

PUBLIC HEARING

Professional Conduct Committee Initial Hearing

12 – 19 May 2026

Name: BROWN, Andrew Duncan

Registration number: 68412

Case number: CAS-204467

General Dental Council: Tom Stevens, Counsel.
Instructed by Ervin Gjoleka, Capsticks

Registrant: Present
Represented by Scott Ivill, Counsel.
Instructed by Simon Kernycky, Weightmans

Fitness to practise: Impaired by reason of misconduct

Outcome: Fitness to Practise Impaired. Reprimand Issued

Committee members: Andrew Waite (Chair and Lay Member)
Joanne Brindley (Dental Care Professional Member)
Sukhninder Sandhar (Dentist Member)

Legal adviser: Graeme Dalglish

Committee Secretary: Jenny Hazell

1 This is a hearing before the Professional Conduct Committee ('the Committee') to consider an inquiry into a charge against you:

2 You are present and represented at this hearing by Mr Ivill, Counsel. Mr Stevens, Counsel, appears on behalf of the General Dental Council (GDC).

3 The Committee received a number of documents at the outset of the hearing, including the following:

- Copies of the Patient records
- The witness statement of the Practice Manager, signed and dated 15 July 2025
- The witness statement of Mr Mulcahy, GDC expert, signed and dated 17 July 2025
- The witness statement of Mr Bateman, Defence expert, signed and dated 2 April 2026
- A copy of your signed witness statement and exhibits dated 13 April 2026
- A copy of the Joint Expert Report of Mr Bateman and Mr Mulcahy signed dated 22 and 23 April 2026 respectively

Preliminary application to amend the charge

4 Mr Stevens, on behalf of the GDC made an application to amend the charge set out in the notice of hearing under Rule 18 of the GDC (Fitness to Practise) Rules 2006 ('the Rules'). The changes proposed were as follows:

- Withdrawal of a number of charges, which, in light of the joint experts' opinions of Mr Bateman dated 22 April 2026 and Mr Mulcahy dated 23 April 2026, these matters were no longer sustainable evidentially.
- Amending the wording of charge 2d by the deletion of the words '*any or any*' and replace with the word '*an*' in light of the evidence
- Withdrawal of charge 2L since it duplicates the criticism set out in Charge 2eiii
- In respect of Schedule 2 (Basic Periodontal Examinations) and Schedule 4, (Bitewing/screening radiographs) – removal of the words "*from/to*" in the date range and replace it with the word "*Between*" so as to reflect the evidence.

5 Mr Stevens went through the charges which the GDC was seeking to withdrawn as follows:

Charge 2ei (in relation to a failure to diagnose and/or offer to provide treatment for) a periapical infection at Patient 30's UR6 on 26 May 2017;

Charge 2f - you did not conduct a vitality test covering Patient 30's UR3 on 26 May 2017 and/or 30 June 2017.

Charge 2gii – (in relation to you did not take any / any adequate pre-operative radiograph in advance of) preparing Patient 11's UR6 as a bridge abutment on 6 November 2020;

Charge 2giv – (in relation to you did not take any/ any adequate pre-operative radiograph in advance of) preparing Patient 30's UR3 as a bridge abutment on 5 September 2017.

Charge 2i (in relation to consent) by reason of your conduct in charge 2.g.ii. you did not obtain Patient 11's informed consent for the bridge you provided at their UR6.

Charge 2k (in relation to consent) by reason of your conduct in charge 2.g.iv. you did not obtain Patient 30's informed consent for the bridge you provided at their UR3.

Charge L - you did not provide endodontic treatment for Patient 19's LR2, in advance of placing a crown on that tooth on 4 July 2019 and/or re-visit the PA x-ray previously taken on 20.09.18

Charge 2miii (in relation to a failure to take any/any adequate pre-operative radiograph in advance of) commencing root canal treatment at Patient 39's UL4, on 11 December 2015.

Charge 2n - you did not take a post-operative radiograph, covering Patient 39's UL4, on 11 December 2015;

Charge 2p - you did not use an appropriate method for verifying working length, during endodontic treatment, in relation to the patients and dates in Schedule 6;

Schedule 2 – remove Patient 14 since both experts agreed that the failure fell below, as opposed to far below, accepted standards.

Schedule 6 (working length)– remove in its entirety

Schedule 7 – antibiotic prescriptions - remove Patients 8, 16 (for all appointments) and in respect of Patient 22, remove the appointment for 25 July 2010.

6 Mr Ivill, on your behalf, confirmed that he endorsed the GDC's application. The Committee had regard to the joint position of both Counsel. It accepted the advice of the Legal Adviser. The Committee considered that the proposed amendments, which included the withdrawal of a number of charges, reflected the recent developments in the evidence. The Committee also had regard to the joint expert report as well as the GDC's overarching objective, namely the protection of the public. It was satisfied that the withdrawal of a number of charges would not amount to an under prosecution of the GDC's case. It considered it would not be in the public interest in pursuing charges which are no longer evidentially sustainable. Accordingly, the Committee acceded to the GDC's application. The charge was duly amended in the terms set out by Mr Stevens and is as follows:

That being a registered dentist,

- 1. You practised as a dentist at the dental practice referred to in Schedule 1 below ("the Practice") and treated the patients listed below (and referred to in Schedule 1 below).*
- 2. You failed to provide an adequate standard of care from 4 July 2014 to 1 August 2022, for Patients 1 to 40 (identified in Schedule 1 below), in that:*

Basic Periodontal Examination (BPE)

- a. you did not conduct any Basic Periodontal Examinations, or sufficiently regular Basic Periodontal Examinations, in relation to the patients and dates in Schedule 2;*
- b. you did not undertake a six-point pocket chart and / or you did not record a rationale for deciding not to do so in relation to the patients and dates in Schedule 3;*

Radiology

- c. you did not take any bitewing / screening radiographs or sufficiently regular bitewing /screening radiographs, in relation to the patients and dates in Schedule 4;*



- d. *you did not record an adequate evaluation of radiographs taken in relation to Patient 16, on:*
- i. 9 November 2016;
 - ii. 22 May 2017;
 - iii. 16 September 2021;

Diagnostics and Treatment

- e. *You did not diagnose and/or offer to provide treatment for:*
- i. [WITHDRAWN]
 - ii. *decay on the distal aspect of Patient 30's UL5, on 13 September 2021;*
 - iii. *a periapical infection found at Patient 19's LR2 and / or LR3 on 20 September 2018;*
- f. [WITHDRAWN]
- g. *you did not take any / any adequate pre-operative radiograph in advance of:*
- i. *preparing Patient 5's UR7 for a crown, on 18 July 2018;*
 - ii. [WITHDRAWN]
 - iii. *preparing Patient 19's UR6 as a bridge abutment, on 3 May 2022;*
 - iv. [WITHDRAWN]

Consent

- h. *By reason of your conduct in charge 2.g.i. you did not obtain Patient 5's informed consent for the crown you provided at their UR7.*
- i. [WITHDRAWN]
- j. *By reason of your conduct in charge 2.g.iii. you did not obtain Patient 19's informed consent for the bridge you provided at their UR6.*
- k. [WITHDRAWN]

Endodontic treatment

- l. [WITHDRAWN]
- m. *you did not take any / any adequate pre-operative radiograph in advance of:*
- i. *commencing root canal treatment, at Patient 3's UL3, on 8 November 2017;*
 - ii. *commencing root canal treatment, at Patient 30's UR5, on 17 November 2016;*
 - iii. [WITHDRAWN]
- n. [WITHDRAWN]
- o. *you did not use a rubber dam during endodontic treatment, in relation to the patients and dates in Schedule 5;*
- p. [WITHDRAWN]

Prescription of antibiotics

- q. you prescribed antibiotics without adequate justification, in relation to the patients and dates in Schedule 7;

Record keeping

3. You failed to maintain an adequate standard of record keeping in respect of appointments from 6 June 2016 to 5 May 2022, in that:
- a. You did not record any details of dental examinations/procedures or sufficient details of dental examinations/procedures, in relation to the patients and dates in Schedule 8.

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

Admissions

7 Mr Ivill, on your behalf, admitted all of the heads of charge set out in the amended Notice of Hearing. The Committee had regard to paragraphs 120 to 123 of the GDC's Fitness to Practise: Guidance for the Practice Committees" (January 2026) ('the GDC's Guidance') which sets out the factors to take into account when accepting and rejecting admissions. It accepted the advice of the Legal Adviser on this matter.

8 The Committee is satisfied that the admissions are made are in full, in the knowledge that you are legally represented in these proceedings and that there are no substantial disputes between the basis of your admissions and the way in which the GDC is presenting its case. Accordingly, the Committee has found all of the heads of charge proved in accordance with Rule 17(4). In view of the full admissions that had been made the GDC was not required to adduce any further evidence at the factual stage of these proceedings.

Stage 2 of the hearing

9 The facts found proved in this case relate to your failure to provide an adequate standard of care from 4 July 2014 to 1 August 2022 for a number of patients. You admitted, and the Committee found proved, shortcomings in your practice, as set out in the amended Notice of Hearing above, which were as follows:

- A failure to conduct any BPEs or sufficiently regular BPEs.
- A failure to undertake a six-pocket chart and/or record a rationale for deciding not to do so in relation to one patient over four appointments.
- A failure to take any bitewing/screening radiographs or sufficiently regular bitewing /screening radiographs.
- A failure to record an adequate evaluation of radiographs in relation to one patient, covering three appointments.
- A failure to diagnose and/or offer treatment
- A failure to take any/any adequate pre-operative radiographs in advance of treatment for two patients - one for a crown in 2018 and the other for a bridge abutment on 3 May 2022. A failure to obtain their consent for the treatment provided.
- A failure to take any/any adequate pre-operative radiographs in advance of commencing root canal treatment for two patients.

- A failure to use a rubber dam during endodontic treatment in relation to five patients over the course of one or two appointments for each of the patients.
- Prescribing antibiotics without adequate justification in relation to three patients.
- A failure to maintain an adequate standard of record keeping in respect of appointments from 6 June 2016 to 5 May 2022 regarding a number of patients.

10 The Committee's considerations at this second stage of the hearing were whether the facts found proved against you amount to misconduct and if so, whether your fitness to practise is currently impaired by reason of that misconduct. The Committee took into account that if it found current impairment, it would need to consider what sanction, if any, to impose on your registration.

11 The Committee took account of all the evidence presented to it. This included your oral evidence and the oral evidence of your Workplace Supervisor. The Committee received a number of documents at this stage of the proceedings which included the following:

- Clinical notes audits covering the period from October 2023 to May 2026
- Continuing Professional Development (CPD) log
- Letters dated 9 May 2025 and 12 May 2026 from Person A, an NHS dentist foundation trainer, with whom you have been attending his dental practice to observe and discuss aspects of general dental practice.
- Witness statement dated 12 May 2026 from your GDC approved Workplace Supervisor
- Reports covering the period from 2023 to 2026 from your GDC approved Workplace Supervisor's reports
- Testimonials from colleagues and patients
- Patient Feedback Surveys and Google reviews
- Two documents from Mr Mulcahy (GDC's expert) – one setting out his opinion on IOC documentation and second one setting out his opinion on your remediation documentation

Submissions

12 In accordance with Rule 20(1)(a), the Committee heard submissions from Mr Stevens on behalf of the GDC and those made by Mr Ivill on your behalf.

13 Mr Stevens first addressed the Committee in relation to your fitness to practise history. He confirmed that you do not have any adverse fitness to practise history recorded against you.

14 With reference to relevant legal authorities, Mr Stevens submitted that the facts found proved are serious and fell short of what would be judged to be proper in the circumstances and amount to misconduct. He referred the Committee to Mr Mulcahy's opinions and Mr Bateman's joint opinion that the failings identified in the heads of charge amounted to a falling far below the standards expected of a registered dentist. Mr Stevens submitted that some of the failings, such as a failure to take BPEs and/or or not taking bitewing/screening radiographs on a regular basis in themselves carried an inherent risk to patients. This was because important pathology and early diagnosis of dental problems could be missed.

15 Mr Stevens cited standards 3.1, 4.1, 7.1, 8.1 and 9.1 of the GDC's "Standards For the Dental Team" (September 2013) which he submitted apply in this case. In short, the GDC's position is that the findings against you are sufficiently serious to amount to professional misconduct.

16 In respect of current impairment, Mr Stevens submitted that there are two elements to consider: firstly the question of public protection and secondly the question of the public interest. On behalf of the GDC, Mr Stevens adopted a neutral stance as to whether you current pose a risk to the public such that a finding of current impairment is necessary for the protection of the public. He made

a number of points in support of the GDC's position of neutrality, including the evidence of remediation provided, your positive engagement with the Interim Order of Conditions imposed on your registration for the last two and a half years, as well as the supportive evidence from your Workplace Supervisor, both in his reports and in his oral evidence. However, Mr Stevens submitted that a finding of current impairment on the grounds of misconduct is required in the public interest in order to maintain professional standards given the range of failings identified in this case. This was a case, submitted Mr Stevens, where in the past, there has been a falling short of professional standards.

17 Mr Stevens submitted that if the Committee were to determine that your fitness to practise is impaired solely on the grounds of the public interest then a reprimand would be appropriate and proportionate so as to uphold public confidence in the profession. He submitted that the Committee may consider that many of the factors indicating a reprimand, as set out at paragraph 263 of the GDC's Guidance are present in this case, assuming that there are no clinical concerns and a finding of current impairment on public interest grounds only is made. He cited a number of mitigating factors in this case which would support a reprimand, including evidence of remedial actions that have taken.

18 The GDC's position is that should the Committee conclude that your fitness to practise is impaired due you remaining a risk to the public then an order of conditions for a period of 12 months with a review to take place before its expiry would be appropriate.

19 Mr Ivill accepted on your behalf that the factual matters found proved amount to a serious falling short of proper standards of conduct and that the issue of misconduct is likely to be made out. He invited the Committee to conclude that a finding of current impairment either on the grounds of the protection of the public, or on the grounds of the public interest, is not made out.

20 In respect of the protection of the public Mr Ivill referred to the documents provided at Stage 2 bundle which provide 'compelling' evidence of the remediation you have undertaken, your insight into the matters in this case as well as your compliance with the interim order of conditions. This includes the clinical audits undertaken, the certificates of CPD you have completed in relation to all the clinical matters in this case, as well as your engagement with Person A, of your own volition, and your Workplace Supervisor. It was Mr Ivill's submission that you have reflected on the shortcomings identified in this case and you have taken appropriate steps to embed changes into your practice, as confirmed by the reports from your Workplace Supervisor and in the testimonials provided by dental professionals. Mr Ivill drew the Committee's attention to the fact that you moved away from the Practice in question and now work for an implant centre where you specialise in surgical extractions as part of a multi-disciplinary team. You therefore no longer have the added responsibilities of managing a dental practice and can focus in your more specialised clinical role within the practice.

21 Mr Ivill submitted that you have practised for some two and a half years since the events in question, without any further concerns. He highlighted Mr Mulcahy's positive feedback on the remediation you have undertaken, noting that you have made every effort to remediate the shortcomings identified in this case. In short, Mr Ivill submitted that there is no real prospect of the clinical deficiencies being repeated and therefore a finding of current impairment on the grounds of the protection of public is not necessary given your insight, your reflections, the remediation you have undertaken and the absence of any repetition of the events in question.

22 Mr Ivill further submitted that this was not a case in which the public interest weighs so heavily as to require a finding of current impairment. This was in circumstances where you have reflected fully on your shortcomings, you have expressed genuine regret and remorse and you have engaged fully with the GDC throughout these proceedings. The rigorous process which has been in place throughout these proceedings serves to mark the public interest.

23 Mr Ivill submitted that were the Committee to conclude that your fitness to practise is impaired, then it would be sufficient and appropriate to conclude the case with a reprimand. Mr Ivill submitted that the imposition of an order of conditions would be disproportionate and would serve no useful purpose given that the evidence indicates that you have made positive changes to your practice with no repetition of your misconduct. Further, you have been working under interim conditions for over two and a half years and no further rehabilitative steps are required.

The Committee's decisions

Misconduct

24 In reaching its decisions, the Committee considered all the evidence before it. It took account the submissions made by both parties. The Committee accepted the advice of the Legal Adviser in relation to the approach it should take in making its decisions, and the applicable legal principles and guidance.

25 The Committee reminded itself that its decisions were for its independent judgement. There is no burden or standard of proof at this stage of the proceedings. In exercising its judgement, the Committee had regard to the overarching objective of the GDC, which is: the protection, promotion and maintenance of the health, safety, and well-being of the public; the promotion and maintenance of public confidence in the dental profession; and the promotion and maintenance of proper professional standards and conduct for the members of the dental profession.

26 The Committee first considered whether the facts found proved amount to misconduct. It took into account that a finding of misconduct in the regulatory context requires a serious falling short of the standards expected of a registered dental professional.

27 The Committee had regard to the joint opinions of Mr Mulcahy and Mr Bateman that the failings identified in the heads of charge amounted to a falling far below the standards expected of a registered dentist. Both experts opined that that on a collective basis the frequency of BPE recordings and the frequency of bitewings fell far below a reasonable standard over the cohort of patients. Mr Mulcahy described the standard of your record keeping as "*regularly far below that expected in relation to [your] adult patients*" in that it fell out of step with contemporary guidelines and GDC standards. He also raised concerns about your compliance with the Ionising Radiation (Medical Exposure) Regulations (IRMER) in relation to a number of patients.

28 The Committee has accepted the opinion of both experts. You also accepted that your practice fell below acceptable standards and that by not following the recognised guidelines you failed in the fundamentals of providing good dental care and put your patients at risk.

29 The Committee has noted from your witness statement that you were going through difficult circumstances at the time in question, both in relation to your working environment and in your private life. It has heard that during the time in question you took on many of the duties that would ordinarily fall to a practice manager.

30 The Committee considered that as Partner of the Practice, with many years' experience as a registered dentist, you had a position of responsibility. In your role, it was important that you adhered to professional standards and authoritative guidance, but you failed to do so. The Committee found that some of the failings involved basic elements of dentistry which a recently qualified dentist would be aware of. These included a failure to carry out BPEs and take bitewing radiographs which are simple diagnostic procedures, as well as failing to diagnose caries. The concerns identified relate to multiple basic and fundamental aspects of clinical dentistry concerning a number of patients over a number of years. Mr Mulcahy's opinion was that there was little evidence that any patient came to harm as a result of the failings. However, the Committee considers that there was a potential harm to patients given the failure to carry out some of the screening procedures which provide continuity of care to patients, as well as your failure to use a rubber dam during endodontic treatment.

31 The Committee has considered you have breached the following GDC "Standards For the Dental Team" (September 2013):

- Standard 3.1 You must obtain valid consent before starting treatment, explaining all the relevant options and possible costs.
- Standard 4.1 You must make and keep contemporaneous, complete and accurate patient records.
- Standard 7.1 You must provide good quality care based on current evidence and authoritative guidance.
- Standard 8.1 You must always put patients' safety first.
- Standard 9.1 You must ensure that your conduct, both at work and in your personal life, justifies patients' trust in you and the public's trust in the dental profession.

32 The Committee considers that patients are entitled to expect that their dentist will carry out the necessary diagnostic assessment and treatment planning as well as obtaining valid consent before embarking on treatment. The Committee has concluded that the findings against you amount to a falling short of what would be expected in the circumstances and a failure to follow basic requirements. It is further satisfied that such falling short is serious and that the findings against you, whether taken individually or collectively, amount to misconduct.

Decision on current impairment by reason of misconduct

33 The Committee next considered whether your fitness to practise is currently impaired by reason of misconduct on the grounds of the protection of patients and/or is in the wider public interest. It first considered whether your conduct was likely to be repeated in the future. The Committee took into account that the clinical failings in this case are capable of remediation. It therefore considered your insight and reflections and what actions you have taken since the concerns came to light to remedy your previous failings.

34 The Committee notes from your witness statement that you apologise to your patients for the times when your practice fell below the appropriate standards, and for the distress that it has caused them. You acknowledged that you have brought your profession into disrepute by these actions. You set out that the time it has taken for your case to come to a hearing has allowed you time to extensively reflect on your practice and to take steps to change your practice. This has included making changes for the better as to how your clinical records are recorded. You set out that your Workplace Supervisor has audited over 2000 sets of your clinical records and has indicated that he is content with the way the consultations are now recorded. You further set out that you appreciate the need to take radiographs for various reasons and recognised how your failure to do so placed your patients at risk.

35 The Committee further notes from your evidence that you left general practice in July 2022 and you joined a specialist practice where your clinical work is limited to oral surgery for referred patients. You specialise in surgical extractions and are part of a specialist team. You explained that the clinicians regularly discuss cases as part of a multi-disciplinary approach. You highlighted in your evidence the remediation you have undertaken, which has included completing a significant amount of CPD to address the concerns, namely radiographic practice, BPE examinations, periodontal assessment, record-keeping, dental charting assessment, treatment of caries and restorative treatment including crowns. You explained that you have also undertaken general CPD to ensure that you have comprehensively covered all areas of dentistry including those areas that you no longer undertake in your day-to-day work in the specialised field of surgical extractions.

36 You further set out in your witness statement that to address the concerns relating to the deficiencies set out in the Notice of Hearing, but which no longer form part of your practice, such as BPEs, periodontal assessment and treatment of caries, you took the initiative to contact Person A, a colleague in a local general dental practice. You explained that you spent time shadowing Person A, observing current practices and you also engaged in case-based discussions. This included his protocols taking radiographs, periodontal assessment, BPEs, how he works closely with his hygienist to manage his periodontal cases. You provided letters dated 9 May 2025 and 12 May 2026 from Person A, confirming your engagement with him. In your oral evidence you described how you had found your engagement with Person A to be beneficial.

37 In your evidence you made reference to your continuing engagement with your Workplace Supervisor, with whom you meet on a fortnightly basis. This has been an ongoing process since 2023 and you say this process has allowed you to focus on the areas of your practice where you needed to make improvements. You further set out that through your CPD you put together a resource facility for local general dental practitioners to enable them to locate easily current guidelines over a large areas, including antibiotic prescribing updates from published Scottish Dental Clinical Effectiveness Programme Guidelines.

38 The Committee was provided with evidence as to your compliance with the interim order of conditions which was imposed on you in October 2023. In line with your conditions, you have maintained a logbook of every patient you saw and you have attended fortnightly meetings with your Workplace Supervisor to go through your patient notes. As a result of these reports and audits, the IOC has narrowed the areas of practice to be supervised to BPEs, treatment of caries and periodontal assessment.

39 Finally, you referred to the testimonials from professional colleagues who attest to the quality of care you provide to patients. You also referred to the additional testimonials from patients, as well as the positive patient feedback surveys and google reviews.

40 The Committee has had regard to the letters dated 9 May 2025 and 12 May 2026 from Person A. In the letter dated 9 May 2025 Person A sets out that you have been attending his dental practice to observe clinical sessions with a particular focus on restorative dentistry. He further sets out that he has mentored numerous foundation dentists over many years. Person A describes you as a thoughtful, attentive, and genuinely interested observer. He considered that you are committed to improving your knowledge and clinical insight. In Person A's letter dated 12 May 2026 he sets out the progress you have continued to make in observing Person A's clinical sessions and discussing aspects of general dental practice which are not routinely part of your current working environment. Overall, Person A comments on your "*genuine and sustained effort*" to further your clinical understanding and maintain your professional development.

41 In addition, the Committee had regard to reports dated 2023 to 2026 from your Workplace Supervisor. He also gave oral evidence before the Committee in which he confirmed the content of his witness statement dated 12 May 2026. In his evidence your Workplace Supervisor set out that

since October 2023 he has conducted a rigorous audit of your clinical notes, reviewing over 2,000 separate clinical entries. He commented that you showed immediate insight into the shortcomings in your record keeping and you have now rapidly implemented a high standard of documentation. Your Workplace Supervisor also set out that as part of his supervision, auditing and reporting on your practice, his opinion is as follows:

- *Radiographic Practice is very good*
- *Dental Charting is very good*
- *Tooth extractions are of an excellent standard and his documentation is consistent and accurate*
- *Medical Histories are clear comprehensive and current*
- *Record keeping requires no areas for improvement which has been consistent over the past 23 months*

42 Your Workplace Supervisor also set out you have been proactive in addressing the ‘out of scope’ areas not covered in your current role, namely, BPEs, the treatment of caries and endodontic treatment. He referred to your observing and discussing current practice with Person A, including ‘out of scope areas’ with him.

43 In summary, your Workplace Supervisor set out that during the course of the GDC’s investigation he has observed you as a clinician “*who has shown deep insight into the past failings identified by the GDC. Within the parameters of the care he provides under my supervision—and through the evidenced-based rigour he applies to his professional development—he has worked tirelessly to address every concern raised.*” He confirmed this position in your oral evidence.

44 Mr Mulcahy provided feedback on IOC documentation and stated as follows: “*in my opinion, the reports provided establish that in relation to radiography and record keeping, [your] standard is now compliant with contemporary standards and has been for some time.*” In respect of the remediation bundle, Mr Mulcahy commented that you have: “*made every effort to address the shortcomings in [your] practice which are reflected in the charges but which involve areas of clinical dentistry that no longer form part of [your] day to day practice. [You have] not only covered the relevant subjects in a program of focused CPD but has engaged the services of a local practitioner who has experience of mentoring in order to cover the topics in a more ‘realistic’ and ‘interactive’ environment*”.

45 The Committee found that you have demonstrated good insight into your shortcomings and you understand the seriousness of your clinical failings and the impact they have had on patients and on the dental profession. This was in light of admission to all of the heads of the charges at the beginning of the hearing and in your evidence in which you accepted fully your clinical shortcomings. The Committee acknowledges the comprehensive and extensive remediation you have undertaken over the last two and a half years, since your registration has been subject to an interim order of conditions. It is clear that you have worked hard to embed positive changes into your daily clinical practice.

46 The Committee was further reassured by the letters of support from Person A. He set out in his letter dated 12 May 2026 as follows “*Having worked as Foundation Dental Trainer for over 10 years I am well placed to assess and support clinicians undertaking observational learning and professional development. A significant part of that role involves encouraging engagement, reflection, critical thinking, and open professional development, all of which [you] have demonstrated to a impressive degree through [your] time within the practice. Each session appeared to build upon the last, and [you] showed clear understanding, insight and confidence when discussing broader*

aspects of primary care.” He also set out that you have discussed the importance of carrying out BPEs as well as the current staging and grading of periodontal classification. The Committee considers that it is clear from Person A’s evidence that you have been proactive in addressing the “out of scope” areas which form the subject matter of some of the charges and that you have demonstrated your clinical understanding of these requirements through your extensive CPD.

47 The Committee has also had regard to your Workplace Supervisor’s evidence. He comments on your “*genuine and sustained effort*” to further your clinical understanding and maintain your professional development. He describes you as a technically skilled, caring, and highly diligent clinician and states as follows: “*In every area where I have had the opportunity to observe and audit his work, he has demonstrated that he has remediated previous issues. He poses no risk to public safety and provides a high-level service that is of great benefit to patients.*” In his oral evidence your Workplace Supervisor endorsed the comments set out in his witness statement of May 2026. He described your reflections on your CPD as “*clear and extensive*”, your insight as “*full*”, and your clinical competence as being of an “*extremely high*” standard.

48 The Committee was further reassured by Mr Mulcahy’s positive comments on your remediation. He states “*I can now add that [you have] made every effort to address the shortcomings in [your] practice which are reflected in the charges but which involve areas of clinical dentistry that no longer form part of [your] day to day practice. He has not only covered the relevant subjects in a program of focused CPD but has engaged the services of a local practitioner who has experience of mentoring in order to cover the topics in a more ‘realistic’ and ‘interactive’ environment.*”

49 Taking all these factors into account, including the supportive testimonials, and the absence of any repetition of the events in question, the Committee has concluded that the risk of the concerns being repeated is low and therefore you do not currently pose a risk to the public. It has determined that a finding of impairment is not necessary on the ground of public protection.

50 Turning to the public interest, the Committee has had regard to paragraph 248 of the GDC’s Guidance. It has kept in mind the serious nature of the findings against you concerning a number of patients over a period of several years as well as your breaches of the GDC Standards for the Dental Team. This included your failure to obtain valid consent, which is one of the cornerstones of the public interest. Notwithstanding the remediation undertaken, your engagement with the GDC, as well as the insight you have shown in these matters, given the seriousness of the findings against you, the Committee has concluded that a finding of current impairment in relation to your misconduct is necessary on the grounds of the public interest. This is particularly so given that you were in a senior leadership position at the Practice. It considers that public confidence in the dental profession would be undermined if a finding of impairment were not made in this case.

51 Accordingly, the Committee has determined that your fitness to practise is currently impaired by reason of misconduct on the ground of public interest alone.

Committee’s decision and reasons on sanction

52 The Committee then determined what sanction, if any, would be appropriate in light of the findings of facts, misconduct and impairment that it has made. The Committee recognises that the purpose of a sanction is not punitive, although it may have that effect, but is instead imposed in order to protect patients and safeguard the wider public interests referred to above.

53 In reaching its decision the Committee has again taken into account the GDC’s Guidance (January 2026). The Committee has applied the principle of proportionality, balancing the public interest with your own interests.

54 The Committee has considered the mitigating and aggravating factors present in this case. In terms of the mitigating factors, the Committee has noted the following:

- The difficult personal and work related matters at the time of the events in question
- The significant steps you have taken to remediate your conduct since the events in question
- You have no previous fitness to practise history
- You made full admissions to each of the facts and you have also expressed your regret for your conduct
- The positive and supportive testimonials submitted on your behalf from professional colleagues
- Full engagement with the GDC throughout these proceedings

55 In relation to aggravating factors, the Committee has taken into account the following:

- Your seniority and leadership role at the Practice
- Long term failure of basic fundamental aspects of dentistry, which were repeated over a period of time
- Potential risk of harm to patients

56 The Committee has considered the range of sanctions available to it, starting with the least restrictive. In the light of the findings made against you, the Committee has determined taking no action would be insufficient to maintain public confidence and trust in the profession and in the regulatory process, and would not declare and uphold proper standards of conduct and behaviour to the extent required in this particular case.

57 The Committee next considered whether it would be appropriate to conclude the case with a reprimand. Having given the matter careful consideration, and having regard to the mitigating and aggravating factors referred to above, the Committee has determined that a reprimand is the appropriate and proportionate sanction to mark the seriousness of the matters identified. It is satisfied that a number of the factors set out in paragraph 263 of the GDC's Guidance (on a reprimand) are met in this case. A reprimand would, in the Committee's judgement, meet the public interest considerations of trust and confidence in the profession and the declaring and upholding of proper professional standards engaged by this case.

58 The Committee considers that a higher sanction such as conditions or suspension would be disproportionate and unsuited to the public interest purposes that the Committee has identified. Furthermore, the Committee is satisfied that there is no evidence to suggest that you pose any risk to the public such that it is necessary to impose any restrictions on your practice.

59 The Committee has therefore decided, and now directs, that a reprimand be recorded against your name in the register. The fact of this reprimand, and a copy of this determination, will appear alongside your name in the GDC register for a period of 12 months. The reprimand forms part of your fitness to practise history, and is disclosable to prospective employers and prospective registrars in other jurisdictions.

60 The Interim order of conditions on your registration is hereby revoked.

61 That concludes this case.