Dental Professionals Hearings Service

PUBLIC HEARING

Professional Conduct Committee
Initial Hearing

10 – 20 November 2025

Name:	BLACK, John
Registration number:	74613
Case number:	CAS- 202763-T0V1M7

General Dental Council:	Christopher Sykes of Counsel Instructed by Carly Smith of ILPS
Registrant:	Present Represented by Kevin McCartney of Counsel Instructed by Alistair Wilson of Tughans

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Fitness to practise:	Impaired by reason of misconduct
Outcome:	Suspension (with a review)
Duration:	Three months
Immediate order:	n/a

Committee members:	Gaon Hart	(Chair, lay member)
	Nosheen Kabal	(Dental Care Professional member)
	Janhvi Amin	(Dentist member)
Legal adviser:	Alain Gogarty	
Committee Secretary:	Paul Carson	(10 – 18 November 2025)
	Sara Page	(19 and 20 November 2025)

CHARGE (as amended)

John Charles BLACK, a dentist, BDS Queen's University of Belfast 1998, is summoned to appear before the Professional Conduct Committee on 10 November 2025 for an inquiry into the following charge:

Index to Heads of Charge:-

Parts	Description
Part A	'Individual Patient' failings (advanced conscious sedation) Patients 1,2,3,4,5,6,7,8,9,11,12,13,15
Part B	'All Patients' failings (advanced conscious sedation) Patients 1,2,3,4,5,6,7,8,9,11,12,13,15, J
Part C	Clinical failings Patients A, B, F, G, H, I, J, K, L, M, N, O, P, Q, R, S and T

Part A - Individual patient failings

Patient 1

1. *You administered advanced sedation as follows:*
    1.1. *Fentanyl (100mcg) and Midazolam (10mg) on 17 February 2017.*

2. *You failed to record having done one or more of the following actions at the appointment under Charge 1.1:*

    2.1. *Take an updated medical history;*
    2.2. *Assess whether advanced sedation was the most appropriate method of managing pain or anxiety, as opposed to other methods;*
    2.3. *Assess their ASA score;*
    2.4. *Provide pre-sedation information and/or instructions;*
    2.5. *Conduct a pre-sedation assessment of their suitability for sedation;*
    2.6. *Monitor their response to sedation including with regards to blood pressure, pulse, and/or oxygen saturation at appropriate intervals before, during and/or after sedation;*
    2.7. *Monitor clinical parameters (including respiration, skin colour, depth of sedation) at appropriate intervals before, during and/or after sedation;*
    2.8. *Assess whether they met the criteria for safe discharge; and/or*
    2.9. *When sedation began and/or ended.*

Patient 2

1. *You administered advanced sedation as follows:*

    1.1. *Fentanyl (100mcg) and Midazolam (10mg) on 27 October 2016;*
    1.2. *Fentanyl (100mcg) and Midazolam (10mg) on 6 August 2018.*

2. *You failed to record having done one or more of the following actions at the appointments under Charges 1.1 and/or 1.2:*

    2.1. *Take an updated medical history;*
    2.2. *Assess whether sedation and/or advanced sedation was the most appropriate method of managing pain or anxiety, as opposed to other methods;*
    2.3. *Assess their ASA score;*
    2.4. *Provide pre-sedation information and/or instructions;*
    2.5. *Conduct a pre-sedation assessment of their suitability for sedation;*
    2.6. *Monitor their response to sedation including with regards to blood pressure, pulse, and/or oxygen saturation at appropriate intervals before, during and/or after sedation;*
    2.7. *Monitor clinical parameters (including respiration, skin colour, depth of sedation) at appropriate intervals before, during and/or after sedation;*
    2.8. *Assess whether they met the criteria for safe discharge; and/or*
    2.9. *When sedation began and/or ended.*

Patient 3

1. *You administered advanced sedation as follows:*

    1.1. *Fentanyl (100mcg) and Midazolam (5mg) on 6 October 2017.*

2. *You failed to record having taken remedial action in response to the patient suffering a fall in oxygen saturation to 94% at the appointment under Charge 1.1.*

3. *You failed to record having done one or more of the following actions at the appointment under Charge 1.1:*

    3.1. *Take an updated medical history;*
    3.2. *Assess whether advanced sedation was the most appropriate method of managing pain or anxiety, as opposed to other methods;*
    3.3. *Assess their ASA score;*
    3.4. *Provide pre-sedation information and/or instructions;*
    3.5. *Conduct a pre-sedation assessment of their suitability for advanced sedation; and/or*
    3.6. *Assess whether they met the criteria for safe discharge.*

Patient 4

1. *You administered advanced sedation as follows:*

    1.1. *Fentanyl (100mcg) and Midazolam (5mg) on 15 January 2019.*

2. *You failed to record having done one or more of the following actions at the appointment under Charge 1.1:*

    2.1. *Take an updated medical history;*
    2.2. *Assess whether sedation and/or advanced sedation was the most appropriate method of managing pain or anxiety, as opposed to other methods;*
    2.3. *Assess their ASA score;*

    2.4. *Provide pre-sedation information and/or instructions;*
    2.5. *Conduct a pre-sedation assessment of their suitability for sedation;*
    2.6. *Monitor their response to sedation including with regards to blood pressure, pulse, and/or oxygen saturation at appropriate intervals before, during and/or after sedation;*
    2.7. *Monitor clinical parameters (including respiration, skin colour, depth of sedation) at appropriate intervals before, during and/or after sedation;*
    2.8. *Assess whether they met the criteria for safe discharge; and/or*
    2.9. *When sedation began and/or ended.*

Patient 5

1. *You administered advanced sedation as follows:*

    1.1. *Fentanyl (100mcg) and Midazolam (10mg) on 23 March 2016;*

1.2. *Fentanyl (100mcg) and Midazolam (12mg) on 9 November 2018.*

2. *You failed to record having taken any remedial action in response to the patient suffering a fall in oxygen saturation to 91% at the appointment under Charge 1.1.*

3. *You failed to record having done one or more of the following actions at the appointments under Charges 1.1 and/or 1.2:*

3.1. *Take an updated medical history;*
3.2. *Assess whether sedation and/or advanced sedation was the most appropriate method of managing pain or anxiety, as opposed to other methods;*
3.3. *Assess their ASA score;*
3.4. *Provide pre-sedation information and/or instructions;*
3.5. *Conduct a pre-sedation assessment of their suitability for sedation;*
3.6. *Monitor their response to sedation including with regards to blood pressure, pulse, and/or oxygen saturation at appropriate intervals before, during and/or after sedation; (save for the appointment under 1.1);*
3.7. *Monitor clinical parameters (including respiration, skin colour, depth of sedation) at appropriate intervals before, during and/or after sedation; and/or*
3.8. *Assess whether they met the criteria for safe discharge.*

Patient 6

1. *You administered advanced sedation as follows:*

1.1. *Fentanyl (100mcg) and Midazolam (10mg) on 1 November 2016;*
1.2. *Fentanyl (100mcg) and Midazolam (10mg) on 30 November 2018.*

2. *You failed to record having done one or more of the following actions at the appointments under Charges 1.1 and/or 1.2:*

2.1. *Take an updated medical history;*
2.2. *Assess whether sedation and/or advanced sedation was the most appropriate method of managing pain or anxiety, as opposed to other methods;*
2.3. *Assess their ASA score;*
2.4. *Provide pre-sedation information and/or instructions;*
2.5. *Conduct a pre-sedation assessment of their suitability for sedation;*
2.6. *Monitor their response to sedation including with regards to blood pressure, pulse, and/or oxygen saturation at appropriate intervals before, during and/or after sedation;*
2.7. *Monitor clinical parameters (including respiration, skin colour, depth of sedation) at appropriate intervals before, during and/or after sedation;*
2.8. *Assess whether they met the criteria for safe discharge; and/or*
2.9. *Record when sedation began and/or ended (save for the appointment under Charge 1.2 where start and end times were recorded).*

Patient 7

1. *You administered advanced sedation as follows:*

1.1. *Fentanyl (100mcg) and Midazolam (10mg) on 24th October 2017;*
1.2. *Fentanyl (100mcg) and Midazolam (15mg) on 17th September 2018.*

2. *You failed to record having done one or more of the following actions at the appointments under Charges 1.1 and/or 1.2:*

2.1. *Take an updated medical history;*
2.2. *Assess whether sedation and/or advanced sedation was the most appropriate method of managing pain or anxiety, as opposed to other methods;*
2.3. *Assess their ASA score;*
2.4. *Provide pre-sedation information and/or instructions;*
2.5. *Conduct a pre-sedation assessment of their suitability for sedation;*
2.6. *Monitor their response to sedation including with regards to blood pressure, pulse, and/or oxygen saturation at appropriate intervals before, during and/or after sedation;*
2.7. *Monitor clinical parameters (including respiration, skin colour, depth of sedation) at appropriate intervals before, during and/or after sedation;*
2.8. *Assess whether they met the criteria for safe discharge; and/or*
2.9. *Record when sedation began and/or ended.*

3. *You failed to record your review of the patient's suitability for advanced sedation given their complex medical history at the appointments under Charges 1.1 and/or 1.2.*

4. *You failed to consult with the GMP of Patient 7 to assess their suitability for advanced sedation in primary care before the appointments under Charges 1.1 and/or 1.2.*

Patient 8

1. *You administered advanced sedation as follows:*

1.1. *Fentanyl (100mcg) and Midazolam (10mg) on 19th January 2018.*

2. *You failed to record having done one or more of the following actions at the appointment under Charge 1.1:*

2.1. *Take an updated medical history;*
2.2. *Assess whether sedation and/or advanced sedation was the most appropriate method of managing pain or anxiety, as opposed to other methods;*
2.3. *Assess their ASA score;*
2.4. *Provide pre-sedation information and/or instructions;*
2.5. *Conduct a pre-sedation assessment of their suitability for sedation;*
2.6. *Monitor their response to sedation including with regards to blood pressure, pulse, and/or oxygen saturation at appropriate intervals before, during and/or after sedation;*
2.7. *Monitor clinical parameters (including respiration, skin colour, depth of sedation) at appropriate intervals before, during and/or after sedation;*
2.8. *Assess whether they met the criteria for safe discharge; and/or*
2.9. *Record when sedation began and/or ended.*

Patient 9

1. *You administered advanced sedation as follows:*

    1.1. *Fentanyl (100mcg) and Midazolam (5mg) on 29 June 2016;*

2. *You failed to retain written consent to advanced sedation at the appointment under Charge 1.1.*

3. *You failed to record having done one or more of the following actions at the appointment under Charge 1.1:*

    3.1. *Take an updated medical history;*
    3.2. *Assess whether sedation and/or advanced sedation was the most appropriate method of managing pain or anxiety, as opposed to other methods;*
    3.3. *Assess their ASA score;*
    3.4. *Provide pre-sedation information and/or instructions;*
    3.5. *Conduct a pre-sedation assessment of their suitability for sedation;*
    3.6. *Monitor their response to sedation including with regards to blood pressure, pulse, and/or oxygen saturation at appropriate intervals before, during and/or after sedation;*
    3.7. *Monitor clinical parameters (including respiration, skin colour, depth of sedation) at appropriate intervals before, during and/or after sedation;*
    3.8. *Assess whether they met the criteria for safe discharge; and/or*
    3.9. *Record when sedation began and/or ended (save for the start time at the appointment under 1.2).*

Patient 11

1. *You administered advanced sedation as follows:*

    1.1. *Fentanyl (100mcg) and Midazolam (10mg) on 21st June 2016;*
    1.2. *Fentanyl (100mcg) and Midazolam (10mg) on 30th January 2017;*
    1.3. *Fentanyl (100mcg) and Midazolam (10mg) on 27th October 2017.*

2. *You failed to record having done one or more of the following actions at the appointments under Charges 1.1, 1.2, and/or 1.3:*

    2.1. *Take an updated medical history;*
    2.2. *Assess whether advanced sedation was the most appropriate method of managing pain or anxiety, as opposed to other methods;*
    2.3. *Assess their ASA score;*
    2.4. *Provide pre-sedation information and/or instructions;*
    2.5. *Conduct a pre-sedation assessment of their suitability for sedation;*
    2.6. *Monitor their response to sedation including with regards to blood pressure, pulse, and/or oxygen saturation at appropriate intervals before, during and/or after sedation;*
    2.7. *Monitor clinical parameters (including respiration, skin colour, depth of sedation) at appropriate intervals before, during and/or after sedation;*
    2.8. *Assess whether they met the criteria for safe discharge; and/or*

2.9. *Record when sedation began and/or ended.*

Patient 12

1. *You administered advanced sedation as follows:*

    1.1. *Fentanyl (100mcg) and Midazolam (10mg) on 21st September 2018;*
    1.2. *Fentanyl (100mcg) and Midazolam (10mg) on 1st October 2018;*
    1.3. *Fentanyl (100mcg) and Midazolam (5mg) on 19th December 2018.*

2. *You failed to record having done one or more of the following actions at the appointments under Charges 1.1, 1.2, and/or 1.3:*

    2.1. *Take an updated medical history;*
    2.2. *Assess whether sedation and/or advanced sedation was the most appropriate method of managing pain or anxiety, as opposed to other methods;*
    2.3. *Assess their ASA score;*
    2.4. *Provide pre-sedation information and/or instructions;*
    2.5. *Conduct a pre-sedation assessment of their suitability for sedation;*
    2.6. *Monitor their response to sedation including with regards to blood pressure, pulse, and/or oxygen saturation at appropriate intervals before, during and/or after sedation;*
    2.7. *Monitor clinical parameters (including respiration, skin colour, depth of sedation) at appropriate intervals before, during and/or after sedation;*
    2.8. *Assess whether they met the criteria for safe discharge; and/or*
    2.9. *Record when sedation began and/or ended.*

Patient 13

1. *You administered advanced sedation as follows:*

    1.1. *Fentanyl (100mcg) and Midazolam (10mg) on 23rd October 2018;*

2. *You failed to record having done one or more of the following actions at the appointment under Charge 1.1:*

    2.1. *Take an updated medical history;*
    2.2. *Assess whether sedation and/or advanced sedation was the most appropriate method of managing pain or anxiety, as opposed to other methods;*
    2.3. *Assess their ASA score;*
    2.4. *Provide pre-sedation information and/or instructions;*
    2.5. *Conduct a pre-sedation assessment of their suitability for sedation;*
    2.6. *Monitor their response to sedation including with regards to blood pressure, pulse, and/or oxygen saturation at appropriate intervals before, during and/or after sedation;*
    2.7. *Your monitoring of clinical parameters (including respiration, skin colour, depth of sedation) at appropriate intervals before, during and/or after sedation;*
    2.8. *Assess whether they met the criteria for safe discharge; and/or*
    2.9. *Record when sedation began and/or ended.*

Patient 15

1. *You administered advanced sedation as follows:*

    1.1. *Fentanyl (100mcg) and Midazolam (15mg) on 2nd August 2016;*
    1.2. *Fentanyl (100mcg) and Midazolam (10mg) on 31st March 2017;*
    1.3. *Fentanyl (100mcg) and Midazolam (5mg) on 7th July 2017;*
    1.4. *Fentanyl (100mcg) and Midazolam (10mg) on 30th November 2017;*
    1.5. *Fentanyl (100mcg) and Midazolam (15mg) on 16th November 2018;*
    1.6. *Fentanyl (100mcg) and Midazolam (15mg) on 25th January 2019.*

2. *You failed to record having done one or more of the following actions at the appointments under Charges 1.1, 1.2, 1.3, 1.4, 1.5, and/or 1.6:*

    2.1. *Take an updated medical history;*
    2.2. *Assess whether advanced sedation and/or sedation was the most appropriate method of managing pain or anxiety, as opposed to other methods;*
    2.3. *Assess their ASA score;*
    2.4. *Provide pre-sedation information and/or instructions;*
    2.5. *Conduct a pre-sedation assessment of their suitability for sedation;*
    2.6. *Monitor their response to sedation including with regards to blood pressure, pulse, and/or oxygen saturation at appropriate intervals before, during and/or after sedation;*
    2.7. *Your monitoring of clinical parameters (including respiration, skin colour, depth of sedation) at appropriate intervals before, during and/or after sedation; and/or*
    2.8. *Assess whether they met the criteria for safe discharge; and/or*
    2.9. *Record when sedation began and/or ended.*

Part B - All patients

1. *You failed to provide an adequate standard of care to Patients 1, 2, 3, 4, 5, 6, 7, 8, 9, 11, 12, 13, 15, and J in that you administered advanced sedation:*

    1.1. *Without sufficient training, in that you had not completed adequate CPD or training between your initial training in or around 1999 or 2000 and 22nd September 2018;*
    1.2. *Without appropriate support, in the form of one nurse to care for the sedated patient and a second nurse to assist with the dental care provided (save for appointments at which you only administered minimal intervention on 17 February 2017 for Patient 1, 24 October 2017 for Patient 7, and 23 October 2018 for Patient 13).*

2. *Your conduct under Charge 1.1 endangered the health of one or more of the patients, in that you lacked the training required to administer advanced sedation safely.*

3. *Your conduct under Charge 1.2 endangered the health of one or more of the patients, in that you lacked the support required to administer advanced sedation safely.*

PART C: Clinical failings

Patient A

1. *You failed to record having done one or more of the following actions between 3 June 2013 and 16 November 2015:*

    1.1. *Obtain a history of the current condition, needs, and aspirations of the patient;*
    1.2. *Obtain the dental history of the patient;*
    1.3. *Obtain a medical and social history of the patient;*
    1.4. *Evaluate the hard and soft tissues of the face and jaws, including a basic cancer screen; and/or*
    1.5. *Evaluate the periodontal status and oral hygiene of the patient.*

Patient B

1. *You failed to record having done one or more of the following actions between 18 October 2007 and 10 October 2014:*

    1.1. *Obtain a history of the patient's current condition, needs, and aspirations;*
    1.2. *Obtain the dental history of the patient;*
    1.3. *Obtain a medical and social history of the patient;*
    1.4. *Evaluate the hard and soft tissues of the face and jaws, including a basic cancer screen;*
    1.5. *Evaluate the periodontal status and oral hygiene of the patient;*
    1.6. *Provide advice regarding preventive care; and/or*
    1.7. *Take appropriate radiographs to diagnose caries.*

Patient F

1. *You failed to record having done one or more of the following actions between 20 May 2013 and 18 November 2014:*

    1.1. *Obtain a history of the patient's current condition, needs, and aspirations;*
    1.2. *Obtain the dental history of the patient;*
    1.3. *Obtain a medical and social history of the patient;*
    1.4. *Evaluate the hard and soft tissues of the face and jaws, including a basic cancer screen; and/or*
    1.5. *Evaluate the periodontal status and oral hygiene of the patient.*

Patient G

1. *You failed to record having done one or more of the following actions between 7 May 2013 and 10 November 2016:*

    1.1. *Obtain a history of the patient's current condition, needs, and aspirations;*
    1.2. *Obtain the dental history of the patient;*
    1.3. *Obtain a medical and social history of the patient;*
    1.4. *Evaluate the hard and soft tissues of the face and jaws, including a basic cancer screen (only up to 11 November 2015); and/or*

1.5. *Evaluate the periodontal status and oral hygiene of the patient.*

Patient H

1. *You failed to record having done one or more of the following actions between 19 September 2008 and 27 October 2015:*

    1.1. *Obtain a history of the patient's current condition, needs, and aspirations;*
    1.2. *Obtain the dental history of the patient;*
    1.3. *Obtain a medical and social history of the patient (save for at an appointment on 4 September 2009);*
    1.4. *Evaluate the hard and soft tissues of the face and jaws, including a basic cancer screen; and/or*
    1.5. *Evaluate the periodontal status and oral hygiene of the patient (save for at an appointment on 14 April 2014).*

Patient I

1. *You administered sedation as follows:*

    1.1. *Midazolam (10mg) on 26 June 2014;*
    1.2. *Midazolam (10mg) on 30 July 2014;*
    1.3. *Midazolam (7mg) 7 January 2015;*
    1.4. *Midazolam (10mg) 2 August 2016.*

2. *You failed to record having done one or more of the following actions at the appointments under Charges 1.1, 1.2, 1.3, and/or 1.4:*

    2.1. *~~Obtain consent for sedation;~~ Failure to retain consent on 2 August 2016;*
    2.2. *Take an updated medical history;*
    2.3. *Assess whether sedation was the most appropriate method of managing pain or anxiety, as opposed to other methods;*
    2.4. *Assess their ASA score;*
    2.5. *Provide pre-sedation information and/or instructions;*
    2.6. *Conduct a pre-sedation assessment of the patient for their suitability for sedation;*
    2.7. *Record the beginning and/or end times of sedation;*
    2.8. *Provide post-sedation information and/or instructions (save for at the appointment under Charge 1.4);*
    2.9. *Monitor their response to sedation including with regards to blood pressure, pulse, and/or oxygen saturation at appropriate intervals before, during and/or after sedation;*
    2.10. *Monitor clinical parameters (including respiration, skin colour, depth of sedation) at appropriate intervals before, during and/or after sedation;*
    2.11. *Assess whether they met the discharge criteria;*
    2.12. *Ensure that they were accompanied by a responsible escort at the point of discharge (save for at the appointment under Charge 1.4); and/or*
    2.13. *Record the name and/or role of the staff acting as your sedation team, if any.*

3. *You failed to administer sedation with appropriate support, in the form of one nurse to care for the sedated patient and a second nurse to assist with the dental care provided at the appointments under Charges 1.1, 1.2 and/or 1.4.*

4. *Your conduct under Charge 3 endangered the health of Patient I, in that you lacked the support required to administer sedation safely.*

5. *You conducted root canal treatment at the appointments under 1.1 and/or 1.2 without use of a rubber dam.*

6. *Your conduct under Charge 5 endangered the health of Patient I, in that it created a risk of the patient aspirating small instruments while sedated.*

7. *You failed to report, either adequately or at all, on the radiograph taken on 29 April 2015.*

Patient J

1. *You administered advanced sedation as follows:*

    1.1. *Fentanyl (100mcg) and Midazolam (20mg) on 21 January 2015;*
    1.2. *Fentanyl (100mcg) and Midazolam (unspecified) on 2 February 2015;*

2. *You failed to record having done one or more of the following actions between 21 January 2015 and 2 February 2015:*

    2.1. *Obtain a history of the patient's current condition, needs, and aspirations;*
    2.2. *Obtain the dental history of the patient;*
    2.3. *Obtain a medical and social history of the patient;*
    2.4. *Evaluate the hard and soft tissues of the face and jaws, including a basic cancer screen; and/or*
    2.5. *Evaluate the periodontal status and oral hygiene of the patient.*

3. *You failed to record having done one or more of the following actions at the appointments under Charges 1.1 and/or 1.2:*

    3.1. *Take an updated medical history;*
    3.2. *Assess whether sedation and/or advanced sedation was the most appropriate method of managing pain or anxiety, as opposed to other methods;*
    3.3. *Assess their ASA score;*
    3.4. *Provide pre-sedation information and/or instructions;*
    3.5. *Conduct pre-sedation assessment of the patient for their suitability for sedation and/or advanced sedation;*
    3.6. *Record the beginning and/or end times of sedation;*
    3.7. *Provide post-sedation information and/or instructions;*
    3.8. *Monitor their response to sedation including with regards to blood pressure, pulse, and/or oxygen saturation at appropriate intervals before, during and/or after sedation;*
    3.9. *Monitor clinical parameters (including respiration, skin colour, depth of sedation) at appropriate intervals before, during and/or after sedation;*
    3.10. *Assess whether they met the discharge criteria;*

3.11. *Ensure that they were accompanied by a responsible escort at the point of discharge; and/or*
3.12. *Record the name and/or role of the staff acting as your sedation team, if any.*

4. *You administered a dose of 20mg of Midazolam on 21 January 2015 that, in conjunction with the dose of Fentanyl, exceeded the maximum advised dose of Midazolam.*

Patient K

1. *You failed to record having done one or more of the following actions between 5 July 2013 and 8 December 2016:*

1.1. *Obtain a history of the patient's current condition, needs, and aspirations;*
1.2. *Obtain the dental history of the patient;*
1.3. *Obtain a medical and social history of the patient;*
1.4. *Evaluate the hard and soft tissues of the face and jaws, including a basic cancer screen (save for at appointments on 22 June 2015, 10 December 2015, and 1 July 2016); and/or*
1.5. *Evaluate the periodontal status and oral hygiene of the patient.*

2. *You failed to report, either adequately or at all, on the radiographs taken on 3 November 2016.*

Patient L

1. *You administered sedation as follows:*

1.1. *Midazolam (unspecified) on 21 April 2015;*
1.2. *Midazolam (10mg) on 5 May 2015;*
1.3. *Midazolam (10mg) on 10 November 2015;*
1.4. *Midazolam (10mg) on 1 December 2015.*

2. *You failed to record having done one or more of the following actions 21 April 2015 and 9 March 2016:*

2.1. *Obtain a history of the patient's current condition, needs, and aspirations;*
2.2. *Obtain the dental history of the patient;*
2.3. *Obtain a medical and social history of the patient;*
2.4. *Evaluate the hard and soft tissues of the face and jaws, including a basic cancer screen; and/or*
2.5. *Evaluate the periodontal status and oral hygiene of the patient.*

3. *You failed to record having done one or more of the following actions at the appointments under Charges 1.1, 1.2, 1.3 and/or 1.4:*

3.1. *Obtain written consent, either adequately or at all, for sedation;*
3.2. *Take an updated medical history;*
3.3. *Assess whether sedation was the most appropriate method of managing pain or anxiety, as opposed to other methods;*
3.4. *Assess their ASA score;*

3.5. *Provide pre-sedation information and/or instructions;*
3.6. *Conduct a pre-sedation assessment of the patient for their suitability sedation;*
3.7. *The beginning and/or end times of sedation*
3.8. *Provide post-sedation information and/or instructions (save for at the appointments under Charges 1.2, 1.3, and 1.4);*
3.9. *Monitor their response to sedation including with regards to blood pressure, pulse and/or oxygen saturation at appropriate intervals before, during, and/or after sedation;*
3.10. *Monitor their clinical parameters (including respiration, skin colour and/or depth of sedation) at appropriate intervals before, during, and/or after sedation;*
3.11. *Assess whether they met the discharge criteria;*
3.12. *Ensure that they were accompanied by a responsible escort at the point of discharge (save for at the appointments under Charges 1.2, 1.3, and 1.4); and/or*
3.13. *The name and/or role of the staff acting as your sedation team, if any.*

4. *You failed to record the dose of Midazolam given at the appointment under Charge 1.1.*

5. *You administered sedation without appropriate support, in the form of one nurse to care for the sedated patient and a second nurse to assist with the dental care provided, at the appointments under Charges 1.1, 1.2, 1.3 and/or 1.4.*

6. *Your conduct under Charge 5 endangered the health of Patient L, in that you lacked the support required to administer sedation safely.*

7. *You conducted root canal treatment at the appointments under Charges 1.3 and/or 1.4 without use of a rubber dam.*

8. *Your conduct under Charge 7 endangered the health of Patient L, in that it created a risk of the patient aspirating small instruments while sedated.*

Patient M

1. *You administered sedation as follows:*

1.1. *Midazolam (5mg) on 27 November 2015;*
1.2. *Midazolam (5mg) on 18 March 2016;*
1.3. *Midazolam (unspecified) on 6 September 2016.*

2. *You failed to record having done one or more of the following actions between 19 February 2014 and 4 August 2016:*

2.1. *Obtain a history of the patient's current condition, needs, and aspirations;*
2.2. *Obtain the dental history of the patient;*
2.3. *Obtain a medical and social history of the patient; and/or*
2.4. *Evaluate the hard and soft tissues of the face and jaws, including a basic cancer screen at appointments on 19th February 2014 and 21st August 2014.*

3. *You failed to record having done one or more of the following actions at the appointments under Charges 1.1, 1.2 and/or 1.3:*

    3.1. *Take an updated medical history;*
    3.2. *Assess whether sedation was the most appropriate method of managing pain or anxiety, as opposed to other methods;*
    3.3. *Assess their ASA score;*
    3.4. *Provide pre-sedation information and/or instructions;*
    3.5. *Conduct a pre-sedation assessment of the patient for their suitability for sedation;*
    3.6. *Record the beginning and/or end times of sedation;*
    3.7. *Monitor their response to sedation including with regards to blood pressure, pulse and/or oxygen saturation at appropriate intervals before, during, and/or after sedation;*
    3.8. *Monitor their clinical parameters (including respiration, skin colour and/or depth of sedation) at appropriate intervals before, during, and/or after sedation;*
    3.9. *Assess whether they met the discharge criteria; and/or*
    3.10. *Record the name and/or role of the staff acting as your sedation team, if any.*

4. *You failed to record the dose of Midazolam given at the appointment under Charge 1.3.*

5. *You administered sedation without appropriate support, in the form of one nurse to care for the sedated patient and a second nurse to assist with the dental care provided, at the appointments under Charges 1.1 and 1.3.*

6. *Your conduct under Charge 5 endangered the health of Patient M, in that you lacked the support required to administer sedation safely.*

7. *You conducted root canal treatment at the appointment under Charge 1.1 without use of a rubber dam.*

8. *Your conduct under Charge 7 endangered the health of Patient M, in that it created a risk of the patient aspirating small instruments while sedated.*

Patient N

1. *You administered sedation as follows:*

    1.1. *Midazolam (5mg) on 20 August 2014;*
    1.2. *Midazolam (5mg) on 16 November 2015;*
    1.3. *Midazolam (5mg) on 20 October 2016;*
    1.4. *Midazolam (7mg) on 21 November 2016.*

2. *You failed to record having done one or more of the following actions at the appointments under Charges 1.1, 1.2, 1.3 and/or 1.4:*

    2.1. *Take an updated medical history;*
    2.2. *Assess whether sedation was the most appropriate method of managing pain or anxiety, as opposed to other methods;*

2.3. *Assess their ASA score;*
2.4. *Provide pre-sedation information and/or instructions;*
2.5. *Conduct a pre-sedation assessment of the patient for their suitability for sedation;*
2.6. *Record the beginning and/or end times of sedation;*
2.7. *Provide post-sedation information and/or instructions (save for at the appointments under Charges 1.2, 1.3, and 1.4);*
2.8. *Monitor their response to sedation including with regards to blood pressure, pulse and/or oxygen saturation at appropriate intervals before, during, and/or after sedation;*
2.9. *Monitor their clinical parameters (including respiration, skin colour and/or depth of sedation) at appropriate intervals before, during, and/or after sedation;*
2.10. *Assess whether they met the discharge criteria;*
2.11. *Ensure that they were accompanied by a responsible escort at the point of discharge (save for at the appointments under Charges 1.2, 1.3, and 1.4); and/or*
2.12. *Record the name and/or role of the staff acting as your sedation team, if any.*

3. *You failed to administer sedation with appropriate support, in the form of one nurse to care for the sedated patient and a second nurse to assist with the dental care provided at the appointments under Charges 1.2, 1.3 and/or 1.4.*

Patient O

1. *You failed to record having done one or more of the following actions between 11 April 2012 and 26 February 2016:*

1.1. *Obtain a history of the patient's current condition, needs, and aspirations;*
1.2. *Obtain the dental history of the patient;*
1.3. *Obtain a medical and social history of the patient (save for at an appointment on 24 October 2015);*
1.4. *Evaluate the hard and soft tissues of the face and jaws, including a basic cancer screen in appointments before 26th February 2016 (save for at an appointment on 1 June 2015); and/or*
1.5. *Evaluate the periodontal status and oral hygiene of the patient.*

Patient P

1. *You administered sedation as follows:*

1.1. *Midazolam (7mg) on 5 September 2011;*
1.2. *Midazolam (10mg) on 12 June 2012;*
1.3. *Midazolam (9mg) on 23 June 2016.*

2. *You failed to record having done one or more of the following actions between 5 September 2011 and 23 June 2016:*

2.1. *Obtain a history of the patient's current condition, needs, and aspirations;*
2.2. *Obtain the dental history of the patient;*

2.3. *Obtain a medical and social history of the patient;*
2.4. *Evaluate the hard and soft tissues of the face and jaws, including a basic cancer screen (save for an appointment of 7th January 2016);*
2.5. *Evaluate the periodontal status and oral hygiene of the patient; and/or*
2.6. *Provide advice regarding preventive care.*

3. *You failed to record having done one or more of the following actions at the appointments under Charges 1.1, 1.2 and/or 1.3:*

3.1. *Take an updated medical history;*
3.2. *Assess whether sedation was the most appropriate method of managing pain or anxiety, as opposed to other methods;*
3.3. *Assess their ASA score;*
3.4. *Provide pre-sedation information and/or instructions;*
3.5. *Conduct a pre-sedation assessment of the patient for their suitability for sedation;*
3.6. *Record the beginning and/or end times of sedation;*
3.7. *Provide post-sedation information and/or instructions (save for at the appointment under Charge 1.3);*
3.8. *Monitor their response to sedation including with regards to blood pressure, pulse and/or oxygen saturation at appropriate intervals before, during, and/or after sedation;*
3.9. *Monitor their clinical parameters (including respiration, skin colour and/or depth of sedation) at appropriate intervals before, during, and/or after sedation;*
3.10. *Assess whether they met the discharge criteria;*
3.11. *Ensure that they were accompanied by a responsible escort at the point of discharge (save for at the appointment under Charge 1.3); and/or*
3.12. *Record the name and/or role of the staff acting as your sedation team, if any.*

4. *You failed to administer sedation with appropriate support, in the form of one nurse to care for the sedated patient and a second nurse to assist with the dental care provided, at the appointments under Charges 1.1, 1.2 and/or 1.3.*

Patient Q

1. *You failed to record having done one or more of the following actions between 10 January 2013 and 5 April 2017:*

1.1. *Obtain a history of the patient's current condition, needs, and aspirations;*
1.2. *Obtain the dental history of the patient;*
1.3. *Obtain a medical and social history of the patient (save for at an appointment on 7 August 2013);*
1.4. *Evaluate the hard and soft tissues of the face and jaws, including a basic cancer screen in appointments before 10th August 2015;*
1.5. *Evaluate the periodontal status and oral hygiene of the patient; and/or*
1.6. *Provide advice regarding preventive care.*

Patient R

1. *You administered sedation as follows:*

    1.1. *Midazolam (5mg) on 3 November 2009;*
    1.2. *Midazolam (10mg) on 10 December 2015;*
    1.3. *Midazolam (10mg) on 23 December 2015.*

2. *You failed to record having done one or more of the following actions between 2 April 2008 and 23 December 2015:*

    2.1. *Obtain a history of the patient's current condition, needs, and aspirations;*
    2.2. *Obtain the dental history of the patient;*
    2.3. *Obtain a medical and social history of the patient;*
    2.4. *Evaluate the hard and soft tissues of the face and jaws, including a basic cancer screen (save for an appointment of 27th November 2015);*
    2.5. *Evaluate the periodontal status and oral hygiene of the patient; and/or*
    2.6. *Provide advice regarding preventive care.*

3. *You failed to record having done one or more of the following actions at the appointments under Charges 1.1, 1.2, and/or 1.3:*

    3.1. *Take an updated medical history;*
    3.2. *Assess whether sedation was the most appropriate method of managing pain or anxiety, as opposed to other methods;*
    3.3. *Assess their ASA score;*
    3.4. *Provide pre-sedation information and/or instructions;*
    3.5. *Conduct a pre-sedation assessment of the patient for their suitability for sedation;*
    3.6. *Record the beginning and/or end times of sedation;*
    3.7. *Provide post-sedation information and/or instructions (save for at the appointments under Charges 1.2 and 1.3);*
    3.8. *Monitor their response to sedation including with regards to blood pressure, pulse and/or oxygen saturation at appropriate intervals before, during, and/or after sedation;*
    3.9. *Monitor their clinical parameters (including respiration, skin colour and/or depth of sedation) at appropriate intervals before, during, and/or after sedation;*
    3.10. *Assess whether they met the discharge criteria;*
    3.11. *Ensure that they were accompanied by a responsible escort at the point of discharge (save for at the appointments under Charges 1.2 and 1.3); and/or*
    3.12. *Record the name and/or role of the staff acting as your sedation team, if any.*

4. *You failed to administer sedation with appropriate support, in the form of one nurse to care for the sedated patient and a second nurse to assist with the dental care provided, at the appointments under Charges 1.1, 1.2 and/or 1.3.*

5. *You failed to record bitewing radiographs to aid diagnosis between 2 April 2008 and 23 December 2015.*

Patient S

1. *You administered sedation as follows:*

    1.1. *Midazolam (unspecified) on 6 March 2014;*
    1.2. *Midazolam (7mg) on 16 April 2015;*
    1.3. *Midazolam (5mg) on 3 December 2015;*
    1.4. *Midazolam (6mg) on 16 June 2016;*
    1.5. *Midazolam (7mg) on 27 October 2016.*

2. *You failed to record having done one or more of the following actions between 6 March 2014 and 6 November 2015:*

    2.1. *Obtain a history of the patient's current condition, needs, and aspirations;*
    2.2. *Obtain the dental history of the patient;*
    2.3. *Obtain a medical and social history of the patient;*
    2.4. *Evaluate the hard and soft tissues of the face and jaws, including a basic cancer screen;*
    2.5. *Evaluate the periodontal status and oral hygiene of the patient; and/or*
    2.6. *Provide advice regarding preventive care.*

3. *You failed to record having done one or more of the following actions at the appointments under Charges 1.1, 1.2, 1.3, 1.4, and/or 1.5:*

    3.1. *Take an updated medical history;*
    3.2. *Assess whether sedation was the most appropriate method of managing pain or anxiety, as opposed to other methods;*
    3.3. *Assess their ASA score;*
    3.4. *Provide pre-sedation information and/or instructions;*
    3.5. *Conduct a pre-sedation assessment of the patient for their suitability for sedation;*
    3.6. *Record the beginning and/or end times of sedation;*
    3.7. *Monitor their response to sedation including with regards to blood pressure, pulse and/or oxygen saturation at appropriate intervals before, during, and/or after sedation;*
    3.8. *Monitor their clinical parameters (including respiration, skin colour, and/or depth of sedation) at appropriate intervals before, during, and/or after sedation;*
    3.9. *Ensure that they were accompanied by a responsible escort at the point of discharge (save for at the appointments under Charges 1.3 and 1.5); and/or*
    3.10. *Record the name and/or role of the staff acting as your sedation team, if any.*

4. *You failed to administer sedation with appropriate support, in the form of one nurse to care for the sedated patient and a second nurse to assist with the dental care provided on appointments under Charges 1.1, 1.2, and/or 1.5.*

Patient T

1. *You failed to record giving advice on preventive care between 3 October 2014 and 13 October 2016.*

2. *You failed to report on the two radiographs taken on 3 October 2014 either adequately or at all.*

AND *that by reason of the matters alleged above your fitness to practise is impaired by reason of misconduct.*

Mr Black,

1. The allegations against you relate to your record keeping, advanced sedation, and sedation treatment in respect of 30 patients, referred to in these proceedings as Patients 1-9, 11-13, 15, A-B and F-T.

Procedural progress

2. This hearing before the Professional Conduct Committee (the 'Committee') commenced on 10 November 2025 and adjourned until 14 November 2025, when an application was made by the General Dental Council (GDC) to amend the charge contained in the notification of hearing pursuant to Rule 18 of the General Dental Council (Fitness to Practise) Rules 2006, which provides that:

> *'(1) At any stage before making their findings of fact in accordance with rule 19, a Practice Committee may amend the charge set out in the notification of hearing unless, having regard to the merits of the case and the fairness of the proceedings, the required amendment cannot be made without injustice...'*

3. The relevant parts of the charge in its original form (Annex A) pleaded failures to carry out certain actions and, in the alternative, a failure to record those actions. The proposed amendments to the charge (Annex B) would confine the scope of what is alleged to a failure to record only and not a failure to carry out certain actions.

4. Mr Sykes, on behalf of the GDC, submitted that these proposed amendments arise from a comprehensive review of the GDC case following the disclosure of your statement and supporting evidence: having regard to the burden and standard of proof, the GDC was not satisfied that it had sufficient evidence on which it could prove that you had failed to carry out the actions in question (as opposed to simply failing to record those actions in the clinical notes). The GDC's application was unopposed by Mr McCartney on your behalf, who submitted that the proposed amendments followed extensive discussions between the parties and that you would be making full admissions to the charges in their amended form.

5. The Committee, having heard the submissions of both parties, and having accepted the advice of the Legal Adviser, retired to consider the proposed amendments.

6. Having regard to the merits of the case and the fairness of the proceedings, the Committee was satisfied that the amendments could be made without injustice. The GDC applied for the amendments and its application was unopposed by you and would narrow the scope of what is alleged against you. The Committee was therefore satisfied that no injustice or unfairness would be caused to either party in allowing the amendments to be made.

7. When considering the merits of the case, the fairness of the proceedings and whether any injustice would be caused, the Committee also had regard to the overarching objective of the GDC to protect the public and to maintain public confidence in the profession and the GDC as its regulator. In particular, the Committee considered whether allowing the amendments would result in an under-charging of the case which had been referred for a hearing by the Case Examiners.

8. The Committee concluded that, whilst the proposed amendments would confine the allegations in question to record keeping failings and thereby reduce the scope of what had

been referred, the narrowed scope of the allegations would still be serious. The expert report on which the GDC relies in support of the charges, sets out that the alleged record keeping failings would in themselves amount to serious failings, including that they relate to advanced sedation treatment. The Committee was therefore satisfied that there would remain a case to answer of misconduct if the amendments were to be allowed.

9. The Committee was also satisfied that those amendments would more accurately reflect the factual evidence which the parties seek to put before the Committee. Whilst the Committee has the power to call for further evidence, it was satisfied that the GDC had already carried out a thorough investigation. The age of the allegations and the inherent unlikelihood that the patients in question would be able to recall the precise details of their treatment from so long ago means that calling for further evidence is unlikely to take matters any further. The Committee accepted the GDC's submission that, having regard to the burden and standard of proof, the available evidence is only capable of establishing a failure to record rather than a failure to do. In addition, the Committee was aware that other serious allegations relating to the adequacy of training and appropriate level of nursing support also remained to be considered. Accordingly, the Committee was satisfied that the charges as amended properly reflect the concerns of the GDC regarding your practice.

10. Accordingly, the Committee acceded to the GDC's application and amended the charge.

11. You then admitted the totality of the charges in their amended form. The Committee accepted your admissions and found the charges proved on the basis of admission, without requiring any live evidence to be called as part of a factual inquiry. The witness statements of Dental Nurses A-D and F-G were instead taken as read. The Committee noted the records of the patients referred to in the charges and also a report from Professor Ian M. Brook BDS MDS PhD FDSRCS (Eng.) dated 14 May 2024, who had been instructed by the GDC for an expert opinion on the care and treatment you had provided to those patients.

Stage Two

12. The Committee proceeded to Stage Two of its procedure on 17 November 2025, where it heard oral evidence from you on your reflection and remediation and received, among other documents, copies of audits, your Continuing Professional Development (CPD) records and testimonials from patients and peers in support of your character and performance as a dentist.

13. The Committee had regard to the submissions of both Counsel in relation to misconduct, impairment and sanction.

14. Mr Sykes confirmed that you have no fitness to practise history. He submitted that the facts found proved amount to misconduct, that your fitness to practise is currently impaired by reason of misconduct and that the appropriate outcome in this case would be a period of suspension. He submitted that the period of suspension should be for 3-6 months with a review if the Committee were to find impairment on both public protection (on the basis that you had not remediated the advanced sedation component of the case) and public interest grounds; if impairment were to be found on public interest grounds alone, he submitted that this period of suspension should be without a review.

15. Mr McCartney addressed the Committee on the matter of misconduct. As to impairment, he submitted that the allegations are 'historic' and had been fully remedied by you and that your fitness to practise is therefore not currently impaired on either public protection or public

interest grounds. He emphasised that you had practised without restriction or complaint for six and a half years prior to today and that you had logged 510 hours of CPD when only 95 hours were required, and that 13 patients out of 713 sedation cases were of advanced sedation. He contended that the testimonials confirm that your focus is always on patients and that you have remediated your record keeping through the use of templates, and that in oral evidence you demonstrated your appreciation of the importance of record keeping. In particular, Mr McCartney submitted that if the Committee were to find misconduct, it would not be of the type catagorised as so egregious so as to require a finding of impairment on the public interest ground. If the Committee were to be against him on the question of current impairment, he submitted that a reprimand would be the appropriate outcome in this case.

16. You gave oral evidence. It is accepted that you are a person of good character. This is a positive feature in your case and has been taken into account by the Committee. In oral evidence, you stated that you relied on Dentist B (Practice Owner) for your mentoring and training with regard to sedation and advanced sedation as he was well-known for his experience. You stated that you have no plans to provide sedation or advanced sedation in the future, although when questioned by the Committee, you stated that you provided 'basic' sedation prior to July 2024, and that the reason you were not currently providing sedation was that your current Practice did not permit it and that you do not want or need to use sedation. You stated that you would never provide advanced sedation. You also stated that you had no intention to move practice or provide sedation and were happy to use other behavioral management techniques. However, if you moved to a practice in the future that did provide sedation, you would ensure that you were fully compliant and had every aspect covered and undertake training. However, you indicated that you would not provide advanced sedation in the future. You indicated, in response to questions, that the reason for your level of record keeping was that you focused on patient care and you did not adapt or adjust as you should have done to changes in regulatory requirements, including that you did not adapt sufficiently to the transition between paper and computerised records.

17. You stated that the importance of record keeping was for the protection of patients and for other dentists or external parties who may wish to review the records and that record keeping is important so that future dentists can refer to it. You indicated that oxygenation drops may have resulted from a patient moving their finger on the monitor and that as no remedial action was carried out, you did not see the need for a supplemental note afterwards. You indicated that you now use templates to assist with record keeping. You also stated that you understand the importance of the regulator's role, the risks of consent forms being misplaced, and that you have learned your lesson from the reliance on others with regard to record keeping. With regard to patient care, you indicated that at times you now appreciate that you have to do the right thing and that may be having to tell them something different to what they want.

Decision

18. The Committee accepted the advice of the Legal Adviser as to the relevant principles applicable to the Committee's determination on misconduct, impairment, and sanction.

19. The Committee had regard to the *Guidance for the Practice Committees, including Indicative Sanctions Guidance* (October 2016, last revised December 2020).

Background

20. You qualified as a dentist in 1998 from Queens University, Belfast. After completing your foundation training, you commenced work as an associate at the high street dental practice which is the subject of the charges (the 'Practice') and remained an associate there until the end of July 2024. From August 2024 you commenced work as an associate at another practice, where you continue to work.

21. The charge spans a period between 2007 to 2019 and relates to 30 patients at the Practice.

22. In December 2018, the Health and Social Care Board of Northern Ireland (HSCB) commenced an investigation into the Practice, as it had observed that the Practice was requisitioning supplies of Fentanyl for treatment. This was of interest since high street dental practices do not routinely use Fentanyl.

23. On 18 September 2019, the HSCB wrote to the GDC to report concerns. In response, the GDC commenced an investigation into sedation treatment which you had provided at the Practice. As part of its investigation, it instructed Professor Brook for an expert opinion. In his report, Professor Brook reviewed the sedation treatment which you had provided to the 30 patients which are the subject of the charge. Advanced sedation can involve administering a combination of sedation drugs. References in these proceedings to 'advanced sedation' are references to occasions where the sedation was with a combination of Midazolam and Fentanyl, a prescription only medicine-controlled drug under schedule 2 of the Misuse of Drugs Act 1971 which is 50 – 100 times more potent than morphine; references to 'sedation' are references to where the sedation was with Midazolam only.

24. The charge sets out Professor Brook's criticisms of you into three sections (Parts A-C), helpfully summarised as follows by Mr Sykes in his written opening:

    - Part A: Record-keeping failures in the context of administration of AS concerning 13 patients.

    - Part B: Endangerment of patient health, arising from a lack of adequate training and support during AS, concerning 14 patients (the 13 Part A patients plus Patient J). The PCC may also consider three further patients from Part C whose health was endangered by a lack of support during sedation, not AS (Patients I, L, M).

    - Part C: Further record-keeping failures for 17 patients in the context of sedation and AS, but also general clinical practice. Other failings concerning Part C patients included: (1) clinical failings exposing patients to a risk of harm (Patients K, L, M); (2) clinical failures concerning AS, such as the administration of an excess dose (Patient J, Charge 4); (3) failings in radiographic practice (Patients I, K, L, R). For some Part C patients, a lack of support has been alleged without a corresponding charge of risk of harm (see Patients M, N, P, S).

25. In his report, Professor Brook gave the opinion that most of those would only fall below (as opposed to far below) standard but that collectively '*overall record keeping was lamentable falling far below standard*'. In respect of your record keeping failings for advanced sedation, Professor Brook indicated that the lack of adequate record keeping had the potential to put patients at risk of harm.

Misconduct

26. The Committee first considered whether the facts admitted and found proved amount to misconduct. Misconduct is a serious falling short of the standards reasonably expected of a dental professional.

27. The Committee accepted the opinion of Professor Brook that many of your failings, individually or cumulatively, fell far below standard. The Committee had regard to the fact that these were widespread failings over a period of years in relation to multiple patients. There have been substantial breaches of professional standards and regulatory requirements over a period of years in relation to the administration of sedation medicine which endangered the health of your patients in circumstances where they would have been in a vulnerable position and where they would have placed their total trust in you as a clinician. Over a period of years, you performed advanced sedation without undertaking adequate training to enable you to safely administer a combination of sedation drugs. You also provided both advanced sedation and sedation without an additional dental nurse present to monitor the sedated patient. There were widespread failings in your record keeping where important clinical details relating to the sedation treatment, including patient responses to the sedation drug(s), potential complications and even the dose which had been administered were not recorded.

28. The Committee carefully considered the seriousness of each individual charge and the totality of record keeping charges, and considered that particularly serious charges included charges 2.6 for numerous patients wherein you failed to record their response to sedation which may be of vital importance to future treatment; charge 2 for Patient 3 and Patient 5 wherein you failed to record remedial action taken when their oxygenation levels fell; part B relating to insufficient training to carry out complex advanced sedation and inappropriate nursing cover during sedation; and Patient J, charge 4, exceeding the maximum dosage of a controlled drug.

29. The admitted and proved facts reflect extremely serious failings in the Committee's judgement and amount to misconduct.

30. During the course of the Committee's deliberations, the parties passed an agreed note to the Committee through the Legal Adviser which read as follows:

> *'With regard to Charge I (2) (2.1)*
>
> *It was agreed between the GDC and the defence that the failure to record patient consent on the 2nd August 2016 (and only that date out of the 4 dates that midazolam was administered to patient I) was a failure to retain consent as oppose* [sic] *to a failure to record in the first place. This is consistent with the GDC case with regard to Charge 9 (2). The GDC case was advanced on that basis and the defence admission was made on that basis. We apologise that both parties forgot to address this with the Committee yesterday, but as it is uncontroversial we would be content for the Committee simply to be told by* [The Legal Adviser] *that is the agreed position and in our view there is no need to reconvene again before the Committee's decision is provided.'*

31. The Committee noted this distinction between recording and retaining and proceeded with its deliberations on the basis that there had been a failure to retain the consent form in the records on the occasion referred to above. Nothing turned on this point.

Impairment

32. In assessing whether your fitness to practise as a dentist is currently impaired by reason of misconduct, the Committee had regard to whether your misconduct is remediable, whether it had been remedied and the risk of repetition as some key considerations. The Committee also had regard to the wider public interest, which includes the need to uphold and declare appropriate standards of conduct and behaviour, and maintain public confidence in the profession.

33. The Committee acknowledged the substantial CPD targeted activity which you have undertaken and the changes which you have made to your practice. Whilst there was evidence of remedial steps in relation to record keeping and basic sedation, there was a marked lack of any remedial steps in relation to advanced sedation. The substance of your remediation in that regard consisted of an assurance to the Committee that you no longer undertake advanced sedation and will not do so in future.

34. Moreover, your witness statement and oral evidence do not show any meaningful reflection on your failings in advanced sedation. Whilst you admit the failings which Professor Brook had identified, as set out in the amended charges, you do not reflect upon the seriousness of your failings, the risk of harm to which you exposed your patients and the impact of your breach of such important professional standards and regulatory requirements over a period of years. You addressed such serious and substantial failings relatively briefly in your witness statement and come across as focused on explanations rather than self-awareness. You focused on explaining your actions, which was appreciated by the Committee, but you provided little written or oral demonstration of your appreciation that record keeping failures can have a significant impact on patient safety. For example, in paragraph 21 of your written statement, you indicated that consent forms may be misplaced in other patient files without demonstrating an appreciation of the risks. In paragraph 33, you failed to demonstrate any appreciation for the importance of recording oxygen saturation drops. In paragraph 68, you failed to appreciate the seriousness of sedation with only one nurse present, and in paragraph 84, you justified the use of an excessive dose of a controlled drug without any concern shown. You focused on the lack of complaints from patients and the lack of actual harm and although in oral evidence you stated that you appreciated the importance of record keeping and the role of the regulator, this appeared to the Committee to not be demonstrated in your actions or your written reflection.

35. Additionally, at no time did you acknowledge the seriousness of the potential harm from having no dedicated nurse focusing on the patient's vital signs whilst they were under sedation and vulnerable, nor on the potential impact of your insufficient training, and excessive use of a controlled drug. There was also a lack of any expression of remorse, regret or apology. You do not appear to be remorseful for your actions, and you have not used the opportunity this hearing has presented to express any apology to the patients in question, to the profession or to the GDC as regulator.

36. In the Committee's judgement, you demonstrate only limited insight into your widespread and serious failings and to the risk of harm to which you exposed your patients. You do not appear to the Committee to appreciate the actual harm your lack of training and experience could have caused to patients. You do not appear to appreciate the actual harm your failure to have worked with an additional dental nurse present could have caused to patients. You did not appear to the Committee to appreciate that these were serious breaches of important requirements.

37. The Committee accepted your assurance that you had no intention to offer basic sedation in the future, particularly highlighting that you are a man of good character. However, having regard to the totality of the evidence, the Committee determined that it cannot be said that it is highly unlikely that there would be a repetition of your misconduct in relation to advanced sedation, particularly as you have not remediated your advanced sedation practice. Therefore, there remains a risk of harm to patients. Whilst you state that it is not your intention to do so, and the Committee accepted your assurance on this, nothing prevents you from changing your mind and the Committee must assess your fitness to practise from that broader perspective given the dangers inherent in advanced sedation and the seriousness of your previous failings.

38. The Committee acknowledges that you are unlikely to repeat your failings in relation to sedation generally. In this regard, the Committee had regard to the substantial CPD activity which you have undertaken and was reassured by the fact that you have practised unrestricted over the past 6½ years without any further concerns coming to light. However, there remains a real risk of repetition of your failings in relation to advanced sedation as these have not yet been remedied by you.

39. The Committee determined that your fitness to practise as a dentist is therefore currently impaired by reason of misconduct on public protection grounds. The Committee determined that your fitness to practise is also impaired on wider public interest grounds in respect of your misconduct given the extent and seriousness of your record keeping and clinical failings over such an extensive period in relation to both advanced sedation and sedation generally. Public confidence in the profession and in this regulatory process would be undermined if no finding of impairment were to be made to mark the seriousness of your misconduct, particularly considering your lack of insight, remorse, or appreciation of risk.

Sanction

40. The next consideration for the Committee was what action, if any, to take in respect of your registration. The purpose of a sanction is not to be punitive, although it may have that effect, but to protect the public and the wider public interest.

41. The Committee had regard to the aggravating and mitigating features present in this case.

42. The aggravating features include the following: your misconduct was sustained and repeated over a period of years in relation to numerous patients; you placed the patients at a real risk of harm and had breached the trust they placed in you as a clinician; the patients were in a vulnerable position, in that they were being sedated by you; you demonstrate only limited insight; there is a lack of any evidence of remediation in relation to advanced sedation; you have shown no genuine remorse and expressed no apology.

43. In mitigation, the Committee recognised that you have no previous fitness to practise history and no further complaints or concerns have been brought to the attention of the GDC in the 6½ years since the index events (which includes approximately 4½ years of safe basic sedation); you have fully engaged in these proceedings and made admissions to all the charges (as amended); there are also a large number of positive testimonials from patients and professional colleagues which speak highly of you and which characterise you as a technically competent, caring and diligent practitioner. The testimonials appeared to the Committee to be particularly strong and included:

44. A testimonial from an associate dentist who had worked with you between 2022 and 2024 and who stated:

> *'…Throughout the period we worked together, Dr. Black always came across as a friendly, approachable, and supportive colleague. He maintained a positive presence within the team and was always willing to share his knowledge and experience. I found him to be someone I could readily turn to for advice, and he was consistently available whenever I needed to discuss a difficult case or treatment plan — something I was greatly appreciative of.*
>
> *Dr. Black also had a great rapport with his patients, treating them with kindness, respect, and professionalism.*
>
> *I would like to note that I was aware that Dr. Black provided conscious dental sedation during my time at the practice. I can honestly say that I was not personally aware of, nor did I witness, any instances of a patient leaving the practice without an escort following treatment under conscious sedation…'*

45. And a testimonial from a Dental Nurse who had worked with you over the past year:

> *'…Since meeting John in august 2024, I can honestly say I have never worked alongside someone as hardworking, dedicated, and trustworthy. His commitment to his job goes far beyond what is expected. He pays incredible attention to detail, keeps accurate and thorough notes, and often stays behind after hours to make sure everything is completed properly. Nothing is rushed, nothing is overlooked, he takes real pride in doing things the right way...'*

46. The Committee particularly noted the level of confidence in you as a professional and it is clear that your patients are prepared to travel great distances to see you specifically. These are to your credit and demonstrate, as you said in oral evidence, your focus on your patients. However, the Committee noted the single testimonial, above, which related to your record keeping and would have preferred to see more evidence around this aspect considering the charges.

47. The Committee considered sanction in ascending order of severity.

48. To conclude this case with no further action or a reprimand would be wholly inappropriate in the Committee's judgement, given the seriousness of your misconduct and the limited insight which you demonstrate.

49. Whilst Mr McCartney's submission on your behalf was that this case should be concluded with a reprimand if the Committee were to find current impairment, the Committee did not consider the factors indicated at paragraph 6.9 of the ISG in support of a reprimand to be evident. Rather, there is evidence to suggest that you would pose a risk to members of the public if you were to provide advanced sedation treatment again. You show only limited insight into your failings and your behaviour was not an isolated incident but was sustained over a period of years in relation to multiple patients. Your behaviour demonstrated a disregard for the standards of the profession in relation to record keeping and both advanced sedation and sedation generally. You were not acting under duress and you express no remorse for your serious failings which put patients at a real risk of harm when they were at their most vulnerable. Whilst you have taken some rehabilitative steps, these are inadequate in relation to advanced sedation where your remediation remains incomplete. The

Committee noted particularly that you have no fitness to practise history, but the misconduct in this case was not at the lower end of the spectrum.

50. Accordingly, the Committee determined that a reprimand would be insufficient to protect the public and to meet the wider public interest.

51. The Committee next considered whether to direct that your registration be made subject to your compliance with conditions for a period of up to 36 months, with or without a review.

52. The Committee considered that conditions restricting your practice could be formulated to protect the public. However, the Committee was not satisfied that this would be sufficient to mark the seriousness of your misconduct and to uphold and declare appropriate standards of conduct and behaviour.

53. The Committee considered that there was a lack of insight shown by you as to the risk to patients from your actions and omissions. You disregarded important professional standards and regulatory requirements in relation to sedation treatment and failed to recognise the importance of keeping appropriate records and the serious potential harm to patients that can result from having insufficient records. Over a period of around 18 years since your initial training, you failed to undertake adequate training or CPD activity in advanced sedation. This lack of training meant that you endangered the health of multiple patients when administering advanced sedation. You also endangered their health by not having two nurses present during treatment: one to care for the sedated patient to focus entirely on the vital signs of the patient, and the other to assist you in providing dental care during the sedation. You administered advanced sedation to multiple patients over a period of years even though you lacked the training and the support to do so safely.

54. In addition, you failed to recognise the risk from administering a dose of 20mg of Midazolam to Patient J on 21 January 2015 that, in conjunction with the dose of Fentanyl, exceeded the maximum advised dose of Midazolam.

55. There were substantial failings in your record keeping for multiple patients, including failures to record important clinical details about their sedation and any responses or complications which arose.

56. In the Committee's judgment, a more severe sanction than conditional registration is required to mark the seriousness of these wide-ranging failings in respect of which you demonstrate only limited insight. You fail to demonstrate that you recognise the full seriousness of your failings and the danger you put your patients in. Having regard to all the circumstances, the Committee determined that conditional registration would not be sufficient to meet the wider public interest, so as to maintain confidence in the profession and its regulation, whilst not ensuring public safety resulting from your lack of remediation with regard to advanced sedation. As indicated previously, the Committee accepted your assurance that you do not intend to offer advanced sedation in the future. However, considering the inherent dangers in advanced sedation and your lack of insight and remediation, the Committee had to consider the broader perspective.

57. The Committee next considered whether to direct that your registration be suspended for a period of up to 12 months, with or without a review. The Committee had regard to the number of charges which were admitted and found proved in relation to serious failings over a considerable period of time which endangered the health of numerous patients who had placed their trust in you as a clinician. The Committee considered your mitigating factors in

depth, particularly the length of time you have practised safely without restriction or incident since these events, your strong testimonials, and the considerable remediation which you have achieved as part of this regulatory process.

58. However, the Committee determined that a period of suspension is necessary to protect the public and to meet the wider public interest as explained above. Suspending your registration is necessary and proportionate to protect the reputation of the profession and to maintain public confidence in the regulatory role GDC. It would send a clear message to you, the public and the profession that such substantial record keeping and clinical failings, particularly in relation to sedation and advanced sedation where patients are at their most vulnerable, will not be treated lightly by the regulator.

59. The Committee considered that erasure was a possibility in this case. However, having regard to your mitigating factors, the Committee determined that erasure would be disproportionate given the passage of time since the index events, the length of time you have practised safely without restriction (including basic sedation), the strong testimonials in support of you and the remedial steps you have taken so far with the prospect of full remediation and insight being achieved as part of this regulatory process.

60. The period of suspension shall be for three months. In the Committee's judgment, this would strike the right balance of meeting the overarching objective of the GDC without unduly disrupting the continuity of care of your patients for whom alternative arrangements can be made by the practice to cover the period of your suspension. The period of three months should also give you time to reflect on the relationship between record keeping administrative procedures and overall patient health and safety.

61. The period of suspension shall be reviewed prior to its expiry. The reviewing Committee might be assisted in particular by evidence of your remediation in advance sedation, evidence of an understanding of the harm your failings could have caused to the patients and evidence of remorse and insight. The reviewing committee might also be assisted by evidence of effective record keeping over the prior 6-12 months before this hearing.

62. Accordingly, the Committee directs that your registration be suspended for a period of three months with a review.

63. The Committee now invites submissions on the question of an immediate order.

Stage Three

64. The Committee proceeded to Stage Three on 20 November 2025, where it heard submissions from both parties in relation to an immediate order.

Immediate order

65. The substantive suspension does not come into effect until the end of the appeal period or, if an appeal is lodged, until it has been disposed of. The appeal period expires 28 days after the date on which the notification of the determination is served on you.

66. In this regard, Mr Sykes made an application for an immediate suspension to be imposed on your registration. He referred the Committee to the ISG and submitted that paragraphs 42, 49, 53 and 56 of the Committee's determination, albeit not exclusively, indicate that the grounds for the imposition of an immediate suspension order have been met.

67. Mr McCartney submitted that the vast majority of these allegations are nine or ten years old and most recently date back to 2019 and that you have been practising without complaint or restriction for 6 ½ years. He therefore submitted that the protection of the public risk becoming a live issue within 28 days is so remote it could not possibly satisfy the hurdle of protecting the public. On the matter of public interest, Mr McCartney submitted that the Committee should consider its decision to impose a three-month suspension, which it determined was adequate to meet the public interest, and that it would be inconsistent to require a further 28 days of restriction in order to address the public interest concerns identified. Mr McCartney also submitted that considering the length of the sanction, a further 28-day period would be disproportionate. He also indicated that the 28-day period would also enable you to resolve your professional obligations to your patients.

68. The Committee heard and accepted the advice of the Legal Adviser regarding the grounds for imposing an immediate order and the principles to consider in making such a decision.

69. The Committee concluded that there have been no further issues raised in the 6 ½ years and that you are not working in a practice where you are offering sedation. It was highly unlikely that you would repeat the misconduct identified in this case within the next 28 days and that an immediate order was therefore not necessary on the ground of public protection.

70. In its consideration of public interest, the Committee was satisfied that a reasonable and fully informed member of the public would not be surprised to learn that you were permitted to practise during the 28-day appeal period until the substantive suspension order takes effect considering the Committee's reasons for imposing the substantive suspension, particularly in light of your 6 ½ years of clean practice & good character.

71. The Committee also noted that the imposition of an additional 28-day immediate suspension order was disproportionate to the substantive sanction determined, and unnecessary.

72. Having carefully considered the submissions and the legal advice provided, the Committee determined not to impose an immediate order in the particular circumstances of this case.

73. This will be confirmed to you in writing in accordance with the Act.

74. That concludes this determination.