

**PUBLIC HEARING****Professional Conduct Committee  
Initial Hearing****24-26 July 2023****Name:** **FOLLAND, Stuart Peter Huw****Registration number:** **65146****Case number:** **CAS-200881-H7K5X0**

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**General Dental Council:** Victoria Shehadeh, of Counsel  
Instructed by Manuel Cao Hernandez of IHLPS**Registrant:** Not Present

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**Fitness to practise:** Impaired by reason of misconduct**Outcome:** Suspended with immediate suspension (with a review)**Duration:** 12 months

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**Committee members:** Gill Mullen  
Christopher Roberts  
Rachel McCoubrey**Legal adviser:** Paul Moulder**Committee Secretary:** Paul Carson

1. This hearing was conducted remotely using Microsoft Teams.
2. The allegations against Mr Folland relate to his alleged failure to have: (i) paid the compensation and legal costs awarded in a court order following a claim of clinical negligence which had been brought against him; (ii) cooperated with the firm of solicitors acting for the patient in those proceedings; and (iii) cooperated with the General Dental Council (GDC) as part of its ensuing investigation into his fitness to practise as a dentist.

*Service and absence*

3. Mr Folland was neither present nor represented at the hearing. Ms Shehadeh, for the GDC, submitted that the notification of hearing had been served on him in accordance with the requirements of the General Dental Council (Fitness to Practise) Rules 2006 (the “Rules”) and that the hearing should proceed in his absence.
4. The Committee accepted the advice of the Legal Adviser on the requirements of service and proceeding in absence.
5. The Committee first considered whether the notification of hearing had been served on Mr Folland in accordance with the requirements of the Rules.
6. The notification of hearing was sent to Mr Folland at his registered address on 13 June 2023 by Special Delivery and first-class post. Delivery of the Special Delivery item was attempted on 14 June 2023, but the item was returned with the words “*does not live here return to sender*” written on the envelope. The Committee was satisfied that the notification of hearing contained the required information under Rule 13 of the Rules, including the time, date and (remote) venue of this hearing. The Committee was satisfied that the notification of hearing was served in accordance with the requirements of Rule 65 of the Rules by virtue of its being sent to Mr Folland’s registered address by post. Proof of delivery is not required for service to be effected under the Rules.
7. A link to download a copy of the notification of hearing was also sent to Mr Folland by email on 13 June 2023.
8. The next consideration for the Committee was whether to proceed with the hearing in Mr Folland’s absence. This is a discretion which must be exercised with great care and caution.
9. The Committee was satisfied that the GDC had made all reasonable efforts to send notice of this hearing to Mr Folland. It was clear to the Committee that he was aware of today’s hearing, as stated by him in an email to the GDC on 17 July 2023 regarding these proceedings: “*I will not be attending the hearing and will not be providing representation. I retired from dentistry two years [sic] and have no intention of ever returning. The sooner the GDC sees fit to remove me from the register the better.*”
10. In accordance with the terms of his email, the Committee determined that Mr Folland had voluntarily absented himself from the hearing. He made no application for a postponement of the hearing and there was nothing to suggest that adjourning the hearing today would make his attendance any more likely at a future date: adjourning or postponing the hearing is unlikely to result in his attendance. Having regard to all the

circumstances, including the need for the expeditious disposal of these proceedings and the convenience of the two factual witnesses who had made themselves available for the hearing, the Committee determined that it would be fair and in the public interest to proceed with the hearing, notwithstanding Mr Folland's absence.

### *The factual inquiry*

11. The GDC relied on the evidence of two factual witnesses in support of the charges: (i) Christopher Dean, a solicitor at the Dental Law Partnership; and (ii) Jake Harley-Yeadon, a fitness to practise caseworker at the GDC. The Committee had regard to their witness statements dated 16 February 2023 and determined that it would be unnecessary to call either witness. This was because their witness statements were largely production statements given during the course of their employment, for the purpose of producing their exhibits. Mr Folland had voluntarily absented himself from the hearing and so there would be no cross-examination from him, neither could the Committee identify any questions which it would have for either witness. The two witness statements were therefore taken as read.
12. The Committee heard the submissions made on behalf of the GDC by Ms Shehadeh.
13. The Committee accepted the advice of the Legal Adviser on the factual inquiry.
14. The burden is on the GDC to prove each allegation on the balance of probabilities. It is not for Mr Folland to prove, or disprove, any matter.

### *Findings*

15. The Committee accepted the uncontested evidence of both Mr Dean and Mr Harley-Yeadon, as set out in their witness statements.
16. On 2 March 2018 the Dental Law Partnership (the "Firm") first wrote to Mr Folland notifying him of its intention to bring a claim of negligence against him in respect of treatment which he was alleged to have provided to Patient A between 1998 and 2012. The letter concluded by asking Mr Folland to: "*Please acknowledge this letter by 19th March 2018 and confirm to whom any Letter of Claim should be sent.*" No response was received by this deadline and so the Firm wrote to Mr Folland again on 19 March 2018 chasing a response.
17. Mr Folland replied on 26 March 2018 acknowledging the letter and stating that he had passed the details to his defence organisation.
18. On 3 May 2018 the Dental Defence Union (DDU) wrote to the Firm directly to explain that they were assisting Mr Folland with this matter. Further correspondence passed between the DDU and the Firm in which the DDU explained that it was having difficulty either contacting Mr Folland or taking instructions from him. This exchange culminated in an email from the DDU on 12 June 2019 informing the Firm that the DDU was "*no longer assisting Dr Folland with this matter*".
19. The Firm then communicated directly with Mr Folland by email on 5 and 16 August 2019. Mr Folland replied to the Firm on 16 August 2019 to apologise for the delay in responding and to explain: "*I am currently appealing against the DDU's decision not to*

*represent me as they were my indemnity provider at the time. I am on leave until 27.8.19 but will contact you as soon as I have clarification."*

20. On 29 February 2020, the Firm served County Court proceedings on Mr Folland in respect of the claim for clinical negligence.
21. During the course of the court proceedings, the Firm sought responses from Mr Folland on matters relating to the conduct of the litigation, including on his attendance at the hearing, witness evidence and any agreed directions. Mr Folland did not provide a substantive response to these requests. In his limited communications with the Firm, he ultimately explained that he would not be attending a court hearing scheduled to take place on 24 February 2021. He also made reference to difficult personal circumstances he was experiencing and difficulty accessing his home address where a number of documents had been served.
22. On 13 May 2022 the County Court entered default judgement against Mr Folland. The corresponding Court Order, which was sealed on 18 May 2022, ordered him to pay Patient A £51,044.91 in compensation and £29,225.50 in legal costs.
23. Between 22 February 2021 and 27 May 2022 the Firm had made 13 further attempts to correspond with Mr Folland but no response was received from him to those requests. To date there is no record that Mr Folland has paid any of the compensation or costs ordered by the Court.
24. During the course of the litigation, the Firm had reported Mr Folland's apparent lack of co-operation to the GDC. The GDC initially wrote to him on 17 February 2021 to inform him of the concerns. The GDC wrote to him again in December 2021 and January 2022. These communications from the GDC requested that Mr Folland provide his employment details and proof of indemnity as part of its investigation. Mr Folland wrote to the GDC by email on 9 December 2021 confirming that he had updated his address. In that email he explained that he had left dentistry and did not wish to renew his registration. He did not otherwise respond to the GDC's requests for information.
25. On 15 February 2022 the GDC wrote to Mr Folland by email to repeat its request for information from him, including its request for "*Proof of indemnity for the period of March 2018 to present date.*" In light of Mr Folland's comments that he had left dentistry and no longer wished to renew his registration, the letter also informed him of the process for applying for voluntary removal from the Register. The letter gave Mr Folland until 1 March 2022 to provide the requested information. There was no response from Mr Folland. The GDC attempted to chase the matter by attempting to telephone Mr Folland on 2 March 2022 and by sending him a further email on that date.
26. Mr Folland responded to the GDC by email on 2 March 2022 to query the annual renewal process for his registration but did not otherwise respond to the GDC's letter of 15 February 2022, including by not providing the GDC with any proof of his indemnity arrangements. To date there is no record of any response from Mr Folland providing the GDC with evidence of his indemnity arrangements.
27. The GDC's *Standards for the Dental Team* (September 2013) provided as follows:

*“9.4 You must co-operate with any relevant formal or informal inquiry and give full and truthful information*

*9.4.1 If you receive a letter from the GDC in connection with concerns about your fitness to practise, you must respond fully within the time specified in the letter. You should also seek advice from your indemnity provider or professional association.*

*9.4.2 You must co-operate with:... • any solicitor, barrister or advocate representing patients or colleagues.”*

28. The Committee's findings of fact in respect of each charge are as follows.

***1. You did not pay damages and legal costs to Patient A or the firm of solicitors representing Patient A (“the Firm”) in respect of a negligence claim arising from your practice as a dentist as required by an order made by Bristol County Court on 18 May 2022.***

29. Charge 1 was found proved.

30. There was no record before the Committee that any of the damages and legal costs have been made by Mr Folland, as required by the Court Order, or that he had made any attempt to contact the Firm to arrange any form of payment. Mr Dean's evidence was that no payment had been received. The Committee noted that Mr Folland's most recent correspondence to the GDC regarding these proceedings was approximately seven days ago. In that correspondence he makes no reference to having made payment but instead explains that he is no longer practising dentistry and refers to his desire to be removed from the Register.

***2. You failed to fully cooperate with the Firm in that you:***  
***(a) did not provide a response to the allegations made against you in the formal proceedings issued by the Firm on 29 February 2020;***  
***(b) ceased communication with the Firm after 22 February 2021;***

31. Charges 2(a)-(b) were found proved.

32. As set out above Mr Folland did not provide any substantive response to the County Court proceedings which were issued by the firm, either at the pre-action protocol stage of the litigation or during the course of the court proceedings. He failed to cooperate with the Firm in respect of its handling of a claim of clinical negligence which was being pursued against him by Patient A. His limited responses did not address the allegations which were made against him, as would be expected in the normal conduct of clinical negligence proceedings, and were in breach of his professional obligations under standard 9.4.2. He ceased all communications with the Firm after 22 February 2021, whilst the County Court proceedings were still ongoing and despite numerous further attempts by the Firm to communicate with him. This was again in breach of his professional obligations under standard 9.4.2.

***3. You failed to fully cooperate with an investigation conducted by the General Dental Council (“the GDC”) into your fitness to practise in that you:***  
***(a) failed to respond to a letter dated 17 February 2021 sent by the GDC to your registered email address on 18 February 2021;***

***(b) failed to respond to a letter sent by the GDC to your registered email address on 15 February 2022;***

***(c) failed to provide evidence of your indemnity insurance as requested by the GDC.***

33. Charges 3(a)-(c) were found proved.

34. As set out above, Mr Folland did not respond to the GDC's correspondence to provide the requested information, including evidence of his indemnity insurance. This was in breach of his professional obligations under standard 9.4.1.

35. Accordingly, the Committee found charges 1, 2(a)-(b) and 3(a)-(c) proved.

36. The Committee now moves to Stage two of the hearing.

*Stage two determination*

37. At this stage of the hearing the Committee shall decide whether Mr Folland's fitness to practise as a dentist is currently impaired by reason of misconduct and, if so, what action (if any) to take in respect of his registration.

*Fitness to practise history*

38. In February 2016, the Professional Conduct Committee (PCC) found Mr Folland's fitness to practise to be impaired by reason of misconduct and directed that his registration be made subject to his compliance with conditions for a period of 12 months with a review. The misconduct, which occurred in 2014-15, related to:

- (a) making misleading and dishonest declarations when seeking indemnity cover, including by dishonestly declaring that he had never been convicted of an offence when he had in fact received a conviction in 2008;
- (b) a failure to have cooperated with a GDC investigation into his fitness to practise, including by failing to provide requested details of his professional indemnity cover;
- (c) dishonestly providing dental advice and treatment to patients between 4 March 2015 and 12 July 2015 when he knew he was not in possession of indemnity cover;
- (d) providing dental advice and treatment to patients between 16 July and 13 August 2015 when he was not in possession of indemnity cover.

39. In deciding on a period of conditional registration, the February 2016 PCC stated to Mr Folland: "... *Your dishonesty occurred within the context of particularly unusual personal circumstances. You have reflected appropriately, developed valuable insight and implemented appropriate changes which reassure the Committee that the risk of repetition is low. Your dishonesty was of a type which was intrinsically tied to the adverse personal circumstances you were experiencing. There is no evidence of any harmful or deep-seated personality or professional attitudinal problems in this case.*



40. *Whilst your misconduct was aggravated by your disregard for the role of GDC as your regulator and risk of harm to patients during the episode concerned, these aggravating factors are outweighed by a number of relevant mitigating factors...."*

41. The PCC reviewed the case in March 2017 and found that Mr Folland's fitness to practise was no longer impaired, stating in its determination:

*"...the information and evidence that you have provided to it demonstrates that you have complied fully with the conditions to which your registration has been subject, that you have continued to reflect upon the concerns that gave rise to the making of the conditions, and that you have provided sufficient evidence of your having remediated those concerns.*

*The Committee has been provided with evidence of the extensive remediation that you have undertaken in relation to the concerns that precipitated these proceedings. You have provided clear evidence of your insight into your failings. The Committee was struck by the quality of this insight and the candour with which you have acknowledged and addressed the matters which led to the imposition of conditions. You have provided evidence of having responded in a positive and purposeful manner to those matters, and have made practical changes both at work and in your domestic arrangements. The Committee has heard of your openness and honesty in not only acknowledging your earlier failings to yourself, but in disclosing and discussing these matters with those around you in a constructive manner. The Committee is in no doubt that the regret and embarrassment that you have expressed is genuine..."*

42. The March 2017 PCC therefore revoked the conditions on Mr Folland's registration and concluded the proceedings against him.

43. In September 2019, in respect of other matters, the Case Examiners issued Mr Folland with advice in the following terms:

*"The Case Examiners formally advise the Registrant to ensure that:*

- All potential treatment options, including providing no treatment or delaying treatment, are given to a patient or their parent/guardian, and that the risks and benefits of all these options are clearly explained and recorded;*
- Where it may be appropriate to consider offering a referral for further specialist treatment, this should be discussed with the patient or their parent/guardian, along with the risks and benefits of such a referral, and this should be clearly documented within the clinical records; and*
- He fully co-operates with any future investigation into his practice, providing information when requested and ensuring dialogue is maintained with the investigating body."*

44. By email to the GDC on 30 May 2023 regarding the Interim Orders Committee proceedings in relation to the present case, Mr Folland stated: *"I have no intention of returning to dentistry as I am now retired. I and my ex-colleagues are both baffled and surprised that the G.D.C. doesn't spend it's time and their obligatory fees on more worthwhile endeavors than this."*

45. In a further email to the GDC on 1 June 2023, Mr Folland stated: *“What a waste of dentist’s GDC levy this is. Still a sclerotic institution & overpaid lawyers need to be funded somehow I suppose. I’m widely sharing updates on social media.”*

#### *Submissions*

46. Ms Shehadeh, for the GDC, submitted that the facts found proved amount to misconduct and that Mr Folland’s fitness to practise is currently impaired by reason of that misconduct, on both public protection and wider public interest grounds. She submitted that the appropriate outcome in this case would be a period of suspension for 12 months. She submitted that it is the Council’s position that erasure would be disproportionate in this case.

#### *Decision*

47. The Committee accepted the advice of the Legal Adviser.

48. The Committee had regard to the *Guidance for the Practice Committees, including Indicative Sanctions Guidance* (October 2016, last revised December 2020).

#### *Misconduct*

49. Misconduct is a serious departure from the standards reasonably expected of a dental professional. In the context of the non-clinical matters found proved in the present case, it can be characterised as conduct which fellow members of the profession would regard as “deplorable”, or which otherwise carries a high degree of opprobrium.

50. The Committee’s findings of fact against Mr Folland fall into three categories:

- (a) his failure to have paid the approximately £80,000 in compensation and legal costs awarded to Patient A in a default judgement following a claim for clinical negligence (charge 1);
- (b) his failures to have provided any substantive responses to the Firm acting for Patient A in respect of that litigation (charges 2(a)-(b));
- (c) failures to have cooperated with the GDC’s corresponding investigation into his fitness to practise, including by not providing the GDC with requested proof of his indemnity arrangements (charges 3(a)-(c)).

51. In assessing whether the facts found proved amount to misconduct, the Committee had regard to the following principles and standards in particular from the GDC’s *Standards for the Dental Team* (September 2013) (the “Standards”):

*“1.7.1 You must always put your patients’ interests before any financial, personal or other gain.*

*1.8: You must have appropriate arrangements in place for patients to seek compensation if they have suffered harm*



*9.4 You must co-operate with any relevant formal or informal inquiry and give full and truthful information*

*9.4.1 If you receive a letter from the GDC in connection with concerns about your fitness to practise, you must respond fully within the time specified in the letter. You should also seek advice from your indemnity provider or professional association.*

*9.4.2 You must co-operate with:... • any solicitor, barrister or advocate representing patients or colleagues.”*

52. The Committee considered Mr Folland's failures to have provided any substantive response to the Firm and also failure to have paid the compensation and legal costs awarded to Patient A to be serious breaches of the professional standards expected of him. He was under a clear professional duty to cooperate with the solicitors acting for one of his former patients in respect of a claim against him of clinical negligence. When his defence organisation ceased representing him in respect of those proceedings, it was not open to him to then ignore the proceedings. His failure to have cooperated with the Firm and to have paid the compensation and legal costs awarded against him are matters which are capable of bringing the profession into disrepute and resulted in Patient A suffering serious financial harm. Ms Shehadeh submitted that the spirit of standard 1.8 is engaged in the present instance: whilst this is not a case where it has been found that Mr Folland failed to hold any indemnity cover (his indemnity status is unknown to the GDC as he had failed to cooperate with the GDC's requests for proof of his indemnity), he has acted in a way which has resulted in a patient not receiving the financial redress to which they were entitled. Ms Shehadeh submitted that it is in that context that the purpose of standard 1.8 has been breached. The Committee noted Ms Shehadeh's submission and determined that, regardless of whether standard 1.8 is directly engaged in the present case, the failure to have ensured that Patient A was provided with the financial redress to which she was entitled was a serious breach of the standards reasonably expected of Mr Folland. He has failed to act in her best interests by failing to pay the compensation and legal costs ordered against him and in any event by failing to ensure that adequate arraignments were in place for the payment of that judgment debt.

53. The Committee also considered Mr Folland's failure to have cooperated with the GDC's investigation into his fitness to practise to be in breach of his professional obligations. The GDC's standards were clear that he was required to respond to the GDC's correspondence fully and within the time specified in the letter. He did not do so. This affected the GDC's ability to carry out its regulatory role and had the potential to seriously undermine public confidence in the profession and its regulation.

54. The Committee determined that the facts found proved were serious breaches of professional standards and that individually and cumulatively they amount to misconduct.

### *Impairment*

55. In assessing whether Mr Folland's fitness to practise as a dentist is currently impaired by reason of his misconduct, the Committee considered whether his misconduct is

remediable, whether it had been remedied and the risk of repetition. The Committee also had regard to the wider public interest, which includes the need to uphold and declare appropriate standards of conduct and behaviour so as to maintain public confidence in the profession and this regulatory process.

56. Mr Folland has not engaged in these proceedings, save to state that he has retired from dentistry and wishes to be removed from the Register. He therefore provides no evidence of insight, remorse or remediation. The terms of his recent email correspondence to the GDC in respect of these fitness to practise proceedings was also disrespectful and dismissive. It was positive evidence of a lack of insight and of a poor attitude. The Committee considered the terms of Mr Folland's above emails, which appear to demonstrate a lack of insight into the importance of the regulatory process. In addition, the Committee would remind him of Standard 9.1.3, which states: *"You should not publish anything that could affect patients' and the public's confidence in you, or the dental profession, in any public media, unless this is done as part of raising a concern..."*
57. The Committee had regard to the substantial financial harm which had been caused to Patient A, which is continuing as Mr Folland is still yet to make any arrangements to pay the compensation and legal costs which had been ordered against him by the County Court. In the absence of any evidence of insight and remediation, the Committee determined that there also remains a real risk of repetition should Mr Folland be allowed to practise without any restriction on his registration. Although he states that he is now retired from dentistry nothing would prevent him from resuming practice if he so wished. There would be a real risk of financial harm to patients in the event of a claim against him, given his unremedied misconduct in the present case and his related fitness to practise history. There would also continue to be a risk to the GDC's ability to carry out its regulatory role in the respect of any further inquiries it might seek to make of Mr Folland when investigating his fitness to practise.
58. The Committee determined that public confidence in the profession and this regulatory process would also be seriously undermined if no finding of impairment were to be made. This is because of the seriousness of Mr Folland's misconduct, the fact that misconduct of a similar nature had previously occurred and his lack of insight and remediation. By not cooperating with the Firm in response to a claim of clinical negligence brought by a patient, and by not cooperating with the GDC in respect of its corresponding investigation into his fitness to practise, Mr Folland has breached a fundamental tenet of the profession and has acted in a way which is likely to bring the profession into disrepute.
59. Accordingly, the Committee determined that Mr Folland's fitness to practise as a dentist is currently impaired on both public protection and wider public interest grounds.

### *Sanction*

60. The purpose of a sanction is not to be punitive, although it may have that effect, but to protect the public and the wider public interest. In deciding on the appropriate sanction, the Committee had regard to the aggravating and mitigating factors present in this case.

61. The aggravating factors include (i) a significant fitness to practise history, where conduct of a similar nature had previously been found proved against Mr Folland, meaning also that he would already have been familiar with his regulatory obligations and would have understood the importance of complying with them; (ii) his recent email correspondence to the GDC demonstrates a disregard for the role of the GDC and the systems regulating the profession; (iii) he caused serious financial harm to a patient; (iv) that harm is continuing as the compensation and legal costs which were awarded to Patient A by the County Court remain unpaid; (v) he shows no remorse, reflection or insight into the seriousness of his misconduct and its impact upon Patient A and the reputation of the profession.
62. In mitigation, in terms of risk, the Committee acknowledged that Mr Folland says he is now retired from dentistry and that he seeks the removal of his name from the Register.
63. Whilst neither a mitigating nor aggravating factor, the Committee noted that the issues arising in this case and in the previous PCC proceedings do not directly involve clinical malpractice: Mr Folland has an unblemished clinical record over a long practising career. Rather, his misconduct relates to his ability to adhere to the non-clinical aspects of dentistry, such as ensuring adequate indemnity arrangements are in place and fully cooperating with any GDC investigation or other formal inquiry. His misconduct in the previous set of PCC proceedings also related to his probity in relation to misleading and dishonest declarations he had made when seeking indemnity cover.
64. The Committee considered sanction in ascending order of restrictiveness.
65. To conclude this case with no further action or a reprimand would be inappropriate in the Committee's judgement, as there remains an ongoing risk of harm to patients. Moreover, a reprimand would be insufficient to mark the seriousness of Mr Folland's misconduct, in respect of which he has expressed no remorse and has taken no corrective steps. There was also no information to suggest to the Committee that his behaviour was not deliberate or that he was acting under duress, which are factors indicated in the ISG in support of a reprimand. There was no evidence that Mr Folland was acting under duress and/or that his non-cooperation was anything other than deliberate.
66. The Committee next considered whether conditions of practice could be formulated which would be workable, measurable and proportionate. The Committee determined that no such conditions could be formulated at this stage. The issues arising in this case relate to Mr Folland's behaviour and attitude rather than to, for example, concerns relating to clinical ability, which could more easily be managed and remedied through the framework of conditional registration. In any event, the Committee considered that a period of conditional registration would be insufficient to mark the seriousness of Mr Folland's misconduct. The Committee also could not be satisfied that Mr Folland would comply with any conditions on his registration, given his non-attendance at this hearing, the disrespectful and dismissive terms of his recent email correspondence to the GDC and the fact that the misconduct itself relates to a failure to have co-operated with the GDC and its regulatory process.

67. The Committee next considered whether to direct that Mr Folland's registration be suspended for a period of up to 12 months, with or without a review. The Committee considered that a period of suspension with a review would be sufficient to protect the public. In assessing whether suspension would also be sufficient to meet the wider public interest, the Committee gave consideration to the factors indicated in the ISG in support of suspension and those in support of the ultimate sanction of erasure.
68. Paragraph 6.28 of the ISG provides that: "*Suspension is appropriate for more serious cases and may be appropriate when all or some of the following factors are present (this list is not exhaustive):*
- *there is evidence of repetition of the behaviour;*
  - *the Registrant has not shown insight and/or poses a significant risk of repeating the behaviour;*
  - *patients' interests would be insufficiently protected by a lesser sanction;*
  - *public confidence in the profession would be insufficiently protected by a lesser sanction;*
  - *there is no evidence of harmful deep-seated personality or professional attitudinal problems (which might make erasure the appropriate order)."*
69. In the Committee's judgement, each of these factors are engaged in the present case. Whilst there was evidence before the Committee of an attitudinal problem, particularly in light of the terms of Mr Folland's recent email correspondence to the GDC, there was no evidence that this was deep-seated, such that erasure might be the appropriate outcome.
70. The dismissive and disrespectful terms of the email correspondence appear to have been ill-judged spontaneous responses borne out of an increasing sense of defensiveness in response to various fitness to practise proceedings to which Mr Folland is subject.
71. In terms of the misconduct found as part of these proceedings, the Committee noted that there was initially an appropriate level of engagement and response from Mr Folland with the Firm. He responded to the Firm to acknowledge the potential claim and referred the matter to his defence organisation. His subsequent failures to have provided substantive responses to the Firm appear to have arisen in the context of his defence organisation no longer representing him as part of the proceedings, rather than because he had decided from the outset not to co-operate with the proceedings. Although his misconduct is serious, it does not in the Committee's judgement arise from a deep-seated attitudinal problem which might make erasure the appropriate outcome.
72. The Committee was not satisfied that the factors indicated in support of erasure at paragraph 6.34 of the ISG were sufficiently engaged in this case. Whilst there had been a serious departure from standards with serious financial harm caused to a patient along with a continuing risk of serious financial harm being caused to other patients should Mr Folland be allowed to practise without any restriction on his registration, the Committee was satisfied that the seriousness of the misconduct and

the continuing risk of harm could both be adequately managed through a period of suspension. This is not a case where the facts in themselves were in their proper context so serious as to make erasure the appropriate outcome.

73. Accordingly, the Committee directs that Mr Folland's registration be suspended for a period of 12 months with a review. This period is necessary to mark the seriousness of his misconduct and to allow him sufficient time to demonstrate insight and remediation. The reviewing Committee might be assisted by Mr Folland's attendance at the review hearing and by detailed written reflections from him on the attitudes which led to his misconduct and the impact his misconduct had on: (i) Patient A; (ii) the GDC and its ability to carry out its regulatory role; and (iii) the reputation of the profession. He should also provide evidence of any Continuing Professional Development activity he has undertaken to keep his skills and knowledge up to date.

74. The Committee now invites submissions on the question of an immediate order.

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75. The interim suspension order on Mr Folland's registration is hereby revoked.

76. The Committee determined that it is necessary for the protection of the public and is otherwise in the public interest to order that Mr Folland's registration be suspended immediately under section 30(1) of the Dentists Act 1984. It would be inconsistent with the decision the Committee has reached not to make an immediate order. There is a continuing risk of financial harm to the public and Mr Folland is yet to provide any proof of his indemnity arrangements. Wider public confidence in the profession and its regulation also requires the immediate suspension of Mr Folland's registration.

77. The effect of this order is that Mr Folland's registration will be immediately suspended upon notification of this decision being served on him. Unless he exercises his right of appeal, the substantive 12-month period of suspension shall commence 28 days later upon the expiry of the appeal period. Should he exercise his right of appeal, this immediate order shall remain in force pending the disposal of the appeal.

78. That concludes the hearing.