonestly and/or is liable to act dishonestly in the future.”*

54. The Committee also considered the GOC’s overriding objective, and gave equal consideration to each of its limbs as set out below:

“To protect, promote and maintain the health, safety and well-being of the public, the protection of the public by promoting and maintaining public confidence in the profession and promoting and maintaining proper professional standards and conduct.”

55. The Committee first considered the questions endorsed in *Grant* in relation to past behaviour, and concluded that by not carrying out external and internal eye examinations and estimating measurements from retinal photographs and scans, the Registrant had in the past put patients at risk of harm. The Committee considered that in completing the patient record cards without having carried out the required eye examinations, and acting dishonestly, the Registrant had in the past brought the profession into disrepute and that in breaching professional *Standards*, the Registrant had breached fundamental tenets of the profession.

56. The Committee then went on to consider the questions from the case of *Cohen* as follows:

- whether the conduct which led to the allegation is remediable;
- whether it has been remedied; and
- whether it is likely to be repeated.

57. The Committee considered that dishonest conduct is difficult, but not impossible to remediate. The Committee did not find the misconduct to be repetitive, it occurred on two occasions three years ago, and has not been repeated. The Committee considered that the Registrant’s misconduct is therefore potentially remediable.

58. The Committee carefully considered whether the conduct leading to the allegations has been remedied. While there was no evidence of clinical failings which led to direct harm to patients, the central issue remained the risk of the Registrant taking shortcuts under stress, either personal or professional.

59. The Committee looked carefully at the considerations in *paragraph 24.3* of the *Guidance*. The Committee considered that the Registrant does appreciate the gravity of the misconduct, including the risks to patient safety and the wider profession. The Registrant has not re-offended over a significant period of two years and seven months, despite being subject to interim conditions for the most part of that period.

60. In relation to maintaining skills and knowledge, the Committee had concerns as to the limited CPD the Registrant had undertaken since July 2025, namely 2 points, and was disappointed that the Registrant had not demonstrated a more proactive approach to professional development, particularly given the supervision and scrutiny he was under from his professional regulator. The Committee was



concerned that, unless the Registrant adopts a more diligent approach to his continuing professional development, there is a real risk that he may not achieve the required 36 CPD points by the end of 2027 for the current cycle. However, the Committee considered that the current points level did not fall below regulatory requirements or of itself render the Registrant's practice unsafe, and accordingly accepted that on balance the Registrant had maintained his skills and knowledge to a satisfactory level.

61. The Committee further placed significant weight on the satisfactory supervisor reports over an extended period of supervision exceeding two years, which provided positive first-hand evidence that the Registrant has maintained his clinical skills and knowledge and has practised safely. In those circumstances, and having regard to the absence of any identified risk to patients during a prolonged period of close supervision, the Committee concluded that the misconduct has been remedied.
62. As to the risk of repetition, the Committee noted that the Registrant has worked under conditions and supervision for approximately two years and seven months, including a significant period of interim conditions, during which no concerns have been raised in relation to his clinical practice, integrity, or patient safety. The Committee accepted the Registrant's evidence as to the strategies he now employs to manage both professional and personal stressors, including effective workload management, seeking assistance from colleagues, and maintaining personal wellbeing. The Committee was satisfied that the Registrant has demonstrated the ability to practise safely notwithstanding personal and professional pressures during the fitness to practise process itself. In light of the sustained period of supervised compliant and safe practice, the absence of any repetition, and the practical measures the Registrant has implemented to address the root causes of his misconduct, the Committee concluded that there was no real risk of repetition.
63. The Committee returned to the questions posed in the *Grant* case above in relation to future risk. It concluded that in light of the conduct being fully remedied that there was not a future risk that patients would be placed at an unwarranted risk of harm, the profession may be brought into disrepute, that fundamental tenets of the profession may be breached in future or that dishonesty might re-occur. The Committee concluded that there was a remote risk of repetition, but this concern had been met with the steps the Registrant had taken [redacted].
64. The Committee went on to consider the wider public interest in maintaining public confidence in the profession and in promoting and maintaining proper professional standards and conduct where a practitioner had acted dishonestly and potentially placed patients at risk of harm. The Committee decided that, given the lengthy period of suspension and conditional registration the Registrant has already served, public confidence in the profession would not be undermined if a finding of impairment were not made on public interest grounds.
65. The Committee determines that the Registrant's fitness to practise is no longer impaired and directs that the current substantive conditions of practice order be revoked with immediate effect.

Chairman of the Committee: Andy Brennan



Signature

Date: 22 June 2026

Registrant: Umar Masood

Signature Present via Microsoft Teams

Date: 22 June 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 10 Old Bailey, London, EC4M 7NG or, by telephone, on 020 7580 3898.

