

**Part Private Hearing****Professional Conduct Committee  
Initial Hearing****20-27 January 2025****Name:** Collins, Anthony Richard**Registration number:** 153044**Case number:** CAS-206382-H1Z2S5

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**General Dental Council:** Ms Rebecca Vanstone, counsel.  
Instructed by Rosie Geddes, IHLPS**Registrant:** Present  
Represented by Mr Matthew McDonagh, counsel.  
Instructed by Kiren Butoy, Kennedys Law

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**Fitness to practise:** Impaired by reason of misconduct**Outcome:** Suspension**Duration:** 3 months

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**Committee members:** Jill Crawford ( Chair and lay member)  
Jenny Griffiths ( DCP member)  
Nicola Jordan ( Dentist member)**Legal adviser:** Helen Gower**Committee Secretary:** Jamie Barge

**At this hearing the Committee made a determination that includes some private information. That information has been omitted from the separate public version of this determination, and that public document has been marked to show where private material has been removed. The private material appears in highlighted form in the private version of the determination**

Mr Collins,

1. This is a Professional Conduct Committee hearing in respect of a case brought against you by the General Dental Council (GDC).
2. The hearing commenced on 20 January 2025 and is being conducted remotely via a Microsoft Teams Video link.
3. You are represented at these proceedings by Mr Matthew McDonagh Counsel. The Case Presenter for the GDC is Ms Rebecca Vanstone, Counsel.

## **PRELIMINARY APPLICATION – 20 January 2025**

### **Defence application on admissibility of evidence**

4. Mr McDonagh, on your behalf, submitted that you accept that you recklessly misled the Dental Directory (“DD”), in that, DD would have assumed that the drugs ordered by you were for your patients and not for personal use. You assert that you were not dishonest as you simply did not give any thought to whether DD was being misled and your main motivation was to ensure that you could continue to provide dental services to your patients.
5. Mr McDonagh submitted that you assert that you never made any specific declaration to the effect that drugs ordered from DD were to be used for patients alone]. Indeed, DD did not provide you with any application form or any terms and conditions at all once you were able to prove that you were a dentist and on the GDC Register. Mr McDonagh submitted that you have been consistent in this position throughout the investigation. He submitted that you have indicated in your Rule 4 response to the GDC that the *“prescriptions were made on his own account, for his own use and he took no measures to conceal his actions...”*
6. Mr McDonagh submitted that the GDC have obtained 2 statements and exhibits that attempt to allow the inference to be drawn that your order of drugs for your own personal use contravened an explicit declaration to the contrary made to DD. Witness 3, a GDC Paralegal whose statement confirms the attempts made by the GDC to confirm with DD what customers agree to when registering as a customer. DD’s email of 20 June 2024 at Paragraph 9 of its terms and conditions relating to medicine:  
  
*“Where purchasing on the basis of prescription the products on the prescription are for the treatment of the patient named on the prescription only and are for a single treatment for the patient.”*
7. Mr McDonagh submitted that it is clear, however, that whilst this term may appear in the latest version of the terms and conditions, it may not have been included and/or was phrased differently in earlier iterations of the terms and conditions. Your case is that there were no terms and conditions, and, in fact, the terms and conditions were added after this case became known.
8. Mr McDonagh submitted that the GDC obtained a statement from Witness 4, General Counsel for DD. She states that DD does not have any documentation from your account. In fact, DD is not even able to say what if any terms and conditions were in effect when you became a customer of DD. Witness 4 states that the terms in effect at the time *“would have been similar in nature.”* He submitted that the evidence on this matter should be excluded, as it is either irrelevant

or its prejudice outweighs its probative value. The admission of the evidence necessitates speculation from the Committee and amounts to guesswork as to what, if anything, you signed. Mr McDonagh submitted that the GDC has no clear and cogent evidence to show what, if anything, was signed by you. The evidence available is not relevant to this issue as it does not cover the relevant period or anything like the relevant period. He submitted that it is simply not fair that the GDC – on the evidence that they are able to present - can ask for an inference to be drawn that there were in fact terms and conditions and moreover the detail of those terms and conditions.

9. Mr McDonagh invited the Committee to exercise its discretion to exclude the evidence of Witnesses 3 and 4.

10. Ms Vanstone invited the Committee to allow the evidence of the two written statements of Witnesses 3 and 4 to be admitted. Ms Vanstone informed the Committee that the written statement of Witness 4, who works at the DD, states that the terms and conditions which was subsequently produced by Witness 3, were not in force at the time but were similar in nature to those in force in 2024. She submitted that it was those at DD who confirmed that there were terms and conditions in 2017. DD customers that order any restricted products are required to have completed an application form with photo ID and professional registration. Ms Vanstone submitted that these witnesses can be asked to confirm whether terms and conditions were in effect at the material time.

11. Ms Vanstone submitted that it is relevant and fair to admit the evidence of both of these witnesses and this Committee can decide in due course what weight it shall place on them.

### **Committee's decision**

12. The Committee took into account all the information before it. It bore in mind the submissions made by both parties. It accepted the advice of the Legal Adviser.

13. The Committee noted Witness 3's written statement produces the current terms and conditions having contacted DD. Witness 4's written statement stated although they had not obtained a copy of conditions used in 2017, they would have been similar in nature to those they have for 2024. It notes that both witnesses are available to give oral evidence for this PCC hearing, who can provide context to this issue.

14. The Committee considered whether the witness evidence relating to the current terms and conditions provided are relevant. It considers that although the GDC has been unable to locate the terms and conditions for that material time, Witness 4's statement does make mention of them being similar in nature. It notes to date there is evidence to suggest that the current terms and conditions would have been "*similar*" to those at the time of alleged events. However, the Committee is satisfied that taking into account public interest, it would be relevant to allow the evidence of Witness 4 in order to properly explore the basis of this statement. The question of what you may have signed may assist the Committee's understanding of your state of mind in respect of alleged dishonesty.

15. The Committee is also satisfied that it is fair as it will provide an opportunity for both parties and the Committee to ask questions of this witness who will be able to explain the basis of her written statement. The Committee considered that admitting the evidence of Witness 4 would not cause any unfairness to either party. The Committee concluded that it would be in the interests of justice for it to be admitted and that it could attach the appropriate weight to Witness 4's evidence in due course.

**Rule 18 application – 20 January 2025**

16. Ms Vanstone then made an application under Rule 18 to amend head of charge 3, and in particular remove the words “1 and / or”. No objection was made by Mr McDonagh.

17. The Committee having received and accepted legal advice, determined to allow the amendment. It is satisfied by allowing this amendment the head of charge would be clarified and would cause no unfairness or injustice to either party.

18. It therefore allows the amendment to head of charge 3.

**Background and the charge**

19. This case arises from a self-referral to the GDC via an email dated on 4 August 2022. that you had been self- prescribing from medications at the Practice. The GDC contacted your employer who confirmed that on Monday 25th July, a package arrived for you from Dental Directory. **[IN PRIVATE]**. A discussion takes place on 25 July 2022 between you and your employer about your use of the medication, and the extent of that use. You were suspended from work on 4 August 2022 and your contract was subsequently terminated.

20. Your employers reviewed your invoices from Dental Directory for 2021 and found that you started purchasing tablets in January 2021, with the amounts bought escalating over the course of the year. They provided the GDC with copies of your invoice history and copies of each individual invoice where a purchase was made.

21. The charges against you at this hearing sets out the alleged fact of your alleged ordering or caused to be ordered, one or more of the medication(s) as set out in the attached Schedule A. (‘the Practice’). In this regard, it is alleged that these were self-prescribed for your own personal use and were not to be used in the course of dental treatment. It is alleged that your conduct was misleading and dishonest. It is also alleged that on or around 25 July 2022 you told your employer that medication referred to in Schedule A had been ordered for your mother. It is alleged that your conduct in this respect was also dishonest.

**Admissions to the heads of charge**

22. At the outset, you told the Committee that you admitted to the following heads of charge 1, 2(a), and 2(c) and 3(a) in relation to 2(a) and 2(c).

23. These heads of charge were found and announced proved on the basis of your admissions, having sought reassurance from both parties that the basis of these admissions was clear and having received advice from the legal adviser.

**Evidence**

24. The factual evidence received by the Committee included a GDC hearing bundle provided by the GDC, which included the witness statements of; Witness 1, Practice Owner dated 14 June 2024, and also a supplementary statement dated 4 November 2024 ; Witness 2, GDC Case Worker dated 2 July 2024; Witness 3, Senior Para Legal dated 26 July 2024; Witness 4 DD legal delegate dated 15 November 2024.

25. The Committee received witness statements from you, dated 13 January 2025; Witness 5, dated 9 January 2025; Witness 5 a dentist dated 10 January 2025; Witness 6, Practice Manager dated 13 January 2025; Witness 7, a colleague dated 10 January 2025; Witness 8, Associate Lead

Dentist dated 9 January 2025; Witness 9, a colleague dated 13 January 2025; and Witness 10, a patient dated 9 January 2025. It also received your Rule 4 observations [IN PRIVATE].

26. In addition, the Committee heard oral evidence from Witness 1 and 4 which included being cross examined by Mr McDonagh on your behalf and Ms Vanstone on behalf of the GDC and questions from the Committee. It also heard oral evidence from you, Witness 5, Witness 6, [IN PRIVATE], which included those witnesses being cross-examined by Ms Vanstone on behalf of the GDC and questions from the Committee.

### **The Committee's findings on the facts**

27. The Committee considered all the evidence presented to it, both oral and documentary. It also took account of the closing submissions made by Ms Vanstone on behalf of the GDC and those made by Mr McDonagh on your behalf. The Committee has accepted the advice of the Legal Adviser. It has borne in mind that the burden of proof is on the GDC and that it must decide the facts according to the civil standard of proof, namely on the balance of probabilities. You need not prove or disprove anything. The Committee was reminded of the test it must apply on the matter of dishonesty, as set out in the Supreme Court judgment in the case of *Ivey v Genting Casinos (UK) Ltd t/a Crockfords* [2017] UKSC 67. This was as follows:

*"...When dishonesty is in question the fact-finding tribunal must first ascertain (subjectively) the actual state of the individual's knowledge or belief as to the facts. The reasonableness or otherwise of his belief is a matter of evidence (often in practice determinative) going to whether he held the belief, but it is not an additional requirement that his belief must be reasonable; the question is whether it is genuinely held. When once his actual state of mind as to knowledge or belief as to facts is established, the question whether his conduct was honest or dishonest is to be determined by the factfinder by applying the (objective) standards of ordinary decent people. There is no requirement that the defendant must appreciate that what he has done is, by those standards, dishonest."*

28. The Committee was also reminded that a finding of dishonesty against a professional person is a serious matter and that it should scrutinise with care the cogency of the evidence before it. It considered each head of charge separately, bearing in mind that the burden of proof rests with the GDC and that the standard of proof is the civil standard, that is, whether the alleged facts are proved on the balance of probabilities.

29. The Committee's findings in relation to each head of charge are as follows:

1.	<p><i>Between 01 January 2021 and 25 July 2022, you ordered or caused to be ordered, one or more of the medication(s) as set out in the attached Schedule A.</i></p> <p><b>Admitted and found proved.</b></p>
2.	<p><i>The medication(s) referred to at 1 above were:</i></p>
2.(a)	<p><i>Self-prescribed for your own personal use;</i></p> <p><b>Admitted and found proved.</b></p>
2.(b)	<p><i>Provided / intended to be provided to a family member;</i></p> <p><b>Not proved.</b></p> <p>The Committee noted that the GDC have submitted that there is no positive case to be advanced in respect of this head of charge. The GDC submitted this was present as a safeguard, should your case have been that you ordered these medications for a family member.</p>

	<p><b>[IN PRIVATE].</b></p> <p>The Committee notes that no evidence has been offered in respect of this charge. It therefore finds this head of charge not proved.</p>
2.(c)	<p><i>Not to be used in the course of dental treatment.</i></p> <p><b>Admitted and found proved.</b></p>
3.	<p><i>Your conduct in relation to 2 above was:</i></p>
3.(a)	<p><i>Misleading, in that the medication(s) were requested and / or supplied for patient use;</i></p> <p><b>Admitted in respect of 2(a) and 2(c) and found proved.</b></p> <p><b>Falls away in respect 2(b), having found this head of charge not proved.</b></p>
3.(b)	<p><i>Dishonest, in that you did not disclose to the supplier that the medication(s) were for your own personal use.</i></p> <p><b>Found proved in respect of 2(a) and 2(c).</b></p> <p><b>Falls away in respect 2(b), having found this head of charge not proved.</b></p> <p>In approaching this head of charge, the Committee applied the test set out in <i>Ivey v Genting Casinos (UK) Ltd. t/a Crockfords</i> [2017] UKSC 67. The test is that the Committee must decide subjectively the actual state of an individual's knowledge or belief as to the facts and must then apply the objective standards of ordinary and decent people to determine whether their conduct was dishonest by those standards.</p> <p>In accordance with the legal test set out above, the Committee first considered the actual state of your knowledge or belief as to the facts when you ordered the medication.</p> <p>The Committee noted your account that you did not give any thought to the appropriateness of your actions when you ordered the medications from DD.</p> <p>The Committee considered the evidence relating to your contractual arrangements with DD. The GCC has not proved that you signed terms and conditions with DD in 2017, or that you made any declaration to DD about the purpose of the medications you ordered. There is therefore no evidence that you made any false declarations to DD when ordering the medications.</p> <p><b>[IN PRIVATE].</b></p> <p><b>[IN PRIVATE].</b></p> <p>The Committee was not persuaded by the oral evidence of Witness 1. <b>[IN PRIVATE].</b> The Committee also noted that your contrary account. was supported by Witness 6 in respect of one of the meetings, and the Committee found her to be a straightforward and credible witness.</p> <p><b>[IN PRIVATE]</b></p> <p><b>[IN PRIVATE].</b></p>

	<p>The Committee noted your account that you did not give any thought to the appropriateness of your actions when you ordered the medication. You accepted that it is a breach of professional standards to self-prescribe. You did not assert that you believed differently at the time of these events. In any event, the Committee is satisfied as an experienced registered dentist in 2021 you would have been fully aware of the regulations regarding medication and your professional obligations that you were not permitted to self-prescribe.</p> <p>The Committee considers that you would have been aware when you started ordering these medications that: you should not be doing so; that you were only able to do so because of your professional registration; that were you to be open about their purpose you would not be able to obtain the medications. [IN PRIVATE].</p> <p>[IN PRIVATE].</p> <p>[IN PRIVATE]. You were also aware that that DD would rely on your professionalism to provide those drugs only for the purposes of treating patients and for no other purpose. the Committee considers you knew when you made the orders that you should not be doing so and that you failed to declare their purpose, albeit passively, as you knew to do so would mean you did not obtain the medication. Your decision to order drugs was over a lengthy period of 18 months, [IN PRIVATE].</p> <p>Having determined your actual knowledge at the relevant time, the Committee went on to determine whether your conduct was dishonest by reference to the objective standards of ordinary and decent people. The Committee considers that your conduct was dishonest by reference to those objective standards. The Committee considers that ordinary and decent people would consider your conduct in relation to head of charge 2, to be dishonest because you allowed your suppliers to have a false understanding of whom the ordering was actually for, and in the knowledge the medication would not be provided to you if you were open about its intended use.</p> <p>For these reasons, the Committee finds the facts alleged at head of charge 3 (b) proved.</p>
4.	<p><i>In the alternative to allegation 2(b), on or around 25 July 2022 you told your employer that medication referred to in Schedule A had been ordered for your mother.</i></p> <p><b>Not proved.</b></p> <p>[IN PRIVATE].</p> <p>[IN PRIVATE].</p> <p>[IN PRIVATE]. Witness 5, who was also at that meeting, stated in oral evidence that you never said this to Witness 1, and she stated that she would have remembered if your mother had been mentioned at such an important meeting. The Committee found the oral evidence of Witness 5 to be straight forward.</p> <p>The Committee notes that there has not been a written record or any contemporaneous record of this meeting of 25 July 2022. [IN PRIVATE]. However, the Committee has not seen any evidence that this was mentioned in the suspension meeting and also in the termination letter dated 21 November 2022 to you. The Committee would have expected a matter considered more serious by Witness 1 to be discussed at this meeting or in the termination letter. In fact, the first mention of this was in Witness 1's referral to the GDC on 5 September 2022.</p>

	<p>The Committee found you to be a credible witness and considered you gave insightful evidence during your oral testimony. It found Witness 1's oral evidence to be inconsistent with the oral evidence of other witnesses which it preferred, including Witness 5, Witness 6 and you.</p> <p><b>[IN PRIVATE].</b></p> <p>The Committee is satisfied that the GDC has failed to discharge its burden, that you had told Witness 1 during the meeting that this medication was requested for your mother.</p> <p>It therefore finds this head of charge not proved.</p>
5.	<p><i>Your conduct at 4 above, was dishonest.</i></p> <p><b>This head of charge falls way as head of charge falls away having found head of charge 4 not proved.</b></p>

30. We move to Stage Two.

### **Determination on misconduct, impairment and sanction – 27 January 2025**

31. Following the handing down of the Committee's determination on the facts on 24 January 2025, the hearing then proceeded to stage two; that is to say, to consider misconduct, impairment and sanction.

### **Proceedings at stage two**

32. The Committee has considered all the evidence presented to it, both oral and documentary. It has taken into account the submissions made by Ms Vanstone on behalf of the GDC and those made by Mr McDonagh on your behalf. In its deliberations the Committee has had regard to the GDC's *Guidance for the Practice Committees, including Indicative Sanctions Guidance* (October 2016, updated December 2020). The Committee also had regard to the GDC's '*Guidance on prescribing medicines*' (September 2013). The Committee has accepted the advice of the Legal Adviser.

### **Evidence at stage two**

33. The Committee received oral evidence from you as well as a stage 2 remediation bundle.

### **Misconduct**

34. The Committee first considered whether the facts that it has found proved constitute misconduct. The Committee has heard that Ms Vanstone on behalf of the GDC submits that those facts amount to misconduct. Mr McDonagh on your behalf submitted that you accept that the Committee's factual findings amount to misconduct. In considering this and all other matters, the Committee has exercised its own independent judgement.

35. In its deliberations the Committee has had regard to the following paragraphs of the GDC's *Standards for the Dental Team* (September 2013) in place at the time of the incidents giving rise to the facts that the Committee has found proven. These paragraphs state that as a dentist you must:

*1.3.1 You must justify the trust that patients, the public and your colleagues place in you by always acting honestly and fairly in your dealings with them. This applies to any business or education activities in which you are involved as well as to your professional dealings*

*1.3.2 You must make sure you do not bring the profession into disrepute*

*7.1 Provide good quality care based on current evidence and authoritative guidance.*

36. The Committee's findings relate to you ordering medication as specified in Schedule A from the supplier which was misleading, in that the medication(s) were requested and / or supplied for patient use; and dishonest, in that you did not disclose to the supplier that the medication(s) were for your own personal use.

37. In light of the findings of fact that it has made, the Committee has determined that the proven facts amount to misconduct. The Committee's findings of self-prescribing and dishonesty arise out of your conduct in a workplace setting. Your actions over a period of 18 months represent conduct which fell far below the standards reasonably to be expected of a registered dental practitioner. Your conduct relates to breaches of a fundamental tenet of the profession, namely the need to act with honesty and integrity.

38. The Committee has therefore determined that the facts that it has found proved amount to misconduct.

## **Impairment**

39. The Committee next considered whether your fitness to practise is currently impaired by reason of the misconduct that it has found. In doing so, the Committee again exercised its own independent judgment. The Committee heard that Ms Vanstone on behalf of the GDC submits that your fitness to practise is currently impaired by reason of your misconduct. Mr McDonagh on your behalf submitted that given the findings of this Committee that you accept that your fitness to practise is currently impaired.

40. Throughout its deliberations, the Committee has borne in mind that its overarching objective is to protect the public, which includes the protection of patients and the wider public, the maintenance of public confidence in the profession and in the regulatory process, and the declaring and upholding of proper standards of conduct and behaviour.

41. You admitted all of the facts found proved, with the exception of the allegation at 3b that your actions were dishonest. You admitted that you repeatedly ordered prescription-only controlled drugs which were intended for your own use and not for patients without declaring this to the supplier. You accepted that this was misleading in that that you now appreciated that the supplier would reasonably infer the medication was for patient use.

42. You denied dishonesty in that that you said you did not consider, at the time, the inference the supplier would reasonably make when you ordered the medication and that you made no positive assertion that the drugs were for patient use. However, you stated that, with the benefit of hindsight, you understood how ordering the medication without proactively declaring it was for your own use could be perceived as dishonest. You have not challenged the GDC submission that your

fitness to practice is impaired because of the implications for public confidence of your repeated self-prescribing of controlled drugs by means which were found to be dishonest.

43. You also gave evidence to the Committee following its findings of fact. You told the Committee that the public would perceive your actions as an abuse of power and that you understood this had implications for public confidence in the profession.

44. The Committee considered that, notwithstanding your denial of dishonesty, you have considerable insight into your misconduct. You admitted from a very early stage that you ordered these medications for your own use and that it was wrong to do so. The Committee is reassured by your appreciation now, expressed before the Committee's finding of fact, that ordering the medication in the way you did could be perceived as dishonest.

45. The Committee is mindful that dishonesty might be more difficult for a registrant to remediate than, for instance, discreet clinical shortcomings. However, it recognises the circumstances that led to your dishonest conduct. The Committee considered that your dishonest behaviour arose from a misdirected sense of duty, [IN PRIVATE]. The Committee has been provided with evidence to suggest that you have properly understood, have developed insight and remorse into, and have taken steps to remedy your dishonest conduct. You have provided a number of targeted Continuing Professional Development (CPD) certificates in areas such as ethics and prescribing. You have also attended British Dentist and Doctors group meetings (for your support regarding your health), and provided positive testimonials, and a reflective statement. [IN PRIVATE]. You stated that with hindsight that you can understand why a member of the public may consider that your past conduct of self-prescribing was dishonest. [IN PRIVATE].

46. You also described to the Committee your new coping mechanisms which include a more balanced home and work life, and accessing support where necessary. [IN PRIVATE]. In all the circumstances, the Committee therefore considers that you are unlikely to repeat your dishonest conduct. The Committee recognises that there is no evidence of harm being caused to patients. The Committee finds that there is no evidence that you pose a risk of harm to the public. It therefore considers that impairment is not required on the grounds of public protection.

47. The Committee considers notwithstanding the mitigation you have presented, that a finding of impairment is required to maintain public confidence in the profession and to declare and uphold proper professional standards of conduct and behaviour. The Committee took into account the background, the insight and genuine remorse you have demonstrated; however, the gravamen of this case relates to repeated self-prescribing and dishonest conduct over a period of 18 months. The Committee's findings of dishonesty relate to breaches of a fundamental tenet of the profession, namely the need to act with honesty and integrity. In the Committee's judgment the public's trust and confidence in the profession, and in the regulatory process, would be significantly undermined if a finding of impairment was not made given the serious nature of the Committee's findings of your repeated dishonest conduct over an 18-month period.

48. For the reasons set out above, the Committee finds that your fitness to practise is currently impaired by reason of your misconduct.

## **Sanction**

49. The Committee then determined what sanction, if any, is appropriate in light of the findings of facts, misconduct and impairment that it has made. The Committee recognises that the purpose

of a sanction is not to be punitive, although it may have such an effect, but is instead imposed to protect patients and safeguard the wider public interests mentioned above.

50. In reaching its decision the Committee has again taken into account the GDC's *Guidance for the Practice Committees, including Indicative Sanctions Guidance* (October 2016, updated December 2020). It has also had regard to the submissions made by Ms Vanstone on behalf of the GDC that the appropriate and proportionate sanction is one of suspension for a period of 6 months with a review. Mr McDonagh on your behalf submitted that given the findings that it would be incompatible for your registration to remain unrestricted. He submitted that a reprimand may be the appropriate sanction, however, if the Committee were minded otherwise then a direction of suspension, for a shorter period of between 1 to 3 months, without a review prior to the end of the period of suspended registration, would represent a suitable and proportionate disposal. The Committee has applied the principle of proportionality, balancing the public interest with your own interests. The Committee has once more exercised its own independent judgment.

51. The Committee has paid careful regard to the mitigating and aggravating factors present in this case.

52. In terms of mitigation, the Committee notes that two and a half years has elapsed since the matters giving rise to its factual findings occurred. [IN PRIVATE] there was no actual financial gain resulted in relation to the instance of dishonesty. You have apologised and demonstrated remorse and insight into your conduct. You have also made a number of admissions to facts which the Committee went on to find proved, including that your conduct was misleading. It is mindful that you have engaged fully with these proceedings. You have accepted that the Committee's findings of fact amount to misconduct, and that your fitness to practise is impaired as a result. The Committee also notes that no patient harm arose from your conduct, and that you are otherwise of good character as evidenced by positive testimonials, with no fitness to practise history. There has been evidence of steps you have taken to avoid repetition as set out above. There has also been no suggestion that there has been a repeat of the facts that the Committee has found proved.

53. In respect of the aggravating factors that are present, the Committee notes that its findings relate to repeated dishonest self-prescribing over 18 months.. Your dishonest conduct was a breach of trust and was sustained and repeated over a period of time [IN PRIVATE].

54. The Committee has considered the range of sanctions available to it, starting with the least serious. In the light of its findings, the Committee considers that it would be wholly inappropriate to conclude this case with no action. The seriousness of the Committee's findings, which involve dishonesty, means that some action must be taken. If the Committee were to take no action, public trust and confidence in the profession and in the regulatory process would be significantly undermined.

55. The Committee next considered whether it would be appropriate to conclude the case with a reprimand. The Committee has similarly determined that it would not be proportionate or appropriate to conclude this case with a reprimand in light of the serious nature of its findings. [IN PRIVATE]. Your misconduct was persistent, albeit you did not actively make false declarations or take steps to cover up your actions. The Committee considers that given these circumstances, a reprimand would be insufficient to uphold public trust and confidence in the profession and in the regulatory process.

56. The Committee next considered whether a period of conditional registration would be appropriate. The Committee considers that a direction of conditions would not be sufficient to declare and uphold proper professional standards of conduct and behaviour or to declare and uphold proper professional standards of conduct and behaviour in light of the serious nature of its findings. The Committee considers that there are not discrete areas of your practice which are problematic. The evidence indicates that your clinical practice is of a good standard. The concerns in this case are behavioural and conditions are an inappropriate vehicle to deal with the issues in this case.

57. The Committee then went on to consider whether to suspend your registration. After careful consideration, the Committee considers that a period of suspended registration is the appropriate and proportionate sanction in the particular circumstances of this case.

58. The Committee has considered on the spectrum of seriousness, that your dishonesty was at the lower end. Although your dishonest conduct was repeated over a period of time, the Committee took into account the mitigating circumstances, as identified above, as well as your initial motivations primarily [IN PRIVATE] in order to continue working and not let your patients down. The Committee therefore considers that the public interest considerations that it has identified mean that a sanction of suspension would be sufficient to declare and uphold proper professional standards of conduct and behaviour and maintain public trust and confidence in the profession in the particular, and serious, circumstances of this case.

59. The Committee gave very careful consideration to whether the higher, and ultimate, sanction of erasure is appropriate. You have breached a fundamental tenet of the profession, namely the need to act with honesty and integrity, and your dishonest conduct has placed your registration in jeopardy. However, in the final analysis, the Committee does not find that, as serious as your dishonesty was, you have a harmful deep-seated professional or personal attitudinal problem which would require the direction of erasure from the register. It is satisfied, having received compelling written and oral evidence of your good character, that your dishonest conduct is not indicative of your overall character. It found your dishonesty was at the lower end of the spectrum. [IN PRIVATE]. The Committee considers that a direction of suspension is sufficient to uphold public confidence and professional standards.

60. The Committee hereby directs that your registration be suspended for a period of 3 months, without a review. The Committee considers that this period is necessary and sufficient to declare and uphold proper professional standards of behaviour, and to maintain public confidence in the profession and in the regulatory process. The Committee considers that a period of time of less than 3 months suspension would be insufficient to mark the public interest in this case, given the case involved sustained dishonesty over a period of time. The Committee notes that the GDC submitted that a period of 6 months was necessary. However, the Committee considered that a period of 6 months suspension, in the light of your remediation, insight and otherwise good character, would be unnecessarily punitive and that a period of 3 months is proportionate to address the facts of this case.

61. The Committee is satisfied that a review is not necessary given the level of remediation and insight you have demonstrated, and the fact that there are no public protection concerns in this case.

62. The Committee now invites submissions from both parties on whether an immediate order is necessary.

**Decision on immediate order**

63. The Committee has considered whether to make an order for the immediate suspension of your registration in accordance with Section 30(1) of the Dentists Act 1984 (as amended).

64. Ms Vanstone, on behalf of the GDC, made no submissions in relation to an immediate order. Mr McDonagh submitted that an order for the immediate suspension of your registration is not necessary.

65. The Committee determined not to impose an immediate order of suspension on your registration. It took into account that its finding of current impairment, as set out in its substantive determination, is based solely on wider public interest grounds. The Committee did not consider the wider public interest considerations in this case to be such that the immediate suspension of your registration is necessary. It was satisfied that the substantive sanction it has directed is sufficient to uphold the wider public interest. The Committee decided that the imposition of an immediate order in all the circumstances is unnecessary.

66. Unless you exercise your right of appeal, the Committee's substantive direction for suspension, as already announced, will take effect 28 days from the date of deemed service and continue for a period of 3 months.

67. That concludes this hearing.