

## Hearing held in public

### Summary

<b>Name:</b>	<b>HASKINS, Ian David [Registration number: 61528]</b>
<b>Type of case:</b>	<b>Professional Conduct Committee (Review)</b>
<b>Outcome:</b>	<b>Suspended indefinitely</b>
<b>Date:</b>	<b>10 March 2023</b>
<b>Case number:</b>	<b>CAS-192200</b>

This is a resumed hearing pursuant to section 27C of the Dentists Act 1984. The hearing was conducted remotely using Microsoft Teams.

### *Background*

On 28 August 2020, the Professional Conduct Committee (PCC) found Mr Haskins's fitness to practise as a dentist to be impaired by reason of misconduct in relation to his clinical care and treatment of a patient over a period of 13 years until January 2019 and directed that his registration be suspended for a period of 6 months with a review. In its determination, it summarised its findings on misconduct as follows:

### **"Clinical failures**

- **Failure to undertake BPEs – it was Dr Entwistle's [the expert witness instructed by the General Dental Council] evidence that this failure put Patient A at increased risk of suffering unnecessarily from harm through potential undetected periodontal disease.**
- **Radiographs – in relation to the failure to take posterior bitewing radiographs for caries screening at appropriate intervals, it was Dr Entwistle's evidence that this put Patient A at increased risk of suffering unnecessarily from harm through undetected caries and the various problems that could arise in the future. The risk to which Patient A was exposed subsisted over a long period of time between 2005 and 2019.**
- **Failure to use a dental dam whilst undertaking endodontic treatment- this put Patient A at risk of inhaling debris or shard of instruments which occurred at multiple appointments.**
- **Failure to discuss adequately the risks, benefits, treatment options and obtain informed consent – it was Dr Entwistle's evidence that this was an explicit breach of standard 3.1. The need to obtain informed consent is a basic and fundamental part of the provision of all dental treatment to patients.**

- **Failure to manage Patient A's pain effectively – this is a basic and key skill required of all dentists. If patients experience pain it may make them less disposed to continue treatment.**
- **Record keeping failures – the deficiencies identified in the records individually and cumulatively fell far below the standards expected which occurred over a long period of time. A failure to record an up to date medical history on each occasion, would have left Mr Haskins in the position of not knowing if the patient had suffered from a particular health issue or was taking a particular medication which may have impacted upon any dental treatment that was provided. In relation to the radiographic record keeping, Dr Entwistle in his evidence stated that cumulatively this fell far below the expected standard and amounted to a breach of IRMER 2000.**

**In relation to the clinical failures, the Committee accepted Dr Entwistle's evidence that the failures fell far below the standards expected.**

**Inadequate support from a registered dental care professional.**

**Dr Entwistle made clear that there was a duty on Mr Haskins to ensure that each staff member that worked for him was appropriately trained and if required, registered. This was not a single instance; it was working over the course of multiple appointments over a period of several months. The Committee had regard to Standard 6.2.2 and considered that the circumstances pertaining where Witness B took over acting as the dental nurse when the actual dental nurse went on maternity leave do not amount to exceptional circumstances. In relation to charges 7 and 13, it was Dr Entwistle's evidence that this fell far below the standards.**

**The Committee noted that the factual findings in this case included numerous clinical failings by Mr Haskins in relation to Patient A over a period of time. It considered that these failings concern fundamental aspects of dentistry and directly impacted upon the overarching issue of patient safety. The Committee was satisfied that the failings were wide-spread, serious and were repeated for a significant period of time. Some failures persisted for 13 years. The failures concern basic and fundamental obligations of a competent dentist. The Committee therefore concluded that overall Mr Haskins' conduct fell far below the standards expected of a registered dental professional and amounted to misconduct."**

**The PCC reviewed the suspension on 19 March 2021 and determined that Mr Haskins's fitness to practise continued to be impaired by reason of misconduct, owing mainly to his continued failure to provide any evidence of remediation. It directed that the suspension of his registration be extended by a further period of 12 months with a review.**

**The PCC reviewed the suspension on 16 March 2022 and determined that Mr Haskins's fitness to practise continued to be impaired by reason of misconduct and**

directed that the suspension of his registration be extended by a further period of 12 months with a review. In its determination, it stated:

**“In correspondence to the GDC Mr Haskins stated that he has retired from dentistry since 31 March 2019 and has no intention of practising again. The Committee noted that aside from the email received from Mr Haskins on 10 March 2022 regarding his attendance at this hearing, he has not engaged with the GDC since the last PCC review. Consequently, there is no evidence before this Committee to demonstrate adequate insight or any progress in relation to his remediation. The position remains that there has been a lack engagement with the GDC by Mr Haskins, and there has been no suggestion of any potential involvement in remediation at this stage. The Committee considered the situation as it stands today to have not materially changed over time since this case was last reviewed, given that it is a year on, and Mr Haskins has now been out of clinical practice for approximately 3 years. The initial findings against Mr Haskins made in August 2020 were serious and clearly raise issues of public safety. In the absence of any evidence to show that he has engaged with the recommendations of the last review Committee to address his past misconduct, this Committee considered that there remains a risk of repetition. It therefore determined that a finding of impairment is necessary for the protection of the public.**

**The Committee also considered that such a finding is in the wider public interest to maintain public confidence in the dental profession and to uphold professional standards. A fully informed member of the public knowing the seriousness of the initial findings, and noting the limited insight and lack of remediation, would expect a finding of impairment to be made.**

**...The Committee could see no merit in imposing an order [of suspension] of less than 12 months, given the lack of evidence to demonstrate that anything has changed in this case in relation to Mr Haskins’ remediation. The Committee considers that 12 months is sufficient time to provide Mr Haskins a further opportunity to demonstrate meaningful engagement, undertake targeted CPD and training, and provide reflection and insight into his clinical failings.**

**A Committee will review Mr Haskins’ case at a review hearing to be held shortly before the expiry of the extended order of suspension. That Committee will determine what action to take in respect of his registration. He will be informed of the date and time of that hearing. This Committee considered that it may be helpful to the next review Committee if Mr Haskins is able to demonstrate sustained re-engagement with the CPD process and also to provide a reflective statement in relation to his past clinical failings...”**

*The resumed hearing 10 March 2023*

It is the role of the Committee today to undertake the review directed by the March 2022 PCC. Neither party was present at the hearing.

In its written submissions, the General Dental Council (GDC) requested that the hearing proceed in the absence of the parties and that the suspension should be reviewed on the papers. Its position is that Mr Haskins's fitness to practise continues to be impaired by reason of misconduct and that a direction for indefinite suspension should now be given.

In email correspondence to the GDC on 4 February 2023, Mr Haskins confirmed that he would not be attending the hearing today and would not be represented. By a further email to the GDC on 7 February 2023, he confirmed that he had no documents to submit to the Committee.

The Committee accepted the advice of the Legal Adviser on the requirements of service and proceeding in absence.

The Committee was satisfied that the notification of hearing dated 2 February 2023 contained the required information under Rule 28 of the General Dental Council (Fitness to Practise) Rules 2006, including the time, date and (remote) venue of this hearing; that it had been sent with at least 28 days' notice; and that it had been served in accordance with Rule 65 by virtue of it having been sent to Mr Haskins at his registered address.

The next consideration for the Committee was whether to proceed with the hearing in Mr Haskins's absence. This is a discretion which must be exercised with great care and caution. Mr Haskins was evidently aware of this hearing, as he had responded to the GDC to confirm his non-attendance. The Committee had regard to Mr Haskins's history of non-attendance at his hearings before the PCC and to the absence of any application for a postponement of this hearing. There was nothing to suggest to the Committee that adjourning the hearing would make Mr Haskins's attendance any more likely in the foreseeable future and in any event prior to the pending expiry of the current period of suspension. Having regard to all the circumstances, the Committee determined that Mr Haskins had voluntarily absented himself and that it would be fair and in the public interest to proceed with the hearing, notwithstanding his absence. The Committee further determined to proceed in the absence of the GDC and to review the suspension on the papers.

The Committee accepted the advice of the Legal Adviser on the review of the suspension.

The Committee first considered whether Mr Haskins's fitness to practise continues to be impaired by reason of misconduct. There continues to be a lack of engagement from him in these proceedings. There continues to be an absence of any evidence of remediation. There was a persuasive burden on Mr Haskins to demonstrate to this reviewing Committee that he acknowledges the concerns leading to the impairment of his fitness to practise and that he has adequately addressed them.

There was no evidence before the Committee of any insight, reflection or remediation. Whilst his misconduct is remediable, there is no evidence of any remediation and no evidence of any intention to undertake any remediation. In his correspondence to the last reviewing PCC, Mr Haskins explained that he had retired from dentistry and that he had no intention of returning to practice.

The Committee determined that, given the seriousness of the clinical failings and the absence of any evidence of insight, reflection or remediation, there continues to be a risk of repetition should Mr Haskins resume practice without any restriction on his

registration and therefore a continuing risk of harm to the public. Further, public confidence in the profession and its regulation would be seriously undermined if a finding of no impairment were to be made today, owing to the seriousness of the clinical failings, the significant period over which they occurred and the absence of any evidence of remediation.

Accordingly, the Committee determined that Mr Haskins's fitness to practise continues to be impaired by reason of misconduct.

The next consideration for the Committee was what action, if any, to take in respect of Mr Haskins's registration. The Committee determined that the continued restriction of his registration remains necessary to protect the public and to maintain wider public confidence in the profession and this regulatory process. The Committee could not be satisfied that conditions of practice could be formulated at this stage which would be workable, measurable and proportionate. This is because of Mr Haskins's continued lack of engagement in these proceedings. On Mr Haskins account, he is retired from dentistry with no intention of returning to practice.

The Committee therefore determined that the suspension of Mr Haskins's registration remains necessary and proportionate. The Committee considered whether to extend the current period of suspension by a further period of up to 12 months with a review. The Committee determined that there was no indication that Mr Haskins would embark on any remediation over the next 12 months. All of the material before the Committee indicates that any reviewing Committee in 12 months' time would be in exactly the same position as the Committee today in terms of engagement and remediation. The Committee therefore determined that a direction for indefinite suspension is now appropriate and proportionate in the circumstances of this case.

Accordingly, the Committee directs that Mr Haskins's registration be suspended indefinitely. A right to apply for a review of the indefinite suspension exists once two years have passed from the commencement date of the indefinite suspension.

That concludes this hearing.