BEFORE THE FITNESS TO PRACTISE COMMITTEE
OF THE GENERAL OPTICAL COUNCIL

GENERAL OPTICAL COUNCIL

F(26)21

AND

AJAYKUMAR PATEL (01-21128)

DETERMINATION OF A SUBSTANTIVE HEARING
AGREED PANEL DISPOSAL(APD)
2 NOVEMBER 2026

Committee Members:	Gerry Wareham (Chair/Lay) Ian Hanson (Lay) Mark McLaren (Lay) Christian Dutton (Optometrist) Ann Barrett (Optometrist)
Legal adviser:	Dr. Francis Graydon
GOC Presenting Officer:	Holly Huxtable
Registrant:	Not present and unrepresented
Registrant representative:	Non-applicable
Hearings Officer:	Anwar Henry
Facts found proved:	All
Facts not found proved:	None
Misconduct:	Conviction
Impairment:	Impaired
Sanction:	Erasure

Immediate order: Yes

Proof of service

1. The Registrant did not attend the hearing.
2. The Committee heard an application from Ms Huxtable, on behalf of the Council for the matter to proceed in the Registrant's absence. First, the Council was required to satisfy the Committee that the documents had been served in accordance with Section 23A of the Opticians Act 1989 and Rule 61 of the Fitness to Practise Rules 2013.
3. The Committee was provided with a service bundle, which contained documents relevant to the service of the Notice of Hearing upon the Registrant. Ms Huxtable highlighted the Notice was sent on the 28 September 2026 and it set out the date of today's hearing.
4. On the 19 October 2026 the Registrant emailed the hearings team to confirm that he had no objections in respect of one of the Committee members. Ms Huxtable submitted that the Registrant was fully aware that the hearing today was an Agreed Panel Disposal. He had signed the report and it was clear he was content for the matter to proceed in this way. She referred the Committee to the correspondence from the Registrant post-dating the Notice of Hearing to confirm that he had no objections. She submitted that in all the circumstances there had been proper service.
5. The Committee accepted the advice of the Legal Adviser in relation to the provision of Rules, 28, 34 and 61, which governed the appropriate address for the Notice to be sent, proof of service of the Notice, what information the Notice should contain and that the hearing should not take place earlier than 28 days after the date upon which it was served upon the Registrant.
6. The Committee, having had regard to the documents provided regarding service, was satisfied that there had been effective service under the Rules and that all reasonable efforts had been made to notify the Registrant of the hearing today.

Proceeding in the absence of the Registrant

7. The Committee then went on to consider whether it would be in the public interest to proceed in the Registrant's absence in accordance with Rule 22.
8. Ms Huxtable submitted that it was in the public interest to proceed with the hearing in the Registrant's absence. She reminded the Committee of the guidance from the cases of *R v Jones [2002]* UKHL (criminal) and *General Medical Council v Adeogba* (regulatory). The discretion to proceed in the Registrant's absence should be exercised with great care in rare and exceptional circumstances.

9. She submitted that; the Registrant had voluntarily absented himself from the hearing, the allegations against him were serious and involved sexual offending with children, there was no application to adjourn; there was no risk of the Committee reaching the wrong conclusion in respect of the substantive case because it had been agreed; the Registrant could not be forced to attend today, he had been urged to seek independent legal advice on the contents of the Agreed Panel Disposal report and disposal procedure. It was clearly in the general public interest to proceed with this matter today in the absence of the Registrant.

10. The Committee accepted the advice of the Legal Adviser, which was that the Committee had a discretion under Rule 22 as to whether to proceed in absence of the Registrant, which should be approached by applying the factors from the case of *Jones*.

11. The Legal Adviser also referred the Committee to the cases of *GMC v Adeogba*; *GMC v Visvardis* [2016] EWCA Civ 162, where the Court of Appeal gave guidance that when deciding whether to proceed in absence, fairness to the practitioner is a prime consideration but it is not determinative; fairness to the Council and the public interest must also be taken into account.

12. The Committee found that the Registrant was aware of the hearing today and the allegations against him which he accepted were very serious and concerned sexual offences related to children. In the circumstances, the Committee was satisfied that the Registrant had voluntarily waived his right to attend the hearing. No adjournment had been applied for and an adjournment would serve no useful purpose, as there was nothing to suggest that if the case was adjourned the Registrant would attend on the next occasion. The Committee noted that although the Registrant was unrepresented, he had been advised to seek independent legal advice. In all of the circumstances, the Committee concluded that it would be fair and appropriate to proceed in the absence of the Registrant.

ALLEGATION

The Council alleges that in relation to you, Ajaykumar Patel (01-21128), a registered Optometrist:

1) On 5 January 2026 at Derby Crown Court, you were convicted of:

i. Count 1 – Adult attempt to engage in sexual communication with a child, contrary to section 1(1) of the Criminal Attempts Act 1981;

ii. Count 2 – Attempt to cause / incite a girl 13 to 15 to engage in sexual activity – offender 18 or over – penetration, contrary to section 1(1) of the Criminal Attempts Act 1981;

iii. Count 3 - Attempt to cause / incite a girl 13 to 15 to engage in sexual activity – offender 18 or over – penetration, contrary to section 1(1) of the Criminal Attempts Act 1981;

iv. *Count 4 – Arrange / facilitate commission of offence of sexual activity with child/ cause / incite child to engage – penetration, contrary to section 14 of the Sexual Offences Act 2003;*

v. *Count 5 – Adult attempt to meet a girl under 16 years of age following grooming, contrary to section 1(1) of the Criminal Attempts Act 1981;*

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

AGREED PANEL REPORT AGREEMENT

At the outset of this hearing, Ms Huxtable, on behalf of the General Optical Council ('the GOC'), informed the Committee that prior to this hearing a provisional agreement of an agreed panel determination had been reached with regard to this case between the GOC and the Registrant.

The agreement, which was put before the Committee, in an Agreed Panel Disposal ('APD') report dated 29 September 2025 and includes Annex A signed by the Registrant and dated 12 October 2026, sets out the Registrant's full admission to the facts alleged in the charges, that the Registrant's actions amounted to misconduct by virtue of conviction and that the Registrant's fitness to practise is currently impaired by reason of that conviction. It is further stated in the agreement that an appropriate sanction in this case would be erasure and an immediate order was appropriate.

The Committee has considered the provisional agreement reached by the parties. That provisional agreement is included in this determination as **Annex A.**

DETERMINATION

13. Ms Huxtable, on behalf of the GOC, outlined the APD process, as set out in the GOC's APD policy, and what had been agreed by the parties in the APD report. The parties had agreed that the ground of impairment of a conviction and current impairment were established and that the case could appropriately be disposed of by a sanction of erasure.

14. Ms Huxtable highlighted that although the parties were in agreement, the ultimate decision rests with the Committee and there were a number of options open to the Committee, as set out in the GOC's APD policy. These options included the Committee disagreeing with parts of the report and varying the sanction, after hearing further submissions.

Background

15. The Registrant was, at the material time, a director of *[redacted]* Visionplus Limited ("the Practice").

16. On 27 October 2025, the Council received a referral from the Practice outlining that the Registrant contacted fellow director, *[redacted]*, on 6 October 2025 to explain that he was being held in *[redacted]* Prison. The Registrant did not, at that stage, disclose the charges against him.

17. On 5 January 2026, the Registrant was convicted at Derby Crown Court in respect of multiple child sexual offences. He pleaded guilty to all offences as set out in the allegation.

18. The Registrant was latterly sentenced on 27 February 2026 to a community order for 30 months (with a rehabilitation requirement). The Court further imposed a Sexual Harm Prevention Order for 5 years and a Sexual Offenders Register Order for 5 years. The GOC had obtained documentation confirming the Registrants' conviction from Derby Crown Court.

Submissions of the parties

19. Ms Huxtable addressed the Committee on facts, impairment, and sanction and made submissions as set out in the Agreed Panel Disposal report. She invited the Committee to find the facts of the Allegation proved following the Registrant's admissions through the APD process. The conviction which was supported by a certificate of conviction from the Crown Court was the basis for the ground of impairment.

20. She referred the Committee to the relevant case law on the approach to impairment including; *Meadow v GMC* [2007] 1 All ER 1, *CHRE v (1) NMC and (2) Grant* [2011] EWHC 927 (Admin), *Cohen v General Medical Council* [2008] EWHC 581 (Admin), *Cheatle v General Medical Council* [2009] EWHC 645 (Admin), *Yeong v GMC* [2009], *PSA v Nursing and Midwifery Council* (Grant) [2011] EWHC 927. Ms Huxtable also referred the Committee to paragraphs 13.1 to 13.8 of the Hearings and Indicative Sanctions Guidance July 2026 ("the Guidance").

21. She highlighted that the Registrant accepted that his fitness to practise is currently impaired, in that he posed a significant risk of harm to the public, and more specifically to child patients. He also accepted that the nature and seriousness of this case was such that a finding of impairment was required to meet the wider public interest, notably to uphold proper professional standards and maintain public confidence in the profession.

22. Accordingly, Ms Huxtable invited the Committee to find that the Registrant's fitness to practise is impaired.

23. Ms Huxtable next addressed the Committee on sanction. She reminded the Committee of the Guidance and referred the Committee to the approach set out in a number of cases including; Bolton v Law Society [1994] 1 WLR 512, PSA v NMC [2015] EWHC 1887 (Admin)). PSA v (1) HCPC (2) Doree [2017] EWCA Civ 319

and Ajana v NMC [2025] EWHC 3179 (Admin). She referred the Committee in particular to paragraphs 20.1 to 20.44 and 21.8 of the Guidance.

24. Ms Huxtable submitted the Committee should have regard to the principle of proportionality. This principle requires that when considering what sanction to impose to fulfil the statutory over-arching objective, the Committee must take into consideration the interests of the Registrant, which may include the wider public interest in a competent optometrist being permitted to return to practice. The Committee should consider the sanctions available, starting with the least restrictive sanction available, judging whether that sanction will be sufficient to achieve the over-arching objective, and if not, move on to consider the next least restrictive sanction.

25. Ms Huxtable referred to several mitigating features. She highlighted that; no harm had been caused to any patient, the Registrant fully engaged with the criminal proceedings and pleaded guilty at the earliest opportunity, he further engaged with the regulatory process, and had not sought to minimise his conduct.

26. She added that there were no additional aggravating features beyond the very serious nature of the sexual offending and risk of harm to child patients.

27. When it came to the sanction, Ms Huxtable submitted that the Registrant and the Council agreed that this matter was too serious to take no further action or to impose a fine on the Registrant. In addition, conditions of practice and suspension would be inappropriate given the nature and seriousness of the criminal convictions and risk of harm to child patients. Neither sanction would adequately address the risk nor meet the wider public interest.

28. She further submitted that having regard to the Guidance, the Council and the Registrant agreed that the appropriate and proportionate sanction was erasure. The parties agreed that the Registrant's conduct was fundamentally incompatible with registered practise and this sanction was appropriate and proportionate.

Committee's findings

29. The Committee decided to accept the Agreed Panel Disposal (APD Report), for the reasons set out below.

Legal Advice

30. The Committee heard and accepted the advice of the Legal Adviser who reminded the Committee that although there was an agreed disposal, as set out in the APD report, the Committee was not obliged to follow that outcome and it was for the Committee to form its own independent judgment in respect of each stage of the proceedings.

31. If the Committee disagreed with the APD report and was minded to vary it, there should be an opportunity for further submissions from the parties.

32. The Legal Adviser referred the Committee to the Council's Hearings and Indicative Sanctions Guidance ('Guidance') and in particular paragraph 21.28 onwards which sets out the principles to have regard to in conviction cases. These included that in a conviction case, the purpose is not to punish the registrant a second time for the offences committed, but to consider if their fitness to practise is impaired. Further, regulatory and criminal hearings serve different functions and a sentence imposed by a court does not always accurately reflect the seriousness of an offence. The Committee is entitled to form its own view of the gravity of the case.

33. In relation to sanction, the advice of the Legal Adviser was for the Committee to take into account the factors on sanction as set out in the Guidance at page 29; to assess the seriousness of the misconduct; consider any aggravating and mitigating factors; and to consider the range of available sanctions in ascending order of seriousness. Further, the Committee was required to act proportionately by weighing the interests of the Registrant against the public interest.

Findings in relation to the facts

34. The Registrant admitted the facts of the Allegation in their entirety. The Committee therefore found the facts proved by reason of the Registrant's admissions pursuant to Rule 40(6) of the of the General Optical Council (Fitness to Practise) Rules 2013 ('the Rules'). The Committee further noted that the Registrant did not dispute any of the facts underlying the conviction.

Findings in relation to Proof of Conviction

35. The Committee had regard to Rule 40(3), where production of a certificate of conviction shall be conclusive evidence of the offence committed. The Committee was satisfied that the Registrant has a conviction within the meaning section 13D(2)(c) of the Act, which is a ground for impairment. The Committee went on to consider whether the Registrant's fitness to practise is impaired by virtue of the criminal conviction.

Findings in relation to current impairment

36. While acknowledging the agreement between the GOC and the Registrant, the Committee has exercised its own independent judgement in reaching its decision on current impairment.

37. The Committee agreed with the position of the parties, as set out in the APD report. It considered that the conviction was for a serious offence and the conduct was a serious departure from the standards to be expected of a competent Optometrist. The Committee regarded the conviction as particularly egregious and demonstrated that the Registrant was professionally untrustworthy and poses a risk to child patients. It also considered that his conduct was not easily remediable.

38. The Committee carefully considered the authorities on impairment which were set out in the APD report. In particular, the Committee had regard to the public interest and the guidance in the case of *CHRE v (1) NMC* and (2) *Grant* [2011] EWHC 927 (admin) and the test that was formulated by Dame Janet Smith in the report to the Fifth Shipman Inquiry, as approved in the case of *Grant*, which is as follows:

"Do our findings of fact in respect of misconduct… show that his fitness to practise is impaired in the sense that he:

(a) Has in the past acted and/or is liable in the future to so act so as to put a patient or patients at unwarranted risk of harm and/or;

(b) Has in the past brought and/or is liable in future to bring the medical profession into disrepute and/or;

(c) Has in the past breached and/or is liable in the future to breach one of the fundamental tenants of the medical profession and/or;

(d) Has in the past acted dishonestly and/or is liable to act dishonestly in future."

39. The Committee was satisfied that several limbs of this test were engaged in this case. In particular, there was an unwarranted risk of harm to child patients in the future, the Registrant's conduct had brought the profession into disrepute, and he had breached one of the fundamental tenets of the profession.
40. The Committee had regard to the public interest and was of the view that, given the serious nature of the offence, which in its view fundamentally undermined professional practice, the need to uphold professional standards and maintain public confidence in the profession would be undermined if no finding of impairment was made.
41. Accordingly, it was therefore necessary in the public interest and for public protection that a finding of current impairment was made.

Sanction

42. The Committee considered the aggravating and mitigating factors present in this case and had regard to the Guidance at paragraph 16. The Committee agreed with the aggravating factors as summarised in the APD Report, as follows:

    (i) the very serious nature of the sexual offending and risk of harm to child patients

43. The Committee found the following mitigating factors:

(i) No child patients were harmed.

(ii) The Registrant pleaded guilty at the earliest opportunity.

(iii) He did not seek to minimise his conduct.

(iv) The mitigating factors identified by the trial judge in his sentencing remarks.

44. The Committee considered the sanctions available to it from the least restrictive to the most severe (no sanction, financial penalty, conditional registration, suspension, erasure).

45. In relation to taking no action, the Committee was of the view that this would not be proportionate nor a sufficient outcome given the seriousness of the misconduct and the public interest concerns. Further, there were no exceptional circumstances to justify taking no action in any event.

46. The Committee considered the issue of a financial penalty order; however, it was of the view that such an order was not appropriate nor proportionate in the circumstances.

47. The Committee considered the Guidance in relation to the imposition of conditional registration. It was of the view that conditional registration would not be practicable due to the serious nature of the misconduct, which the Committee viewed as being fundamentally undermining of professional practice. Conditions would not sufficiently mark the seriousness of the misconduct in this case and would not meet the public interest.

48. The Committee considered suspension and had regard to paragraphs 20.33 onwards of the Guidance. In particular, the Committee considered the list of factors contained within paragraph 21.29, that indicate that a suspension may be appropriate, which are as follows:

"Suspension (maximum 12 months)

20.33 This sanction may be appropriate when some, or all, of the following factors are apparent (this list is not exhaustive):

a. A serious instance of misconduct where a lesser sanction is not sufficient;

b. No evidence of harmful deep-seated personality or attitudinal problems;

c. No evidence of repetition of behaviour since incident;

d. The Committee is satisfied the Registrant has insight and does not pose

a significant risk of repeating behaviour;

e. In cases where the only issue relates to the Registrant's health, there is a risk to patient safety if the Registrant continued to practise, even under conditions.

49. The Committee considered that a suspension order would not adequately protect the *public* and mark the seriousness of the Registrant's conduct, maintain confidence in the profession, and declare and uphold proper standards of professional conduct and behaviour.
50. The Committee then considered the relevant part of the Guidance in relation to erasure, from paragraph 20.40 onwards. It noted that erasure is only appropriate if it is the only means of protecting patients and/or maintaining public confidence in the optical profession, which the Committee considered to be the case.
51. The Committee was of the view that several of the factors listed in the Guidance at paragraph 20.40 (a)-(h), which lead towards the sanction of erasure being appropriate, applied in this case. Paragraph 20.40 states as follows:

"Erasure

20.40 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".

52. The Registrant's conduct involved a serious departure from professional standards and was an offence of a sexual nature. The Committee was of the view that given the nature and seriousness of the Registrant's conduct, his conviction, sentence, and that he remains on the sex offender register, the conduct was fundamentally incompatible with being a registered professional.

53. The Committee was satisfied that any lesser sanction than erasure would not sufficiently meet the public interest and mark the seriousness of the Registrant's conduct. The Committee had considered the serious nature of the offence itself and the aggravating factor, namely that it concerned sexual offending and the risk of harm to child patients. The Committee agreed with the position of the parties set out in the APD report, that erasure, in the particular circumstances of this case, would be an appropriate and proportionate sanction.

54. Accordingly, the Committee approved the APD report and made an order in the terms agreed by the parties, namely that the registrant be erased.

Immediate order

55. The Committee considered whether to make an immediate order in this case. It has considered the position of the parties, which, as set out in the APD Report, both agree that an immediate order was warranted in this case, so as to protect the public and that it was otherwise in the public interest.

56. The Committee has accepted the advice of the Legal Adviser, which was to consider the statutory test in section 13I of the Opticians Act 1989 is met, i.e., whether the making of an order is necessary for the protection of members of the public, otherwise in the public interest or in the best interests of the Registrant.

57. The Committee had regard to the section of the Guidance regarding immediate orders and considered the statutory test, which required that an immediate order had to be necessary to protect members of the public, be otherwise in the public interest or in the best interests of the Registrant.

58. The Committee decided to impose an immediate order, as given the nature and seriousness of the Registrant's conviction, it was necessary to protect the public. The Committee had concluded that erasure was the only appropriate and proportionate sanction in this case. In the circumstances, and given the serious nature of the conviction, the Committee decided that it was also in the wider public interest that an immediate order be imposed. Accordingly, the Committee imposed an immediate order of suspension.

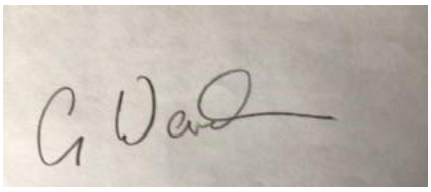
Conclusion

59. For the reasons set out above, the Committee determined to accept the Agreed Panel Disposal as put forward by the parties, without variation.

Revocation of interim order

60. The Committee was informed that there was an interim order made in this case, therefore it directed that the interim order ought to be revoked.

Chair of the Committee: Gerry Wareham

Signature ……  ……. **Date: 02 November 2026**

Registrant: Ajaykumar Patel

Signature ……Sent via email……. **Date: 02 November 2026**

Annex A

AGREED PANEL REPORT

Introduction

1. *This is a substantive hearing in respect of Ajaykumar Patel ("the Registrant"), a registered optometrist who first registered with the General Optical Council ("the Council") as on optometrist on 15 September 2004.*

2. *The Fitness to Practise Committee ("the Committee") are to consider whether to approve an agreed form of disposal under the Agreed Panel Disposal ("APD") process. Both parties agree to the proposed form of disposal set out in this report. The Registrant is not legally represented.*

3. *Page numbers included within this document refer to the Council's bundle unless indicated otherwise and are shown in quare brackets.*

4. *The Council's policy in respect of the APD process is addended to this report. It is a hearing management tool, designed to assist in avoiding full hearings with the calling of evidence where the public protection and public interest objectives of the fitness to practise process would still be met by an agreed outcome. It is not a separate statutory tool or path to a finding of impaired fitness to practise. The Committee retains full jurisdiction over the procedure and, save where it would be otherwise appropriate not to do so, the proposed APD is considered at a public hearing. The options available to the Committee are:*

    i. *To approve the report in its entirety and make the appropriate order(s);*

    ii. *To vary the sanction with the agreement of both parties after inviting submissions. If one or both parties disagree with the variation suggested by the Committee, the APD hearing will be vacated, and the matter will be scheduled for a full substantive hearing before a new Committee;*

    iii. *To disagree with all or part of the report. In this instance, the Council and Registrant may agree to amend the report in light of the Committee's findings and resubmit this to the same committee at a reconvened hearing, otherwise the APD hearing will be vacated, and the matter will be listed for a full substantive hearing before a new Committee;*

    iv. *If either party decides that they no longer want the case to proceed by APD, the current hearing must be immediately concluded by the Committee with no orders being made (unless there is a request for procedural directions from both parties). The matter will then be scheduled for a full substantive hearing before a new Committee.*

5. *The Council's case was served on the Registrant 3 June 2026 in accordance with Rule 29 of the Fitness to Practise Rules ("the Rules"). The Notice of Hearing was sent to the Registrant on 28 September 2026 .*

6. *The Registrant is expected to attend the APD hearing. He is not legally represented.*

Background

7. *The Registrant was, at the material time, a director of [redacted] Visionplus Limited ("the Practice").*

8. *On 27 October 2025, the Council received a referral from the Practice outlining that the Registrant contacted fellow director, [redacted], on 6 October 2025 to explain that he was being held in [redacted] Prison. The Registrant did not, at that stage, disclose the charges against him.*

9. *On 5 January 2026, the Registrant was convicted at Derby Crown Court in respect of multiple child sexual offences. He was latterly sentenced on 27 February 2026 to a community order for 30 months (with a rehabilitation requirement). The Court further imposed a Sexual Harm Prevention Order for 5 years.*

10. *The allegation is set out below:*

Allegation

The Council alleges that in relation to you, Ajaykumar Patel (01-21128), a registered Optometrist:

1) *On 5 January 2026 at Derby Crown Court, you were convicted of:*

   i. *Count 1 – Adult attempt to engage in sexual communication with a child, contrary to section 1(1) of the Criminal Attempts Act 1981;*

   ii. *Count 2 – Attempt to cause / incite a girl 13 to 15 to engage in sexual activity – offender 18 or over – penetration, contrary to section 1(1) of the Criminal Attempts Act 1981;*

   iii. *Count 3 - Attempt to cause / incite a girl 13 to 15 to engage in sexual activity – offender 18 or over – penetration, contrary to section 1(1) of the Criminal Attempts Act 1981;*

   iv. *Count 4 – Arrange / facilitate commission of offence of sexual activity with child / cause / incite child to engage – penetration, contrary to section 14 of the Sexual Offences Act 2003;*

v. *Count 5 – Adult attempt to meet a girl under 16 years of age following grooming, contrary to section 1(1) of the Criminal Attempts Act 1981;*

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

Nature of the Recommended Disposal

11. *Upon the Registrant's admissions and upon the Council and Registrant agreeing to this recommendation, the parties jointly seek and recommend to the Committee that this matter is disposed of by a determination on the following basis:*

    i. *All of the particulars of the allegation are found proved;*

    ii. *That the Registrant's fitness to practise is impaired by reason of criminal convictions; and*

    iii. *The appropriate and proportionate sanction is erasure.*

Relevant Legislation:

12. *In accordance with rule 40(3) of the Rules, a memorandum of conviction from the Court is deemed to be conclusive evidence of a conviction:*

    'Production of a certificate purporting to be under the hand of a competent officer of a Court in the United Kingdom or overseas that a person has been convicted of a criminal offence or, in Scotland, an extract conviction, shall be conclusive evidence of the offence committed.'

13. *The procedure for principal hearings before the Fitness to Practice Committee is set out in Rule 46 of the Rules. This hearing is required to be conducted in four stages:*

    i. *Stage 1 – findings of fact;*

    ii. *Stage 2 – if the facts have been found proved, have the grounds of impairment alleged under section 13D of the Opticians Act 1989 ("the Act"), by reason of a criminal conviction, been established;*

    iii. *Stage 3 – if the grounds of impairment alleged under section 13D of the Act have been established, is the Registrant's fitness to practise so impaired; and*

    iv. *Stage 4 – if the Registrant's fitness to practise is impaired, what is the appropriate sanction, if any.*

Stage 1: Factual Findings

14. *The Registrant was convicted at Derby Crown Court on 5 January 2026 of attempting to engage in sexual communications with a child, attempting to cause/incite a girl 13 – 15 to engage in sexual activity (penetration) x 2, arranging/facilitating the commission of a child sex offence (penetration) and attempting to meet a girl under 16 following grooming.*

15. *In support of this allegation, the Council relies on the Certificate of Conviction.*

16. *It is therefore submitted that on the basis of the above evidence, findings of fact can be made out, notwithstanding that the Registrant admits the facts against him in their entirety.*

Stage 2 and 3: Conviction and Impairment

17. *The parties agree that the Registrant has been convicted of criminal offences which fall within the meaning of section 13D(2)(c) of the Act.*

Impairment

18. *The Committee is reminded that the purpose of Fitness to Practise proceedings is not to punish the Registrant for past wrongdoings but to protect the public from acts of those who are not fit for practice. The committee must look forward and not back. However, in order to form a view as to fitness to practise today, the committee will have to take account of the way in which Registrant has acted in the past: Meadow v GMC [2007] 1 All ER 1.*

19. *Guidance on these issues which the Committee may wish to take into account is contained at pages 22-23, paragraphs 13.1 to 13.8 of the "Hearings and Indicative Sanctions Guidance," July 2026 ("the Guidance").*

20. *The Committee will be aware of the volume of case law providing guidance on the considerations involved in determining impairment of fitness to practice. The Council bring the following to the Committee's attention:*

    The High Court in CHRE v (1) NMC and (2) Grant [2011] EWHC 927 (Admin), considered that an appropriate approach for panels considering impairment might be that which was formulated by Dame Janet Smith in the report to the Fifth Shipman Inquiry:

    "Do our findings of fact in respect of the doctor's misconduct, deficient professional performance, adverse health, conviction, caution, or determination show that his/her fitness to practice is impaired in the sense that s/he:

a. *has in the past acted and/or is liable in the future to act so as to put a patient or patients at unwarranted risk of harm; and/or*

b. *has in the past brought and/or is liable in the future to bring the medical profession into disrepute; and/or*

c. *has in the past breached and/or is liable in the future to breach one of the fundamental tenets of the medical profession; and/or*

d. *has in the past acted dishonestly and/or is liable to act dishonestly in the future."*

21. *It is agreed by the Registrant and Council that limbs a) to c) of the test are engaged in this case. The criminal convictions are such that the Registrant poses a significant risk of harm to child patients. Equally, his conduct has brought the profession into disrepute and is wholly incompatible with the fundamental tenets of the profession.*

22. *Silber, J set out guidance in Cohen v General Medical Council [2008] EWHC 581 (Admin) at paragraph 65:*

"It must be highly relevant in determining if a doctor's fitness to practice is impaired that first his or her conduct which led to the charge is easily remediable, second that it has been remedied and third that it is highly unlikely to be repeated."

23. *In Cheatle v General Medical Council [2009] EWHC 645 (Admin), Cranston J at paras [21-22] stated:*

"21. There is clear authority that in determining impairment of fitness to practice at the time of the hearing regard must be had to the way the person has acted or failed to act in the past...

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

24. *In Yeong v GMC [2009] Mr Justice Sales said (at Para 21):*

"It is a corollary of the test to be applied and of the principle that a FTPP is required to look forward rather than backward that a finding of misconduct in the past does not necessarily mean that there is impairment of fitness to practise - a point emphasised in Cohen and Zygmunt...in looking forward the FTPP is required to

take account of such matters as the insight of the practitioner into the source of his misconduct, and any remedial steps which have been taken and the risk of recurrence of such misconduct. It is required to have regard to evidence about matter that have arisen since the alleged misconduct occurred".

(At Para 48): "Miss Grey submitted that each of Cohen, Meadow and Azzam was concerned with misconduct by a doctor in the form of clinical errors and incompetence. In relation to such type of misconduct, the question of remedial action taken by the doctor to address his areas of weakness may be highly relevant to the question whether his fitness to practise is currently (i.e. at the time of consideration by a FTPP) impaired; but Miss Grey submitted that the position in relation to the principal misconduct by Dr Yeong in the present case (i.e. improperly crossing the patient/doctor boundary by entering into a sexual relationship with a patient) is very different. Where a FTPP considers that the case is one where the misconduct consists of violating such a fundamental rule of the professional relationship between medical practitioner and patient and thereby undermining public confidence to the medical profession, a finding of impairment of fitness to practise may be justified on the grounds that it is necessary to reaffirm clear standards of professional conduct so as to maintain public confidence in the practitioner and in the profession, in such a case, the efforts made by the medical practitioner in question to address his behaviour for the future may carry very much less weight than in the case where the misconduct consists of clinical errors or incompetence. I accept Miss Grey's submissions that the types of cases which were considered in Cohen, Meadow and Azzam fall to be distinguished from the present case on the basis she puts forward".

25. *When considering impairment, the Committee must have regard to public interest considerations. In PSA v Nursing and Midwifery Council (Grant) [2011] EWHC 927, the High Court said that, in deciding whether fitness to practise is impaired, the Committee should ask themselves:*

    "Not only whether the registrant continued to present a risk to members of the public, but whether the need to uphold proper professional standards and public confidence in the registrant and in the profession would be undermined if a finding of impairment of fitness to practise were not made in the circumstances of this case.

26. *The Registrant accepts that his fitness to practise is currently impaired, in that:*

    i. *he poses a significant risk of harm to the public, more specifically to child patients;*

    ii. *the nature and seriousness of this case are such that a finding of impairment is required to meet the wider public interest, notably to uphold proper professional standards and maintain public confidence in the profession.*

Stage 3: Sanction

27. *If a finding of impairment is made, the available sanctions are set out in section 13F (3)(a) – (c) and section H of the Act.*

28. *When deciding on sanction, the Committee should bear in mind that "orders made by the tribunal are not primarily punitive" (Bolton v Law Society [1994] 1 WLR 512, at para [519]). The first concern for the Committee is, however, public protection with the impact of a sanction on the Registrant being secondary (PSA v NMC [2015] EWHC 1887 (Admin)).*

29. *The Committee will be guided by to the Council's Hearings and Indicative Sanctions Guidance at paragraph 20.1 to 20.44 and 21.8.*

30. *The Committee should have proper regard to the Indicative Sanctions Guidance unless the Committee have sound reasons to depart from it – per Lindblom LJ in PSA v (1) HCPC (2) Doree [2017] EWCA Civ 319 at paragraph 29.*

31. *The Committee must have regard to the principle of proportionality. The principle requires that when considering what sanction to impose in order to fulfil the statutory over-arching objective, the Committee must take into consideration the interests of the Registrant, which may include the wider public interest in a competent optometrist being permitted to return to practice. The Committee should consider the sanctions available, starting with the least restrictive sanction available, judging whether that sanction will be sufficient to achieve the over-arching objective, and if it will not, moving on to consider the next least restrictive sanction.*

32. *In terms of mitigating features, it can be said that there has been no harm caused to any patient. Equally, the Registrant fully engaged with the criminal proceedings and pleaded guilty at the earliest opportunity. He has further engaged with the regulatory process and not sought to minimise his conduct.*

33. *Beyond the very serious nature of the sexual offending and risk of harm to child patients, there are no further aggravating features.*

34. *In respect of mitigating and aggravating factors, the Council notes the recent decision of the High Court in Ajana v NMC [2025] EWHC 3179 (Admin). The Council submits that mitigating and aggravating factors require a two-stage test. Firstly, the Committee should identify the relevant mitigating and aggravating factors. Secondly, the Panel should evaluate how much weight to give to these factors. The Council respectfully invites the Committee to reference these factors in its decision, even where those factors may have been given little weight.*

35. *The Registrant and Council agree that this matter is too serious to take no further action or to impose a fine on the Registrant. Equally, conditions of practice and suspension would be inappropriate given the nature and seriousness of the*

criminal convictions and risk of harm to child patients. Neither sanction would adequately address the risk nor meet the wider public interest.

36. *Having regard to the Council's Indicative Sanctions Guidance, the Council and the Registrant agree that the appropriate and proportionate sanction is erasure. The parties agree that the Registrant's conduct is fundamentally incompatible with registered practise and this sanction is appropriate and proportionate.*

37. *In accordance with the Guidance, erasure is likely to be appropriate when the behaviour is fundamentally incompatible with being a registered professional and involves (as applicable in this case):*

- *Serious departure from the relevant professional standards as set out in the Standards of Practice for registrants;*
- *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;*
- *Offences of a sexual nature, including involvement in child pornography;*

38. *Having regard to the Council's Indicative Sanctions Guidance, the Council and the Registrant agree that the appropriate and proportionate sanction is erasure. The parties agree that the Registrant's conduct is fundamentally incompatible with registered practise and this sanction is appropriate and proportionate. In confirmation of the agreement, the Registrant has signed this report at Annex A.*

Immediate Order

39. *The Council and the Registrant agree that, should the Committee accept the recommendation for disposal, it is appropriate to impose an immediate order as it is*

40. *The Council respectfully reserves the right to make further submissions orally at the hearing.*

PRINT REGISTRANT'S NAME: *Ajaykumar Patel*

SIGNATURE: *[Signed by the Registrant]*

DATE: *12 October 2026*

FURTHER INFORMATION
Transcript
A full transcript of the hearing will be made available for purchase in due course.
Appeal
Any appeal against an order of the Committee must be lodged with the relevant court within 28 days of the service of this notification. If no appeal is lodged, the order will take effect at the end of that period. The relevant court is shown at section 23G(4)(a)-(c) of the Opticians Act 1989 (as amended).
Professional Standards Authority
This decision will be reported to the Professional Standards Authority (PSA) under the provisions of section 29 of the NHS Reform and Healthcare Professions Act 2002. PSA may refer this case to the High Court of Justice in England and Wales, the Court of Session in Scotland or the High Court of Justice in Northern Ireland as appropriate if they decide that a decision has been insufficient to protect the public and/or should not have been made, and if they consider that referral is desirable for the protection of the public. Where a registrant can appeal against a decision, the Authority has 40 days beginning with the day which is the last day in which you can appeal. Where a registrant cannot appeal against the outcome of a hearing, the Authority's appeal period is 56 days beginning with the day in which notification of the decision was served on you. PSA will notify you promptly of a decision to refer. A letter will be sent by recorded delivery to your registered address (unless PSA has been notified by the GOC of a change of address). Further information about the PSA can be obtained from its website at www.professionalstandards.org.uk or by telephone on 020 7389 8030.
Effect of orders for suspension or erasure
To practise or carry on business as an optometrist or dispensing optician, to take or use a description which implies registration or entitlement to undertake any activity which the law restricts to a registered person, may amount to a criminal offence once an entry in the register has been suspended or erased.
Contact
If you require any further information, please contact the Council's Hearings Manager at Level 29, One Canada Square, London, E14 5AA or by telephone, on 020 7580 3898.