Dental Professionals Hearings Service

PUBLIC DETERMINATION

PUBLIC HEARING
Professional Conduct Committee
Initial Hearing

24 August – 2 September 2026

Name:	MOGOTSI, Lefofa
Registration number:	80360
Case number:	CAS-211815-C3C4Q9

General Dental Council:	James Halliday, Counsel Instructed by Jalpa Patel, IHLPS
Registrant:	Present Represented by Andrew Colman, Counsel Instructed by Joanna Flowers, Medical Protection

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Fitness to practise:	Impaired by reason of caution
Outcome:	Fitness to Practise Impaired. Reprimand Issued

Committee members:	Susan Stevens	(Chair and Dentist Member)
	Jane Jones	(Lay Member)
	Joanne Brindley	(Dental Care Professional Member)
Legal adviser:	Trevor Jones	
Committee Secretary:	Kate Anderson	

Mr Mogotsi,

1. This was a Professional Conduct Committee (PCC) inquiry into the facts which formed the basis of the allegation against you that your fitness to practise is impaired by reason of a caution.

2. You were present at the hearing and represented by Mr Andrew Colman. Mr James Halliday, Counsel, appeared on behalf of the General Dental Council (GDC).

3. The hearing was held remotely on Microsoft Teams.

The Charges

4. The charge in this case is as follows:

   That being registered as a dentist Lefofa Mogotsi's fitness to practise is impaired by caution. In that:

   1. *On 05 August 2024, you were cautioned by West Midlands Police for Fraud by abuse of position on 01 March 2024 and 15 May 2024, contrary to s.1 (2) (c) + s.4 Fraud Act 2006.*

Background to the case and summary of allegations

5. Mr Halliday provided the Committee with oral submissions of the background of this case. He submitted that on 5 August 2024, you were cautioned by West Midlands Police for Fraud by abuse of position between 01 March 2024 and 15 May 2024. You accepted that you had done so, and hence received the caution.

6. Whilst working at the practice, you requested patients pay for treatment in cash, which you were then planning on sending as a charitable donation to a church in South Africa. You were treating patients outside of the NHS and charging less than the NHS rate, as the practice's NHS contract for that year had already been fulfilled. You were assisted in collection of the cash by two colleagues, but they are not being pursued for any further investigation by the regulator.

7. You had no intention of personal financial gain and re-paid all of the money to the practice. There was no financial loss to the practice. You had no intention of de-frauding the NHS.

8. Mr Halliday submitted that the Committee was to rely on the fact of the caution at this hearing in terms of dishonestly abusing your position to cause loss or potential risk of loss to the practice.

Your Admissions

9. Mr Colman submitted that you admitted the charge. He submitted that you had accepted your police caution, which was offered on the basis that you admitted to fraud by abuse of position between 01 March 2024 and 15 May 2024. Mr Colman

submitted that you accept that a verbal agreement between you and the practice owner about accepting payments in this way was not clear enough. He submitted that you accept that your behaviour was dishonest, although this was not apparent to you at the time. Your knowledge at the time was that you knew that the owner had not agreed in writing to the money going to charity. You now understand that accepting cash payments for treatments without express written agreement of the practice owner would be deemed as dishonest by a decent and well-informed member of the public.

10. The Committee asked questions of clarification to both Mr Halliday and Mr Colman, with respect to the extent of the allegation given the other evidence seen within the bundles. These included questions related to the normal practise of receiving payments at the practice, queries surrounding why cash only payments were requested and the explanation given to patients for this, how payments were recorded, and the reason for the absence of further evidence from the practice including witness statements and relevant documentation.

11. These questions were answered by both parties. Both parties confirmed that they did not intend on going beyond the fact of the caution itself. Mr Halliday confirmed on enquiry from the Committee that a caution is given when an unequivocal admission of guilt is made, and therefore the GDC did not seek any further statements or information from witnesses as it did not seek to go beyond the caution itself. This is the statutory ground upon which the GDC relies. Mr Colman submitted that further information regarding the matters could be confirmed at stage 2, where you intended on giving oral evidence.

12. Having heard your admissions and the clarifications of parties, the Committee accepted them, and in accordance with Rules 17(4) and 17(5) of the GDC (Fitness to Practise) Rules 2006, the Chair of the Committee announced the factual allegation that you had admitted as 'found proved' on the basis of your admissions and with the additional information provided to it.

Stage 2 of the proceedings

13. Following the admission to the charge, the hearing moved to Stage 2. At Stage 2, the Committee considered whether your caution meant that your fitness to practise is currently impaired. If it found that your fitness to practise is impaired, it would consider what sanction, if any, should be imposed.

Evidence

14. The evidence provided to the Committee by the GDC was both documentary and oral. The documentary evidence included the police documents relating to your caution.

15. The documentary evidence received by the Committee on your behalf in response to the allegations included your witness statement, NHS Performers List Decision Panel Outcome, the details of the charity, evidence of payments to the charity, evidence of payments to colleagues, self-reflections, evidence of CPD, payment

sheets from the practice, and other documents of correspondence with the Practice. The Committee also received two character testimonials.

16. You gave oral evidence at stage 2 of the hearing.

Your Oral Evidence

17. In your oral evidence you answered questions from Mr Colman, Mr Halliday, and the Committee.

18. You told the Committee that following the matters, you supported your two colleagues who lost employment at the practice due to the matters by paying their salaries whilst they were suspended and until they found new employment.

19. You explained to the Committee how you had in the past received substantial advance payments as loans from the practice, which you donated to charity. You informed the Committee of the previous verbal agreement you had in place with the practice owner in relation to using a loan advance payment to give to charity. You told the Committee that you thought you had a verbal agreement for a new arrangement in March 2024, and that verbal agreements were standard practice between you and the practice owner. As part of your evidence in chief, you adopted your witness statement which states *'I accept that no formal agreement was reached and that I made an incorrect assumption regarding the principal's understanding and approval of the agreement'.*

20. You told the Committee about the process of collecting the payments for charity from March 2024 to May 2024 and that patients would pay you in cash. These were kept in sealed brown envelopes and documented in a paper ledger. You informed the Committee that you and your colleagues told patients in advance of their appointments that the card machine was broken, and that this was the reason for treatments being paid for in cash. You were not made aware of any patients questioning the need for cash payments at the time.

21. You informed the Committee that in hindsight you realise that you should have received written permission from the practice owner to accept payments in this way and to donate them to charity. In response to questions from Mr Halliday, you confirmed that you were '*blinded by'* your desire to help the charity. You however accept that an informed member of the public would be shocked by your behaviour. You told the Committee that you now understand that this was wrong. Your self-reflections confirm your learning.

22. You answered questions in relation to a workplace conflict between you and the practice owner that had been noted in some of your reflective pieces. You told the Committee that there were 3 reasons for conflict. These were that your payment rates had not been increased at the practice for some time, you had offered to buy the practice when it was put up for sale but this had not been accepted, and that you were unhappy with some of the work arrangements in that you did not want to work at one of the sites within the practice group. You however informed the

Committee that the conflicts did not affect your wish to use the money from patient treatments to donate to charity.

23. You told the Committee that no risk or potential risk to patient care was caused by your acceptance of cash payments for treatments. You informed the Committee that you recorded all of the treatment details as usual on the 'Software of Excellence' computer system.

24. You told the Committee that you have worked as a dentist since the matters took place, at a different practice. You most recently worked until April 2026.

Submissions

25. Mr Halliday, on behalf of the GDC, accepted that you made no financial gain and that you returned all of the money to the practice. He submitted that you stated in both written and oral evidence that you did not appreciate that you were dishonest at the time, but that you now understand. Mr Halliday submitted that you were so intent on donating money to charity, that you were *'blinded'*, and there was a lack of transparency in your behaviour. He submitted that the matter was not short lived, but that it was consistent and was a pervasive lapse of judgement. Mr Halliday reminded the Committee that it must confine itself to the matter of the police caution only.

26. Mr Halliday confirmed that you did not dispute that the caution related to you, and as such the statutory ground of a "caution" is made out.

27. Mr Halliday next made submissions in relation to current impairment. He referred to the relevant case law and the GDC Guidance, and submitted that impairment can be considered in two parts: the public protection component and the public interest component.

28. Mr Halliday submitted that impairment could be found on both grounds in this matter. In respect of public protection, he submitted that whilst no harm was caused to patients and that their care was not affected, they were lied to by being informed that the cash machine was not working. Mr Halliday also submitted that the dental practice is included within the definition of the 'public' and that there was serious potential for the practice's finances to be affected by the fraudulent conduct which would in turn affect patient care. Mr Halliday submitted that whilst reflections and CPD had been provided, there were some gaps in terms of learning, they are mostly dated 2024 and only one document from 2026 has been provided, and there is no consistent evidence of remediation. Mr Halliday submitted that you were blindsided by your wish to help charity which impacted your ability to properly analyse the situation. He therefore submitted that you are at risk of repeating the conduct. Mr Halliday consequently submitted that there was an ongoing public protection risk.

29. In respect of public interest, Mr Halliday submitted that a finding of current impairment was required. He submitted, with the public interest in mind and with reference to the Guidance, your dishonesty was more than minor in nature and was

an abuse of your trusted position as a dental professional, breaching a fundamental tenet of the profession. Mr Halliday submitted that your actions took place over a period of time, related to a significant sum of money, and there was the 'potential' to defraud. He submitted that this behaviour brought the profession into disrepute now and had the potential to in the future if you were 'blindsided' again. Mr Halliday also submitted that it was not appropriate to accept cash for treatment under the false premise that the card machine was not working. In order to maintain the public's confidence in the dental profession, he submitted that a finding of current impairment should be made.

30. Mr Halliday lastly addressed the Committee on the matter of sanction. He submitted that the Committee must consider proportionality and consider the range of sanctions available to it. Whilst any sanction is not designed to be punitive, it may have that effect. He submitted that there were mitigating factors that the Committee must consider such as your previous good character in not having a previous ftp history, there is no suggestion that this was 'more than a one-off', you did not gain financially, the practice experienced no loss, you have completed some remediation, and the money that was fraudulently accepted was for a good cause. He then went on to submit that there were aggravating factors to be considered, these being that it was 'pre-meditated conduct and over months', that whilst you did not gain financially there was a potential financial gain for others, and it was an abuse of your trusted position as a dental professional.

31. Mr Halliday submitted that a sanction of suspension should be imposed on your registration. He submitted that a lesser sanction would not protect the public. He submitted that concluding with no further action or imposing a reprimand would not be sufficient to satisfy the public interest. He also submitted that appropriate conditions could not be formulated in relation to your behaviour. Mr Halliday submitted that erasure was disproportionate in this case as there was no evidence of you having a deep-seated attitudinal problem in your conduct.

32. Mr Halliday submitted that your conduct was serious, including an 'offence' which related to dishonesty. He submitted that you accepted the police caution and therefore had accepted that you were guilty of the offence of fraud by abuse of position. Mr Halliday submitted that whilst there has been no repetition of the conduct, the balancing exercise of risk weighs in favour of imposing a sanction of suspension. He submitted that the suspension should be in place for 6 to 9 months to allow you time for remediation and to develop insight in time for a review.

33. Mr Colman, on your behalf, submitted that the Committee must only focus on the matter of the caution. There is no allegation of misconduct relating to misleading patients about the card machine or involving other staff members in that deception. He submitted that you have properly conceded that you were wrong to do this and that you were carried away by your desire to donate to the church. Mr Colman reminded the Committee that it was not here to sanction you for deceiving patients. He submitted that the wording of the caution specifically relates to financial loss to the practice, and that the Council are unable to add deceiving the patients into the caution.

34. Mr Colman submitted that NHS England also investigated this matter and unanimously agreed that it should be closed with no further action to be taken.

35. Mr Colman reminded the Committee that is not bound by either the police or NHS decisions. However, as considered and reasoned decisions of public bodies, in full possession of the facts, and charged with similar duties as the Committee to protect the public and the public interest, it would be wrong to leave them out of account. He suggested that the Committee give them considerable weight.

36. Mr Colman submitted that you are a discreet but generous donor to charity, as confirmed in the testimonials provided. The Committee has evidence, because of its specific request, of some of your payments and they are in very considerable sums. For example, the £20,000 advance in February of 2024 and the electronic payment transfers to the other two members of staff.

37. Mr Colman submitted that it has been accepted that there was no personal gain in this case. The result of your abortive plan to raise cash for charity was actually a substantial financial loss to you, after you paid the wages of the other two members of staff sacked as a result, for 5 months. He submitted that it is unsurprising, therefore, that there is no specific allegation of dishonesty as misconduct.

38. Mr Colman submitted that patient payments of cash in brown envelopes, turned out, on proper enquiry, to be an adaptation of a pre-existing and innocent mechanism for handling cash in the practice.

39. Mr Colman addressed the Committee on the matter of current impairment. He submitted that you accept that a caution for dishonest fraud inevitably impacts on public confidence in the profession and brings the profession into disrepute. You have expressed remorse and demonstrated considerable insight in that respect. You respect that repairing the damage that you have caused requires a finding of impaired fitness to practise in the public interest.

40. Mr Colman submitted that the position is different when it comes to the personal element of impairment. This lapse is without precedent or repetition in your lengthy career and is truly an isolated episode. He submitted that you have undertaken appropriate remediation and apposite reflections. There is no prospect of any repetition and no risk to the health, safety and wellbeing of the public.

41. Mr Colman lastly addressed the Committee on the matter of sanction. Mr Colman reminded the Committee that it had the statutory authority and powers to decide to conclude the case the case with no further action, despite the guidance suggesting that once current impairment is found, the automatic next step is to consider which sanction to impose.

42. Mr Colman referred the Committee to the Guidance, and the mitigating and aggravating factors that may be considered. He submitted that nearly all of the mitigating factors apply to you, but that in contrast, barely any of the aggravating factors listed do. Mr Colman also submitted virtually all of the factors listed in the Guidance that make a reprimand appropriate apply to you in this case.

43. Mr Colman submitted that any member of the public's reaction that the Committee may consider in making its decision, would be a well-informed member. He submitted that they would know that you were only trying to assist some of the poorest and neediest people in the world and would understand that severity of sanction is not required.

44. Mr Colman submitted that suspension, as suggested by the Council, is neither necessary nor proportionate in this case. It would prevent you from the exercise of your profession and preclude the public from the potential to benefit from your dental services. He submitted that it would be more punitive than protective, and urged the Committee to consider a reprimand at most instead.

45. The Committee asked some further questions of clarification to parties regarding their position on impairment on the grounds of the protection of the public. In further discussions, Mr Colman confirmed that the caution you received is the limit of the Committee's remit of what it may consider, and that lying to patients was not a part of the caution. Mr Halliday agreed with Mr Colman and in response withdrew his earlier submissions that the element of lying to patients about their payments was a factor for the Committee to consider in whether your fitness to practise is currently impaired on the public protection ground. The Committee therefore considered that whilst it had heard evidence on these matters during cross-examination and in submissions, it would not consider these in its decision.

Committee's Decision

46. The Committee noted that it was not being asked to consider misconduct, as the statutory ground of a caution had been met. This is the statutory ground that the Committee accepts has been made out.

47. The Committee has borne in mind that its decisions on impairment and sanction are matters for its own independent judgment. There is no burden or standard of proof at this stage of the proceedings. In exercising its judgement, the Committee had regard to the overarching objective of the GDC, which is: the protection, promotion and maintenance of the health, safety, and well-being of the public; and the promotion and maintenance of proper professional standards and conduct for the members of the dental profession.

48. The Committee had regard to the *GDC's* Guidance document, *'Fitness to Practise: Guidance for the practice committees' (6 January 2026)* (the GDC's Guidance) and the relevant case law. The Committee also received advice from the Legal Adviser which it accepted.

Impairment

49. The Committee considered whether your fitness to practise is currently impaired by reason of your caution on the grounds of the protection of patients and/or is in the wider public interest.

50. The Committee first considered whether your fitness to practise is currently impaired on the public protection ground. Having assessed the case in its entirety, the Committee noted that there was no evidence that patients were harmed or placed at risk of harm, there was no evidence that the practice made a financial loss, you did not gain financially, you re-paid the money to the practice once you were aware of the fraudulent nature of your behaviour, and you provided evidence that you compensated staff who were affected by the matters.

51. The Committee noted that there is evidence of significant insight and remorse into your actions from your reflections, written statements, and your oral evidence at this hearing.

52. The Committee considered that you took remedial action in the form of immediately paying the money back to the practice and paying the salaries of your two colleagues who lost employment at the practice following this episode. You also described how you would act differently in the future. It noted from your witness statement that *'I have learned that integrity requires consistency, especially when decisions are difficult. I no longer measure my actions solely by my intentions but by whether they are transparent, ethical and capable of withstanding public scrutiny.'*

53. The Committee was satisfied that the risk of reoccurrence was low and that in future you would not be 'blinded' by your desire to donate to charity. Your reflections state '*One of the most important lessons I learned was that honesty is not simply about believing that one is acting for a good cause. It requires openness, accountability and obtaining proper consent before acting. I realised that good intentions can never justify poor judgment. As a healthcare professional, I am expected to maintain the highest ethical standards at all times because patients, colleagues, employers and the public must have complete confidence in my integrity.'*

54. The Committee was satisfied that your fitness to practise is not currently impaired on the public protection ground.

55. The Committee next considered the wider public interest. It was satisfied that the public interest considerations were engaged given that your behaviour was deemed serious enough to warrant a police caution. The Committee deemed the behaviour that led to your caution to be a significant departure from the standards expected of you as a registered dental professional, in that you were dishonest whilst committing fraud by abuse of your position which is inherently serious. The Committee considered your dishonesty to be more than minor in nature given the subsequent police caution. Whilst the Committee did take note of your remediation and remorse, it was not satisfied that these outweighed the serious nature of dishonesty and the abuse of your privileged and trusted position as a dentist. The Committee determined that an informed member of the public would be shocked by a registered dental professional behaving in such a way. In its view, public confidence in the profession would be undermined if a finding of impairment were not made in the circumstances of this case. The Committee therefore determined that your fitness to practise is currently impaired on the wider public interest ground.

56. Accordingly, the Committee has determined that your fitness to practise is currently impaired by reason of your caution on the public interest ground only.

Sanction

57. The Committee next considered what sanction, if any, to impose on your registration. It recognised that the purpose of a sanction is not to be punitive although it may have that effect. The Committee applied the principle of proportionality balancing your interest with the public interest. It also took into account the *GDC's Guidance*.

58. The Committee considered the mitigating and aggravating factors in this case and took into consideration the relevant paragraphs in the *GDC's Guidance* on these matters.

59. The mitigating factors in this case were that:
    - You have previous good character
    - There was no financial or other gain on your part
    - There is evidence of good conduct following the incident in question- in that you immediately returned the money to the practice, financially supported the staff members who were suspended and employment later terminated for their involvement, and there has been no repetition since the incident
    - There is evidence of remorse, insight and/or apology in your extensive CPD and self-reflections
    - Your motivation appeared to be good in that you wanted to donate the money to charity

60. The aggravating factors in this case were that:
    - It was premeditated conduct
    - It was an abuse of trust and an abuse of your professional position

61. The Committee noted that you have no previous fitness to practise history.

62. The Committee considered whether the behaviour was an isolated episode or a sustained pattern of behaviour. The Committee noted that whilst multiple cash payments were made between March 2024 and May 2024, the episode that led to the caution stemmed from a single misunderstanding and was therefore isolated.

63. The Committee also took into account the testimonials provided by yourself in relation to the matters at the hearing. It noted that these were positive and described you as a man of integrity, compassion, and generosity, who had made a serious mistake for which you received a caution, but your motivation was to help others.

64. The Committee decided that it would be inappropriate to conclude this case with no further action. It noted from the Guidance that this was an option available to it, but that the circumstances in which a Committee might be justified in taking such a decision are likely to be rare.

65. The Committee had regard to the submissions made by Mr Colman in regards to GMC V Uppal 2015 EWHC 1304 (admin) and the decision from the NHS England Performers List Decision Panel. Mr Colman conceded that the Committee is not bound by these decisions. The Committee took account of Mr Colman's submissions and considered these alongside the GDC's overarching objective, which includes the promotion and maintenance of proper professional standards and conduct for the members of the dental profession. It found that when dealing with the public interest issues in your case, concerning dishonest behaviour over a period of time albeit as a result of a singular misunderstanding, and in line with the Guidance outlined above, action is required to be taken in respect of your registration.

66. The Committee determined that taking no further action would not satisfy the public interest given that the behaviour was serious enough to warrant a police caution. It considered that your police caution related to fraud and dishonesty within the workplace, which was an abuse of your trusted position as a dentist. The Committee noted that it is fundamental requirement under the Standards that registrants are honest. It determined that in being dishonest, your behaviour had the potential to undermine public confidence in the profession and bring the profession into disrepute. The Committee therefore determined that imposing a sanction was necessary given the serious matters found proved.

67. The Committee next considered a sanction of a reprimand. The Committee noted the Guidance, which states the following:

> *A reprimand may be suitable where most of the following factors are present:*
>
> *a. The issues identified are at the lower end of the scale of seriousness.*
> *b. There is no evidence to suggest the dental professional poses any risk to the public.*
> *c. The dental professional has shown insight into their failings.*
> *d. The behaviour was an isolated incident.*
> *e. The behaviour was not deliberate.*
> *f. The dental professional has genuinely expressed remorse.*
> *g. There is evidence the dental professional has taken rehabilitative/corrective steps.*
> *h. The dental professional has no adverse fitness to practise history with the GDC.*

68. The Committee considered that the majority of these factors were applicable in your case. It considered that whilst the matters were serious in that they resulted in a police caution, there is a low risk of repetition given the noteworthy steps you have taken towards remediation and insight, and you have evidenced consistent remorse in both oral and written evidence. The Committee noted that you had repeatedly stated that you would not act in this manner again, in both oral evidence and in your written statements and reflections, and it considered that there was not much more that you could do to reassure it of this fact.

69. The Committee considered that you did not set out to be dishonest, nor did you intend to gain personally. Whilst the behaviour spanned a period from March to May 2024, this episode of behaviour was isolated, and stemmed from a singular misunderstanding and failure to gain a clear written understanding between you and the practice owner. The Committee noted that you have no previous fitness to practise history in a lengthy career as a dentist. You did not gain financially, you immediately repaid the money to the practice, and you did not cover up or deny any of the behaviour.

70. You have consistently stated throughout investigations by the police, NHS England, and the GDC that you believed you did have an agreement in place with the practice owner at the time. The Committee noted from your evidence that there was a history of loan advances to enable you to make charitable donations at the practice, which may have further contributed to a misunderstanding.

71. The Committee however did note from the Guidance that dishonesty falls on the higher end of the scale of seriousness, and therefore also gave due consideration to more restrictive sanctions.

72. The Committee considered whether a sanction of conditions could be imposed. However, it determined that workable conditions could not be formulated to adequately address issues of dishonesty and given the lack of clinical issues in this case, conditions would be both inappropriate and unworkable.

73. The Committee next considered whether a sanction of suspension should be imposed. The Guidance states that:

> *Suspension may be appropriate when all, or some, of the following factors are present:*
>
> *a. There is evidence of repetition of the behaviour.*
> *b. The registrant has not shown insight into the issues which led to a finding of current impairment being made, and/or poses a significant risk of repeating the behaviour.*
> *c. A lesser sanction would be insufficient to meet the public interest.*
> *d. There is no evidence of harmful deep-seated personality or professional attitudinal problems (which might make erasure the appropriate order).*

74. The Committee considered that your caution was for a serious matter, including dishonesty which is inherently serious in nature. However, it balanced the seriousness of this behaviour against the careful examination of all of the information in this case, including that you did not set out to be dishonest nor did you seek any financial gain for yourself. These events stemmed from a singular misunderstanding and were not demonstrative of a harmful deep-seated personality or professional attitudinal problem. You made full admissions and were open and consistent throughout the investigations. The Committee noted that you have demonstrated genuine remorse, insight, including the impact on your colleagues and the wider profession, and remediation by way of in-depth and thoughtful self-reflections and CPD learning.

75. Whilst the matter is serious, the Committee considered that an informed member of the public, having heard all of the evidence at this hearing and balanced this against the serious fact of the caution, would be satisfied that a lesser sanction was sufficient to meet the public interest. For these reasons, the Committee determined that a sanction of suspension was disproportionate and inappropriate in this case.

76. The Committee therefore determined that a sanction of a reprimand was the proportionate and appropriate sanction to impose. It was satisfied that this would sufficiently address the public interest ground upon which it had determined that your fitness to practise is currently impaired.

77. The Committee therefore determined that a reprimand should be recorded against your name in the Register. The fact of this reprimand, and a copy of this determination, will appear alongside your name in the Register for a period of 12 months. The reprimand forms part of your fitness to practise history and is disclosable to prospective employers and prospective registrars in other jurisdictions.