

HEARING HELD PARTLY IN PRIVATE**Professional Conduct Committee
Initial Hearing****21 and 22 July 2025****Name:** CAMPBELL, George John**Registration number:** 63331**Case number:** CAS-208068

General Dental Council: Christopher Saad, counsel
Instructed by Rashidah Conroy, IHLPS**Registrant:** Present
Represented by William Macreath, Levy & McRae solicitors

Fitness to practise: Impaired by reason of misconduct**Outcome:** Erased with Immediate Suspension**Duration:** N/A**Immediate order:** Immediate suspension order

Committee members: Clive Powell (Lay) (Chair)
Caroline Ross (Dental Care Professional)
Sukhninder Sandhar (Dentist)**Legal adviser:** Tehniat Watson**Committee Secretary:** Gareth Llewellyn

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

Determination on preliminary matters – 21 July 2025

Name: CAMPBELL, George John

Registration number: 63331

Mr Campbell

1. This is a hearing before the Professional Conduct Committee (PCC). The hearing is being held remotely using Microsoft Teams in line with the Dental Professionals Hearings Service's current practice.
2. You are present and are represented by William Macreath of Levy & McRae solicitors. Christopher Saad of counsel, instructed by Rashidah Conroy of the General Dental Council's (GDC's) In-House Legal Presentation Service (IHLPS), appears for the GDC.

The charge

3. The charge that you face at this hearing, as amended, reads as follows:

That being registered as a dentist:

Registrant A

1. *You submitted a document dated 2nd July 2020 headed "Concerned Patient" to the GDC, purporting to be from a patient of Registrant A. [CAS-194805]*

Registrant B

2. *You submitted a document date stamped 30th April 2020 headed "GDC No..." to the GDC, purporting to be from a patient of Registrant B. [CAS-194338]*
3. *You submitted a document date stamped 16th September 2020 headed "Complaint" to the GDC, purporting to be from a patient of Registrant B. [CAS-195350]*
4. *You submitted a document date stamped 27th January 2021 headed "Ref – Scottish Orthodontic" to the GDC, purporting to be from a patient of Registrant B. [CAS-196278]*
5. *Your conduct in relation to allegation 1 and/or 2 and/or 3 and/or 4, was:*
 - a. *Misleading, in that the document appeared to be from a patient, and/or*
 - b. *Dishonest, in that you were falsely representing the document as being a complaint from a patient, when it was not.*

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

Amendment to charge

4. At the outset of the hearing Mr Saad applied to amend the charge pursuant to Rule 18 of the General Dental Council (Fitness to Practise) Rules 2006 ('the Rules'). Mr Saad applied to correct typographical errors at heads of charge 3 and 4 by way of deleting extraneous

indefinite articles. Mr Macreath on your behalf made no objection to the application. The Committee, having accepted the advice of the Legal Adviser, determined to accede to the application on the basis that it was fair and appropriate for the amendments to be made. The schedule of charge was duly amended, and appears above in its amended form.

Admissions

5. Mr Macreath on your behalf tendered admissions to all of the heads of charge that you face. The Committee, having accepted the advice of the Legal Adviser, determined and announced that the facts alleged at those heads and sub-heads of charge were proven on the basis of your admissions in accordance with Rule 17 (4) of the Rules. A summary of the facts, and a description of the documentary evidence provided to the Committee in advance of the hearing, appears below.

Background to the case and summary of allegations

6. The allegations giving rise to this hearing arise out of referrals that you made to the GDC of two colleagues, who are referred to for the purposes of this hearing as Registrant A and Registrant B. It is alleged, and you admit, that you submitted letters which purported to be from patients of your two colleagues as part of your referrals to the GDC. The letters were, instead, not written by patients, and were instead written by you. The GDC alleges, and you admit, that such conduct was misleading and dishonest.

Evidence

7. The Committee has been provided with documentary material in relation to the heads of charge that you face, including the report of the GDC's handwriting expert witness, namely Karen Caramiello; the witness statements and documentary exhibits of Registrant A, Registrant B, a dental practice adviser with NHS Greater Glasgow and Clyde; and a letter sent on your behalf by your legal representatives dated 12 June 2025.
8. The Committee heard no oral evidence at this stage of the hearing.

Stage two

9. Having found each of the heads of charge proved on the basis of your admissions, we move to stage two.

Determination on misconduct, impairment and sanction – 22 July 2025

10. Following the handing down of the Committee's findings of fact on 21 July 2025, the hearing proceeded to stage two; that is to say, misconduct, impairment and sanction.

Proceedings at stage two

11. The Committee has considered all the evidence presented to it. It has taken into account the submissions made by Mr Saad on behalf of the GDC and those made by Mr Macreath on your behalf. In its deliberations the Committee has had regard to the GDC's *Guidance for the Practice Committees, including Indicative Sanctions Guidance* (October 2016, updated December 2020). The Committee has accepted the advice of the Legal Adviser concerning its powers and the principles to which it should have regard.

Hearing to be part-held in private

12. Mr Saad invited the Committee to hold part of the hearing in private in accordance with Rule 53 of the Rules, given that reference may be made to your health. Mr Macreath supported the application. The Committee, having accepted the advice of the Legal Adviser, determined

that it would be appropriate and in the interests of justice to accede to the application. The hearing therefore continued partly in private.

Application for anonymity

13. Mr Saad invited the Committee to refer to an individual who is not a party to, or a witness in, these proceedings, but who is referred to in the documents before the Committee, as Person A on the basis that criticisms are made of that individual. Mr Macreath made no objection the application. The Committee, having accepted the advice of the Legal Adviser, determined that it was in the interests of justice to exercise its discretion to accord anonymity to that individual, and to refer to them as Person A.

Evidence at stage two

14. The Committee received documentary evidence relevant to its considerations at this second stage of the hearing. This evidence includes details of your fitness to practise history as summarised below; a medical report dated 6 June 2025; correspondence relating to commercial matters and your application for voluntary removal (VR) from the register; and a handwritten reflective statement written by you and received on the morning of the second day of the hearing. The Committee has not placed any weight on your apparent intention to seek voluntarily removal.
15. In your reflective statement you stated that you accept that your fitness to practise is currently impaired by reason of misconduct. You stated that you take responsibility for the effect that your conduct had on your colleagues, as well as on patients, and that you undermined public trust in the profession. You spoke of your regret of the impact of your conduct had had on your colleagues and on the profession. You ascribed your actions to *'unresolved interpersonal tensions and a sense of frustration, which I allowed to cloud my professional judgement'*. You stated that you *'have learned that personal conflict should never interfere with ethical responsibilities'*. You described the incidents as isolated, and that there will be no repeat. You also referred to having read widely on professional communication, ethics and conflict resolution. You stated that the matters have *'reinforced my appreciation of the responsibilities we carry not only towards patients but toward one another as colleagues'*, and that you are *'committed to fostering a professional environment rooted in respect, accountability and integrity'*. You reaffirmed your dedicated to professional values and to rebuilding trust.

Fitness to practise history

16. Mr Saad addressed the Committee in accordance with Rule 20 (1) (a) of the General Dental Council (Fitness to Practise) Rules 2006 ('the Rules') in relation to your fitness to practise history.

Professional Conduct Committee, October 2012 to July 2015

17. Mr Saad stated that in October 2012 you appeared before the PCC in relation to a number of allegations about the standard of care and treatment that you had provided to a number of patients. Amongst findings of fact relating to clinical failings, that PCC also made a finding of misleading and dishonest conduct when providing information about an aspect of a patient case to another practitioner. That Committee found that your fitness to practise was impaired by reason of the misconduct that arose from its factual findings, and determined to suspend your registration for a period of nine months, with a review hearing to be convened prior to the end of that period of suspended registration.
18. At the review hearing on 30 July 2014 the PCC determined that your fitness to practise remained impaired, and that it would be appropriate to make your registration subject to conditions for 12 months, again with a review.

19. At the review hearing on 20 July 2015 the PCC determined that your fitness to practise was no longer impaired. The conditions were revoked.

Investigating Committee, September 2015

20. On 8 September 2015 the Investigating Committee (IC) considered historic concerns relating to the standard of care and treatment that you provided to a patient, as well as probity concerns. The IC determined not to refer the case to the PCC, and instead to issue an unpublished warning in respect of your future conduct.

Investigating Committee, December 2015

21. On 7 December 2015 the IC considered historic concerns relating to the standard of care and treatment that you provided to patients, as well as probity concerns. The IC determined not to refer the case to the PCC, and instead to issue a published warning in respect of your future conduct.

Summary of submissions

22. Mr Saad drew particular attention to the medical report dated 6 June 2025 where you reportedly stated that you had previously accepted the dishonesty findings of the previous PCC as referred to above as a matter of policy. Mr Saad questioned whether you had genuine insight. Mr Saad submitted that the facts that the Committee has found proved amount to misconduct. Mr Saad submitted that you have provided no evidence of any insight into, or remediation of, your misconduct, and that your fitness to practise is currently impaired by reason of that misconduct. Mr Saad invited the Committee to direct that your name be erased from the register.
23. Mr Macreath on your behalf submitted that you accept that the facts that the Committee has found proved amount to misconduct, and that your fitness to practise is currently impaired by reason of your misconduct. Mr Macreath submitted that it is accepted that the Committee may well be considering the erasing of your name from the register.
24. Mr Macreath submitted that you recognise the seriousness of your actions and that you wish to face up to what you have done, including by participating in full at this hearing. Mr Macreath submitted that you have found the experience of preparing for this hearing 'profoundly humbling', and that it has reinforced your understanding of the need for respectful relationships to exist between practitioners.
25. Mr Macreath invited the Committee to direct a period of suspended registration rather than the higher, and ultimate, sanction of erasure.

Misconduct

26. The Committee first considered whether the facts that it has found proved constitute misconduct. In considering this and all other matters, the Committee has exercised its own independent judgement.
27. In its deliberations the Committee has had regard to the following paragraphs of the GDC's *Standards for the Dental Team* (September 2013) in place at the time of the incidents giving rise to the facts that the Committee has found proved. These paragraphs state that as a dentist:

1.3 *You must be honest and act with integrity.*

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

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

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.

28. The Committee's findings of fact arise out of referrals you made to the GDC regarding two colleagues, who are referred to for the purposes of this hearing as Registrant A and Registrant B. The Committee found that on four separate occasions in the period of April 2020 to January 2021 you submitted letters which purported to be from patients of your two colleagues as part of your referrals to the GDC. The letters were not written by patients, and were instead written by you. The Committee found that such conduct was misleading and dishonest.
29. In light of the findings of fact that it has made, the Committee has determined that the proven facts amount to misconduct. On four separate occasions you fabricated complaints, purportedly emanating from patients, in support of your referrals of two colleagues.

IN PRIVATE

30. [text omitted].

IN PUBLIC

31. The Committee considers that your conduct was a serious falling short of, and a considerable departure from, the standards reasonably to be expected of a registered dentist. The Committee is in no doubt that your acts and omissions would be viewed as deplorable by your fellow practitioners. You breached a fundamental tenet of the profession, namely the need to act with honesty and integrity. Your dishonest conduct was of a particularly serious nature, relating as it does to a conscious and calculated attempt to discredit and cause distress to two professional colleagues.
32. The Committee has therefore had little difficulty in determining that the facts that it has found proved amount to misconduct.

Impairment

33. The Committee next considered whether your fitness to practise is currently impaired by reason of the misconduct that it has found. In doing so, the Committee again exercised its own independent judgement.
34. Throughout its deliberations, the Committee has borne in mind that its overarching objective is to protect the public, which includes the protection of patients and the wider public, the maintenance of public confidence in the profession and in the regulatory process, and the declaring and upholding of proper standards of conduct and behaviour.
35. The Committee is mindful that as a general proposition dishonest conduct might be harder to remediate than, for instance, clinical shortcomings, as it may connote a harmful personal or professional attitudinal problem.
36. The Committee has determined that your fitness to practise is impaired. The Committee considers that your repeated and sustained dishonest conduct towards Registrant A and Registrant B in 2020 and 2021 is highly damaging to your fitness to practise, particularly as it consists of premeditated, repeated and malicious attempts to cause harm to two of your

professional colleagues. Although you came before this Committee making full admissions to these matters, the Committee considers that your insight and remediation is not sufficiently developed to demonstrate that you no longer pose a risk of harm to colleagues and the public. The Committee has been provided with written evidence which suggests an ambivalent and vacillating attitude towards your wrongdoing, including apparent attempts to deflect blame and justify your conduct. Although you have provided some information suggesting insight, in the final analysis you do not appear to recognise the fundamental seriousness of your dishonest conduct.

37. In the Committee's judgement any insight into the seriousness of your conduct, and its consequences for the profession, can only properly be characterised as recent and limited. The Committee has also been provided with little, if any, evidence to support your assertions of your remediation of your misconduct, and it cannot say that you have embedded the necessary changes in your professional attitude. The Committee therefore considers that there is a real risk of repetition of your conduct. Accordingly, in the Committee's judgement you pose a serious risk to colleagues and to the public.
38. The Committee further considers that a finding of impairment is also, and undoubtedly, required to maintain public confidence in the profession and to declare and uphold proper professional standards of conduct and behaviour. You have brought the reputation of the profession into considerable disrepute. In the Committee's judgement the public's trust and confidence in the profession and in the regulatory process, would be significantly undermined if a finding of impairment was not made given the serious nature of your dishonest conduct. The Committee is of the view that, because your dishonest conduct is of such a serious nature, a finding of impairment would have been given even if you had demonstrated that you do not pose an ongoing risk to the public. Accordingly, the Committee finds that your fitness to practise is currently impaired by reason of your misconduct.

Sanction

39. The Committee then determined what sanction, if any, is appropriate in light of the findings of facts, misconduct and impairment that it has made. The Committee recognises that the purpose of a sanction is not to be punitive, although it may have such an effect, but is instead imposed to protect patients and safeguard the wider public interests mentioned above.
40. In reaching its decision the Committee has again taken into account the GDC's *Guidance for the Practice Committees, including Indicative Sanctions Guidance* (October 2016, updated December 2020). The Committee has applied the principle of proportionality, balancing the public interest with your own interests. The Committee has once more exercised its own independent judgement.
41. The Committee has paid careful regard to the mitigating and aggravating factors present in this case.
42. In respect of the mitigating factors that are present, the Committee recognises that you came before this Committee making full admissions to the facts that the Committee went on to find proved.
43. In terms of aggravating factors, the Committee is mindful that your conduct placed colleagues at the risk of harm. Your dishonest conduct was premeditated, sustained and repeated, and amounted to a breach of trust between you and your colleagues and a breach of the trust that the public is entitled to place in the profession. You also lack insight into your misconduct. Your fabrication of patient complaints in support of your referral of two colleagues to the GDC had the potential to frustrate and subvert the proper functions of the GDC, whose overarching purpose is to protect the public, including by means of ensuring that registrants are fit to practise. Your manufacturing of false information about two colleagues deprived the GDC of a proper and true understanding of your colleagues' fitness to practise. Indeed, you sought

to bend the GDC's powers and purposes for your own ends in a dishonest and deliberate manner. The Committee is also mindful of a previous regulatory finding made by the PCC which includes a finding of dishonest conduct.

44. The Committee has considered the range of sanctions available to it, starting with the least restrictive. In the light of its findings, the Committee considers that taking no action, or issuing a reprimand, would not be sufficient in the particular circumstances of this case. In the Committee's judgement the safety and wellbeing of the public, as well as public trust and confidence in the profession and in the regulatory process, would be significantly undermined if no action were taken or if a reprimand were issued.
45. The Committee next considered whether a period of conditional registration would be appropriate. The Committee found that it could not identify workable conditions which would meet the public protection requirements that it has identified and with which it is satisfied that you would comply. The Committee also considers that conditions would be insufficient to address the public interest considerations engaged in this case.
46. The Committee next considered whether a period of suspended registration would represent a suitable disposal of this case. After careful consideration, the Committee has found that no lesser sanction than that of erasure from the register would be sufficient to protect the public and the wider public interest considerations engaged in this particular, and particularly serious, case. The Committee considers that your serious dishonest conduct suggests a harmful deep-seated attitudinal problem. Your misconduct represents a serious and sustained departure from relevant professional standards and a fundamental tenet of the profession. Your deliberately dishonest conduct placed colleagues at serious risk of harm, and you continue to pose a serious risk to colleagues and the public on account of your unremediated misconduct and your persistent lack of insight. The risk of harm occasioned by your serious dishonesty, and the undermining of the proper public protection functions of the GDC, is fundamentally incompatible with registration. Accordingly, because of the seriousness of your dishonesty, the Committee directs that your name be erased from the register.

Immediate order of suspension

47. The Committee now invites submissions as to whether it should impose an immediate order of suspension, pending the substantive direction of erasure taking effect.

Determination on immediate order – 22 July 2025

48. The Committee has again had regard to the GDC's *Guidance for the Practice Committees, including Indicative Sanctions Guidance* (October 2016, updated December 2020).
49. Mr Saad on behalf of the GDC submitted that an immediate order of suspension is necessary to protect the public and is otherwise in the public interest. Mr Saad submitted that you pose a risk to the public, and that immediate action is also required to protect public confidence in the profession.
50. Mr Macreath on your behalf invited the Committee not to impose an immediate order of suspension. Mr Macreath submitted that you are not performing clinical work, and you are only mentoring and overseeing the work of others at this time. Mr Macreath also submitted that you have practised without complaint whilst the matters that have culminated in this hearing have been the subject of regulatory proceedings, and that you do not pose an immediate risk to the public.
51. The Committee accepted the advice of the Legal Adviser concerning its powers and the principles to which it should have regard.

52. In all the circumstances, the Committee considers that an immediate order of suspension is necessary to protect the public and is otherwise in the public interest. The Committee has determined that, given the risks that it has identified to the public and the public interest, it would not be appropriate to permit you to practise before the substantive direction of erasure takes effect. The Committee considers that an immediate order for suspension is consistent with the findings that it has set out in its foregoing determination. The Committee considers that the need to protect the public and the wider public interest requires the making of an immediate order of suspension.
53. The effect of the foregoing determination and this immediate order is that your registration will be suspended from the date on which notice of this decision is deemed to have been served upon you. Unless you exercise your right of appeal, the substantive direction of erasure will be recorded in the register 28 days from the date of deemed service. Should you decide to exercise your right of appeal, this immediate order of suspension will remain in place until the resolution of any appeal.
54. That concludes this case.