

PRIVATE HEARING**Health Committee
Initial Hearing****19-22 May 2025****Name:** Coulton, Victoria**Registration number:** 1651525**Case number:** CAS-207331-S9T3P8

General Dental Council: Mr Alex Mullen, counsel
Instructed by IHLPS.**Registrant:** Present and represented by Mr Gale, your husband

Fitness to practise: Not impaired by reason of health

Committee members: Matthew King (Chair and Dentist member)
Jane Reynolds (Lay member)
Pooja Pattni (DCP member)**Legal adviser:** Lucia Whittle-Martin**Committee Secretary:** Jamie Barge

Head of charge

“That being a registered Dental Care Professional (161525):

1. You have an adverse mental or physical health condition as contained within Schedule A.

AND that by reason of the matters alleged your fitness to practise is impaired by reason of your adverse physical or mental health condition.”

Miss Coulton

1. This is a Health Committee (HC) hearing. The members of the Committee, as well as the Legal Adviser and the Committee Secretary, conducted the hearing via Microsoft Teams. You are present and addressed in your maiden name, that of Miss Coulton. You are represented by your husband, Mr Gale. Mr Alex Mullen (Counsel) is the Case Presenter for the GDC.

Preliminary matters**Decision on holding the hearing in private (19 May 2025)**

2. Mr Mullen raised the subject of whether all of the matters in the case are directly related to your health and was neutral as to whether the hearing should be held entirely in private. Your husband asked for your hearing to be heard in private, because of the sensitivity of the matters to be determined.
3. The Committee considered the submissions and accepted the advice of the Legal Adviser. It considered Rule 53, taking into account the public interest and fairness to you. The Committee first considered the public interest and also reflected on the need for open justice and transparency. The Committee next considered the need to protect your right to a private life and therefore considered it necessary to hold the hearing entirely in private.
4. The Committee considered that it would not be appropriate to hold parts of the hearing in private as this hybrid approach may potentially interrupt the flow of the hearing or compromise the quality of any oral evidence given.
5. The Committee therefore acceded to the application and determined to hold the hearing entirely in private. The Committee also reflected on the need for open justice but considered that the mandatory requirement of Rule 45 to publish a suitably redacted final determination of the HC would satisfy this.

Admission application

6. Mr Mullen made an application to invite the Health Committee (“HC”) to rule on the admissibility of the witness statement and the associated exhibits of Witness 1, in accordance with Rule 57 of the Council’s Fitness to Practise Rules 2006 (*‘the Rules’*):

‘57. — Evidence

- a. *A Practice Committee may in the course of the proceedings receive oral, documentary or other evidence that is admissible in civil proceedings in the appropriate court in that part of the United Kingdom in which the hearing takes place.*
 - b. *A Practice Committee may also, at their discretion, treat other evidence as admissible if, after consultation with the legal adviser, they consider that it would be helpful to the Practice Committee, and in the interests of justice, for that evidence to be heard.’*
7. Mr Mullen on behalf of the GDC guided the Committee as to the background of his Rule 57 application which concerns the admissibility of Witness 1’s unredacted written statement. He submitted that the evidence which is in contention consists of paragraphs 21 to 24 of Witness 1’s statement with associated documentary exhibit. Mr Mullen submitted that the email quoted in her statement is effectively hearsay evidence, although Witness 1’s evidence is not the sole and decisive evidence in this case, it is important and therefore should be admitted. He invited the Committee when deciding upon this application, to balance fairness and relevance, and to accept the GDC’s application.
8. Mr Gale on your behalf opposed the application and stated that the material contains malicious allegations made as part of a bullying campaign by colleagues. You contest the allegation and you are currently in the process of making a complaint to your employers. Mr Gale stated that it is not fair to allow this evidence from Witness 1, as it contains hearsay evidence from an anonymous witness.
9. The Committee considered the following case law to which it was referred which included: *Bonhoffer v GMC 2011*] EWHC 1585 (Admin; *R (Ogbonna) v Nursing & Midwifery Council [2010] EWCA Civ 1216*; and *Thorneycroft v Nursing Midwifery Council [2014] EWHC 1565 (Admin)*.
10. The Committee has considered the submissions and the material before it very carefully.
11. The Committee noted that it is not routine to admit hearsay evidence, however, hearsay evidence is admissible at the Committee’s discretion. The Committee also noted that in this case, the GDC has submitted that Witness 1’s evidence is not the sole and decisive evidence in this case.
12. The Committee considered that these concerns are serious allegations. The Committee reminded itself that issues of admissibility and weight must be properly separated, and consideration given to whether or not it was fair to admit the hearsay evidence. The Committee was mindful of the observations of Mr Andrew Thomas QC (sitting as a judge of the High Court) in *Thorneycroft v Nursing Midwifery Council*.
13. The Committee was satisfied that Witness 1 is not the sole and decisive evidence of GDC case. The Committee considered that Witnesses 1’s statement is potentially relevant to the matters that were before this Committee for consideration. However, the allegation is contested by you.
14. The Committee took into account the background circumstances. The Committee notes the author of the email was not named and was protected by the employer’s policy on whistle blowing, and therefore the GDC has not called the individual as a witness to give oral evidence.
15. The Committee considered that it would not be fair to allow the email and paragraphs 21-24 of Witness 1’s statement which it considers contains hearsay evidence. By allowing this, it

would deprive you and your husband the opportunity to contest this evidence by way of cross examination. It would also not allow the Committee to properly test this evidence.

16. The Committee therefore considered it not fair and also not in the interests of justice to admit this evidence and rejected the GDC's application.

Background

17. Mr Mullen explained that the concerns arose from information received in June 2022 from your employer. [PRIVATE:].

18. [PRIVATE:].

19. [PRIVATE:].

Evidence:

20. In relation to the alleged matters concerning your health, the GDC provided the Committee with documentary evidence, including your medical records. It also received a written statement from Witness 1 dated 2 April 2024, a written statement from Sadaf Rasul, GDC Caseworker dated 25 November 2024. In addition, it received a written statement from Mohammed Ali, GDC Caseworker dated 11 November 2024.

21. [IN PRIVATE] It also heard oral evidence from Witness 1.

22. Shortly after the conclusion of the GDC's case, you made a full admission in respect of head of charge 1.

The Committee's Findings of Fact:

23. The Committee's finding in relation to the head of charge is as follows:

Head of charge 1

You have an adverse mental or physical health condition as contained within Schedule A

ADMITTED AND FOUND PROVED

21. We move to Stage Two.

22. Having announced its findings on the facts, the Committee has had regard to the submissions made by Mr Mullen, on behalf of the General Dental Council (GDC) and those from Mr Gale, your husband, on your behalf in accordance with Rule 20 of the GDC (Fitness to Practise) Rules Order of Council 2006 (the Rules).

23. Mr Mullen, in respect of Rule 21(a), referred the Committee to your previous fitness to practise history. He submitted that there have been three matters. [IN PRIVATE].

24. [IN PRIVATE].

25. Mr Mullen held off making final submissions until you had given oral evidence.

26. [IN PRIVATE].

27. You stated that you [IN PRIVATE] feel you are not a risk to the public. You stated you are professional, motivated and positive and "*I am doing really really well*". You have been practising as a dental nurse since you were 18 years old, and there have never been any complaints made or any issues in 32 years. You added that dentistry is your life.

28. In answers to cross examination [IN PRIVATE]. You stated that you are fit to practice without restrictions.
29. Having completed your oral evidence, you called two character witnesses. First was Witness 4, a dental colleague, a senior dental officer. He confirmed he has known you as a colleague for over ten years. Witness 4 stated that you are a good and competent dental nurse and has never had any concerns with your practice or patient safety. Witness 5, a senior dental nurse, also gave oral evidence. She stated that she has worked with you for over thirteen years. She stated that you are a caring and professional dental nurse, and she has no concerns with your behaviour, performance or patient safety.
30. Mr Mullen submitted that in view of the evidence before the Committee, your fitness to practise is currently impaired by reason of your adverse health condition. He submitted that you have demonstrated some insight, but it is still developing. [IN PRIVATE].
31. [IN PRIVATE]. Mr Mullen submitted that a finding of impairment is required on the grounds of public protection.
32. In respect of the wider public interest, Mr Mullen submitted that a finding of impairment is required to maintain public confidence in the dental profession. He submitted that professional standards would be undermined if no finding of impairment were made in this case.
33. Mr Mullen concluded that an order of conditions for a period of 10 months with a review would be proportionate and appropriate in this case. [IN PRIVATE].
34. Mr Gale submitted on your behalf that you are entirely fit to practise and conditions are not necessary. Mr Gale submitted that you have been before an Interim Orders Committee on two occasions, first in 2023 and other in 2024. On each occasion the Committee considered that you posed no risk to the public and that an interim order was not necessary on your registration.
35. [IN PRIVATE].
36. Mr Gale submitted that three current colleagues who have worked with you over a significant period of time, testified to this Committee that they have no concerns with your current fitness to practise. He submitted that there have been no complaints over a 32-year dental career.
37. Mr Gale submitted that in respect of the GDC's proposed conditions, he had issues with regard to proposed conditions 17 and 19. [IN PRIVATE]. Mr Gale submitted fellow clinicians have no concerns of patient safety and have never had an issue of your practice before. He submitted this condition is disproportionate. [IN PRIVATE].
38. The Committee has considered the submissions made by Mr Mullen and Mr Gale. It has accepted the advice of the Legal Adviser.

Current Impairment:

39. The Committee considered whether your fitness to practise is currently impaired by reason of your adverse health condition.
40. [IN PRIVATE];
41. [IN PRIVATE].
42. [IN PRIVATE].
43. The Committee agreed with the GDC that a risk of relapse remains due to the nature of your condition. However, the Committee considers the risk of harm to patients, and the public to be low.
44. [IN PRIVATE].
45. [IN PRIVATE]. Nor has there been any evidence of your being a risk to patient safety.

46. The Committee is satisfied the risk of harm posed by you to patients is low. **[IN PRIVATE]**.
47. The Committee therefore determined that your fitness to practise is not currently impaired as a result of your adverse health condition and that a finding of impairment is not necessary in the interest of public protection.
48. The Committee also concluded that a finding of impairment was not required to uphold proper standards in the dental profession. It considered there is no evidence of patient harm or care. It noted the number of testimonials from dental colleagues that hold you in high regard. **[IN PRIVATE]** have good support networks in place. The Committee is satisfied that a reasonable and informed member of the public, fully aware of your health condition and circumstances, would not be concerned if a finding of impairment were not made in the circumstances of this case.
49. That concludes the hearing.