

FtP FOCUS

A focus on Fitness to Practise from the General Optical Council

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Dionne Spence
Director of Casework and Resolutions

Welcome to the third issue of our learning bulletin, FtP FOCUS.

This issue we are focusing on the role of Case Examiners and the Investigation Committee.

Our Head of Casework Operations will walk you through the process and we've included interviews with two registrant Case Examiners – an optometrist and a dispensing optician – and also with the lay chair of the Investigation Committee along with a registrant optometrist member.

You will get some insight into the Case Examiner decisions that have been made over the last few years and as always, we have included four anonymised case studies to walk you through some varied outcomes and provide some insight into how those decisions have been reached. I think you'll find those really interesting.

Over the next two issues we'll be taking you on the journey to a fitness to practise hearing. Substantive hearings are open to the public and if you are interested in viewing one, you can access a list of upcoming events on our [website](#), where you'll also find information on how you can attend.

Oh, and take a look [here](#) at our first 'Focus on FtP' webinar that we held back in March 2021. Thank you again for your continued interest and be sure to let us know what you think about this issue, the webinar or, anything you might like to know more about. Your feedback is really important to us so drop us a line at focus@optical.org.

Enjoy the read!

Dionne

In this issue:

FtP Case Progression Stages	2
Interview with Keith Watts, Head of Casework Operations	3
Interview with two of our Case Examiners	5
Case Examiners Numbers	6
Introduction to Investigation Committee	7
Case Examiners Case Studies	9

FtP Case Progression Stages



Triage



Investigation



Case Examiners



FtP Committee

Case Examiner Decision – Stage three of the case progression process

Following on from our last issue where we explored the investigation stage of the process, once we have received representations from the registrant and comments from the complainant, the case is then sent to our independent Case Examiners to consider whether the case should be closed or referred to the Fitness to Practise Committee (FtPC).

The Case Examiners will consider the documented information before them and jointly make a decision about the case. The Act and the Rules also requires Case Examiners when assessing a case, to consider risk and to direct us to refer the case to the Fitness to Practise Committee (FtPC) for Interim Order consideration if appropriate.

All cases are considered by two Case Examiners. One Case Examiner must be a registrant (an optometrist or a dispensing optician) and the other must be a Lay person (non-registrant). Both Case Examiners work together to agree a decision.

By applying what is known as the realistic prospect test, our Case Examiners will decide what action to take in relation to each complaint. It is not the role of the Case Examiners to decide whether or not a registrant's fitness to practise is impaired – that is a decision for the FtPC to make (FtPC will be explored in the next issue of FtP FOCUS)

Case Examiners can decide to:

- Close the case with no further action
- Close the case with advice for the registrant
- Close the case and issue a non-public warning
- Refer the case for a full hearing before the Fitness to Practise Committee
- Adjourn the case for further information, or for a health or performance assessment.

If Case Examiners are unable to reach an agreed decision, the case must be referred to the Investigation Committee. (We will have a look in more detail at the Investigation Committee later in this bulletin)

Interview with Head of Casework Operations:



Keith Watts

Case Examiners play an integral part in our Fitness to Practise process. Since 2014, a team of Case Examiners have been involved in many of our decisions. Head of Casework Operations, Keith Watts tells us more about our Case Examiners.

1. Tell us more about the GOC Case Examiners, and how they work.

The GOC introduced Case Examiners in April 2014 at the time the Fitness to Practise Rules 2013 were implemented. Case Examiners inherited most of the functions that were previously undertaken by the Investigation Committee.

We are fortunate at the GOC to have a team of experienced Case Examiners – nine registrant Case Examiners and seven lay Case Examiners - all of whom have been undertaking GOC Case Examiner decision-making for at least six years. Eight of our registrant Case Examiners are optometrists, and one is a dispensing optician. This reflects the much lower number of clinical allegations we investigate relating to dispensing opticians.

Our Case Examiners have always worked remotely, undertaking Case Examiner work in addition to their 'day jobs' and/or other decision-making roles.

The Case Examiners have equal responsibility when it comes to decision-making, regardless of whether it is a clinical or non-clinical allegation.

2. How are cases allocated?

Case Examiners are allocated in pairs to cases. These are not fixed pairings; they work with different colleagues all the time. Cases are allocated according to several factors, including:

- Registrant type – for example, if the case relates to sight testing, then the registrant Case Examiner must be an optometrist.
- Avoiding known conflicts - for example, we would not allocate a case to a Case Examiner who is employed by the same company as the registrant.
- Availability.

3. How do you manage potential Case Examiner conflicts?

Case Examiners have been trained to identify where they might be conflicted and/or where there may be the potential for a perception of bias to exist.

Going back to the example above, if we inadvertently allocate a case to a registrant Case Examiner who works for the same company as the registrant, the Case Examiner is expected to declare this immediately as a conflict. Likewise, if either of the Case Examiners has previous knowledge of any of the parties to a case, they must declare this and I will decide whether the potential for actual or perceived bias exists. Not all declarations will result in a decision that the Case Examiner is conflicted, but we have a good-sized pool of Case Examiners, so I adopt a low-risk approach and re-allocate cases where there is any doubt.

4. How do you ensure the quality of Case Examiner decision-making?

We do this through a combination of three things:

1. Induction and ongoing training.
2. An annual independent audit of decisions – every year an independent auditor undertakes a random review of a sample of higher-risk decisions (for example, decisions made by Case Examiners to close a case) and provides a detailed report to the GOC detailing learning points arising from the audit.
3. Quality assurance of decisions – our Legal team reads all Case Examiner decisions before they are released. This is a high-level review to ensure that Case Examiner guidance, and the law, has been appropriately applied, and to identify potential areas where refresher training may be required. These reviews – and the audit of decisions – also feed into the Case Examiner appraisal process.

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5. Tell us about the training that Case Examiners receive?

Experience on its own is not enough. Fitness to practise is an ever-evolving process and case law changes regularly, so ongoing training is a vital part of the support that we give to our Case Examiners.

When first appointed, Case Examiners go through an intensive induction training process, mostly delivered by an external lawyer, and we supplement this with an annual joint training day for Case Examiners and Investigation Committee members.

At the training day in November 2020, topics covered included an update on FtP case law, and refresher sessions on identifying potential conflicts of interest, and managing cases where registrants have made declarations.

Our independent auditor of FtP decisions also attends annual training to talk through the learning points that flow from the annual audit of FtP decisions.

6. Finally, what should registrants do if they are interested in becoming a Case Examiner?

We are not currently recruiting Case Examiners as we have sufficient to comfortably manage our reduced investigation caseload. However, if anyone is interested in the role, I recommend that they keep an eye on the [‘working for us’](#) section of our website and read emails and bulletins from the GOC as we would advertise Case Examiner vacancies to all registrants.

Interview with Case Examiners:



Lesley Carrodus



Lesley Reid

For this issue of FtP FOCUS, we spoke with Lesley Carrodus and Lesley Reid to give our readers some more insight into the role of a Case Examiner. Lesley Reid is a qualified Dispensing Optician who works as a Director and Dispensing Optician in North Kent and Lesley Carrodus has been a qualified Optometrist for over 20 years.

1. How long have you been Case Examiners and what drew you to the role?

We both started as Case Examiners in 2014 when the role was first created.

Lesley R – The responsibilities of the GOC Fitness to Practise department were something I had very little previous knowledge of, and when I saw the advertisement for the role of Case Examiner I was intrigued. I felt it would be incredibly interesting to learn and understand the process and use my experience as a branch manager, where for many years I had been involved in dealing with complaints and various HR issues.

I enjoy using my 30 plus year experience of working as a dispensing optician, to make balanced and fair decisions based on the evidence presented. But I also I feel that it has helped me develop my own skills to ensure that I provide the very best service to my patients in practice.

Lesley C – Having worked as an optometrist across a wide variety of patient-facing roles, I was interested to understand more about how the optical sector worked and who was making decisions for the profession. I had little knowledge of what the GOC's role was.

The role of Case Examiner is absolutely fascinating as you never know what your next case will involve. It has allowed me a rare insight into the inner workings, processes and management across the whole optical sector. It has certainly changed the way I work in practice, most notably in improved communication with patients and record keeping.

2. How would you describe your responsibilities as Case Examiners?

Joint response – As Case Examiners we have a responsibility to members of the public and to registrants. We help ensure that the public are protected, standards are maintained and that there is confidence in the profession.

We will carefully consider all the evidence provided to us which will include details of the original complaint or in some cases the self-referral by the registrant. Other information made available to us can include copies of patient records, hospital or GP records, information from employers and occasionally details from the police.

The registrant will have had full access to all the documents that we see and will usually have provided representations regarding the matters under consideration. These representations can provide further evidence to support a registrant and can help us to understand matters from their point of view. They can also be used to demonstrate any insight or learning which has since been undertaken.

It is also important to note that as Case Examiners we are limited to the documents before us and as such as are not able to decide on matters that are disputed or where there is a conflict of evidence. If serious, these matters would need to be decided upon by the Fitness to Practise Committee.

3. What type of cases do you review and what do you look for when making decisions?

Joint response – All sorts! Ranging from clinical complaints from patients or referrals from an employer regarding disciplinary concerns, to criminal matters. The range of cases that we consider really is very wide and no two cases are ever the same.

We look for firm facts and clear evidence. We need to ensure that we have enough material from the investigation to be able to make a clear decision and if not, we use our powers to adjourn seeking more information. Most importantly we need to ensure that we are fair to all involved.

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We are considering whether the alleged matters are capable of being proven, and if they are then we consider if this means that action may be required against the registrant's registration. This is known as the realistic prospect test and is a fundamental part of what we are asked to do.

4. What type of cases have you found to be the most challenging and why?

Joint response – Challenging cases can include those where the registrant, whether as an individual or as a business, does not engage with the process. We always want to be fair and understand matters from different viewpoints to ensure an appropriate outcome.

We fully understand that mistakes and errors can occur, we are all human after all! However, it is important that we accept when things have gone wrong, then we can learn and takes steps to ensure that certain matters are unlikely to be repeated.

5. What advice would you give to a registrant who is subject to an investigation?

Joint response – Engage with the process and ask for help!

Very few people will understand the procedures in detail, and it can be a very stressful experience. Everyone at the GOC is aware of how difficult the process is but we have to ensure that legal procedures are followed, and this can take some time. Use your professional associations for advice and ensure that you respond in a timely fashion. Be open, honest and transparent, as we all want the investigation dealt with as fairly as possible.

6. Do you have any advice for registrants in general?

Joint response – It won't surprise anyone if we say to ensure that your records are comprehensive and legible – they are your point of reference and please do not be tempted to alter anything at a later date unless you annotate it and make it clear why you are doing so!

Registrants sometimes fail to declare convictions, especially those dealt with by the Single Justice Procedure – where you do not actually go to court but the offence is still considered by a magistrate. If in doubt, ask for advice from the GOC or your professional body but don't just ignore it.

Case Examiners Numbers

The table below shows the number of decisions made by our Case Examiners over the past four years:

	2017-18	2018-19	2019-20	2020-21
No Further Action	104 (43%)	118 (49%)	137 (54%)	53 (45%)
No Further Action (Advice)	24 (10%)	37 (15%)	22 (9%)	12 (10%)
Warning	35 (15%)	34 (14%)	37 (15%)	16 (14%)
FtPC	57 (24%)	39 (16%)	58 (23%)	37 (31%)
Total of Substantive Decisions	240	241	254	118
Could Not Agree	0	0	0	0
Refer Investigation Committee – Performance Assessment	0	1	0	0
Refer Investigation Committee – Health Assessment	0	5	1	0
Total all decisions (inc interim decisions)	273	333	313	*118

* The significant reduction in the number of decisions made in 2020-21 is due to the reduction in our investigation caseload, following the implementation of Acceptance Criteria in 2019 (see issue one of FtP FOCUS).

Introduction to Investigation Committee



Juliet Oliver



Richard Greenwood

Where Case Examiners are unable to unanimously reach a decision or require a health or performance assessment, the case is referred to the Investigation Committee. In this issue, the lay Chair of the Investigation Committee, Juliet Oliver, and registrant member Richard Greenwood, tell us more about their roles.

1. What is the Investigation Committee (IC)? What type of cases do you review and what do you look for when making decisions?

Richard – The Investigation Committee is a committee made up of a combination of registrants with a mix of qualifications and lay members who have experience in regulation, law or medicine. The cases we review are referred by Case Examiners when they either need more information to understand the situation better or they are unable to reach a decision. The Investigation Committee is the committee that decides whether further investigation is needed by way of a health or performance assessment.

Juliet – A health assessment involves the GOC obtaining an opinion from a qualified medical practitioner(s) about the relevant aspect of the registrant's health to identify whether this is of a nature or degree that it is likely to impact on their fitness to practise. A performance assessment allows the GOC to gather evidence where there is a suggestion that the registrant may be falling below standards in a certain area of practice, such as record keeping, or conducting adequate sight tests. This involves appropriately qualified assessors attending the registrant's place of work and reviewing a sample of case records and observing patient examinations.

2. How long have you been members of the IC and what drew you to the role?

Richard – I have been a member of the Investigation Committee since December 2015. During 2005 I was on the receiving end of a complaint that was investigated by the GOC which was closed with no further action. The experience made me want to get involved in understanding and resolving complaints. I worked in this area for a number of years alongside my main role as an Optometrist for two companies. The opportunity to work in a GOC role gave me a chance to help make fair, proportionate, and well-reasoned decisions for all involved.

Juliet – I became a member in 2017 and Chair in 2018. My background is as a regulatory lawyer, working in the medical and legal professions amongst others. I enjoy working with colleagues with a wide variety of backgrounds and experience, and I wanted to use my experience in a new area and learn more about the optical professions. I find the work interesting, and the sometimes difficult task of balancing the rights of practitioners with the protection of patients, hugely important. I am motivated by making sure this is done properly, fairly, and sensitively.

3. How would you describe your responsibilities as IC members?

Richard – Each member of the Investigation Committee has the responsibility to read, understand and analyse the documents gathered by the Investigations Officer prior to a case meeting.

The diverse nature of the Investigation Committee members means that we draw on the range of experience and knowledge of the group. As one of the registrants on the committee it may be my responsibility to explain clinical terms, their relevance, and any appropriate guidance.

We always have a full discussion about the case, with each member participating and expressing their view. We explore the case documents and any clinical or legal issues, drawing on guidance from an independent legal advisor as required. We then come to a collective decision, and while the rules provide for a simple majority decision, in practice we work to achieve a consensus as much as possible.

4. What type of cases have you found the most challenging and why?

Juliet – We are trained to be balanced when considering a registrant's actions against relevant legislation and regulatory standards, bearing in mind how we consider a reasonably competent optometrist would have acted in the same circumstances. We appreciate that every case and situation is different and review each case on an individual basis.

We review each case on its own individual facts and need to appreciate that every situation is different; however to achieve consistency in how we approach all cases that we consider. To do so we balance the registrant's actions, and their rights and interests, against the relevant legislation and GOC standards. Where appropriate we will bear in mind how a reasonably competent optometrist would have acted in the circumstances. The experience we have gathered during our time on the committee and handling cases for the GOC have helped us to do this.

By their nature, the cases we consider will generally require further information about the registrant's health or performance. However, we also need to be sure that we have sufficient information to carry out our role and, where we do not, we will hold off and request further information before making our decision.

5. What would you advise a registrant who is subject to an investigation?

Juliet – To engage fully in the process! It really does help us to make better decisions when we hear from the registrant and are able to understand their views and version of events. And a constructive dialogue helps us to have confidence in the way the registrant will approach problems in their practice.

And I would recommend getting advice: the legal process can be quite intimidating, so it helps to have someone to navigate that for you, and to give you an informed, objective perspective. It is also important to talk to people about what you are going through and to get support at what will inevitably be a stressful time.

6. Do you have any general advice for our registrants?

Richard – Firstly, to understand and take responsibility for your own development. As the optical sector changes and diversifies it will become increasingly challenging to be an expert in the full breadth of practise. It is important to understand your own limitations and seek out opportunities to develop them.

Secondly, I would echo the experience of others within the GOC that communication is often a common thread within many cases. Development in this area does not need to be limited to lectures and CET. It can be invaluable to seek feedback on communication directly from peers, colleagues, and patients.

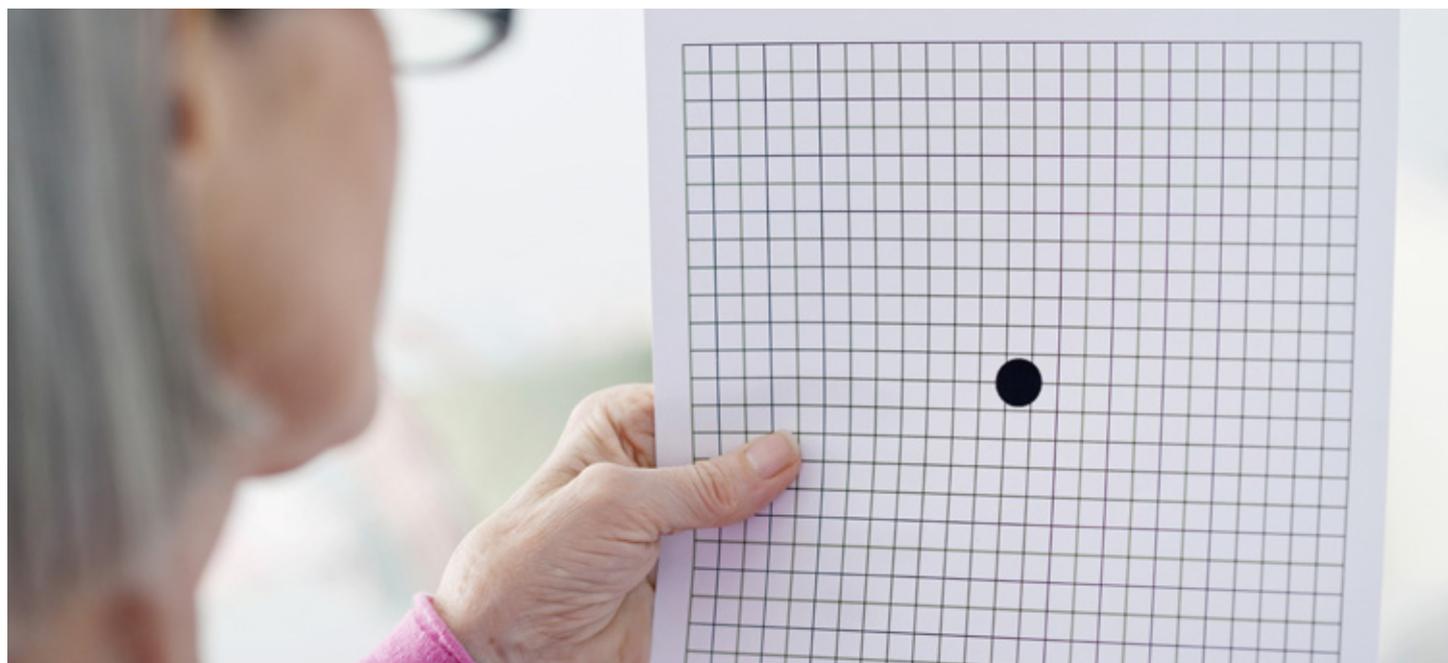
Investigation Case Studies

We have selected four case studies which following our investigation* process, were then considered by our Case Examiners.

To preserve confidentiality, the case studies have been anonymised and modified. Only the key points of the referrals are noted.

**For more information on the investigation stage of the FtP process, see [the second edition of FtP FOCUS](#).*

Case Study #1



Complaint from Patient B**

I noticed something was wrong with my vision, so I went to get my eyes checked. The optometrist detected dry Age-related Macular Degeneration (AMD) in my right eye and reassured me, telling me that I had signs of this at my previous sight test as well. He advised that I should monitor my vision using an Amsler grid. The optometrist also told me that I should return to the practice immediately if there is any change in distortion of the lines on the grid, or if I notice a sudden loss in vision, otherwise in 12 months' time if there is no change.

My sight got worse around four months later, so I attended a different practice. The optometrist there referred me to hospital where I was diagnosed with wet AMD which required prompt treatment. I want to know why my optometrist missed this and did not refer me at my initial sight test.

***This case study continues on from case study #3 in the first FtP FOCUS bulletin on the triage stage and case study #1 in the second FtP FOCUS bulletin on the investigation stage.*

Standards for Optometrists and Dispensing Opticians

- 5. Keep your knowledge and skills up to date.
- 6.2 Be able to identify when you need to refer a patient in the interests of the patient's health and safety and make appropriate referrals.
- 7. Conduct appropriate assessments, examinations, treatments and referrals.
- 7.1 Conduct an adequate assessment for the purposes of the optical consultation, including where necessary any relevant medical, family and social history of the patient. This may include current symptoms, personal beliefs or cultural factors.
- 7.2 Provide or arrange any further examinations, advice, investigations or treatment if required for your patient. This should be done in a timescale that does not compromise patient safety and care.

Standards for Optical Businesses

- 3.2.5. Makes staff aware that they must only work within the limits of their competence, and takes appropriate action where they do not.
- 3.4.1 Supports its staff in making referrals and ensures that they only make referrals when appropriate and clinically justified.

Case Examiner : What was considered

The concerns considered by Case Examiners centred around the registrant's clinical management of Patient B, including an alleged failure to refer them to the Hospital Eye Service (HES) for further investigation.

Realistic Prospect Test

In considering part one of the realistic prospect test (*see below for explanation of the test), Case Examiners reviewed all the evidence and noted that the registrant admitted that as there were signs of late AMD with new symptoms, the patient should have been referred for further investigation. It was also identified from the patient's records that there was a change in visual acuity, OCT and evidence of worsening symptoms in Patient B. They therefore agreed that the allegations passed the first limb of the test.

In considering part two of the realistic prospect test, the Case Examiners noted from the registrant's representations that the registrant's Continued Education and Training (CET) record included CET on Optical Coherence Tomography (OCT) and medical retina and that the registrant had since shadowed a medical retina consultant ophthalmologist. The Case Examiners decided that due to the reflections and subsequent insight developed by the registrant since the incident, there was not a realistic prospect of a finding that the registrant's fitness to practise was currently impaired. The matter did not pass the second limb of the realistic prospect test.

Outcome: Closed with No Further Action

Within the registrant's representations, they admitted all the allegations.

The Case Examiners reviewed all the evidence and concluded that this was a one-off isolated incident. They noted that since the sight test, the registrant had actively tried to improve their knowledge regarding wet (active) AMD by way of targeted CET courses and by shadowing an ophthalmologist in macula clinics.

Reflections:

- Are you confident in your ability to distinguish between dry (early) and wet (active) AMD based on symptoms and clinical findings?
- Do you ensure you have obtained an adequate view of the macula? If not, what would you do?
- What do you do to keep your knowledge and skills up to date?
- When unsure of your findings, what do you do?
- Do you give appropriate advice to patients, including prognosis, management of risk factors, dietary advice, and self-monitoring for disease progression?

**When considering whether an allegation ought to be referred to the FtPC, Case Examiners ask themselves if there is a realistic prospect of establishing that the registrant's fitness to practise is impaired to a degree that justifies action being taken against their registration.*

The realistic prospect test is a two-part test involving consideration of two issues:

Is there a realistic prospect of being able to prove the facts alleged against the registrant, if the allegation is referred to the FtPC; and

If the alleged facts are proved, are they so significant as to indicate that the registrant's fitness to practise is or may be impaired to a degree that justifies action being taken against their registration?

Case Study #2



Complaint from Patient C

I had been attending the practice on several occasions between 2011 and 2016. In 2016, I visited the practice for a routine sight test and was advised by the optician that my prescription had changed so I ordered new glasses.

In 2018, I attended a sight test at another optical practice as I had noticed a change in my vision and my glasses were not helping whilst I was driving. At this sight test, the optician was unable to achieve an accurate eye reading in my right eye and was concerned that the vision in my right eye was reduced compared to the left. I became very worried and thought my vision had seriously deteriorated. The optician was so concerned that I had not been referred sooner that she phoned the hospital, and an appointment was made for me to see a consultant the following day.

At the hospital, I was seen by a senior consultant who confirmed that I had advanced keratoconus. I needed to have cross-linking on the left eye to prevent the condition getting worse. However, in the right eye the treatment was no longer an option as it had progressed too far. The consultant confirmed that had the referral been done sooner the cross linking would have been possible. As I'm sure you can imagine, I was very distressed as well as angry to hear this.

I now must wear complex contact lenses and will most likely need a corneal graft in the future.

***This case study continues on from [case study #3](#) in the second FtP Focus bulletin on the investigation stage.*

Standards for Optometrists and Dispensing Opticians

- 7.1 Conduct an adequate assessment for the purpose of the optical consultation, including where necessary any relevant medical, family and social history of the patient. This may include current symptoms, personal beliefs or cultural factors.
- 7.2 Provide or arrange any further examinations, advice, investigations or treatment if required for your patient. This should be done in a timescale that does not compromise patient safety and care.
- 8. Maintain adequate patient records.
- 8.1 Maintain clear, legible, and contemporaneous patient records, which are accessible for all those involved in the patient's care.
- 16 Be honest and trustworthy

Standards for Optical Businesses

- 2.2.3 Ensures that all data is obtained, processed, stored and destroyed in a manner compliant with the law.
- 3.4.5 Supports its staff to keep patient records that are clear, legible, contemporaneous and sufficiently detailed to be accessible to another healthcare professional.

Case Examiner : What was considered

The concerns considered by Case Examiners centred around the registrant's alleged failure to detect signs of keratoconus in Patient C, and an associated allegation relating to record keeping and the dishonest amendment of patient records.

Realistic Prospect Test

In considering part one of the realistic prospect test, the Case Examiners reviewed all the evidence provided and agreed that the Registrant had failed in their duty to act on clinical indications to monitor, detect and/or measure signs of keratoconus in Patient C, especially as no referral was made. Case Examiners agreed therefore that there was a realistic prospect of the allegations being found proven by the FtPC. Additionally, the alleged failure to record a proposed management plan for suspected keratoconus (which was admitted by the registrant)

When considering part two of the realistic prospect test the Case Examiners noted that although the concerns related to a single patient case, the patient was seen on several occasions between 2011 and 2016 and they decided that the registrant's alleged conduct was so serious that it crossed the threshold for serious professional misconduct. The added element of dishonesty also amounted to professional misconduct which is a fundamental breach of both the Codes of Conduct and the Standards of Practice for Optometrists and Dispensing Opticians.

The Case Examiners concluded that, given the admitted clinical failings and admitted dishonesty, there was a realistic prospect of a finding that the registrant's fitness to practise was currently impaired to a degree that justified action being taken against his registration.

Outcome: Referred to the Fitness to Practise Committee

In the registrant's representations, they admitted they did not advise Patient A on suspected signs of keratoconus and did not make a routine referral.

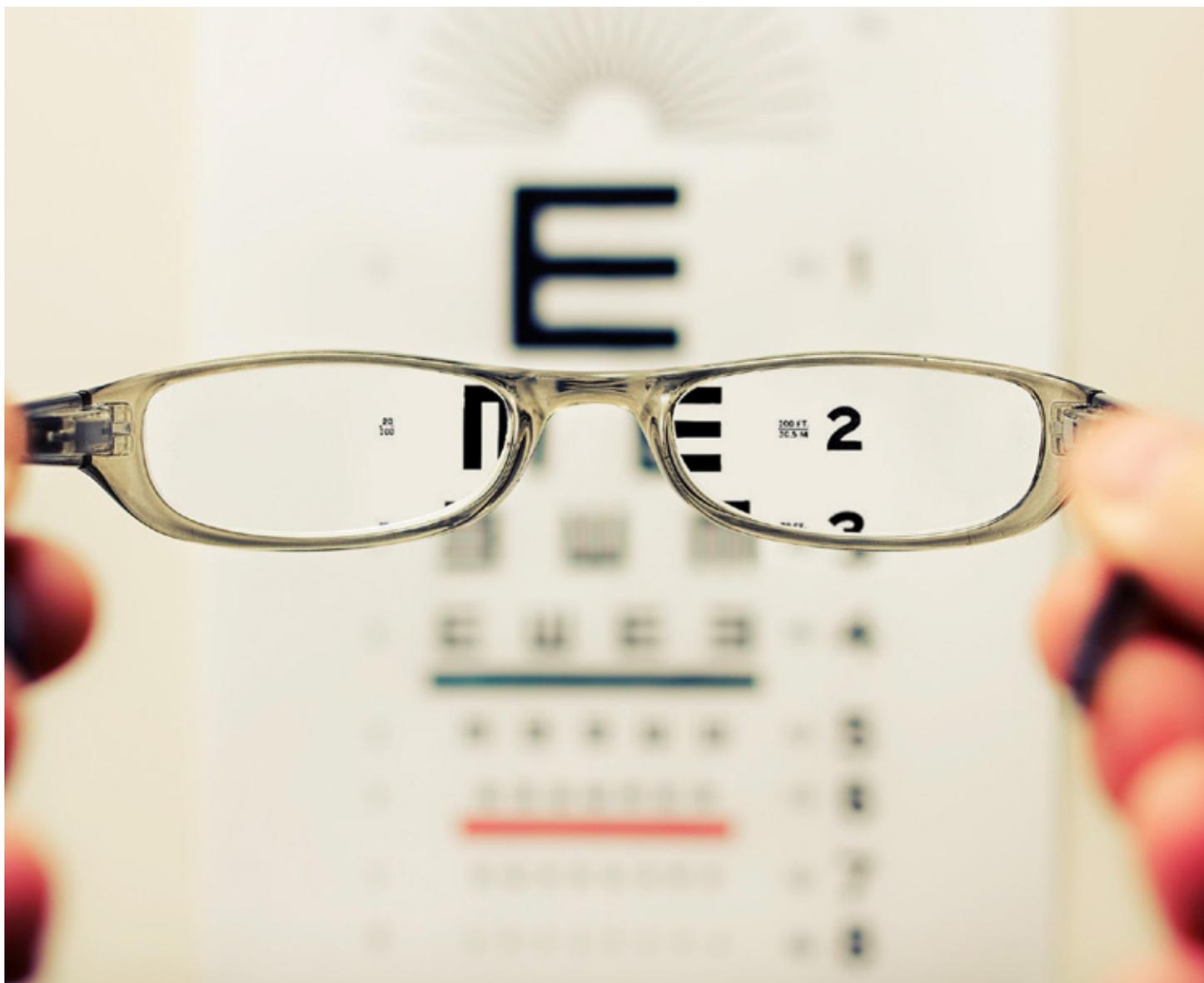
The Case Examiners considered the registrant's admissions in respect of the alleged clinical failings, including a repeated failure to refer Patient C, and with the added element of alleged dishonesty, they decided the case should be referred to the Fitness to Practise Committee.

The outcome of the FtPC hearing will be explored in the FtPC issue of FtP FOCUS

Reflections:

- Are you confident in your ability to manage keratoconus including when to refer?
- Are you aware of the different management options for keratoconus including their impact on disease progression and visual outcomes for patients?
- Do you ensure that you keep your knowledge and skills up to date?
- When unsure of your findings, what do you do?

Case Study #3



Referral from GOC

The GOC were informed that the registrant undertook restricted duties without appropriate supervision. The GOC were advised that following a witness statement from Ms B that the registrant whilst unsupervised did not inform the Association of British Dispensing Opticians (ABDO) that they did not have an appropriate supervisor and on more than one occasion submitted case record forms which incorrectly represented that they had been appropriately supervised.

Whilst the investigation was ongoing, the Fitness to Practise Committee (FtPC) imposed an Interim Suspension Order for a period of 12 months which was later revoked and replaced with a Conditions of Practice Order.

Standards of Practice for Optical Students

- 8. Ensure that supervision is undertaken appropriately and complies with the law
- 9. Work collaboratively with your peers, tutors, supervisors or other colleagues in the interests of patients
- 16. Do not damage the reputation of your profession through your conduct
- 18. Be candid when things have gone wrong

Case Examiner: What was considered

The concerns considered by Case Examiners centred around the registrant's failure to inform ABDO that they did not have an appropriate supervisor along with failure to make alternative arrangements for appropriate supervision and submitting case record forms to ABDO which incorrectly represented that they had been appropriately supervised.

Realistic Prospect Test

In considering part one of the realistic prospect test, Case Examiners reviewed all the evidence and noted that the registrant had admitted that they had been working unsupervised since their supervisor had been removed from the register in April 2016.

The Case Examiners also note in response to having appropriate supervision in place up to October 2016, the registrant repeatedly explained they had made errors with the dates within their Pre – Qualification Portfolio (PQP) folder however given the notes were handwritten an accurate audit trail cannot be sought. Therefore, the first stage of the realistic prospect test is satisfied.

In considering part two of the realistic prospect test, the Case Examiners were of the view that if the facts of the allegations were found to be proved they were so significant to indicate that the registrant's fitness to practise is or may be impaired to a degree that justifies action being taken against their registration.

Outcome: Referred to the Fitness to Practise Committee

The Case Examiners agreed that there was a realistic prospect of establishing that the registrant's fitness to practise is impaired to a degree that justifies action being taken against their registration and that this allegation as a whole ought to be referred to the Fitness to Practise Committee.

The outcome of the FtPC hearing will be explored in the FtPC issue of FtP FOCUS

Reflections:

- Do you ensure that you have appropriate supervision in place when dispensing?
- Are you aware of the requirements for supervision before carrying out restricted duties?
- Within your role, are you aware of what duties are restricted and what requires supervision?
- How would you manage a child patient waiting to be dispensed in the absence of your supervisor?
- Do you ensure that your records are contemporaneous and accurate?

Case Study #4



Complaint from Patient E

I attended an optical practice for an emergency appointment as I had woken up with central vision loss in my left eye. I was seen by an optician who conducted a sight test, OCT scan and visual fields test. I struggled with the fields testing of my left eye however the optician suspected a visual migraine, recommended painkillers, and suggested I see my GP if my vision did not improve.

My vision continued to deteriorate and when I attended the practice again to collect my new prescription glasses, I complained that my vision had not improved and was re-examined. The examination and a second OCT scan identified a raised area in my left eye, and I was urgently referred to the hospital where I was diagnosed with having a branch retinal arterial occlusion resulting in a cotton wool spot.

Standards for Optometrists and Dispensing Opticians

- 5 Keep your knowledge and skills up to date;
- 6 Recognise, and work within, your limits of competence;
- 7 Conduct appropriate assessments, examinations, treatments and referrals;
- 17.1 Ensure your conduct, whether or not connected to your professional practice, does not damage public confidence in you or your profession.

Case Examiner: What was considered

The concerns considered by the Case Examiners centred around the registrant's potential failure to detect retinal pathology in Patient E's left eye, and a subsequent failure to make an urgent referral to the Hospital Eye Service.

Realistic Prospect Test

When considering part one of the realistic prospect test and reviewing the patient records and fundus photographs, the Case Examiners agreed that there was sufficient evidence to suggest that the registrant failed to detect signs of a Branch Retinal Occlusion (BRAO) in Patient E and, given that the registrant had admitted all allegations, there was a realistic prospect test of all allegations being found proven by the FtPC if referred.

For the second limb of the realistic prospect test, the Case Examiners note that although this was a single patient and single incident, undertaking all appropriate or indicated clinical investigations and interpreting and managing the results of these is essential to good practice and the provision of safe and effective care. They also considered the seriousness of failing to detect clinically significant, clear and corresponding signs on OCT scans and fundus photographs. In conclusion, the Case Examiners found that there was a realistic prospect that, if the alleged facts were proved, the FtPC would find the alleged failures to be particularly grave and that the registrant's fitness to practice was currently impaired.

Outcome: Referred to the Fitness to Practise Committee

Having considered the registrant's admissions in respect of the alleged clinical failings, the Case Examiners decided that the case should be referred to the Fitness to Practise Committee.

The outcome of the FtPC hearing will be explored in the FtPC issue of FtP FOCUS

Reflections:

- Are you confident in your ability to detect and manage signs of branch retinal occlusion?
- Do you ensure that you keep your knowledge and skills up to date?
- When unsure of your findings, what do you do?

Useful Contacts:

Association of British Dispensing Opticians

ABDO are a representative membership organisation for dispensing opticians, currently representing over 6,350 qualified dispensing opticians in the UK.

ABDO College

ABDO College provides programmes leading to professional qualifications awarded by the Association of British Dispensing Opticians.

Association of Contact Lens Manufacturers

Established to publicise the work of UK manufacturers, ACLM represents over 95% of all prescription contact lens care products in the UK.

Association of Optometrists

The AOP are a representative membership organisation for optometrists, currently supporting over 82% of practising optometrists in the UK.

British Contact Lens Association

BCLA is a membership organisation that seeks to provide members with access to training and relevant information as well as the opportunity to communicate with others involved with contact lenses, whatever their role.

The College of Optometrists

The College is the professional body for optometrists. It qualifies the profession and delivers the guidance, development and training to ensure optometrists provide the best possible care.

Federation of Ophthalmic and Dispensing Opticians

FODO is a representative membership organisation for eye care providers working in primary and community care settings in the UK and Republic of Ireland.

Optical Consumers Complaints Service

The OCCS is an independent and free mediation service for consumers (patients) of optical care and the professionals providing that care. The service is funded by the General Optical Council who regulate optometrists and dispensing opticians.

We hope you have enjoyed this issue of FtP FOCUS. Issue 4 is on 'the road to a hearing'. Issue 5 is on the FtPC.

If you have any questions about the process or feedback, please feel free to get in touch with us at: focus@optical.org

Read our previous [FtP FOCUS bulletins on the triage stage and investigation stage.](#)

Contact us at:

focus@optical.org

www.optical.org

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