

HEARING HEARD IN PUBLIC

MANNINGS, Stephanie Anne

Registration No: 70048

PROFESSIONAL CONDUCT COMMITTEE

OCTOBER 2017- April 2020*

Most recent outcome: Suspended indefinitely

***See page 37 for the latest determination**

Stephanie Anne MANNINGS, a dentist, MFGDP(UK) RCS Eng, 2000 BDS Glasg 1994 was summoned to appear before the Professional Conduct Committee on 3 October 2017 for an inquiry into the following charge:

Charge (as amended on 3 and 10 October 2017)

“That being a Registered Dentist:

1. At all material times you were an associate dentist practising at the Great Junction Dental practice in Edinburgh.
2. Between 26 September 2014 and 14 November 2014 in relation to Patient A you failed to maintain an adequate standard of record keeping including:
 - a. On 26 September 2014 you failed, adequately or at all, to grade and/or report on the bitewing radiographs taken.
 - b. On 26 September 2014 you failed to make any, or any adequate, record of the intra oral and/or extra oral examinations carried out.
 - c. On 26 September 2014 you failed to make any, or any adequate, record of which teeth had been diagnosed as having cavities
 - d. On 10 October 2014 you failed to make or any, or any adequate, record of type and/or dosage of any local anaesthetic used.
 - e. On 10 October 2014 you failed to make any, or any adequate, record of the technique/s utilised in carrying the dental procedures undertaken.
 - f. On 14 November 2014 you failed to make any, or any adequate, record of the procedures carried out at UL6.
 - g. On 14 November 2014 you failed to make any, or any adequate, record of the preparation for the crown for UL6.
 - h. On 14 November 2014 you failed to make any, or any adequate, record of the impression taken.
 - i. On 14 November 2014 you failed to make any, or any adequate, record of type and/or dosage of any local anaesthetic used.

3. Between 29 May 2014 and 12 November 2014 in relation to Patient B you failed to maintain an adequate standard of record keeping including:
 - a. On 29 May 2014 you failed to make any, or any adequate, record of:
 - i. the examination carried out;
 - ii. the cavities diagnosed;
 - iii. the advice given.
 - b. On 6 June 2014 you failed to make any, or any adequate, record of:
 - i. the restorations undertaken;
 - ii. the condition of Patient B's teeth.
 - c. On 7 July 2014 you failed to make any, or any adequate, record of the examination carried out.
 - d. On 18 August 2014 you failed to make any, or any adequate, record of:
 - i. diet, or oral hygiene instruction;
 - ii. assessment of the decayed molars;
 - iii. the potential for abscess;
 - iv. discussion with Patient B's Parents.
 - e. On 1 October 2014 you failed to make any, or any adequate, record of:
 - i. diet, or oral hygiene instruction;
 - ii. assessment of the decayed molars;
 - iii. the potential for abscess;
 - iv. discussions with Patient B's Parents.
 - f. On 12 November 2014 you failed to make any, or any adequate, record of:
 - i. diet, or oral hygiene instruction;
 - ii. assessment of the decayed molars;
 - iii. the potential for abscess;
 - iv. discussions with Patient B's Parents.
4. You failed to refer Patient B to secondary care.
5. You failed to take radiographs of adequate diagnostic quality including:
 - a. Bitewing radiographs taken in respect of Patient 1 on or around 23 October 2014;
 - b. A periapical radiograph taken in respect of Patient 4 on or around 9 October 2014;
 - c. A periapical radiograph taken in respect of Patient 6 on or around 20 March 2014;
 - d. A periapical radiograph taken in respect of Patient 7 on or around 23 May 2014;

- e. Bitewing radiographs taken in respect of Patient 8 on or around 3 September 2014;
 - f. A periapical radiograph taken in respect of Patient 9 on or around 20 January 2014;
 - g. A periapical radiograph taken in respect of Patient 11 on or around 5 August 2014;
 - h. A periapical radiograph taken in respect of Patient 13 on or around 17 November 2014;
 - i. Bitewing radiographs taken in respect of Patient 19 on or around 21 May 2014;
 - j. Bitewing radiographs taken in respect of Patient 20 on or around 1 May 2014;
 - k. A diagnostic radiograph taken in respect of Patient 21 on or around 2 May 2014;
 - l. Bitewing radiograph taken in respect of Patient 23 on or around 11 June 2014;
 - m. A diagnostic radiograph taken in respect of Patient 24 on or around 28 January 2015.
6. You failed to take radiographs when it was clinically appropriate to do so including:
- a. In respect of Patient 2 on or around 7 January 2015;
 - b. In respect of Patient 15 prior to or during treatment provided between 15 January 2014 and 5 September 2014;
 - c. In respect of Patient 16 prior to or during treatment provided between 19 February 2014 and 17 April 2014;
 - d. In respect of Patient 17 prior to or during treatment provided between 30 April 2014 and 11 December 2014;
 - e. In respect of Patient 27 prior to or during treatment provided between 16 April 2014 and 3 October 2014.
7. You failed, adequately or at all, to grade and/or report on radiographs including:
- a. Bitewing radiographs taken in respect of Patient 1 on or around 23 October 2014;
 - b. Bitewing and periapical radiographs taken in respect of Patient 2 on or around 12 May 2014;
 - c. Bitewing radiographs taken in respect of Patient 3 on or around 7 January 2015;
 - d. Bitewing radiographs taken in respect of Patient 4 on or around 7 May 2014;
 - e. A periapical radiograph taken in respect of Patient 6 on or around 20 March 2014;
 - f. A periapical radiograph taken in respect of Patient 7 on or around 23 May 2014;
 - g. Bitewing radiographs taken in respect of Patient 8 on or around 3 September 2014;
 - h. A periapical radiograph taken in respect of Patient 9 on or around 24 January 2014;

- i. Bitewing radiographs taken in respect of Patient 10 on or around 19 June 2014;
 - j. A periapical radiograph taken in respect of Patient 11 on or around 5 August 2014;
 - k. Bitewing and periapical radiographs taken in respect of Patient 13 on or around 17 November 2014;
 - l. Bitewing and periapical radiographs taken in respect of Patient 19 on or around 21 May 2014;
 - m. Bitewing radiographs taken in respect of Patient 20 on or around 1 May 2014;
 - n. A radiograph taken in respect of Patient 21 on or around 2 May 2014;
 - o. Bitewing radiographs taken in respect of Patient 23 on or around 11 June 2014;
 - p. Radiographs taken in respect of Patient 24 on or around 28 January 2015 and/or on or around 24 February 2015.
8. You failed to provide root canal treatment to an adequate standard including:
- a. In respect of Patient 11 on or around 5 August 2014;
 - b. In respect of Patient 21 on or around 2 May 2014;
 - c. In respect of Patient 24 on or around 28 January 2015.
9. You failed, adequately or at all, to diagnose and/or treat including:
- a. In respect of caries present on Patient 1's LL7;
 - b. In respect of a root fracture at Patient 2's UR4;
 - c. In respect of a retained root at Patient 3's upper anterior teeth;
 - d. In respect of caries at Patient 3's upper anterior teeth;
 - e. In respect of caries at Patient 4's LL6;
 - f. In respect of caries at Patient 6's LR5;
 - g. In respect of distal caries at Patient 10's LL6;
 - h. In respect of caries at Patient 11's LR7.
10. You failed to provide restorations to an adequate standard including:
- a. The crown fitted at Patient 2's UL3 on or around 29 May 2014;
 - b. The crown fitted at Patient 2's UR4 on or around 14 May 2014;
 - c. The filling placed at Patient 5's UL6 on or around 6 February 2015;
 - d. The filling placed at Patient 8's UL5 on or around 1 October 2014;
 - e. The filling placed at Patient 12's LL5 on or around 6 February 2015;
 - f. The filling placed at Patient 17's UR4 on or around 11 December 2014;
 - g. The filling placed at Patient 20's UR6 on or around 1 May 2014;
 - h. The filling placed at Patient 22's LL6 on or around 11 December 2014;

- i. The filling placed at Patient 24's UR4 on or around 11 February 2015;
 - j. The filling placed at Patient 25's UL6 on or around 20 November 2014;
 - k. The filling placed at Patient 26's UL5 on or around 26 November 2014.
11. You failed to undertake and/or record a BPE including:
- a. In respect of Patient 1;
 - b. In respect of Patient 3;
 - c. In respect of Patient 6;
 - d. In respect of Patient 7;
 - e. In respect of Patient 9;
 - f. In respect of Patient 16;
 - g. In respect of Patient 25;
 - h. In respect of Patient 27;
 - i. Withdrawn by the GDC.
12. On or around 15 December 2014 you charged Patient 13 for an amalgam restoration at UR7 that was not placed in the patient's mouth.

As a result of the matters set out above your fitness to practise is impaired by reason of misconduct.”

Mrs Mannings was not present and was not represented. On 10 October 2017, the Chairman announced the findings of fact to the Counsel for the GDC:

Service of Notice of Hearing and Proceeding in absence

“Mrs Mannings is not present or represented at this Professional Conduct Committee (PCC) hearing of her case. In her absence, the Committee first considered whether the General Dental Council (GDC) had complied with serving the Notice of Hearing on Mrs Mannings in accordance with Rules 13 and 65 of the GDC (Fitness to Practise) Rules Order of Council 2006 (the Rules).

The Committee has seen a copy of the Notice of Hearing letter dated 22 August 2017 which states that it was sent to Mrs Mannings' registered address by first class post, special delivery and by email. The letter sets out the date, time and location of this hearing, as well as the particularised facts of the charge, in compliance with Rule 13. The Royal Mail receipt confirms that it attempted delivery of the item and that it left a “Something for you” card at the recipient's address. The Committee noted that Mrs Mannings had access to the emailed Notice of Hearing. Having regard to all of the documents before it, the Committee is satisfied that all reasonable efforts have been made by the GDC to serve the Notice of Hearing on Mrs Mannings and that the GDC has complied with Rules 13 and 65.

The Committee then went on to consider whether to hear this case in the absence of Mrs Mannings in accordance with Rule 54. Mr Corrie, on behalf of the GDC, invited the Committee to do so on the basis of Mrs Mannings' indication in her emails to the GDC dated 9 March 2016, 21 March 2016 and 28 June 2017 that she does not wish to receive any

further communications from her regulator regarding her case. Mr Corrie also submitted that it is in the public interest to proceed with this hearing, given that the allegations in this case are of some age, relating to Mrs Mannings' treatment of patients from 2014 to 2015. Further, the GDC has several witnesses in attendance on the first two days of the hearing which it intends to call in relation to these matters, and who could be inconvenienced if the hearing did not proceed within the time allocated.

The Committee has considered the submissions made by Mr Corrie and has accepted the advice of the Legal Adviser. It has weighed its responsibilities for the protection of the public and the expeditious disposal of the case with Mrs Mannings' right to attend the hearing.

The Committee notes from the content of Mrs Manning's emails to the GDC dated 9 March 2016 and 21 March 2016 her indication that she does not wish to receive any further communications from the GDC and her stated intention that she will not be engaging with the GDC. In her most recent email to the GDC dated 28 June 2017 Mrs Mannings states: "Please note that I shall not be responding or having any further involvement with this hearing. Please note I ceased the practice of dentistry for good in February 2015 and have subsequently requested that I be permanently removed from the GDC register." In these circumstances, the Committee has concluded that Mrs Mannings has voluntarily waived her right to attend the hearing. Furthermore, Mrs Mannings has not sought an adjournment and in any event, the Committee does not consider that an adjournment is likely to result in Mrs Mannings' attendance on any future date, given her stated intention that she will not be engaging with the GDC.

The Committee considers that there is a clear public interest in proceeding with the hearing, given that the charges in this case concern Mrs Mannings' treatment of patients that took place several years ago and a number of witnesses have attended the hearing in anticipation of giving evidence on behalf of the GDC in relation to these matters. Having weighed the interests of Mrs Mannings with those of the GDC and the public interest in an expeditious disposal of this hearing, the Committee has decided to proceed in the absence of Mrs Mannings.

Applications to amend the charge

At the outset of the hearing Mr Corrie made an application under Rule 18(1) to amend the charge as follows:

The stem of 2 – change the date from "10 October 2014" to "26 September 2014".

5(c) – change the date from "23 March 2014" to "20 March 2014"

8(c) – change the date from "28 January 2014" to "28 January 2015"

10(f) – change the date from "17 November 2014" to "11 December 2014"

10(j) – change the date from "22 October 2014" to "20 November 2014"

10 (k) – insert the words "on or around 26 November 2014" after "UL5" so that it reads: "The filling placed at Patient 26's UL5 on or around 26 November 2014."

Mr Corrie submitted that these proposed amendments, which are in effect typographical amendments which would not cause any unfairness to Mrs Mannings since they reflect the evidence contained in the clinical records, which she has already been supplied with. Mr Corrie also invited the Committee to withdraw charge 11(i) in the light of the opinion expressed by Professor Morganstein (GDC expert) in his report dated 31 January 2017.

The Committee has accepted the advice of the Legal Adviser. It considers that the proposed amendments, which consist of corrections to the dates so as to reflect the evidence shown in the clinical records, can be made without injustice. Accordingly, the Committee has acceded to Mr Corrie's application and has decided to amend the charge in the terms set out above. It has also agreed to withdraw charge 11(i), given the GDC's indication that it was no longer pursuing this charge.

At the close of the GDC's case, following the completion of the expert evidence Mr Corrie indicated that it was offering no evidence in relation to the following charges: 2(i), 3(c), 6(e), 7(m) in relation to the grading of the radiographs and 9(e). This was in the light of the concessions made by Dr Marshall and Professor Morganstein. He also invited the Committee to make minor typographical amendments to the following charges: 5(l) – delete the letter 's' from the word radiographs and 10(i) – change the date from "28 January 2015" to "11 February 2015". The Committee has noted Mr Corrie's indication that it was offering no evidence in relation to 2(i), 3(c), 6(e), 7(m) in part and 9(e) and has annotated its findings accordingly. Notwithstanding that this application to amend the charge was made at a late stage following the conclusion of the GDC's case, the Committee has agreed to amend charges 5(l) and 10(i) for the same reasons as with the earlier amendment.

The GDC's case against Mrs Mannings

At the material times Mrs Mannings was practising at the Great Junction Dental Practice (the Practice) as an associate dentist between 8 January 2014 and 13 February 2015. At the material times DS was the Principal of the Practice. In December 2015 DS made a complaint to the GDC following concerns about the standard of dentistry provided to some 28 patients by Mrs Mannings. Further concerns, relating to Patients A and B, then came to light. On DS's account, the concerns had come to light after Mrs Mannings had left the Practice in February 2015 and when the patients were treated by other dentists. The alleged concerns relate to fillings being lost after a short period of time, incomplete root canal fillings, and inadequacies relating to her radiographic practice. In due course the GDC investigated these concerns and Mrs Manning's case was referred to the Professional Conduct Committee.

During the course of the hearing the Committee received evidence that in April 2015 Mrs Mannings had made a complaint to the GDC in relation to DS. The GDC carried out an assessment of the concerns raised by Mrs Mannings regarding DS but decided not to take the investigation any further. In November 2016 Mrs Mannings and DS were notified separately of the GDC's decision that it had decided to close the case.

Evidence

In considering whether the charges have been found proved, the Committee has taken into account all the documentary evidence before it, including the patients' dental records and patient radiographs; the signed witness statements and exhibits of DS dated 25 August 2016 and 6 February 2017; the signed witness statement of Witness 1 (Patient B's mother) dated 14 July 2016; the signed witness statement of Witness 2 (Patient B's father) dated 14 July 2016; and the signed witness statement of Patient 13 dated 24 January 2017. The bundle also contained a copy of Dr Marshall's report dated 15 August 2016, in respect of Patients A and B, and a copy of Professor Morganstein's report dated 31 January 2017, in respect of the remaining patients in this case. These two witnesses provided expert evidence on behalf of the GDC. Witness 1, Witness 2, DS, Patient 13 and both experts gave oral evidence before the Committee.

Witnesses 1 and 2 provided an account as to what they could recollect of Mrs Mannings' treatment of Patient B (their child). The Committee considered that they each gave a balanced and honest account as to what they could recollect; they openly acknowledged some positive aspects of her treatment of their child. The Committee has borne in mind that the passage of time had affected their recollection to some degree. The Committee considered that Patient 13 provided a clear account of his treatment by Mrs Mannings.

DS provided background information as to the context in which her complaint to the GDC arose and gave evidence in relation to the individual patients. During the course of receiving expert evidence, the Committee drew Mr Corrie's attention to an entry contained in one of the patient's clinical notes which recorded that a complaint had been made by SM (Mrs Mannings) against DS. Further inquiries were made and Mr Corrie provided the Committee with copies of Mrs Mannings' complaint to the GDC dated 7 April 2015 regarding DS and the letters from the GDC to DS and Mrs Mannings dated 30 November 2016 confirming the outcome of its investigation. In short, the GDC decided to close the investigation. Following receipt of this information DS was then recalled to give evidence by telephone in which she confirmed that Mrs Mannings had made a complaint against her. She refuted the suggestion that she was motivated to make a complaint against Mrs Mannings because of this. The Committee considered DS to be a credible witness and it did not conclude that the earlier complaint made by Mrs Mannings undermined her credibility as a witness. It was apparent from the evidence of DS that she had genuine concerns regarding the standard of care provided by Mrs Manning.

The Committee considered carefully the expert evidence of Dr Marshall and Professor Morganstein. Both experts were subject to in depth questioning by the panellists. Overall, the Committee considered that both experts gave fair and objective opinions, noting that they made a number of concessions throughout the course of their evidence. Indeed, at the close of the GDC's case, Mr Corrie did not seek to pursue several charges against Mrs Mannings as a result of these concessions.

The Committee has received no information from Mrs Mannings as to her position regarding the charges against her. It is aware that she has chosen not to engage in these proceedings. However, it has drawn no adverse inference by her decision not to attend this hearing.

The Committee has considered carefully the submissions made by Mr Corrie. It 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. Mrs Mannings need not prove anything. In accordance with the Legal Adviser's advice the Committee has considered each charge separately.

I will now announce the Committee's findings in relation to each head of charge:

1	Found proved
2(a)	<p>Found not proved on a failure, adequately or at all, to grade the bitewing radiographs taken on 26 September 2014.</p> <p>Found proved on a failure, adequately or at all, to report on them</p> <p>Dr Marshall set out the requirements of a dentist relating to dental radiography, in accordance with the <i>Ionising Radiation (Medical Exposure) Regulations 2000 (IR(ME)R)</i>. This includes the requirement to grade and report on the radiographs. Dr Marshall observed that bitewing radiographs were taken at that appointment</p>

	<p>with a note in the clinical records that this was done “to evaluate interproximal caries”, but that there was no reporting of the findings from the radiographs, as required by IR(ME)R. The Committee accepts Dr Marshall’s evidence on this matter. The Committee is aware from its scrutiny of the patient records that it was Mrs Mannings’ practice to record the grading of the radiograph on the envelope containing the radiographs. For this particular patient, the Committee did not have the original radiographs or the envelope before it. In the absence of such information the Committee was unable to ascertain whether Mrs Mannings had or had not graded the radiographs and accordingly it finds this part of the charge not proved.</p>
2(b)	<p>Found proved</p> <p>The Committee notes that “extensive examination” is recorded in Patient A’s notes for the appointment of 26 September 2014. Dr Marshall was critical of the absence of information in the notes of the results of that extensive examination. He identified some of the information that should be recorded from an extra and intra-oral examination, such as any pathological lesions/ neoplasms. Dr Marshall observed that the note “TMJ checked” in the clinical notes indicated that the temporo-mandibular joints had been palpated but overall, he was critical of the absence of narrative in the patient’s notes. The Committee agrees with the expert opinion of Dr Marshall.</p>
2(c)	<p>Found proved</p> <p>Dr Marshall observed that there was an entry in the notes dated 26 September 2014 which stated: “multiple carious cavities” (sic), but he could find no further details of which teeth had been diagnosed as having cavities. There was also no record of any dental charting. Dr Marshall was critical in this regard and considered that Mrs Mannings had a duty to make such a record. The Committee, having examined the notes for that appointment, agrees with Dr Marshall’s expert assessment.</p>
2(d)	<p>Found proved</p> <p>The notes record that Mrs Manning carried out two amalgam fillings at 17(UR7) and 16(UR6) on 10 October 2014. There are no details in the dental records of any local anaesthetic being administered on that occasion and Dr Marshall opined that, on the balance of probabilities, Mrs Mannings would have administered it. He was critical of Mrs Mannings’ failure to make any record of the type and/or dosage of any local anaesthetic used, which he said, would be a reasonable expectation of a dentist. The Committee accepts Dr Marshall’s expert opinion on this matter.</p>
2(e)	<p>Found proved</p> <p>Dr Marshall’s evidence was that there was no information regarding the techniques used in the carrying out of the amalgam fillings or the periodontal treatment which is referred to in the notes on 10 October 2014. He was critical of these omissions in the notes and the Committee agrees with his expert opinion.</p>
2(f) – 2(g)	<p>Found proved</p> <p>The clinical notes for the appointment dated 14 November 2014 show that an</p>

	<p>amalgam filling and associated procedures were carried out in relation to 17 (UR7) but there is no record of the procedures carried out in relation to 26 (UL6), which was the preparation of the crown. Dr Marshall considered the details of the procedures carried out at UL6 should have been recorded and the Committee agrees with his expert opinion.</p>
2(h)	<p>Found proved</p> <p>There is no record of the preparation of the crown for UL6 on 14 November 2016, which would include the taking of impressions.</p>
2(i)	<p>Found not proved</p> <p>The GDC offered no evidence in support of this charge.</p>
3(a)(i), 3(a)(ii) & 3(a)(iii)	<p>Found proved</p> <p>The Committee notes that the appointment of 29 May 2014 was Patient B's first appointment with Mrs Mannings and that an "extensive examination" is recorded in the notes. Dr Marshall observed that no details of the examination were recorded in the clinical notes, nor is there any record of cavities diagnosed or advice given. Dr Marshall explained that the finding of multiple and significant cavities in a young patient (such as Patient B) would reasonably be expected to promote a discussion and analysis of the patient's diet with the patient's parents, with a note of that discussion recorded. No such information is recorded in the patient's notes. Dr Marshall's position was that the record keeping in relation to Patient B was "minimalist and in many areas inadequate in regard to the standard that is reasonably expected of a general dentist working in the areas considered." He considered that the discussion that took place in regard to treatment possibilities with both or either parents was "poorly shown and recorded in the notes narrative". The Committee, having had sight of Patient B's notes, agrees with Dr Marshall's expert view.</p>
3(b)(i)	<p>Found not proved</p> <p>The clinical notes for 6 June 2014 record three entries for deciduous tooth fillings, together with an invoice for that treatment. Dr Marshall's evidence in his report, and confirmed orally, was that it appeared from the patient records that three restorations had been undertaken at that appointment. However, he was uncertain whether the restorations had been completed satisfactorily or aborted as no details were recorded in the notes.</p> <p>The Committee heard that it was routine for Witness 1 to take Patient B out of the treatment room after he had been seen by Mrs Mannings, leaving Witness 2 to have a discussion with her about options and advice.</p> <p>Witness 1's evidence in her statement was that she could not recall whether Mrs Mannings had discussed with her the option of Patient B having fillings, but that, if she had discussed it with her, her reaction would have been "do we have to?" She further explained that she would have been very reluctant to agree to a filling and that she would have needed to have several discussions with her husband before consenting. She confirmed this position in her oral evidence, where she was clear that Mrs Mannings had never filled any of her child's teeth. Witness 2 stated that Mrs Mannings unsuccessfully attempted to fill Patient B's teeth on 7 July 2014 and</p>

	<p>18 August 2014 and that she had explained to him that one of the options would have been to put Patient B under general anaesthetic so that she could complete the fillings. Witness 2's recollection was that he had said "no" to this suggestion because he knew that his wife was opposed to such types of treatment. The clinical notes for the appointment dated 6 May 2015 with DS states that she recorded "e/o no fillings present". DS also gave evidence that the notes record that at that appointment she had discussed with Patient B's parents the possibility of referring Patient B to secondary care so that the patient could have access to the appropriate facilities for restorations to be undertaken. Taking these factors into account, the Committee is not satisfied that the GDC has proved to the requisite standard that restorations were in fact undertaken on 6 June 2014 by Mrs Mannings.</p>
3(b)(ii)	<p>Found proved</p> <p>There is no record of the condition of Patient B's teeth at the appointment on 6 June 2014. Dr Marshall could find no record of any change that might have occurred as a result of the fluoride applications which Mrs Mannings had advised and he was critical of the lack of information which, had it been recorded, would have assisted any other professional who may have needed to treat the patient. The Committee agrees with Dr Marshall's expert opinion.</p>
3(c)	<p>Found not proved</p> <p>The GDC offered no evidence in support of this charge.</p>
3(d)(i), 3(d)(ii) & 3(d)(iv)	<p>Found proved</p> <p>For the appointment dated 18 August 2014 the clinical notes record further applications of Duraphat (a high strength fluoride varnish) and a script for fluoriguard mouthwash twice daily. Dr Marshall considered that the clinical notes in relation to the actions taken during care did not provide the essential accurate, comprehensive and concise information concerning care and associated observations that would assist another professional who may be treating the patient. He was critical of the absence of any information relating to diet, oral hygiene instruction, reassessment of the future of the decayed molars and any record of discussion topics in this regard with the parents. The Committee agrees. Given Patient B's presenting condition, the treatment carried out and the importance of advice regarding diet and oral hygiene for Patient B, the Committee considers that a record of these discussions should have been recorded in the notes, as well as an assessment of the decayed molars.</p>
3(d)(iii)	<p>Found not proved</p> <p>There is no record in the clinical notes of the potential for abscess. Dr Marshall cited this as something that should have been recorded in the clinical records. However, the Committee considers that there is always a potential for abscesses in circumstances such as this and the absence of such information would not compromise the patient's care. It does not consider that not expressly recording this amounts to a failing.</p>
3(e)(i), 3(e)(ii)	<p>Found proved</p>

& 3(e)(iv)	The clinical notes for the appointment dated 1 October 2014 make reference to Duraphat being applied to all of the teeth and that co-operation was “difficult”, with a reference to mouthwash being used. It also refers to an intention to fissure seal the partially erupted LR6: “36 pe tca in 6/12 for fissure sealant.” Save for these entries, there is no record of any information relating to the matters set out in the charges. The Committee accepts Dr Marshall’s expert view as set out at 3(d)(i), (ii) and (iv) above.
3(e)(iii)	Found not proved This is for the reasons set out at 3(d)(iii) above.
3(f)(i), 3(f)(ii) & 3(f)(iv)	Found proved The clinical notes for the appointment dated 12 November 2014 record “upper As are loose oh fair duraphat placed 54 64 6s still not fully erupted.” Save for these entries, there is no record of any information relating to the matters set out in the charges. The Committee accepts Dr Marshall’s expert view, as set out at 3(d)(i), (ii) and (iv) above.
3(f)(iii)	Found not proved This is for the reasons set out at 3(d)(iii) above.
4	Found not proved Witness 1’s evidence was that she did not remember having any discussions with Mrs Mannings regarding secondary care for Patient B. She said it was her understanding that Mrs Manning’s treatment (of applying the fluoride varnish) would maintain the status quo in his baby teeth and would prevent further decay occurring. She confirmed this position in her oral evidence and said that she would not have consented to a referral unless Patient B was in pain. In her witness statement, Witness 1 explained that she would not want any work to be done unless “absolutely necessary” and referred to this as “a strong belief that I hold across both dental and medical intervention”. She stated that Mrs Mannings was well aware of this. Witness 2’s evidence was that Mrs Mannings discussed with him the possibility of referring Patient B to a dental hospital, which would be a better environment for the patient to be comfortable enough for fillings. Witness 2 was clear in his recollection that the option of a referral would have been discussed alongside the option of placing Patient B under general anaesthetic so that she could complete the fillings and that this would have taken place at the appointments of 7 July and 18 August 2014, when Mrs Mannings had unsuccessfully tried to fill Patient B’s teeth. His evidence was that he would have agreed to the proposal of a referral. Dr Marshall’s opinion is that it would have been appropriate, having achieved that agreement, to have referred Patient B to secondary care at an earlier date. The Committee noted that Mrs Mannings had been the treating dentist for Witness 1 for some years and knew of her reluctance to permit active treatment for Patient B. Whilst it acknowledges that a referral was, by August 2014, in Patient B’s best interests, and with Mrs Mannings having secured a broad agreement to this proposal from Witness 2, it also recognised that it would have been appropriate to discuss this with Witness 1 and secure her agreement also. In all the circumstances, the Committee does not find that Mrs

	Mannings was failing in her professional duty.
5(a)	<p>Found proved</p> <p>The clinical notes show that on 23 October 2014 Mrs Mannings took two bitewing radiographs in respect of Patient 1. Professor Morganstein's evidence was that the radiographs were of poor diagnostic quality in that they were poorly centred and there was significant coning off. He graded them as a 3. The Committee agrees with Professor Morganstein's expert opinion on this matter.</p>
5(b)	<p>Found proved</p> <p>The clinical notes show that on 9 October 2014 a periapical radiograph was taken in respect of Patient 4. Professor Morganstein opined that the radiograph did not show enough of the tooth to be clinically useful. The Committee agrees with Professor Morganstein's expert opinion on this matter.</p>
5(c)	<p>Found not proved</p> <p>This charge alleges a failure to take a radiograph of adequate diagnostic quality on or around 20 March 2014. The clinical notes for that date record "SM" (Mrs Mannings) as being the treating dentist, with a record that radiographs were taken on that occasion. However, at the next appointment, dated 7 April 2014, there is an entry which states: "Note exam and entries on 20/3/14 are by VL not SM". Given that there is some inconsistency in the notes as to whether Mrs Mannings took the radiograph on 20 March 2014, the Committee is not satisfied that this charge has been found proved.</p>
5(d)	<p>Found proved</p> <p>A periapical radiograph was taken on 23 May 2014. Professor Morganstein was critical of the quality of the radiograph taken; in his oral evidence he described it as being poorly exposed, dark, coned off and not showing the full length of the tooth. In short, in Professor Morganstein's opinion, the radiograph was of very "limited clinical value". The Committee agrees with Professor Morganstein's expert opinion on this matter.</p>
5(e)	<p>Found not proved</p> <p>This charge is in respect of two radiographs that were taken on or around 3 September 2014 – numbered as 16 and 19 in the documents before the Committee. Professor Morganstein considered that both of the radiographs taken were below the acceptable standards and should have been repeated. In his oral evidence he said that both should be graded as a grade 3. The Committee, having viewed the radiograph, agrees with Professor Morganstein's evidence in respect of number 16 but is of the view that number 19 is acceptable. Given that the charge alleges a failure in respect of two radiographs, as opposed to just one, the Committee finds this charge not proved.</p>
5(f)	<p>Found proved</p> <p>A periapical radiograph was taken in respect of Patient 9 on 20 January 2014. Professor Morganstein was critical of the quality of the radiograph taken in that it was severely coned off, with the apex of the tooth being shown on the edge of the</p>

	film. The Committee has accepted his expert evidence on this matter.
5(g)	<p>Found proved</p> <p>A periapical radiograph was taken in respect of Patient 11 on 5 August 2014. Professor Morganstein explained that the radiograph did not show the apices and should have been retaken. The Committee agrees.</p>
5(h)	<p>Found proved</p> <p>A periapical radiograph was taken in respect of Patient 13 on 17 November 2014. This was to see if there was any apical pathology associated with the tooth. Professor Morganstein opined that the radiograph taken did not show the roots of the tooth and should have been retaken. The Committee agrees.</p>
5(i)	<p>Found not proved</p> <p>This charge relates to two bitewing radiographs (numbered 63 and 64) that were taken in respect of Patient 19 on 21 May 2014. In his report, Professor Morganstein set out his criticisms in relation to both radiographs, noting that there was coning and the films were over exposed. In his oral evidence, Professor Morganstein conceded that radiograph numbered 63 was reasonable but he maintained his criticisms in relation to radiograph numbered 64. Given that the charge alleges a failure in respect of two radiographs, as opposed to just one, the Committee finds this charge not proved.</p>
5(j)	<p>Found proved</p> <p>Bitewing radiographs were taken in respect of Patient 20 on 1 May 2014. Professor Morganstein considered that both bitewing radiographs were coned off and were not of clinical value. The Committee agrees with Professor Morganstein's expert opinion as to the quality of the radiographs. It also notes that on the envelope housing the radiographs they have been graded as a three, which indicated that they should have been repeated.</p>
5(k)	<p>Found proved</p> <p>Root canal treatment was carried on Patient 21 on 2 May 2015 and a periapical radiograph was taken on that occasion. Professor Morganstein was critical of the quality of the diagnostic quality of the radiograph in that it did not show the apices. The Committee agrees with Professor Morganstein's expert opinion on this matter.</p>
5(l)	<p>Found proved</p> <p>A bitewing radiograph was taken in respect of Patient 23 on 11 June 2014. Professor Morganstein considered that the radiograph was coned off and not of diagnostic quality. The Committee agrees with Professor Morganstein's expert opinion on this matter.</p>
5(m)	<p>Found proved</p> <p>The clinical notes record that tooth 43 was opened and a diagnostic radiograph was taken on 28 January 2015 in respect of Patient 24. Professor Morganstein considered that the radiograph was coned off so that the apex was not visible and</p>

	thus did not show the whole length of the tooth. The Committee agrees with Professor Morganstein's expert opinion that the radiograph was of poor diagnostic quality.
6(a)	<p>Found proved</p> <p>Professor Morganstein's opinion was that on 7 January 2015, when Patient 2 attended, having lost crowns on UL3 and UR4, Mrs Mannings should have taken periapical radiographs of both of these teeth. He explained that the purpose of these was two-fold: to properly assess the nature and extent of the root fractures that Mrs Mannings had diagnosed and to assist in the planning of the extractions that she had advised. The Committee accepts Professor Morganstein's expert opinion on this matter. It is clear from the clinical records that Mrs Mannings did not take radiographs on this occasion.</p>
6(b)	<p>Found not proved</p> <p>Professor Morganstein's opinion was that whilst Patient 15 was under the care of Mrs Mannings, she should have taken a set of bitewings radiographs to assist with diagnosing interproximal caries between the period 15 January 2014 and 5 September 2014, and the Committee agrees. However, the Committee was provided with two sets of bite-wing radiographs for this patient: one set, which is dated, was taken on 15 December 2015 by another dentist. This was after Mrs Mannings had left the Practice in February 2015. The other set of radiographs are undated and are not mentioned in the notes during the period in which Mrs Mannings was treating Patient 15, or at any other time. When questioned, Professor Morganstein could not assist the Committee as to whether these might have been taken by Mrs Mannings. The Committee thus cannot be satisfied, on the balance of probabilities, that she did not take these between 15 January 2014 and 5 September 2014. Accordingly, it finds this charge not proved.</p>
6(c)	<p>Found proved</p> <p>Patient 16 was seen by Mrs Mannings between 19 February 2014 and 17 April 2014. According to the clinical notes, a "very deep" restoration was placed on the symptomatic LR5 at the appointment of 17 April 2014. The clinical notes record that Patient 16 was warned that root canal treatment might be needed in future. Professor Morganstein's opinion was that a periapical radiograph should have been taken on this occasion as this would have "informed the decision to fill the tooth without root-filling". The Committee concurs with Professor Morganstein's opinion and notes that no such radiograph was taken between 19 February 2014 and 17 April 2014.</p>
6(d)	<p>Found proved</p> <p>The clinical notes show that Mrs Mannings saw Patient 17 regularly for examinations and treatment from 30 April 2014 to 11 December 2014. Professor Morganstein drew the Committee's attention to the Faculty of General Dental Practitioners' (FGDP) guidance document "Selection Criteria for Dental Radiography" wherein dentists are advised to take bitewing radiographs every two years. Prior to being under Mrs Mannings's care, Patient 17 had had bite-wing radiographs taken by a previous dentist on 6 August 2012. By the time Patient 17</p>

	<p>was examined by Mrs Mannings on 11 December 2014, a repeat set of radiographs was indicated. The Committee accepts Professor Morganstein's opinion. There is nothing in the clinical notes to indicate that Mrs Mannings took radiographs for this patient on any occasion and accordingly it finds this charge proved</p>
6(e)	<p>Found not proved</p> <p>The GDC offered no evidence in support of this charge.</p>
7(a)	<p>Found not proved in relation to a failure adequately or at all to grade the bitewing radiographs taken</p> <p>Found proved in relation to a failure adequately or at all to report on it</p> <p>The Committee has interpreted this charge to refer to the extent to which any grading of a radiograph has been conducted and recorded; it has not interpreted it as referring to the accuracy of a grading.</p> <p>The Committee accepts Professor Morganstein's opinion that, under the <i>IR(ME)Regulations 2000</i>, Mrs Mannings had a duty to report on and grade the radiographs that she took. The Committee saw the bitewing radiographs which relate to this charge, along with the envelope that contained them. The radiographs are graded on the envelope, but there is no report in Patient 1's notes. The Committee therefore finds this proved solely on the basis of a failure to report on the radiographs, noting that the radiographs have been graded on the envelope.</p>
7(b)	<p>Found not proved in relation to a failure adequately or at all to grade the bitewing and periapical radiographs taken</p> <p>Found proved in relation to a failure adequately or at all to report on it</p> <p>The radiographs were not available for the Committee to examine, but are recorded in the notes as being taken on 12 May 2014. Given this indication in the notes, the Committee considers that it is more likely than not that Mrs Mannings did take these radiographs in respect of Patient 2 on 12 May 2014. The Committee is aware from other examples provided to it that, when Mrs Mannings graded radiographs, she habitually did so on the envelope. In this case, there is no envelope before the Committee and therefore it is unable to establish whether she did record the grading on this occasion. Accordingly, it finds this part of the charge not proved. However, there is no report of the radiographs in the notes and accordingly finds this part of the charge proved.</p>
7(c)	<p>Found proved</p> <p>The Committee has seen the envelope and radiographs which relate to the charge. There is no report in the notes and no grading on the envelope. Accordingly, the Committee finds this charge proved.</p>
7(d)	<p>Found not proved in relation to a failure adequately or at all to report on it</p> <p>Found proved in relation to a failure adequately or at all to grade the bitewing radiograph taken</p> <p>The Committee has seen the two bitewing radiographs and their envelope which</p>

	relate to this charge. In the clinical notes Mrs Mannings has recorded, "BW's show caries 47 and 36", which the Committee considers to be an adequate report. However, there is no grading in the notes or on the envelope. This charge is thus found proved with respect to grading alone.
7(e)	<p>Found not proved</p> <p>This charge relates to a periapical radiograph that was taken in respect of Patient 6 on 20 March 2014. At a subsequent appointment on 7 April 2014, Mrs Mannings (under the initials SM) recorded: "exam and entries on 20/03/14 are by VL, not SM". The Committee is not satisfied that the GDC has established, on the balance of probabilities, that Mrs Mannings took the radiograph in question, and so finds this charge not proved.</p>
7(f)	<p>Found proved</p> <p>The Committee was shown the periapical radiograph and the envelope to which this charge relates. There is no grading on the envelope or in the notes, and no reporting in the notes. Accordingly, the Committee finds this charge proved in its entirety.</p>
7(g)	<p>Found not proved in relation to a failure adequately or at all to grade the bitewing radiographs taken</p> <p>Found proved in relation to a failure adequately or at all to report on it</p> <p>The Committee has seen the original bitewing radiographs and their envelopes, to which this charge relates. The radiographs are graded on the envelope, but there is no report in the notes. Accordingly, the Committee finds this charge proved in respect of the failure to report, but not proved in respect of the failure to grade.</p>
7(h)	<p>Found proved</p> <p>This charge is found proved for the same reasons as 7f.</p>
7(i)	<p>Found proved</p> <p>This charge is found proved for the same reasons as 7f.</p>
7(j)	<p>Found proved</p> <p>The Committee has seen the original periapical radiograph and envelope which relates to this charge. This radiograph was taken as part of root canal treatment, to check the working lengths of three canals within the tooth. There is no grading on the envelope or in the notes, although there is some reporting in the clinical notes in that Mrs Mannings has recorded, "cwl rad shows short distal canal". However, the Committee considers this report to be inadequate, because it only refers to one of the three canals. The Committee therefore finds this charge proved in its entirety.</p>
7(k)	<p>Found not proved in relation to a failure adequately or at all to grade the bitewing and periapical radiographs taken</p> <p>Found proved in relation to a failure adequately or at all to report on it</p> <p>The Committee was shown the radiographs to which this charge applies, but not the envelope they would have been stored in. There is no report on these</p>

	<p>radiographs in the notes and therefore finds this aspect of the charge proved. However, the Committee is aware from other examples provided to it that, when Mrs Mannings graded radiographs, she habitually did so on the envelope. In this case, the Committee has not been provided with the envelope and therefore it cannot be satisfied, on the balance of probabilities, that she did not grade the radiographs on the envelope on this occasion.</p>
7(l)	<p>Found proved</p> <p>This charge is found proved for the same reasons as set out at 7(f) above.</p>
7(m)	<p>Found not proved in relation to a failure adequately or at all to grade the bitewing radiographs taken</p> <p>Found proved in relation to a failure adequately or at all to report on it</p> <p>The Committee was shown the radiographs and their envelope to which this charge relates. The radiographs are graded on the envelope, but there is no report in the notes. Accordingly, the Committee finds this charge proved with respect to reporting alone.</p>
7(n)	<p>Found not proved in relation to a failure adequately or at all to grade the radiograph taken</p> <p>Found proved in relation to a failure adequately or at all to report on it</p> <p>The Committee was shown the radiograph to which this charge applies, but it was not provided with the envelope in which it would have been stored. There is no report on these radiographs in the notes and accordingly, it finds this charge proved with respect to reporting alone. However, it finds a failure to grade the radiograph not proved for the reasons as set out at 7(k) above.</p>
7(o)	<p>Found proved</p> <p>This charge is found proved for the same reasons as set out at 7(f) above.</p>
7(p)	<p>Found not proved in relation to a failure adequately or at all to report on the radiographs taken on or around 28 January 2015</p> <p>Found proved in relation to a failure adequately or at all to grade the radiographs taken on or around 28 January 2015</p> <p>Found not proved in its entirety in relation to the radiographs taken on 24 February 2015</p> <p>The Committee considered the two dates separately. The radiographs taken on 28 January 2015 are indicated in the notes as being taken by Mrs Mannings. Mrs Mannings has recorded in the clinical notes: "diagnostic pa- confirms working length". The purpose of this radiograph was as part of root-canal treatment, to confirm the length of the canal inside the single rooted-tooth. Notwithstanding its earlier finding that this radiograph was not of adequate diagnostic quality (charge 5(m)), the Committee is satisfied that this report is adequate given the reason for which the radiograph was taken. However, that radiograph is not graded on the envelope or in the clinical notes and therefore the Committee finds this part of the charge proved. The Committee notes that the radiographs taken on 24 February 2014 were in fact taken by DS. The Committee therefore finds this charge not</p>

	proved.
8(a)	<p>Found proved</p> <p>The clinical notes show that Mrs Mannings provided root canal treatment (RCT) on Patient 11's LR6 tooth on 5 August 2014. A radiograph was taken for this purpose. Professor Morganstein's evidence is that a radiograph subsequently taken on 22 April 2015 shows the canals to have been poorly filled, with voids visible and no indications of gutta percha use. The Committee noted that the RCT had to be redone by DS in May 2015. The Committee agrees with Professor Morganstein's expert view that the RCT was not carried out to an adequate standard.</p>
8(b)	<p>Found proved</p> <p>The clinical notes record that RCT was carried out on Patient 21's LR6 tooth by Mrs Mannings on 2 May 2015. No detail is given as to length or materials used. The Committee has seen the post-treatment radiograph. Professor Morganstein's view is that this shows a short and poorly condensed distal canal and no evidence of sealant or gutta percha in the mesial canals, and that this was not of an adequate standard. The Committee agrees with that view.</p>
8(c)	<p>Found proved</p> <p>The clinical notes record a RCT carried out by Mrs Mannings on Patient 24's LR3 on 28 January 2015. The Committee has seen the working length radiograph, which does not show the full length of the root and which, in the opinion of Professor Morganstein, was inadequate for its purpose. His evidence was that a subsequent radiograph shows the root filling falling short of the apex and poor condensation of the filling material. The Committee accepts Professor Morganstein's expert view that this was not of an adequate standard.</p>
9(a)	<p>Found not proved</p> <p>Patient 1's clinical notes show that Mrs Mannings saw this patient on 6 October 2014, 23 October 2014 and 15 December 2014. Professor Morganstein's evidence was that the left bitewing radiograph taken by her at the second appointment showed early caries mesially at LL7, which was not recorded in the notes. He acknowledged that Mrs Mannings had diagnosed buccal caries at LL7. The Committee reviewed the left bitewing radiograph and noted that the LL7 did not appear to have a mesial cavity at that point. It also noted that when DS saw this patient in June 2015 she diagnosed no mesial caries at this tooth. Further, the Committee is satisfied that Mrs Mannings diagnosed a buccal cavity at LL7 on 6 October 2014 and treated it. Accordingly, the Committee has found this charge not proved.</p>
9(b)	<p>Found not proved</p> <p>The clinical notes show that on 12 May 2014 Patient 2 attended an appointment with Mrs Mannings complaining of lost crowns on the UR4 and UL3. The Committee noted that both crowns had been placed by a previous dentist. Mrs Mannings re-cemented the UR4 crown. This was repeated on 7 January 2015, at which point Mrs Mannings recorded that there were root fractures in both teeth.</p>

	<p>DS treated this patient on 27 January 2015 and subsequently. In her written statement and her oral evidence, DS was very clear that there was no root fracture at UR4. The Committee accepted the evidence of DS. Professor Morganstein noted that there was no further reference to any such root fracture in the patient records. Accordingly, the Committee finds this charge not proved.</p>
9(c)	<p>Found not proved</p> <p>Mrs Mannings saw Patient 3 on three occasions between December 2014 and February 2015. Bitewing radiographs were taken on 7 January 2015. It is Professor Morganstein's evidence that these show "extensive caries and retained roots which have not been identified or treated by the Registrant." He does not identify the teeth he is referring to as containing either caries or the retained root, and these radiographs do not show the upper anterior region. The Committee viewed the radiographs and considered that a retained root was identifiable on the LR6. DS' evidence was that she subsequently identified caries on the upper anterior teeth but there was no mention of a retained root there. Accordingly, the Committee finds this charge not proved.</p>
9(d)	<p>Found not proved in relation to a diagnose to treat caries</p> <p>Found proved in relation to a failure to treat caries</p> <p>The clinical notes show that Mrs Mannings restored Patient 3's UR21 and UL123 on 5 February 2015. On 11 March 2015, the subsequent dentist noted, "11/21 decay mes/sidt, fillings have been placed one month ago by SM"; these restorations were subsequently replaced. On 7 July 2015, the subsequent treating dentist repaired the restorations in UR21. On 14 July 2015 that same dentist took a periapical radiograph of the upper left anterior teeth, noted "decay evident", and repaired the restorations on UL123.</p> <p>In his oral evidence Professor Morganstein explained that the periapical radiograph taken showed clear caries under the restorations that Mrs Mannings had placed only five months previously. Professor Morganstein stated in his report: 'It is highly likely that the caries seen by the Informant had been present when the Registrant treated the patient in the previous three months.' The Committee accepts his evidence. It is satisfied that, whilst Mrs Mannings did diagnose the caries in these teeth, she failed to treat it adequately. This charge is thus found proved with respect to treatment alone.</p>
9(e)	<p>Found not proved</p> <p>The GDC offered no evidence in support of this charge, and it is thus found not proved.</p>
9(f)	<p>Found proved</p> <p>The clinical notes show that Mrs Mannings placed a DO amalgam in the LR5 on 7th April 2014. She recorded in the notes: "c/o- pain from brokebn tooth 45"(sic); "looks deep"; "very very deep" and advised the patient that the tooth would need root canal treatment if it caused any further problems. At the previous appointment, the treating dentist had noted that the tooth was necrotic. In his verbal evidence, Professor Morganstein opined that when the filling was put in it almost certainly should have been root filled. He gave evidence that Mrs</p>

	Mannings failed to appropriately investigate the vitality of the tooth, she failed to diagnose that the nerve was damaged beyond repair and thus failed to provide appropriate treatment for this tooth. The Committee accepts his evidence and thus finds the charge proved.
9(g)	<p>Found proved</p> <p>The clinical notes show that Mrs Mannings took bitewing radiographs for Patient 10 on 19 July 2014. Professor Morganstein gave evidence that these radiographs show that LL6 had a DO cavity. Mrs Mannings placed a buccal composite restoration in this tooth on 31st July 2014, but there is nothing in the notes to show that she diagnosed the DO lesion or provided any treatment for it. The subsequent treating dentist diagnosed this DO cavity on 12th January 2015, by which time it was substantially larger, and the tooth required root canal treatment. The Committee has reviewed the radiographs, accepts the expert opinion, and thus finds this charge proved in its entirety.</p>
9(h)	<p>Found proved</p> <p>The Committee was shown a periapical radiograph taken by Mrs Mannings on 5 August 2014, when she undertook root canal treatment on Patient 11's LR6. Professor Morganstein gave evidence that this radiograph showed distal caries on LR7. There is nothing in the notes to indicate that the registrant diagnosed this carious lesion or provided any treatment for it and accordingly the Committee finds this charge proved.</p>
10(a)	<p>Found proved</p> <p>In considering charge 10, the Committee gave weight to Professor Morganstein's opinion set out in his report and confirmed in his verbal evidence that, whilst a single failed restoration does not amount to an inadequate standard of care, a high number of failures are more likely than not to be operator related. It accepted his opinion that the notes suggest that the failure rate of treatment provided by Mrs Mannings was "above what one would expect".</p> <p>The clinical records show that Mrs Mannings placed a post crown on UL3 on 29 May 2014. This subsequently failed, and was recemented by Mrs Mannings on 07/01/15, and by a subsequent treating dentist on 27/01/15. That dentist recorded that the patient complained that it "comes out regularly". The Committee accepted Professor Morganstein's evidence that "the repeated failure of ... the new post and crown on tooth 23 ... indicates a poor assessment of the teeth and a lack of understanding of the cause and failure of cementation of post and crowns". The Committee accepted his opinion, was satisfied that this amounted to a failure to provide a restoration of an adequate standard and, accordingly, found this charge proved.</p>
10(b)	<p>Found not proved</p> <p>The clinical notes and Professor Morganstein's evidence make it clear that Mrs Mannings did not provide the restoration on UR4, although she repeatedly recemented a crown provided by another clinician. Accordingly, the Committee finds this charge not proved.</p>

10(c)	<p>Found proved</p> <p>Patient 5's clinical notes show that Mrs Mannings placed an MO amalgam restoration in Patient 5's UL6 on 6 February 2015. On 19 March 2015, a subsequent dentist noted "UL6 fg out" and replaced it. The Committee accepts Professor Morganstein's evidence in his report that: "the failure of a restoration within 5 weeks is not within acceptable standards".</p>
10(d)	<p>Found proved</p> <p>Patient 8's clinical notes show that Mrs Mannings restored UL5 on 1 October 2014. Patient 8 re-attended on 5 February 2015 when Mrs Mannings recorded in the clinical notes that the restoration was "out" and replaced it. It was replaced again by a subsequent dentist on 21 December 2015, when it was noted "lost filling a few weeks ago". Professor Morganstein's opinion was that the restoration in tooth 25 appeared to have failed on two occasions within a year and was not of an acceptable standard. The Committee accepts Professor Morganstein's expert opinion and finds this charge proved.</p>
10(e)	<p>Found proved</p> <p>Patient 12 clinical notes that Mrs Mannings restored the patient's LL5 on 6 February 2015. The patient was seen by another dentist, who noted that the restoration was loose, and replaced it. Professor Morganstein accepted that it was possible for any restoration to fail soon after placement but took the view that when the dental practitioner had a higher than acceptable number of failed restorations, then this amounted to a "cumulative failure". The Committee accepts his expert evidence and finds this charge proved.</p>
10(f)	<p>Found proved</p> <p>The clinical notes for Patient 17 show that Mrs Mannings placed a DO amalgam restoration in the patient's UR4 on 11 December 2014. On 12 May 2014, a subsequent dentist noted "UR4 out" and replaced that restoration. Professor Morganstein described this as "another cumulative failure of a restoration after a short period". The Committee agrees with Professor Morganstein's expert opinion and finds this charge proved.</p>
10(g)	<p>Found not proved</p> <p>The clinical notes for Patient 20 show that Mrs Mannings placed an MO amalgam restoration in the patient's UR6 on 1 May 2014. On 24 July 2014, Patient 20 presented, having broken the buccal wall of the tooth on a pistachio nut. The clinical notes record that Mrs Mannings repaired the UR6 and, whilst this repair subsequently failed, Professor Morganstein was not critical of this failure. However, Professor Morganstein was critical of the failure of the large composite restoration which Mrs Mannings placed on the tooth on 17 November 2014 because it had failed by the time the subsequent dentist saw Patient 20 on 18 May 2015.</p> <p>The Committee has borne in mind Professor Morganstein's opinion, but notes that Mrs Mannings advised Patient 20 on 24 July 2014 and 10 November 2014 that the tooth should be crowned, and only agreed to "try" the composite when the option of a crown was declined. The Committee therefore considers that this was</p>

	a 'high risk' restoration, placed with the patient's knowledge and consent of that increased risk of failure, and so it finds no failure on Mrs Manning's part. Accordingly, it finds this charge not proved.
10(h)	<p>Found proved</p> <p>The clinical notes for Patient 22 record that Mrs Mannings placed a DO composite restoration on Patient 22's LL6 on 11 December 2014. On 12 May 2015 another dentist noted "LL6 fg out" and subsequently replaced it. Professor Morganstein's evidence was that 'a composite restoration would normally be expected to stay in the mouth as a functional unit for longer than five months'. The restoration placed by Mrs Mannings on 11 December 2014 had to be replaced on 12 May 2015, having lasted less than five months. The Committee accepts Professor Morganstein's expert opinion and accordingly, finds this charge proved.</p>
10(i)	<p>Found proved</p> <p>The clinical notes for Patient 24 record that Mrs Mannings placed an amalgam restoration in UR4 on 11 February 2015. The restoration failed, and Mrs Mannings replaced it with composite on 13 February 2015. The restoration failed again and on 18 February 2015 the subsequent treating dentist noted mesial decay in the tooth. The Committee was satisfied that this restoration should not have failed twice in such a short space of time and that it was not of an adequate standard.</p>
10(j)	<p>Found proved</p> <p>The clinical notes for Patient 25 record that Mrs Mannings placed an MO composite restoration in the patient's UL6 on 20 November 2014. On 20 April 2015, the subsequent dentist recorded in the notes that this restoration was lost and replaced it on 4 May 2015. The Committee accepts Professor Morganstein's opinion that this was substandard and accordingly, finds this charge proved.</p>
10(k)	<p>Found proved</p> <p>The clinical notes for Patient 26 record that Mrs Mannings placed a DO amalgam restoration in the patient's UL5 on 26 November 2014. On 15 June 2015, the subsequent treating dentist recorded in the notes: "25 filling loose decay" and replaced it on 10 September 2015. The Committee is satisfied that a further example of early failure of a restoration and this was substandard.</p>
11(a)	<p>Found proved</p> <p>It is apparent from Patient 1's clinical notes that Mrs Mannings treated this patient from 6 October 2014 to 15 December 2014. The Committee accepts Professor Morganstein's evidence that Mrs Mannings had a duty to record a basic periodontal examination (BPE) for this patient in this period. There is no BPE recorded and nothing in the notes to indicate that one was undertaken. The Committee notes that for other patients, Mrs Mannings did record a BPE in the clinical notes. It therefore considers, on the balance of probabilities, that it is more likely than not that the absence of a BPE record means that one was not taken. This charge is accordingly found proved.</p>

11(b)	<p>Found proved</p> <p>The clinical notes show that Mrs Mannings treated Patient 3 from 19 December 2014 to 5 May 2015. There is no record of a BPE in the clinical notes. The Committee finds this charge proved for the same reasons set out at 11(a) above.</p>
11(c)	<p>Found not proved in relation to a failure to undertake a BPE</p> <p>Found proved in relation to a failure to record a BPE</p> <p>The clinical notes show that Mrs Mannings treated Patient 6 from 20 March 2014 or 7 April 2014 to 28 October 2014. There is no record of a BPE in the clinical notes during this period.</p> <p>The appointment on 20 March 2014 is attributed within the clinical notes to SM (Mrs Mannings) but a subsequent entry, dated 7 April 2014 states: "exam and entries on 20/03/14 are by VL not SM". Given this entry in the clinical notes the Committee cannot be satisfied on the balance of probabilities who was the treating practitioner on this occasion. The record of the appointment on 20 March 2014 contains the entry "ST BOP" (i.e. 'soft tissues bleeding on probing') which suggests that a BPE was undertaken on this occasion but is not recorded. Given that the GDC has not been able to establish who the treating dentist was on this occasion, the possibility remains that it was Mrs Mannings who saw the patient and undertook the BPE on 20 March 2014. This charge is therefore found proved with respect to recording alone.</p>
11(d)	<p>Found not proved</p> <p>The clinical notes show that Mrs Mannings took and recorded a BPE on 28 October 2014.</p>
11(e)	<p>Found proved</p> <p>The clinical notes show that Mrs Mannings treated Patient 9 from 24 January 2014 to 18 September 2014. There is no record of a BPE in the clinical notes. The Committee finds this charge proved for the same reasons set out at 11(a) above.</p>
11(f)	<p>Found proved</p> <p>The clinical notes show that Mrs Mannings treated Patient 16 from 19 February 2014 to 17 April 2014. There is no record of a BPE in the clinical notes. The Committee finds this charge proved for the same reasons set out at 11(a) above.</p>
11(g)	<p>Found proved</p> <p>The clinical notes show that Mrs Mannings treated Patient 25 from 9 April 2014 to 26 November 2014. There is no record of a BPE in the clinical notes. The Committee finds this charge proved for the same reasons set out at 11(a) above.</p>
11(h)	<p>Found proved</p> <p>The clinical notes show that Mrs Mannings treated Patient 27 from 16 April 2014 to 3 October 2014. There is no record of a BPE in the clinical notes. The Committee finds this charge proved for the same reasons set out at 11(a) above.</p>
12	<p>Found proved</p>

Patient 13's clinical notes for the appointment with Mrs Mannings on 15 December 2014 record that restorations were placed in UR7 and UR6. The patient was charged for both restorations. When Patient 13 attended on 8 June 2015 DS noted "17 has been charged for am filling o 17/12/14 by SM - no filling present, has never been prepared for a filling". DS confirmed in her written statement that there was no filling present on that tooth. Patient 13's evidence, both in his witness statement, and confirmed in his oral evidence, was that he did not have a restoration fall out in this period. The Committee found Patient 13 to be credible and therefore finds it more likely than not that he was charged for a restoration which was not placed. This charge is therefore found proved.

We move to Stage Two."

On 11 October 2017, the Chairman announced the determination as follows:

"The Committee has considered the submissions made by Mr Corrie, on behalf of the General Dental Council (GDC), under Rule 20 of the GDC's Fitness to Practise Rules 2006 (the Rules). The Committee has accepted the advice of the Legal Adviser.

Previous fitness to practise history

Mr Corrie informed the Committee of Mrs Mannings' previous fitness to practise history, as set out in the Professional Conduct Committee's (PCC) determinations dated 18 February 2016 and 19 February 2016 respectively. That PCC considered allegations against Mrs Mannings relating to events in 2013 when she was working as a Senior Dental Adviser at NHS National Services Scotland (NSS). Mrs Mannings did not attend the hearing and she was not represented. The PCC decided to proceed in Mrs Mannings' absence, having been satisfied that she did not wish to engage in the GDC proceedings and thus had voluntarily absented herself. The PCC found proved that in 2013 Mrs Mannings submitted a number of invoices to NHS NSS for times that she had spent in the employ of another organisation, namely NHS Education for Scotland (NES). The PCC concluded that Mrs Mannings' actions in this respect were misleading and resulted in payments to which she was not entitled. However, it considered that her claiming errors were due to "messy accounting" rather than a deliberate attempt to defraud NSS and it found no dishonesty. The PCC decided to issue her with a reprimand. It was satisfied that this outcome would be sufficient to mark the seriousness of Mrs Mannings' failure to ensure accurate invoices were submitted.

Misconduct

This Committee has considered whether the facts found proved by it amount to misconduct. In so doing, it has had regard to all of the evidence before it, as well the submissions made by Mr Corrie on behalf of the GDC. It has had regard to the expert evidence of Dr Marshall and Professor Morganstein, as well as the GDC's 'Standards for the Dental Team' (September 2013).

Mr Corrie submitted that the findings against Mrs Mannings are serious and amount to misconduct. In support of that contention, he referred to Mrs Mannings' failures in her radiographic practice, her failure to provide patients with an adequate standard of care and her poor recording and he cited the particular GDC's Standards which he submitted she had breached.

The Committee has exercised its own professional judgement on this matter. It is aware that a finding of misconduct in the regulatory context requires a serious falling short of the standards to be expected of a registered dentist. The Committee's findings in this case relate to 30 patients in total and include the following:

- A failure to maintain an adequate standard of record keeping in respect of Patient A between 26 September 2014 and 14 November 2014. This included a failure to report on bitewing radiographs taken; a failure to make any, or any adequate record of which teeth had been diagnosed as having cavities; a failure to make any record of the type and/or dosage of any local anaesthetic used; and a failure to make any, or any adequate record of the techniques utilised in carrying out the dental procedures undertaken.
- A failure to maintain an adequate standard of record keeping in respect of Patient B (a child) between 29 May 2014 and 12 November 2014. This included a failure to make any, or any adequate, record of the examination carried out or of the cavities diagnosed and, at three consecutive appointments, a failure to make any, or any adequate record of diet, or oral hygiene instruction or discussions with Patient B's parents.
- A failure to take radiographs of adequate diagnostic quality concerning multiple patients; not realising that they were inadequate or realising that they were inadequate and continuing to carry out treatment, such as root canal treatment.
- A failure to take radiographs when they were clinically indicated, concerning multiple patients, over a period of several months in 2014 – 2015.
- A failure to grade and report radiographs, contrary to the Ionising Radiation (Medical Exposure) Regulations 2000 (IR(ME)R).
- A failure to provide restorations to an adequate standard concerning multiple patients between May 2014 and February 2015.
- A failure to undertake and/or record a Basic Periodontal Examination (BPE) in respect of a number of patients.
- A failure to provide root canal treatment to an adequate standard for three patients.
- A failure to diagnose and/or treat caries for multiple patients over a period of several months in 2014-2015.

Dr Marshall and Professor Morganstein were both critical of Mrs Mannings' failures in this case. Dr Marshall opined that many of the shortcomings identified in Mrs Mannings' care of Patients A and B amounted to a falling far below the standards expected of a registered dentist. In particular, in respect of Patient A, Dr Marshall referred to poor radiographic practice which did not conform with required statutory requirements regarding IR(ME) Regulations. In respect of Patient B, Dr Marshall considered that: "the clinical records as presented in relation to the actions taken during care do not provide sufficient record of the essential accurate, comprehensive and preferably concise information concerning care and associated observations that would assist any other professional who may of necessity also need to treat the patient." The Committee, exercising its own professional judgement, agrees with the expert opinion of Dr Marshall.

Professor Morganstein considered that the care of 28 patients in this case, covering the period from 8 January 2014 to 13 February 2015, was deficient in a number of areas, including not recording BPE when appropriate, not taking radiographs when appropriate, not recognising when radiographs were not clinically useful, not following an acceptable technique for root filling teeth, providing restorations that did not remain in the mouth for an appropriate time and not diagnosing caries and/or not treating caries. In short, Professor Morganstein considered that the failings identified in this case amounted to a falling far below the standards expected of a registered dentist. The Committee, exercising its own professional judgement, agrees with the expert opinion of Professor Morganstein.

The Committee has borne in mind that the failings in the case relate to some 30 patients from a caseload of some 1,500 patients in an NHS Practice. It is apparent from the clinical records that some of the patients presented with challenging dental problems. Nevertheless, the Committee considers that the failings in this case, which span a period from January 2014 to February 2015, were multiple and covered a wide range of basic areas of dentistry.

The Committee has had regard to the following requirements from 'Standards for the Dental Team' which it considers Mrs Mannings has breached:

- 1.5.1 You must find out about the laws and regulations which apply to your clinical practice, your premises and your obligations as an employer and you must follow them at all times. This will include (but is not limited to) legislation relating to: radiography.
- 4.1 Make and keep contemporaneous, complete and accurate patient records.
- 7.1 Provide good quality care based on current evidence and authoritative guidance.
- 7.2 Work within your knowledge, skills, professional competence and abilities.

Having considered the totality of the findings against Mrs Mannings, the Committee has concluded that they represented serious departures from the above standards required of a registered dentist. It is therefore satisfied that the facts found proved in this case amount to misconduct.

Impairment

The Committee next considered whether Mrs Mannings' fitness to practise is currently impaired as a result of that misconduct.

Mr Corrie submitted that Mrs Mannings' fitness to practise is currently impaired. He referred to her lack of engagement in these proceedings, having indicated to the GDC in June 2017 that she ceased dentistry in February 2015 and no longer wished to have any involvement with the GDC's proceedings. Mr Corrie also referred to the lack of evidence of any insight or remediation. He submitted that the risk of repetition of the clinical failings identified in this case have not been addressed and thus the risk to patient safety remains.

Mr Corrie also invited the Committee to reach a finding of current impairment in the wider public interest, which includes upholding the reputation of the profession and the declaring and upholding of proper standards of conduct and competence.

The Committee has carefully considered the submissions made. It has received no submissions or evidence of insight or remediation from Mrs Mannings, noting that she has chosen not to engage in these proceedings and has apparently ceased dentistry.

The Committee first considered whether the deficiencies in Mrs Mannings's practice are capable of being remedied, whether they have in fact been remedied, and whether they are likely to be repeated. The Committee is satisfied that Mrs Mannings's clinical deficiencies are remediable. However, nothing has been brought before it which might evidence that remediation has taken place. It has received no evidence from Mrs Mannings of any attempts to address the concerns in her practice, such as up to date training or current safe practice, nor of any reflection which might demonstrate insight into the shortcomings identified in this case. In these circumstances the Committee cannot be satisfied that Mrs Mannings no longer poses a risk to patients and therefore a finding of current impairment is necessary for the protection of patients.

The Committee has also borne in mind the wider public interest, which includes the need to declare and uphold proper standards of conduct and behaviour, in order to maintain public confidence in the profession. The Committee has found proved that Mrs Mannings failed to provide an appropriate standard of care to the 30 patients in this case. There were several failed and repeated restorations and instances of failure to detect and or treat caries. In these circumstances, the Committee considers that public confidence in the profession would be undermined if a finding of impairment were not made, especially in the absence of remediation.

Having regard to all of these matters, the Committee has determined that Mrs Mannings' fitness to practise is currently impaired by reason of her misconduct.

Sanction

The Committee has considered what sanction, if any, to impose on Mrs Mannings' registration. Mr Corrie submitted that erasure would be appropriate, given the serious nature of the findings, the lack of insight and Mrs Mannings' fitness to practise history before the GDC. He also referred to Mrs Mannings' lack of engagement with the GDC, noting that she did not engage at the PCC hearing in February 2016. The Committee has also had regard to Mrs Mannings' statement that she has ceased the practice of dentistry in February 2015 and no longer wishes to be registered with the GDC.

In reaching its decision, the Committee has taken into account the GDC's 'Guidance for the Practice Committees including Indicative Sanctions Guidance (effective 1 October 2016)'. The Committee is aware that the purpose of a sanction is not to be punitive, although it may have that effect, but to protect patients and the wider public interest. It has considered the range of sanctions available to it, starting with the least serious. The Committee has applied the principle of proportionality, balancing the public interest with Mrs Mannings' own interests.

The Committee has taken into account the mitigating and aggravating features of this case. In mitigation, it has borne in mind that there is no evidence of previous clinical concerns raised with the GDC. The aggravating factors include the serious and repeated nature of the findings relating to basic areas of dentistry, the risk of patient harm, and the absence of any evidence of remediation, remorse or insight.

The Committee notes that Mrs Mannings' previous fitness to practise hearing concerned non-clinical matters and that the determination of that PCC referred to witness statements and testimonials attesting to her professionalism and clinical abilities. It also noted that the PCC found no dishonesty and imposed the lowest sanction, namely a reprimand. The Committee recognises that any fitness to practise history is of concern and should be taken

into account when considering sanction. The Committee was of the view that in this particular case, Mrs Mannings' fitness to practise history, although an aggravating factor, was not determinative in terms of the type of sanction it should impose.

The Committee has determined that it would be inappropriate to conclude this case without taking any action in respect of Mrs Mannings' registration. It reached the same conclusion in respect of a reprimand. These courses of action would not be sufficient for the protection of patients or the public interest, given that the clinical nature of Mrs Mannings' misconduct and the lack of any evidence of remediation means that there is an ongoing risk of patient harm.

The Committee next considered the imposition of conditions on Mrs Mannings' registration, bearing in mind that any conditions must be proportionate, measurable and workable. The Committee has had regard to the fact that the clinical failings in this case, although serious, are potentially remediable. On the face of it, this is a case where Mrs Mannings' deficiencies, which span a period of about a year, could be addressed by conditions on her registration. However, the Committee has borne in mind Mrs Mannings' indication in June 2017 that she will not be engaging with the GDC and that she has ceased practice in February 2015. The Committee has concerns about Mrs Mannings' willingness to respond to conditional registration, which it considers is an essential basis upon which conditions can be imposed. In all the circumstances, the Committee is not satisfied that conditions would be workable and thus sufficient for the protection of the public and the public interest.

The Committee then considered carefully the sanction of suspension, bearing in mind that the GDC has submitted that erasure would be appropriate in this case. The Committee considers that the sanction of suspension would be sufficient for the protection of the public and the public interest, given the findings against Mrs Mannings. It is mindful that the findings against her relate to clinical shortcomings which are potentially remediable. Should Mrs Mannings wish to return to practise, she would have an opportunity to demonstrate remediation before the expiry of a suspension order. The Committee has considered the sanction of erasure but decided that it would be disproportionate, given that the findings against Mrs Mannings relate to remediable clinical matters and are not such that her misconduct is fundamentally incompatible with her remaining on the dental register.

The Committee directs that Mrs Mannings' registration be suspended for a period of six months. It is satisfied that this period of time is sufficient to mark the seriousness of the misconduct found proved and to afford Mrs Mannings an opportunity, should she choose to do so, to engage with the GDC and to set out her plans as to her remediation. Accordingly, the Committee is satisfied that six months is appropriate and proportionate.

A Committee will review Mrs Mannings' case at a resumed hearing to be held shortly before the end of the period of suspension. That Committee will consider what action it should take in relation to Mrs Mannings' registration. Mrs Mannings will be informed of the date and time of that resumed hearing.

The Committee now invites submissions from you as to whether Mrs Mannings' registration should be suspended immediately."

Decision on immediate order

The interim order of suspension on Mrs Mannings' registration is hereby revoked.

Having directed that Mrs Mannings' registration be suspended, the Committee has considered whether to impose an order for immediate suspension in accordance with

Section 30(1) of the Dentists Act 1984. In so doing, it has had regard to the GDC's 'Guidance for the Practice Committees including Indicative Sanctions Guidance' (October 2016).

Mr Corrie, on behalf of the General Dental Council (GDC), has submitted that an order for immediate suspension is necessary for the protection of the public and is otherwise in the public interest, given the risks identified by the Committee in its determination at stage two.

In accordance with Section 30 of the Dentists Act 1984 the Committee has determined that it is necessary for the protection of the public and is otherwise in the public interest to order that Mrs Mannings' registration be suspended forthwith. In reaching its decision, the Committee is satisfied that Mrs Mannings poses a risk to patients for the reasons set out in its determination at stage two. It is satisfied that it would be inconsistent to allow Mrs Mannings to continue to practise during the intervening appeal period.

The effect of this direction is that Mrs Mannings' registration will be suspended immediately. Should Mrs Mannings exercise her right of appeal, this immediate order for suspension will remain in place until the resolution of any appeal.

That concludes the case."

At a review hearing on 27 April 2018 the Chairman announced the determination as follows:

"Neither party was present at today's resumed hearing of the Professional Conduct Committee (PCC). A request was made by the General Dental Council (GDC) for the review of the suspension order on Mrs Mannings' registration to be conducted on the papers.

In the absence of both parties, the Committee first considered the issues of service and whether to proceed with the hearing in the absence of Mrs Mannings and any representatives for either party. The Committee accepted the advice of the Legal Adviser on these matters.

Decision on service of the Notification of Hearing

The Committee considered whether notice of the hearing had been served on Mrs Mannings in accordance with Rules 28 and 65 of the *GDC (Fitness to Practise) Rules Order of Council 2006* (the Rules). It received an indexed GDC resumed hearing bundle of 56 pages containing a copy of the Notification of Hearing letter, dated 28 March 2018. It also saw Royal Mail 'Track and Trace' information confirming that delivery of the letter was attempted at Mrs Mannings' registered address and a '*while you were out card*' was left by the delivery service. A copy of the letter was also sent to Mrs Mannings by email.

The Committee was satisfied that the Notification of Hearing letter contained proper notification of today's hearing, including its time, date and venue, as well as notification that the Committee had the power to proceed with the hearing in Mrs Mannings' absence. On the basis of the information provided, the Committee was satisfied that notice of the hearing had been served on Mrs Mannings in accordance with the Rules.

Decision on proceeding with the hearing in the absence of Mrs Mannings and on the papers

The Committee next considered whether to exercise its discretion under Rule 54 of the Rules to proceed with the hearing in the absence of Mrs Mannings and any representative

for either party. It approached this issue with the utmost care and caution. The Committee took into account the factors to be considered in reaching its decision as set out in the case of *R v Jones [2003] 1 AC 1HL*; *GMC v Adeogba and GMC v Visvardis [2016] EWCA Civ 162*. It remained mindful of the need to be fair to both Mrs Mannings and the GDC, and it had regard to the public interest in the expeditious review of the suspension order in place on Mrs Mannings' registration. The current order is due to expire on 12 May 2018.

The Committee noted from the Notification of Hearing letter that Mrs Mannings was informed of the GDC's intention to request that the hearing take place on the papers in the absence of both parties. She was asked to contact the GDC by 6 April 2018, if she considered there was any reason the hearing should not proceed on the papers. The information before the Committee today indicates that there has been no response from Mrs Mannings in this regard.

The Committee had regard to the written submissions provided by the GDC, dated 19 April 2018, in which they invited the Committee to conduct the resumed hearing on the basis of the papers provided to it. The GDC submitted that there had been no indication from Mrs Mannings to suggest that she wished to attend this review of her case. It was noted that she did not attend the initial PCC hearing which took place in October 2017. It noted that the order is due to expire on 12 May 2018 and if not reviewed today the order would lapse. She has not requested an adjournment and the Committee is not assured that an adjournment would secure her attendance at a future date.

In all the circumstances, the Committee determined that it was fair and in the public interest to proceed with the hearing on the papers in the absence of Mrs Mannings and any representatives for either party.

Background to Mrs Mannings' case

Mrs Mannings' case was first considered by the PCC at a hearing in October 2017. That Committee found proved allegations relating to her care of 30 patients. The failings identified in Mrs Mannings' practice spanned the period from January 2014 to February 2015, were multiple and covered a wide range of basic areas of dentistry. In particular, it was found that in certain instances, often in relation to multiple patients, Mrs Mannings had failed to:

- maintain an adequate standard of record keeping;
- take radiographs of adequate diagnostic quality;
- take radiographs when they were clinically indicated;
- grade and report on radiographs, in accordance with the Ionising Radiation (Medical Exposure) Regulations 2000 (IR(ME)R);
- provide restorations to an adequate standard;
- undertake and/or record a Basic Periodontal Examination (BPE);
- provide root canal treatment to an adequate standard; and
- diagnose and/or treat caries.

The PCC in October 2017, having considered the totality of the findings against Mrs Mannings, concluded that the identified failings represented serious departures from the

standards required of a registered dentist. It was satisfied that the facts found proved amounted to misconduct.

That Committee went on to determine that Mrs Mannings' fitness to practise was impaired by reason of her misconduct. It directed that her registration be suspended for a period of six months with a review prior to the expiry of the suspension order. It also imposed an immediate order of suspension.

The Committee in October 2017 was satisfied that the six-month period was *"sufficient to mark the seriousness of the misconduct found proved and to afford Mrs Mannings an opportunity, should she choose to do so, to engage with the GDC and to set out her plans as to her remediation"*.

Today's resumed hearing

This is the first review of Mrs Mannings' case since the matters were before the PCC in October 2017. In comprehensively reviewing her case today, the Committee considered all the evidence before it and accepted the advice of the Legal Adviser.

The information before the Committee was the indexed GDC resumed hearing bundle of 56 pages. It also had regard to the written submissions of the GDC, dated 19 April 2018. No material or submissions were received from, or on behalf of, Mrs Mannings.

In their written submissions, the GDC stated that, as far as they are aware Mrs Mannings has been complying with the suspension order in place on her registration. They stated, however, that she has not provided any evidence of remediation or reflection. It was the GDC's submission that, in the absence of any new information and in light of Mrs Mannings' non-engagement, her fitness to practise remains impaired by reason of her misconduct. The GDC invited the Committee to consider extending the current suspension order on Mrs Mannings' registration by a period of 12 months.

Decision on impairment

In reaching its decision on whether Mrs Mannings' fitness to practise remains impaired, the Committee exercised its own judgement. It had regard to the over-arching objective of the GDC, which involves: the protection, promotion and maintenance of the health, safety and well-being of the public; the promotion and maintenance of public confidence in the dental profession; and the promotion and maintenance of proper professional standards and conduct for members of the dental profession.

The Committee took into account that there is a persuasive burden on Mrs Mannings to demonstrate that she has addressed the past finding of impaired fitness to practise. There is no information from Mrs Mannings in relation to any remediation she has undertaken to address the serious deficiencies found proved in her practice. She has not engaged with these proceedings. In the absence of any evidence of remediation, the Committee concluded that a finding of current impairment is necessary for the protection of the public by reason of the multi-faceted clinical failures found. In addition, the Committee concluded that public confidence would be undermined if a finding of impairment was not made in the circumstances of this case. A finding of impairment is therefore in the public interest.

The Committee determined that Mrs Mannings' fitness to practise is currently impaired by reason of her misconduct.

Decision on Sanction

The Committee considered what action, if any, to take in respect of Mrs Mannings' registration. It had regard to its powers under Section 27C(1) of the *Dentists Act 1984 (as amended)*, which sets out the options available to it at a resumed hearing. The Committee took into account that the purpose of any sanction is not to be punitive, although it may have that effect, but to protect patients and the wider public interest.

The Committee had regard to the '*Guidance for the Practice Committees including Indicative Sanctions Guidance (effective from October 2016)*'. It applied the principle of proportionality, balancing the public interest with Mrs Mannings' own interests. It considered the available sanctions in ascending order.

The facts found proved against Mrs Mannings involve wide ranging clinical deficiencies in relation to 30 patients. Although the failings are remediable, Mrs Mannings has not provided any evidence of remediation. Therefore, there remains a risk of repetition of the failings and a risk to patients. In addition, Mrs Mannings is still not engaging with the GDC or these proceedings. Given the absence of any information and the continued lack of engagement from Mrs Mannings, the Committee determined that it would be wholly inappropriate to terminate the current suspension order or to allow it to lapse. It decided that some ongoing restriction of Mrs Mannings' registration is necessary to safeguard the public and to uphold the wider public interest.

The Committee next considered whether to terminate Mrs Mannings' suspension order and replace it with an order of conditions. However, the Committee concluded that conditional registration would not be suitable in this case, where the registrant is not engaging with the regulatory process. The Committee decided that through her non-engagement, Mrs Mannings has demonstrated a lack of insight into the concerns identified in her case. Furthermore, there is no evidence of any steps she has taken towards remediation. In the absence of such evidence, and in the absence of any indication that she would be willing to comply with a conditions of practice order, the Committee concluded the sanction of conditions would not be appropriate, workable or proportionate.

For these reasons the Committee has determined to extend the period of the suspension order on Mrs Mannings' registration. Given the continued lack of any evidence of progress on Mrs Mannings' part, the Committee decided that members of the public and the wider public interest would not be sufficiently protected by a lesser sanction than suspension.

The Committee has decided to extend the suspension order by a period of 12 months. In deciding on this period, the Committee considered that, in the absence of any engagement from Mrs Mannings or any further evidence of steps she has taken to remediate her failings, any period of less than 12 months would not protect patients or safeguard the public interest. If Mrs Mannings does decide to take steps to remediate the numerous deficiencies identified by the PCC the period of 12 months would give her sufficient time to take such steps.

A Committee will review Mrs Mannings' case at a resumed hearing to be held shortly before the end of the extended period of suspension. That Committee will consider what further action it should take in relation to her registration. She will be informed of the date and time of that resumed hearing, with which she will be expected to engage.

That concludes this determination."

At a review hearing on 3 May 2019, the Chairman announced the determination as follows:

“This is a Professional Conduct Committee (PCC) review hearing of Mrs Mannings’ case which is being held in accordance with Section 27C of the Dentists Act 1984 (the Act). Neither party was present at today’s hearing. The General Dental Council (GDC) requested that this review be conducted on the papers.

In the absence of both parties, the Committee first considered the issues of service and whether to proceed with the hearing in the absence of Mrs Mannings and any representatives for either party. The Committee has accepted the advice of the Legal Adviser on these matters.

Decision on service of the Notification of Hearing

The Committee considered whether the Notification of Hearing letter has been served on Mrs Mannings in accordance with Rules 28 and 65 of the GDC (Fitness to Practise) Rules Order of Council 2006 (the Rules). It has seen a copy of the Notification of Hearing letter dated 5 April 2019, addressed to Mrs Mannings at her registered address. The Committee is satisfied that the Notification of Hearing letter contains proper notification of today’s hearing, including its time, date and venue as well as its purpose. The documents before the Committee indicate that the Royal Mail was unable to deliver the letter on 6 April 2019 because the addressee had “gone away”. The Royal Mail ‘Track and Trace’ records indicate that on 8 April 2019 the letter was returned to sender (the GDC) on 8 April 2019 and was received by the GDC on 9 April 2019. The Committee is aware that the GDC is only required to demonstrate that it has sent the Notification of Hearing letter to the Registrant 28 days before the date of the hearing and is not required to demonstrate that the item has arrived. Rule 65 provides that the service of any notification may be provided by a confirming of posting issued by or on behalf of the Post Office. Having regard to all the documents the Committee is satisfied that the GDC has complied with Rules 28 and 65. It is aware that although the Rules do not provide for the sending of documents electronically by email, a copy of the Notification of Hearing letter was sent from the GDC’s Secure File Sharing System to Mrs Mannings’ email address on 5 April 2019.

On the basis of the information provided, the Committee is satisfied that the Notification of Hearing letter has been served on Mrs Mannings in accordance with the Rules.

Proceeding in absence

The Committee went on to consider whether to proceed in the absence of Mrs Mannings and on the basis of the papers, in accordance with Rule 54. The GDC, in its written submissions invited the Committee to do so, on the basis that all reasonable efforts have been made by the GDC to serve the Notification of Hearing letter on Mrs Mannings. Further, the GDC submits that Mrs Mannings was notified that it was intending to request that arrangements be made for the hearing to take place on the papers. She was asked to notify the GDC by 12 April 2019 if there was any reason why the hearing should not proceed on the papers. She has not done so. The GDC also refers to Mrs Mannings’ non-engagement in these proceedings since their inception.

The Committee has considered the GDC’s written submissions. It notes that Mrs Mannings has not responded to the GDC’s Notification of Hearing letter and she did not attend the initial hearing of her case in October 2017 or the review hearing in April 2018. In these circumstances, the Committee has concluded that Mrs Mannings has voluntarily absented herself from today’s hearing. She has not requested an adjournment of today’s review

hearing and there is nothing to suggest that she would attend a hearing if the matter was adjourned. In addition, the Committee considers there is a clear public interest in reviewing the order before its expiry. Accordingly, the Committee has determined that it is fair to proceed with today's review hearing on the basis of the papers and in the absence of both parties.

Background to Mrs Mannings' case

Mrs Mannings' case was first considered by the PCC at a hearing in October 2017. In deciding to proceed in her absence, the PCC noted from Mrs Mannings' emails to the GDC dated 9 March 2016 and 21 March 2016 her indication that she did not wish to receive any further communications from the GDC. In addition, in her email to the GDC dated 28 June 2017 Mrs Mannings stated: "please note that I shall not be responding or having any further involvement with this hearing. Please note I ceased the practice of dentistry for good in February 2015 and have subsequently requested that I be removed from the GDC register."

The PCC found proved allegations relating to Mrs Mannings' care of 30 patients, spanning a period from January 2014 to February 2015. The failings were multiple and covered a wide range of basic areas of dentistry. In particular, the PCC found that in certain instances, often in relation to multiple patients, Mrs Mannings failed to:

- maintain an adequate standard of record keeping;
- take radiographs of adequate diagnostic quality;
- take radiographs when they were clinically indicated;
- grade and report on radiographs, in accordance with the Ionising Radiation (Medical Exposure) Regulations 2000 (IR(ME)R);
- provide restorations to an adequate standard;
- undertake and/or record a Basic Periodontal Examination (BPE);
- provide root canal treatment to an adequate standard; and
- diagnose and/or treat caries.

The PCC in October 2017 concluded that the identified failings represented serious departures from the standards required of a registered dentist. It was satisfied that the facts found proved amounted to misconduct. The PCC noted that the clinical deficiencies identified in the case were remediable but there was no evidence of remediation or attempts to address the concerns of Mrs Mannings' practice. Accordingly, the PCC determined that Mrs Mannings' fitness to practise was impaired by reason of her misconduct. It directed that her registration be suspended for a period of six months with a review prior to the expiry of the suspension order. The PCC was satisfied that the six-month period was *"sufficient to mark the seriousness of the misconduct found proved and to afford Mrs Mannings an opportunity, should she choose to do so, to engage with the GDC and to set out her plans as to her remediation"*. It also imposed an immediate order of suspension.

The PCC reviewed the order at a hearing on 11 October 2017. Mrs Mannings was neither present nor represented at that hearing. The PCC noted that Mrs Mannings had not provided any evidence of remediation or reflection. In the absence of any remediation the PCC concluded that there remained a risk of repetition of the misconduct found by the PCC. It determined that Mrs Mannings fitness to practise remained impaired. The PCC directed that

Mrs Mannings' registration be further suspended for a period of 12 months, with a review hearing to take place before the expiry of the order. In deciding on that period, the PCC considered that in the absence of any engagement from Mrs Mannings or any further steps she has taken to remediate her failings, any period of less than 12 months would not be sufficient.

Today's review

The Committee has comprehensively reviewed the current order. In so doing, it has had regard to the bundle of documents provided by the GDC, which contains a copy of the previous PCC's determinations, as well as letters from the GDC to Mrs Mannings in connection with these proceedings. The Committee has had regard to the GDC's written submissions. It notes the absence of any information from Mrs Mannings.

The GDC highlights that there is a persuasive burden on the Registrant to demonstrate that she has addressed the deficiencies in her practice. There is no information to that effect. The GDC's position is that there is in the absence of evidence from Mrs Mannings to demonstrate that she has remediated the serious multifaceted deficiencies in her practice there remains a risk of repetition of her past shortcomings. The GDC submits that Mrs Mannings' fitness to practise remains impaired. It invites the Committee to extend the period of suspension for a further period of 12 months.

Decision on impairment

The Committee has considered carefully the submissions made. It has borne in mind that its primary duty is to address the public interest, which includes the protection of patients, 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. The Committee has accepted the advice of the Legal Adviser.

The Committee notes the absence of any information from Mrs Mannings in relation to any remediation she has undertaken to address the serious deficiencies found proved in her practice. She has not engaged with these proceedings since 2015 and the most recent correspondence from the GDC to Mrs Mannings was returned on 6 April 2019, with a message indicating that the addressee had 'gone away'. In the absence of any evidence of remediation or any information from Mrs Mannings, the Committee has concluded that the risk of repetition of the clinical failings identified in October 2017 remain. A finding of current impairment is necessary for the protection of the public. In addition, the Committee has concluded that public confidence would be undermined if a finding of impairment was not made in the circumstances of this case. A finding of impairment is therefore in the public interest. The Committee has determined that Mrs Mannings' fitness to practise is currently impaired by reason of her misconduct.

Decision on Sanction

The Committee next considered what direction to give. In so doing, it has had regard to the GDC's "Guidance for the Practice Committees including Indicative Sanctions Guidance" (October 2016). It has also had regard to the submissions made by the GDC.

Given the risk of repetition of the failings identified in October 2017 and the absence of any remediation, the Committee has concluded that terminating the current suspension order would not be appropriate, workable or sufficient for the protection of the public.

The Committee considered whether to replace the current suspension order with one of conditions. It had regard to the absence of any evidence of remediation from Mrs Manning and her lack of engagement with the GDC. It has also borne in mind Mrs Mannings indication to the GDC in June 2017 that she ceased the practice of dentistry in February 2015 and had subsequently requested that she be permanently removed from the dental register. In these circumstances, the Committee was not satisfied that conditions would be appropriate, workable or sufficient for the protection of the public.

The Committee therefore directs that the current period of suspension on Mrs Mannings' registration be extended for a period of 12 months. It is satisfied that extending the order for the maximum period of 12 months is sufficient and proportionate for the protection of the public. If Mrs Mannings does decide to take steps to remediate the numerous deficiencies identified by the PCC the period of 12 months would give her sufficient time to take such steps.

The order of suspension will be reviewed shortly prior to the end of the 12 month period. That Committee will consider what action it should take in relation to Mrs Manning's registration. She will be informed of the date and time of that resumed hearing.

That concludes the hearing of Mrs Mannings' case."

At a review hearing on 17 April 2020, the Chairman announced the determination as follows:

"This is the resumed Professional Conduct Committee (PCC) hearing of Mrs Mannings' case which is being held in accordance with Section 27C of the Dentists Act 1984 (the Act). The hearing is being conducted remotely, via Skype for Business, in line with Her Majesty's Government's current advice concerning COVID-19. All parties are participating via Skype for Business. This comprises the Committee (made up of three panellists), the Legal Adviser, the Committee Secretary and Mr Middleton, who appears on behalf of the General Dental Council (GDC). Mrs Mannings is not participating at today's hearing.

Decision on service of the Notice of Hearing

The Committee first considered whether the Notice of Hearing has been served on Mrs Mannings in accordance with Rules 28 and 65 of the GDC (Fitness to Practise) Rules Order of Council 2006 (the Rules). In so doing, it has had regard to the submissions made by Mr Middleton. It has accepted the Legal Adviser's advice.

The Committee has been provided with a copy of the Notice of Hearing letter dated 6 March 2020, addressed to Mrs Mannings at her registered address. The Committee is satisfied that the Notice of Hearing letter is compliant with Rule 28 in that it confirms the date, time and venue of the hearing. It is further satisfied that the Notice of Hearing has been sent to Mrs Mannings' registered address within 28 days of today's hearing, also in compliance with Rule 28. An envelope, containing the same Royal Mail tracking number as that shown on the Notice of Hearing, has been returned to the GDC with a Royal Mail sticker on it, dated 7 March 2020, indicating that the addressee has gone away. The Committee is aware that the GDC is not required to demonstrate that Mrs Mannings has received the Notice of Hearing but to demonstrate that it has been posted to her registered address 28 days in advance of the hearing. Having regard to all the documents the Committee is satisfied that the GDC has complied with Rules 28 and 65. It is aware that although the Rules do not provide for the sending of documents electronically by email, a copy of the Notice of Hearing letter was sent

by email via the GDC's Secure File Sharing System to Mrs Mannings' email address on 6 March 2020. The Committee has seen an email dated 16 April 2020 from the GDC to Mrs Mannings' email address, advising her that the hearing will be conducted remotely by Skype due to the COVID-19 situation.

Taking all these documents into account, the Committee is satisfied that the Notice of Hearing has been served on Mrs Mannings in accordance with the Rules.

Proceeding in absence

The Committee went on to consider whether to proceed in the absence of Mrs Mannings in accordance with Rule 54. Mr Middleton invited the Committee to proceed in her absence on the basis that all reasonable efforts have been made by the GDC to serve the Notice of Hearing on Mrs Mannings. He submitted that Mrs Mannings has voluntarily absented herself from today's hearing and has repeatedly voluntarily absented herself from these proceedings since the initial hearing of her case in October 2017, which she did not attend. He also submitted that it is in the public interest to proceed with today's hearing given that the current suspension order is due to expire on 12 May 2020. He reminded the Committee that were it minded not to proceed today, a fresh Notice of Hearing would have to be served on Mrs Mannings 28 days in advance of that hearing, by which time the current order would have expired. He therefore invited the Committee to exercise its discretion under Rule 54 and proceed with the statutory review of the order today.

The Committee has considered the submissions on behalf of the GDC. It notes Mrs Mannings' lack of engagement with the GDC since October 2017 and thereafter at subsequent review hearings. The Committee has concluded that Mrs Mannings has voluntarily absented herself from today's hearing. There is nothing to suggest that Mrs Mannings would attend a hearing if the matter was adjourned given her past non-attendance at these proceedings. In addition, the Committee considers there is a clear public interest in reviewing the order before its expiry on 12 May 2020. Accordingly, the Committee has determined that it is fair to proceed with today's review hearing in the absence of Mrs Mannings.

Background to Mrs Mannings' case

Mrs Mannings' case was first considered by the PCC in October 2017. In deciding whether to proceed in the absence of Mrs Mannings, the PCC had regard to her emails to the GDC dated 9 March 2016, 21 March 2016 and 28 June 2017 in which she indicated that she did not wish to receive any further communications from the GDC. In particular, in her email dated 28 June 2017 Mrs Manning stated: "please note that I shall not be responding or having any further involvement with this hearing. Please note I ceased the practice of dentistry for good in February 2015 and have subsequently requested that I be removed from the GDC register."

The PCC decided to proceed in the absence of Mrs Mannings. It found proved allegations relating to Mrs Mannings' care of 30 patients, spanning a period from January 2014 to February 2015. The failings were multiple and covered a wide range of basic areas of dentistry, including a failure to:

- maintain an adequate standard of record keeping;
- take radiographs of adequate diagnostic quality;

- take radiographs when they were clinically indicated;
- grade and report on radiographs, in accordance with the Ionising Radiation (Medical Exposure) Regulations 2000 (IR(ME)R);
- provide restorations to an adequate standard;
- undertake and/or record a Basic Periodontal Examination (BPE);
- provide root canal treatment to an adequate standard; and
- diagnose and/or treat caries.

The PCC in October 2017 concluded that the facts found proved amounted to misconduct. It considered that the clinical deficiencies identified in the case were remediable but there was no evidence of remediation or any evidence of reflection which might demonstrate insight into the shortcomings identified in the case. The PCC determined that Mrs Mannings' fitness to practise was impaired by reason of her misconduct. It directed that her registration be suspended for a period of six months with a review prior to the expiry of the suspension order. The PCC remarked that six months was *"sufficient to mark the seriousness of the misconduct found proved and to afford Mrs Mannings an opportunity, should she choose to do so, to engage with the GDC and to set out her plans as to her remediation"*.

The PCC reviewed the order on 27 April 2018. It noted the absence of any response from Mrs Mannings in respect of the Notice of Hearing which informed her of the GDC's intention to request that the hearing take place on the papers. The PCC decided that it was fair and in the public interest to proceed with the hearing in the absence of Mrs Mannings and on the papers.

The PCC had regard to the absence of any evidence of remediation or reflection from Mrs Mannings as well as her lack of engagement in these proceedings. The PCC concluded that there remained a risk of repetition of the serious deficiencies found proved in Mrs Mannings' practice. In these circumstances it determined that Mrs Mannings' fitness to practise remained impaired. The PCC directed that Mrs Mannings' registration be further suspended for a period of 12 months, with a review hearing to take place before the expiry of the order.

The PCC reviewed the order, on the papers, on 3 May 2019. At that hearing the PCC noted the absence of any information from Mrs Mannings in relation to the GDC's proceedings. It was reminded that there is a persuasive burden on the Registrant to demonstrate that she has addressed the deficiencies in her practice. It noted the absence of any evidence of remediation or any information from Mrs Mannings. The PCC concluded that the risk of repetition of the clinical failings identified by the PCC in October 2017 remained. It determined that Mrs Mannings' fitness to practise remained impaired by reason of her misconduct. The PCC directed that the suspension order be extended for a period of 12 months.

Today's review

The Committee has comprehensively reviewed the current order. In so doing, it has had regard to the material before it which comprises copies of previous PCC's determinations and a letter dated 3 May 2019 from the GDC to Mrs Mannings, confirming the outcome of

the PCC hearing. The Committee has had regard to Mr Middleton's submissions on behalf of the GDC. It notes the absence of any information from Mrs Mannings.

Mr Middleton submitted that Mrs Mannings has not provided any information as a means of demonstrating that she has addressed the concerns identified by the previous PCCs. He reminded the Committee that this is now the fourth opportunity that Mrs Mannings has had to provide evidence to show that she is no longer impaired. He submitted that in the absence of evidence to that effect, there remains a risk of repetition of Mrs Mannings' past shortcomings. He submitted that Mrs Mannings' fitness to practise remains impaired.

Mr Middleton invited the Committee to direct that Mrs Mannings' registration be indefinitely suspended. He referred to the date when Mrs Mannings' registration was first suspended by the PCC in October 2017 for a period of six months and then suspended by the PCC at subsequent reviews for a period of 12 months on each occasion in April 2018 and May 2019. Thus, the provision of 27C(1)(d)(i) of the Dentists Act 1984 (as amended) (the Act) has been met, given that Mrs Mannings will have been suspended for two years from the date in which the direction is likely to take effect. He further submitted that the provision of 27C(1)(d)(ii) will be met as the direction will be made less than two months before the date on which the period of suspension would otherwise expire on 12 May 2020.

The Committee has considered the submissions made. Throughout its deliberations, it has borne in mind that its primary duty is to address the public interest, which includes the protection of patients, 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. The Committee has accepted the advice of the Legal Adviser.

There is no evidence before this Committee that Mrs Mannings has addressed any of the deficiencies identified by the PCC at the initial hearing in October 2017 or at subsequent PCC review hearings, despite being given the opportunity to do so. The Committee notes from previous PCC determinations that Mrs Mannings' last contact with the GDC was in June 2017, when she indicated that she had ceased the practice of dentistry in February 2015. In the absence of any evidence to show that the widespread clinical concerns identified by the PCC at the hearing October 2017, some two and a half years' ago, have been addressed, the Committee considers that Mrs Mannings remains a risk to the public. Accordingly, it has determined that Mrs Mannings' fitness to practise remains impaired by reason of misconduct.

The Committee next considered what sanction to impose on Mrs Mannings' registration. It has had regard to the GDC's "Guidance for the Practice Committees including Indicative Sanctions Guidance" (October 2016, updated May 2019) as well as the GDC's submissions.

The Committee has found that Mrs Mannings' fitness to practise remains impaired. In these circumstances, the Committee concluded that terminating the current suspension order would not be appropriate or sufficient for the protection of the public.

The Committee considered whether to replace the current suspension order with one of conditions. In so doing, it had regard to the absence of any evidence of remediation from Mrs Mannings and her indication that she has not practised as a dentist since February 2015. She has been given an opportunity to remediate her deficiencies and engage with the GDC over a long period of time, but has chosen not to do so. In these circumstances, the Committee is not satisfied that conditions are appropriate, workable or sufficient for the protection of the public.

The Committee considers that it is necessary to maintain the current suspension in order to protect the public and safeguard public confidence in the dental profession. However, the Committee considers that it would not be in the public interest for the suspension to be subject to a review in 12 months' time as Mrs Mannings has not engaged with the GDC over a sustained period and there is nothing to suggest that she would do in the future. Indeed, the Committee has no information from Mrs Mannings as to her present circumstances. The Committee considers that further reviews of Mrs Mannings' suspension would be unlikely to serve any purpose.

Accordingly, the Committee directs that Mrs Mannings' registration be indefinitely suspended. It is satisfied that the provisions of section 27C(1)(d)(i) and (ii) of the Act are met. It notes that this direction means that a review of the order can only take place if Mrs Mannings requests a review and a minimum of two years has elapsed since the direction took effect. Given Mrs Mannings' lack of engagement with the GDC, it is satisfied that this direction is appropriate and proportionate.

The effect of the foregoing direction is that, unless Mrs Mannings exercises her right of appeal, her registration will be suspended indefinitely from the date on which the direction takes effect.

That concludes this case for today."