

PART HEARD IN PRIVATE HEARING
Professional Conduct Committee
Initial Hearing

7 – 10 April 2026

Name: AYDON, Ashley Alexandra

Registration number: 216684

Case number: CAS-201193

General Dental Council: Tom Stevens, Counsel
Instructed by Capsticks

Registrant: Present
Unrepresented

Fitness to practise: Impaired by reason of Ground of Impairment

Outcome: Suspension (with a review)

Duration: 6 Months

Immediate order: Immediate suspension order

Committee members: Gaon Hart (Chair and Lay Member)
Sarah Benton (Dentist Member)
Christopher Parker (Dental Care Professional Member)

Legal adviser: Julian Weinberg

Committee Secretary: Kate Anderson

At this hearing the Committee made a determination that includes some private information. That information shall be omitted from any public version of this determination and the document marked to show where private material is removed.

Miss Aydon,

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 misconduct.
2. You were present at the hearing and unrepresented. Mr Tom Stevens, Counsel, appeared on behalf of the General Dental Council (GDC).
3. The hearing was held remotely on Microsoft Teams.

Preliminary Matters

Application for the hearing to be held in private

4. At the beginning of the hearing, a joint application was made for the hearing to take place partly in private pursuant to Rule 53(1) and (2) of the GDC (Fitness to Practise) Rules 2006 (the Rules). Mr Stevens submitted that there are matters in this case that would refer to your health and family life, and that these matters should be held in private given their highly sensitive and confidential nature. You supported this application and made no further comments. The Committee heard and accepted the advice of the Legal Adviser as to the provisions of the Rules and the approach it should take to its decision.
5. The Committee bore in mind that, as a starting point, hearings should be conducted in public. However, having regard to the particular circumstances of your case, the Committee determined that parts of the hearing that refer to your health and family life should be held in private to protect your private and family life. The Committee was satisfied that this outweighed the public interest in open hearings. It therefore acceded to the application.

Rule 25- Joinder application

6. Mr Stevens next made an application for joinder under Rule 25(2) of the Rules. The application was to join two new allegations and add one further detail to one of the existing charges.
7. Rule 25(2) states that:

Where—

- (a) an allegation against a respondent has been referred to a Practice Committee,*
- (b) that allegation has not yet been heard, and*
- (c) a new allegation against the respondent which is of a similar kind or is founded on the same alleged facts is received by the Council,*

the Practice Committee may consider the new allegation at the same time as the original allegation, notwithstanding that the new allegation has not been included in the notification of hearing.

8. The charge that was set out in the Notice of Hearing is as follows:

That being a registered Dental Care Professional, whilst employed as a Practice Manager at Practice A (as identified in Schedule A):

1. *Between July 2021 and 27 January 2022, you failed to ensure Practice A's fire logbook was fully completed.*
2. *You failed to ensure all cupboards and/or drawers within Practice A were adequately cleaned, on or around 12 January 2022.*
3. *By 12 January 2022, you failed to ensure:*
 - a. *all staff at Practice A were familiar with BUPA's 'Winter COVID SOP';*
 - b. *BUPA's 'Winter COVID SOP' was being fully implemented;*
 - c. *Practice A had in place a written complaints procedure, that all staff members were aware of;*
 - d. *Practice A had a written complaints procedure on display in the Practice;*
 - e. *all clinical staff at Practice A were familiar with BUPA's 'Wrong Site, Wrong Patient' SOP;*
 - f. *Practice A's 'sharps safety' posters were up-to-date;*
4. *By 27 January 2022, you failed to ensure:*
 - a. *Practice A's safeguarding chart was up-to-date;*
 - b. *Practice A had in place an effective system for the management of referrals.*
5. *Between 20 September 2019 and 31 January 2022, you failed to ensure Practice A had adequate systems in place to ensure decontamination validation tests (Helix tests) were:*
 - a. *performed sufficiently regularly;*
 - b. *recorded appropriately.*
6. *You failed to ensure equipment at Practice A was appropriately maintained and/or fit for use, in that:*
 - a. *between July 2021 and 27 January 2022, you failed to ensure damaged x-ray equipment, found in surgery 4 of Practice A, had been appropriately repaired;*
 - b. *you did not ensure compressor checks were conducted and/or recorded from 1 to 12 January 2022;*
 - c. *by 12 January 2022, you did not ensure Practice A had a working illuminated magnifier;*
 - d. *by 27 January 2022, you did not ensure all hand pieces had been serviced.*

7. *You failed to ensure medicines in Practice A were being appropriately managed, resulting in:*
 - a. *expired adrenaline (found by witness 1 on 12 January 2022) not being removed from an emergency drugs kit;*
 - b. *expired local anesthetic cartridges (found by witness 1 on 12 January 2022) not being removed from surgery 2, in Practice A;*
 - c. *the fridge temperature checklist for Practice A, not being completed at any time, between 1 and 12 January 2022;*
 - d. *local anaesthetic cartridges, (found in surgery 1 of Practice A, by Witness 2, on 27 January 2022), not being stored in blister packs until the point of use.*

8. *You failed to ensure staff at Practice A were appropriately trained and/or competent to fulfil the rolls assigned to them, in that:*
 - a. *you did not ensure Witness 3 was:*
 - i. *fully aware of her duties and responsibilities as Practice A's Infection Prevention and Control (IPC) Lead;*
 - ii. *sufficiently trained and/or competent to safely fulfil the role of IPC Lead;*
 - b. *you did not ensure Witness 4 was:*
 - i. *sufficiently trained and/or competent to safely fulfil the role of Fire Marshall at Practice A;*
 - ii. *provided with any appropriate training, after she told you she was uncomfortable completing fire safety checks and filling out the fire logbook;*
 - iii. *provided with any training on COVID pre-treating protocols;*
 - c. *you did not ensure Witness 5 was provided with appropriate training, in advance of becoming Practice A's Practice Coordinator.*

9. *By 27 January 2022, you failed to adequately respond to all of the areas of concern highlighted by witness 1 following their visit to Practice A on 12 January 2022.*

10. *Your conduct in some or all of Charges 1 to 9 above put patient safety at risk.*

11. *From 25 April 2023 to 18 October 2023, you failed to cooperate with an investigation conducted by the General Dental Council (GDC), in that you did not return a completed 'consent for health assessment' form to the GDC.*

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

9. The new allegations that the GDC applied to add to the existing charge are as follows:

10. Your conduct in some or all of Charges 1 to 9 above put patient and/or staff safety at risk.

11. On 27 January 2022, you told Witness 2 that you had discussed BUPA's Winter Covid SOP during a team meeting in December, or words to that effect.

12. Your Conduct in Charge 11 was:

- a. Misleading;**
- b. Lacking in integrity;**
- c. Dishonest – in that you knew what you told Witness RW was not true.**

10. Mr Stevens told the Committee that original allegation 11 would now become allegation 13. The matters set out in allegation 10 of including staff safety and the probity matters at allegation 11 and 12 were uncovered by the GDC during the course of its investigation and the expert report it had commissioned. He submitted that the new allegations stem from the same information before the Committee, and that the probity allegations flow from the body of evidence of the clinical governance concerns. He therefore submitted that the allegations fall within the requirements of Rule 25(2). He also submitted that it was in the interests of justice to join these allegations so that there was no delay in resolution. You agreed to the joinder, as requested.

The Committee's decision on the Rule 25 application for joinder

11. In reaching its decision, the Committee considered all the evidence before it. It took account of the submissions made by both parties. The Committee accepted the advice of the Legal Adviser.

12. The Committee first satisfied itself that you had been properly notified of the GDC's intention to make an application for joinder, as required by Rule 25(3). The Committee noted that a Rule 25 notice letter, dated 10 February 2026, was sent to you by email. That notice letter set out the proposed new allegations, this letter also noted that your representative at the time had indicated on 21 October 2025 that no objections would be raised to the proposed application for these matters to be included under Rule 25.

13. In all the circumstances, the Committee was satisfied that you had been duly notified of the GDC's intended Rule 25(2) application.

14. The Committee next considered the application itself. It had regard to the provisions of Rule 25(2) as set out above. The Committee was satisfied that the requirements of Rules 25(2)(a) and (b) were met, given that allegations against you had been referred to it for consideration, and that those allegations were yet to be heard, as the hearing was still at the preliminary stage.

15. The Committee was also satisfied that the requirement in Rule 25(2)(c) had been met. It considered that the proposed new allegations were of a similar kind to those included in the original Notice of Hearing, and that the detail of the new matters are founded on the same alleged facts.
16. Accordingly, the Committee determined to accede to the GDC's Rule 25 application for joinder.

Your Admissions

17. The Committee next heard your admissions to the charge. You informed the Committee that you admitted charges 1 to 10 (including the addition to charge 10 of staff safety) and charge 13, which were the allegations previously admitted when they were provided to you when you had legal support.
18. You denied charges 11 and 12, including that you did not discuss BUPA's winter covid SOP during a team meeting and that this conduct was misleading, lacking in integrity, and dishonest, on the basis that you could not recall the incident four years later.
19. Having heard your admissions, 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 allegations that you had admitted as 'found proved' on the basis of your admissions.

Background to the case and summary of allegations

20. In opening the case for the GDC, Mr Stevens provided the Committee with oral submissions of the background of this case. He submitted that you are a dental nurse and that concerns were raised about clinical governance in your work as a practice manager at a BUPA practice between 2021 and 2022. Mr Stevens provided a background to the case. He submitted that the GDC received a complaint from BUPA and stated that the concerns were subsequently referred to the Professional Conduct Committee by the GDC's Case Examiners.
21. In its investigation, the GDC discovered further allegations in relation to allegedly telling witness 2 that a meeting had taken place which was untrue, and subsequent probity concerns which were the basis for the application for joinder under rule 25. Following today's joinder application being granted, the charges now refer to clinical governance matters and additionally, probity concerns.
22. Mr Stevens submitted that given your admissions to the charges relating to clinical governance, he intended to focus on charges 11 and 12 only. These related to telling witness 2 that a meeting had taken place which was allegedly untrue, and this conduct being misleading, lacking in integrity, and dishonest. Mr Stevens submitted that there was ample evidence before the Committee that the information you told witness 2 about having held a meeting in regard to the Covid Winter SOP was not true. He

submitted that the information provided by witness 1, 4 and 5 all support this submission.

23. Mr Stevens also submitted that witness 2's evidence was that during her meeting with you on 27 January 2022, you indicated that you had held a meeting with staff, one month earlier in December 2021, and discussed the Covid Winter SOP. You indicated to witness 2 that you had minutes recording those discussions. You left the meeting to obtain those minutes. After a period of time, witness 2 saw you amending those alleged meeting minutes. Witness 2 also noticed, that the minutes had originally been drafted only the day before the meeting of the 27 January 2022 (according to the Microsoft Word document properties). Once she questioned you on your actions and whether this meeting took place, you stated '*I'll just say no*'. Mr Stevens submitted therefore that there is evidence that your conduct was misleading, lacked integrity, and was dishonest. He submitted that you have a duty not to mislead in your professional role. He also submitted that the evidence suggests that you knew that the meeting detailed in allegation 11 was not held, and this was therefore lacking in integrity and dishonest in that you lied to an investigator whilst under investigation.

Evidence

24. The evidence provided to the Committee by the GDC was documentary. The documentary evidence comprised of:

- Witness statement of witness 1 dated 25 September 2025 (as well as various exhibits including audit reports, company policies, correspondence between you and the witness, and pictures of the practice)
- Witness statement of witness 2 dated 3 September 2025 (as well as various exhibits including audit reports and formal meeting notes from 27 January 2022)
- Witness statement of witness 3 dated 15 August 2025 (as well as an exhibit of formal meeting notes from 27 January 2022)
- Witness statement of witness 4 dated 12 August 2025 (as well as an exhibit of formal meeting notes from 2 February 2022)
- Witness statement of witness 5 dated 15 August 2025 (as well as an exhibit of formal meeting notes from 27 January 2022)
- Witness statement of witness 6 dated 3 September 2025 (as well as various exhibits such as the report of the closure of the Practice and documents relating to company policies)
- Witness statement of witness 7 dated 10 September 2025 (as well as various exhibits including documents relating to Performance Improvement Plans, a letter received from staff at the Practice, and notes of meetings)
- Witness statement of witness 8 dated 3 September 2025 (including exhibits relating to correspondence with the GDC)
- The expert report of Mr Nikolai Stankieweski dated 9 September 2025.

24. The Committee heard no oral evidence.

25. The documentary evidence received by the Committee on your behalf in response to the allegations were your two witness statements dated 30 January 2026 and 25 February 2026, your CV, an email dated 7 April 2026 discussing your remediation, and a bundle including all of your recent CPD certificates and a character reference.
26. In addition, you gave submissions to the Committee in relation to the alleged facts. You submitted that you accept that your conduct fell below the standards expected, but that you are an open and honest person. You submitted that honesty and integrity have never been a problem in any other role you have worked, as reflected in your character reference. [PRIVATE]
27. The Committee asked you questions of clarification in relation to your submissions and documentations. You provided some further background as to the working environment and your relationship with managers during the time of the allegations.
28. You were asked about your witness statement and your admission in your email dated 7 April 2026 stating, *'I fully accept the allegation of dishonesty in relation to documentation'*. You clarified orally that you cannot dispute witness 2's account of your actions during the meeting of 27 January 2022, due to the passage of time since that meeting. Therefore, this admission in your email was purely on the basis that you could not remember the incident.

The Committee's findings of fact

29. The Committee considered all the evidence presented to it, both documentary and oral. It took account of the closing submissions made by Mr Stevens on behalf of the GDC and those made by yourself.
30. The Committee accepted the advice of the Legal Adviser, including in relation to the burden and standard of proof, the need to consider the alleged matters separately, the need to have regard to the specific wording of each allegation and how to approach the evidence. The Committee also noted the Legal Adviser's comments regarding the admissions made by you in this case.
31. In making its findings on the facts, the Committee bore in mind that the burden of proof rests with the GDC. There was no requirement for you to prove anything. Also, that the standard of proof is the civil standard, that is, whether the alleged facts are proved on the balance of probabilities. The Committee has had to decide whether it is more likely than not that the alleged matters are proved.
32. The Committee considered each head of charge separately and made the following findings:

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1	<p><i>Between July 2021 and 27 January 2022, you failed to ensure Practice A's fire logbook was fully completed.</i></p> <p>Admitted and Proved</p>
2	<p><i>You failed to ensure all cupboards and/or drawers within Practice A were adequately cleaned, on or around 12 January 2022.</i></p> <p>Admitted and Proved</p>
3	<p><i>By 12 January 2022, you failed to ensure:</i></p>
3a	<p><i>all staff at Practice A were familiar with BUPA's 'Winter COVID SOP';</i></p> <p>Admitted and Proved</p>
3b	<p><i>BUPA's 'Winter COVID SOP' was being fully implemented;</i></p> <p>Admitted and Proved</p>
3c	<p><i>Practice A had in place a written complaints procedure, that all staff members were aware of;</i></p> <p>Admitted and Proved</p>
3d	<p><i>Practice A had a written complaints procedure on display in the Practice;</i></p> <p>Admitted and Proved</p>
3e	<p><i>all clinical staff at Practice A were familiar with BUPA's 'Wrong Site, Wrong Patient' SOP;</i></p> <p>Admitted and Proved</p>
3f	<p><i>Practice A's 'sharps safety' posters were up-to-date;</i></p> <p>Admitted and Proved</p>
4	<p><i>By 27 January 2022, you failed to ensure:</i></p>
4a	<p><i>Practice A's safeguarding chart was up-to-date;</i></p> <p>Admitted and Proved</p>
4b	<p><i>Practice A had in place an effective system for the management of referrals.</i></p> <p>Admitted and Proved</p>



5	<i>Between 20 September 2019 and 31 January 2022, you failed to ensure Practice A had adequate systems in place to ensure decontamination validation tests (Helix tests) were:</i>
5a	<i>performed sufficiently regularly;</i> Admitted and Proved
5b	<i>recorded appropriately.</i> Admitted and Proved
6	<i>You failed to ensure equipment at Practice A was appropriately maintained and/or fit for use, in that:</i>
6a	<i>between July 2021 and 27 January 2022, you failed to ensure damaged x-ray equipment, found in surgery 4 of Practice A, had been appropriately repaired;</i> Admitted and Proved
6b	<i>you did not ensure compressor checks were conducted and/or recorded from 1 to 12 January 2022;</i> Admitted and Proved
6c	<i>by 12 January 2022, you did not ensure Practice A had a working illuminated magnifier;</i> Admitted and Proved
6d	<i>by 27 January 2022, you did not ensure all hand pieces had been serviced.</i> Admitted and Proved
7	<i>You failed to ensure medicines in Practice A were being appropriately managed, resulting in:</i>
7a	<i>expired adrenaline (found by witness 1 on 12 January 2022) not being removed from an emergency drugs kit;</i> Admitted and Proved
7b	<i>expired local anesthetic cartridges (found by witness 1 on 12 January 2022) not being removed from surgery 2, in Practice A;</i> Admitted and Proved
7c	<i>the fridge temperature checklist for Practice A, not being completed at any time, between 1 and 12 January 2022;</i>



	Admitted and Proved
7d	<i>local anaesthetic cartridges, (found in surgery 1 of Practice A, by witness 2, on 27 January 2022), not being stored in blister packs until the point of use.</i> Admitted and Proved
8	<i>You failed to ensure staff at Practice A were appropriately trained and/or competent to fulfil the rolls assigned to them, in that:</i>
8a	<i>you did not ensure Witness 3 was:</i>
8ai	<i>fully aware of her duties and responsibilities as Practice A's Infection Prevention and Control (IPC) Lead;</i> Admitted and Proved
8aii	<i>sufficiently trained and/or competent to safely fulfil the role of IPC Lead;</i> Admitted and Proved
8b	<i>you did not ensure Witness 4 was</i> Admitted and Proved
8bi	<i>(i) sufficiently trained and/or competent to safely fulfil the role of Fire Marshall at Practice A;</i> Admitted and Proved
8bii	<i>(ii) provided with any appropriate training, after she told you she was uncomfortable completing fire safety checks and filling out the fire logbook;</i> Admitted and Proved
8biii	<i>(iii) provided with any training on COVID pre-treating protocols;</i> Admitted and Proved
8c	<i>you did not ensure Witness 5 was provided with appropriate training, in advance of becoming Practice A's Practice Coordinator.</i> Admitted and Proved
9	<i>By 27 January 2022, you failed to adequately respond to all of the areas of concern highlighted by witness 1 following their visit to Practice A on 12 January 2022.</i> Admitted and Proved



10	<p><i>Your conduct in some or all of Charges 1 to 9 above put patient and/or staff safety at risk.</i></p> <p>Admitted and Proved</p>
11	<p><i>On 27 January 2022, you told Witness 2 that you had discussed BUPA's Winter Covid SOP during a team meeting in December, or words to that effect.</i></p> <p>Proved</p> <p>The Committee considered the evidence before it in relation to this charge. It noted that witness 2's statement and the contemporaneous documents provided, for example the meeting minutes and audit reports, indicate clearly that you told witness 2 that you had discussed Bupa's Covid Winter SOP during a team meeting in December 2021, just one month prior to the January audit and interview with witness 2. The evidence from the meeting on 27 January 2022, included contemporaneous notes taken by an independent note taker. The Committee considered carefully the evidence from witness 2 than on 27 January 2022, she found you creating minutes for the meeting with staff in December. Witness 2 stated <i>'The Registrant then stated that she could bring the meeting notes to show that it was discussed. She then left the room. After what felt like a longer than expected period of time, I followed the Registrant to see what was keeping her so long. I then saw her in one of the rooms working on the Practice meeting notes for the Winter Covid SOP roll out'</i>.</p> <p>The Committee also noted that the 27 January 2022 interview notes state that after being seen to amend the December minutes, when asked about whether the meeting had actually taken place, you said <i>"I'll just say no"</i>.</p> <p>The Committee noted that you made no specific denial of this allegation as you simply could not remember the incident. It found your submission that you could not remember the discussion of the Covid SOP in the meeting of 27 January 2022 lacked credibility. It considered that you were under investigation for significant clinical governance failings, and had manipulated December meeting minutes and had been caught doing this. These were unusual and significant events (where you were immediately suspended from work) that would be unlikely to have been forgotten, even four years later. It also considered that the meeting of 27 January 2022 occurred only one month after the alleged meeting with staff in December 2021. It would have been unlikely that with only a one month gap, that you would be in doubt whether a meeting had occurred.</p> <p>The Committee accordingly found this charge proved.</p>

12	<i>You conduct in Charge 11 was:</i>
12a	<p><i>misleading;</i></p> <p>Proved</p> <p>The Committee considered whether your conduct was misleading.</p> <p>The Committee considered the evidence from witnesses 3, 4, and 5, noting that none of them could recall a meeting in December 2021 to discuss the Covid SOP, and indicating that you had only sent an email containing the Covid SOP. This also aligned to the 12 January 2022 audit log, which indicated that you had not launched the Covid SOP, but had emailed it to staff. The Committee also noted that witness 1 provided evidence that, <i>'whilst she had emailed to staff, she had not launched it yet, and was planning to do so later in the month'</i>. This implied to the Committee that no meeting in December 2021 took place with staff.</p> <p>The Committee noted that the audit reports of 12 January 2022, and the interview notes of 27 January 2022 were all contemporaneous records made just one month after the alleged December 2021 meeting with staff. It therefore considered these to be credible and reliable.</p> <p>The Committee also noted your statement in the meeting of 27 January 2022, <i>'I'll just say no'</i>. It acknowledged that this statement could be perceived in a number of different ways, for example that it implied that you had no minutes to prove the meeting took place and hence simply felt it was easier to deny the meeting. However, the other evidence that this meeting in December did not take place, was on a balance of probabilities sufficient to demonstrate that this allegation was proved.</p> <p>The Committee determined that informing an investigator (witness 2) that you discussed BUPA's Winter Covid SOP during a meeting that took place in December 2021 with staff, which did not actually happen, was misleading. It accordingly finds this charge proved.</p>
12b	<p><i>lacking in integrity;</i></p> <p>Proved</p> <p>The Committee considered that a dental professional sits within a privileged and trusted role, and there is an expectation that these professionals should be held to higher ethical standards due to their privileged position. The Committee considered that by misleading witness 2 during an investigation, in stating that there was a meeting which hadn't occurred, your actions fell far below the standards expected. It noted that it appeared that you were misleading in an attempt to cover up the truth, which in itself shows a lack of integrity. The Committee accepted Mr Stevens' submissions that if the Committee find that dishonesty is</p>

	<p>proved, then lacking in integrity must also be found proved given that they are linked so closely. The Committee accordingly found this charge proved.</p>
12c	<p><i>dishonest – in that you knew what you told Witness 2 was not true.</i></p> <p>Proved</p> <p>The Committee considered whether you had a genuine belief that what you told witness 2 was true, that there was a meeting with staff in December 2021. It noted that it was only one month after December 2021 when you made this statement. It also noted that no other staff remembered such a meeting, that the audit log on 12 January 2022 did not reference a meeting in December 2021, and that you accepted after being discovered creating minutes for that meeting, that the meeting in December 2021 did not take place. It also noted your attempt to create minutes for the alleged December 2021 meeting in January 2022, and even during the investigation interview was supportive of its determination that you did not have a genuine belief that the meeting of December 2021 took place. The Committee did not consider you had a genuine belief that what you said was true.</p> <p>The Committee next considered whether by the standards of ordinary honest people your conduct was dishonest. It assessed that knowingly making a false statement during an investigation would be perceived as dishonest by ordinary decent people.</p> <p>The Committee accordingly found this charge proved.</p>
13	<p><i>From 25 April 2023 to 18 October 2023, you failed to cooperate with an investigation conducted by the General Dental Council (GDC), in that you did not return a completed ‘consent for health assessment’ form to the GDC.</i></p> <p>Admitted and Proved</p>
<p>AND that by reason of the matters alleged above your fitness to practise is impaired by reasons of misconduct.</p>	

33. We move to stage two.

Stage 2 Determination

34. Following its announcement of its decision on the facts, the hearing moved to Stage 2. At Stage 2, the Committee considered whether the facts found proved amounted to misconduct and, if so, whether your fitness to practise is currently impaired by reason of

your misconduct. If it found that your fitness to practise is impaired, it would consider what sanction, if any, should be imposed.

Submissions

35. Mr Stevens first addressed the Committee in respect of your fitness to practise history, and confirmed that there had been no previous matters.
36. Mr Stevens set out his submissions by separating the matters into 3 categories: clinical governance issues relating to allegation 1-10; non-cooperation with the GDC investigation in regards to allegation 13; and probity concerns in relation to allegations 11 and 12.
37. With regard to misconduct, Mr Stevens referred the Committee to the relevant case law and the GDC's *Standards for the Dental Team (2013)*.
38. In relation to the clinical governance issues, he submitted that your conduct was in breach of Standards 1.5, 1.9, 6.1, 6.3, 6.5, and 6.6. He submitted that the dental expert's unchallenged opinion was that your conduct fell far below the standard expected, as there was sustained mis-management of the Practice thus making it unsafe, and there was sustained and repeated breaches of standards. For the non-cooperation allegation, Mr Stevens submitted that your conduct was in breach of standard 9.4.1. He submitted that failure to cooperate with your regulator is a serious matter, and that by failing to return the consent for a health assessment form, the GDC was not able to investigate any health issues further. He also submitted that you had raised health issues in your mitigation, but that there could be health issues that were unable to be investigated as a result. Lastly, in terms of the probity allegations, Mr Stevens submitted that your conduct was in breach of standards 1.3 and 9.1. He submitted that these related to the fundamental standards that professionals must follow. He also submitted that dishonesty is very serious by nature and in being dishonest you have failed the trust of the public. Mr Stevens therefore submitted that your conduct can be properly judged as misconduct.
39. Mr Stevens then moved on to the issue of current impairment. He referred to the relevant case law, and submitted that impairment can be considered in two parts: the public protection component and the public interest component. Mr Stevens set out his submissions by again splitting the allegation into the 3 categories as above.
40. He firstly made submissions in relation to the clinical governance concerns. He submitted that impairment could be found on both grounds in this matter. In respect of public protection, he submitted that there were some positives in that you had admitted to the allegation, had acknowledged your failings and provided reflections, and that it had happened during the pandemic which was a tricky time for all practices. Notwithstanding this, he submitted that the conduct did not flow from one momentary lapse in judgment, but there had been a prolonged period of serious mismanagement which eventually led to the practice being closed. He submitted that you have not worked in a dental practice since this misconduct took place, and as a result there was limited evidence that you would not repeat your actions. He also submitted that the CPD you have undertaken has all been very recent and undertaken in the past month and therefore has not had the time to be embedded into your practice. He therefore submitted that there was a public protection risk.
41. In respect of public interest, he submitted that the clinical governance concerns were of a serious nature and led to the practice being closed down. He therefore submitted that there was a real failure to uphold proper standards and that your misconduct undermined public confidence in the profession.

42. Mr Stevens next made submissions in relation to the matter of non-cooperation with the GDC investigation. He submitted that you had admitted to allegation 13 and acknowledged the importance in cooperating at a hearing. He submitted that this was to your credit and that the Committee could consider this in considering a risk of repetition. He therefore submitted that on public protections grounds, he made no positive assertion and told the Committee that it was a matter for it to decide. He did however submit that on the public interest ground, if the Committee made no finding of impairment then this would undermine public confidence and trust in the dental profession. He therefore submitted that an impairment should be found on this ground.
43. Mr Stevens lastly dealt with the matter of the probity concerns. He submitted that the GDC were neutral on the ground of public protection and therefore the Committee could decide on this matter. He however submitted that the probity concerns were so serious that an impairment should be found on the public interest ground. He submitted that by being dishonest, the public trust in the dental profession is damaged given that this trust is based on honesty and integrity. He submitted that in order to uphold the public interest and its confidence in the dental profession, impairment should be found.
44. Mr Stevens 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. Mr Stevens submitted that there were mitigating factors that the Committee must consider such as your remorse and apologies, the character reference you had provided, and some insight and remediation. He also submitted that there were aggravating factors to be considered, these being the risk of harm to others, clinical governance concerns that were sustained over a prolonged period of time, and the willful disregard for the GDC. He submitted that if the matters of clinical governance at allegation 1- 10 were the only matters at hand, then an order of conditions may have been sufficient. However, given the seriousness of the probity concerns and especially the matter of dishonesty being found proved, an interim order of suspension of six to nine months with a review was the appropriate and proportionate sanction in this case. He submitted that an order of erasure would be disproportionate in this case, but that anything less than a suspension would not uphold proper standards and would undermine public confidence in the dental profession.
45. You submitted that you deeply regret your conduct. You submitted that you now realise the importance of engaging with the GDC. You submitted that you have undertaken several recent CPD courses to deal with the matters. You also submitted that the character reference you have provided shows your usual character and proves that this conduct was not how you would usually act. You submitted that you have reflected on whether you were appropriately prepared for the role of practice manager and now realise that you were not, and therefore would now work in a different role where you already have the necessary skills. You submitted that this process has been an overwhelming, but important learning process, and you would now like to move on.
46. The Committee asked you some further questions including whether you had plans to return to practising in the dental field and whether you have had any leadership roles recently. You confirmed that you don't currently have plans to return to dentistry, however you did enjoy the role and would like to return at some point in the future, though in the role of dental nurse or in dental triaging rather than as a Practice Manager. You also confirmed that you have not worked in any leadership roles recently.

Committee's Decision

47. The Committee has borne in mind that its decisions on misconduct, impairment and sanction are matters for its own independent judgment. There is no burden or standard of proof at this stage of the proceedings. 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.

Misconduct

48. The Committee first considered whether the facts found proved amounted to misconduct. In doing so, the Committee had regard to the GDC's publication, *Standards for the dental team* (September 2013). The Committee considered the allegations in three separate categories as Mr Stevens had set them out.

49. The Committee considered the clinical governance issues. It noted that there had been sustained, repeated misconduct in these areas. The Committee therefore determined that you had breached the following standards:

- 1.5 *You must treat patients in a hygienic and safe environment*
- 1.9 *You must find out about laws and regulations that affect your work and follow them*
- 5.1 *You must make sure that there is an effective complaints procedure readily available for patients to use, and follow that procedure at all times*
- 6.1 *You must work effectively with your colleagues and contribute to good teamwork*
- 6.3 *You must delegate and refer appropriately and effectively*
- 6.5 *You must communicate clearly and effectively with other team members and colleagues in the interests of patients*
- 6.6 *You must demonstrate effective management and leadership skills if you manage a team*
- 8.2 *You must act promptly if patients or colleagues are at risk and take measures to protect them*
- 8.3 *You must make sure if you employ, manage or lead a team that you encourage and support a culture where staff can raise concerns openly and without fear of reprisal.*

50. The Committee considered the allegation relating to your non-cooperation with the GDC investigation. It considered that non-cooperation with your regulator would frustrate any investigation. It therefore found that you had breached the following standard:

9.4.1 If you receive a letter from the GDC in connection with concerns about your fitness to practise, you must respond fully within the time specified in the letter. You should also seek advice from your indemnity provider or professional association.

51. The Committee considered the allegations relating to probity. The Committee considered that these allegations were of a serious nature and related to serious failures, which had an overarching impact over a significant period of time. The Committee considered the expert's report in which he highlighted the breaching of GDC standards and stated that your conduct falls below the standard expected of a professional. It therefore found that in relation to these allegations, you had breached the following standards:

1.3 You must be honest and act with integrity.

9.1 You must ensure that your conduct, both at work and in your personal life, justifies patients' trust in you and the public's trust in the dental profession

52. The Committee considered that you had breached the above fundamental standards of dentistry, with many being sustained over a considerable period of time giving a serious risk to patients and staff safety. You had failed to cooperate with the GDC which is an essential requirement for any registrant. You also attempted to cover up some of your clinical governance breaches through dishonest means and your behavior fell far below the standard expected of a registered practitioner. As a result, the Committee determined that the facts found proved amounted to misconduct.

Impairment

53. The Committee then considered whether your fitness to practise is currently impaired by reason of your misconduct on the grounds of the protection of patients and/or is in the wider public interest. The Committee once again considered the matters in the three categories as set out by Mr Stevens.

54. Firstly, it considered the clinical governance issues. The Committee considered that there appeared to be a major problem in your leadership, and that you had provided little evidence of remediation. It also considered that there had been sustained misconduct over a period of time, noting that even after 3 visits to your practice and being placed on various formal and informal performance improvements plans, your management of the practice did not improve. The Committee also noted that you have moved out of the dental profession and therefore have not demonstrated your ability to work in this kind of role since the misconduct took place. It therefore concluded that on public protection grounds, there was a risk of repetition in your actions and therefore a continued risk of harm to the public. On the public interest ground, the Committee opined that a member of the public would be concerned should no impairment be found given the multiple failings in your practice and the consequential risks to patients and staff.

55. The Committee next considered the matter of your non-cooperation with the GDC. The Committee considered your earlier non-cooperation is a serious matter. However, it noted that you had cooperated at the hearing stage, had attended the hearing, and provided various documents to the Committee including evidence of remedial CPD. The Committee therefore found no current impairment on this ground.

56. The Committee lastly considered the matters of your probity. It noted that it had found proved that you were misleading, shown a lack of integrity, and were dishonest in your conduct and that these showed a serious lack of professional standards. The Committee opined that there is an expectation that dental professionals would follow their standards, which includes honesty. It considers that public confidence in the dental profession would be undermined if a finding of impairment were not made in this case and therefore it found impairment on the ground of public interest. The Committee considered that your dishonesty appeared to be a momentary lapse and was a single incident which your character reference indicated was out of character. As such, it determined that there was a low risk of repetition and that current impairment was not required on public protection grounds.

57. Accordingly, the Committee has determined that your fitness to practise is currently impaired by reason of your misconduct on the grounds of the protection of the public and the public interest to the various allegations as stated above.

Sanction

58. 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*.

59. 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.

60. The mitigating factors in this case were that:

- You had no fitness to practise history which was evidence of your previous good character
- You made admissions, were engaging with the process, and were present at the hearing
- The dishonesty was an isolated incident which was out of character
- You did not make any financial gain from your dishonesty
- You said that you deeply regret your actions and the dishonesty
- You have taken some remedial action in the form of undertaking relevant CPD courses (however there were no reflections provided on these courses)
- You provided a character testimonial which, whilst relating to your work as a Dental Nurse rather than as a Practice Manager, did provide an insight into your character and of your honesty and integrity
- You referred to personal matters affecting you at the time of your misconduct
[PRIVATE]
- The misconduct occurred during the Covid 19 pandemic which was an unrepresented time with new rules being enforced constantly
- You told the Committee that you were inexperienced in the role and that there was a lack of support
- You have shown some insight into your conduct (though the Committee opined that this was limited and that while it understood that there may have been difficulties in

the practice, problems surrounding staffing issues, line management support, and excessive workload, these would have been your responsibility in your role as Practice Manager)

61. The aggravating factors in this case were that:

- You had attempted to cover up wrongdoing on your part
- Your dishonest conduct partially led to the closure of the practice
- Your conduct of poor clinical governance led to the potential harm of patients, for example by having out of date medications at the practice
- There was premediated misconduct in your clinical governance failings in that you knew what was required in your role, were informed of the improvements that needed to be made, but you did not do these
- There were sustained failings over a period of time
- You only provided some insight into the matters
- There was insufficient evidence of your previous character and the one reference provided does not refer to your practice as a Practice Manager
- You are not working in the dental profession and therefore cannot demonstrate that the CPD you have undertaken has been embedded in your practice

62. The Committee decided that it would be inappropriate to conclude this case with no further action. It would not satisfy the public interest given the number of clinical governance issues over a prolonged period of time and the seriousness of your dishonest conduct.

63. The Committee considered a sanction of a reprimand; however it determined that this would be insufficient to address the findings. The Committee noted that the clinical governance failings were not an isolated incident and that they stemmed over a lengthy period of time, and were so serious that they eventually led to the closure of the Practice. It also considered that dishonesty is serious by nature, and that a reprimand could not sufficiently address the matter or mark the profound seriousness of trying to cover up wrongdoing.

64. The Committee next considered a sanction of conditions. The Committee reminded itself that conditions were only suitable when it could be confident that a registrant may comply. It bore in mind that during the period of the misconduct, you received written warnings as well as formal and informal improvement plans over a period of several months, however you did not comply nor improve your performance during this period. The Committee also noted that you are not currently working in dentistry, and therefore would not be able to comply with conditions and demonstrate that you have embedded your CPD learning into your practice. It also noted that it would be difficult to formulate workable conditions that specifically related to the role of Practice Manager even though it is a role which you have submitted you do not wish to return to. The Committee also considered the seriousness of the probity concerns and opined that there were no workable conditions that could be formulated that would address these shortcomings. The public interest was considered by the Committee, and it determined that given the serious failings, especially your dishonesty in trying to cover up wrongdoing, a sanction of conditions would not satisfy public interest and its perception of the dental profession. The Committee therefore concluded that a sanction of conditions was not sufficient.

65. The Committee has determined to impose a sanction of suspensions for 6 months with a review. The Committee determined that your conduct was of repeated behaviour, you had only shown some insight, and that since you are not practising you cannot currently demonstrate any insight that you may have developed. The Committee concluded that a sanction of suspension would meet the public interest, especially considering your dishonesty, which is very serious and erodes public trust in the dental profession. The Committee bore in mind that any sanction and its length should be the least restrictive as appropriate, and it was satisfied that 6 months was a sufficient and proportionate period of sanction in relation to the conduct that had been found proved.
66. The Committee also directed for a review of the suspension order to be conducted at a resumed hearing to be held shortly before the expiry of the 6 month period. The Committee at the resumed hearing will consider what action to take in respect of your registration at that time. The Committee considered that there was an ongoing risk of harm to patients and therefore in these circumstances it would be appropriate to review your fitness to practise before allowing you to return to working as a dental nurse.
67. For completeness, the Committee wish to note that it considered a sanction of erasure, however was satisfied that there was no evidence of a deep seated attitudinal problem on your part, and that whilst being serious, your dishonesty was an isolated incident. It considered that your dishonesty stemmed from a potentially stressful situation, this being the Covid environment, your inexperience in the role of Practice Manager, and your lack of support from your line manager. It was therefore satisfied that your conduct did not meet the requirements to impose a sanction of erasure.
68. Unless you exercise your right of appeal, your registration will be suspended for a period of 6 months, starting 28 days from the date that notice of this Committee's direction is deemed to have been served upon you.
69. The Committee now invites submissions from Mr Stevens and from yourself, as to whether an immediate order of suspension should be imposed on your registration to cover the 28-day appeal period, pending the taking effect of its substantive direction for suspension.

Decision on an immediate order

70. The interim order of conditions currently in place on your registration is hereby revoked, given the sanction imposed at this hearing.
71. The final stage at this hearing was to consider whether an immediate order should be placed upon your registration.
72. Mr Stevens made an application for an immediate suspension order to be imposed on your registration under Section 36U of the Dentists Act 1984. He submitted that an immediate order for suspension is necessary for the protection of the public and is otherwise in the public interest. He submitted that this was for the same reasons submitted on behalf of the GDC for the findings of impairment which led to the imposition of a sanction of suspension. He submitted that this was largely in relation to the clinical governance matters in relation to the protection of the public. In relation to the public interest, he submitted that the probity concerns and clinical governance matters were also the basis upon which an immediate order was necessary.

73. You agreed with the GDC's position in relation to an immediate order.
74. The Committee accepted the advice of the Legal Adviser, who drew its attention to the relevant guidance contained in the GDC's Fitness to Practise: Guidance for the practice committees (January 2026).
75. The Committee determined that the imposition of an immediate order of suspension on your registration is otherwise in the public interest. It considered that the nature of your conduct was serious, and one aspect specifically relates to dishonesty within the dental profession. The Committee therefore determined that it would be necessary and proportionate to impose an immediate order of suspension in order to maintain the public's confidence in the dental profession and its regulator. The Committee also considered that an order is necessary to protect the public, given the serious misconduct relating to the safety of patients and staff.
76. The effect of this immediate order is that your registration is now suspended. Unless you exercise your right of appeal, the substantive suspension will replace the immediate suspension upon the expiry of the 28-day appeal period. Should you exercise your right of appeal, this immediate order shall remain in force pending the resolution of the appeal.
77. That concludes this determination.