

**Professional Conduct Committee
Initial Hearing****9 – 11 December 2024****Name:** **TAYLOR, Mollie Hilary****Registration number:** 247553**Case reference:** CAS-205707-C1S5N6

General Dental Council: Sharmistha Michaels, Counsel
Instructed by IHLPS**Registrant:** Present and unrepresented

Fitness to practise: Impaired by reason of misconduct**Sanction:** Suspension order (with a review)**Duration:** 12 months**Immediate order:** Immediate suspension order

Committee members: Gregory Heath (Chair, Dentist member)
Jeannett Martin (Lay member)
Soheila Asabi (Dental Care Professional member)**Legal adviser:** Tehniat Watson**Committee Secretary:** Sara Page

1. This is a Professional Conduct Committee (PCC) hearing. The members of the Committee, as well as the Legal Adviser and the Committee Secretary, conducted the hearing remotely via Microsoft Teams in line with current General Dental Council (GDC) practice.
2. You were present at the hearing and unrepresented.
3. Ms Sharmistha Michaels, Counsel, appeared as Case Presenter on behalf of the GDC.

Preliminary matters

4. At the outset of the hearing, Ms Michaels, on behalf of the GDC, informed the parties assembled that she has prior experience of working with one of the Committee members, Ms Martin, in a professional capacity in her role as a legally qualified chair sitting at Health and Care Professions Council (HCPC). Ms Michaels told the parties that she only became aware of her familiarity with Ms Martin when she appeared on screen. She confirmed that her knowledge of Ms Martin is purely professional, having worked together previously on a “handful” of cases.
5. You confirmed that you did not consider there would be potential bias in Ms Martin’s consideration of this case as a result of her having prior knowledge of Ms Michaels in a professional only capacity. You stated that everyone would be working in a professional capacity and that was “fine” for you.
6. The Committee heard and accepted the advice of the Legal Adviser, which included reference to a number of relevant cases. She reminded the Committee of the need to ensure any dispute will be heard by a fair and independent committee and the committee should be impartial so that justice is not only done but seen to be done. The Legal Adviser referred the Committee to the test set out for actual or perceived bias, as detailed in the case of *Porter v Magill* [2001] UKHL 67. The test refers to whether the fair minded and informed observer would conclude that the committee was biased in the circumstances and, if so, there must be a recusal.
7. Having carefully considered the legal advice provided and the submissions of Ms Michaels, the Committee concluded that Ms Michaels and Ms Martin have a limited professional working relationship only. The Committee bore in mind that Ms Michaels and Ms Martin have no personal relationship and were only aware of the other when they saw each other on screen, not having recognised their names prior to the start of the hearing. It was satisfied that a fair minded and informed observer would not consider that, in the circumstances before it, there would be any potential bias and Ms Martin’s decision-making would not be swayed by her prior knowledge of Ms Michaels in a similar regulatory setting.
8. In these circumstances, the Committee did not consider there to be a potential conflict of interest on the basis of the information disclosed that would require recusal of Ms Martin from the Committee on this occasion.

Charges

9. The charges being considered by the Committee today, as outlined in the Notice of Hearing, dated 18 October 2024, as follows:

*“That being registered as a dental care professional, whilst employed at
[REDACTED]:*

1. *You failed to inform the General Dental Council of Registrant A's fraudulent editing of CPD certificates which were sent to the General Dental Council.*

2. *Your actions in relation to allegation 1 were:*

- a) *Misleading*
- b) *dishonest*

AND that by reason of the facts alleged, your fitness to practise is impaired by reason of misconduct."

Finding of facts

Admissions

- 10. At the outset of the hearing, you informed the Committee that you make full admissions to all the charges. In the absence of any legal representation, you confirmed that you understand the basis of the charges that you are facing today and that you understand the consequences of your admissions.
- 11. The Committee heard and accepted the advice of the Legal Adviser in this regard.
- 12. The Committee was satisfied that you have had the opportunity to discuss the consequences of your admissions with Ms Michaels and the Legal Adviser and that the charges are made out in plain English and were sufficiently concise that a lay person would be able to fully understand what is being alleged. The Committee was satisfied that your admissions have been made without duress and that you, with the full knowledge of the consequences, fully accept the allegations against you.
- 13. Therefore, the Committee accepted your admissions and found all charges proved by way of those admissions.

Decision and reasons on fitness to practise

- 14. Having announced its decision on Stage 1, the Committee then moved on to consider whether the facts found proved by way of admission, amount to misconduct and, if so, whether your fitness to practise is currently impaired. In accordance with Rule 20 of the *'Fitness to Practise Rules 2006'*, the Committee heard submissions from Ms Michaels, on behalf of the GDC and your submissions, in relation to the matters of misconduct, impairment and sanction.

Background

- 15. On 8 December 2021, the GDC received a referral from Witness 1, an ex-work colleague, regarding you and Registrant A. At that time, you were a Practice Manager at [Redacted] ('the Practice').
- 16. In the referral, Witness 1 (lead dental nurse at the Practice) reported that she had been told that you had falsely edited some Continuing Professional Development (CPD) training certificates for another GDC registered dental nurse, Registrant A. Witness 1 claimed that this editing was undertaken to enable Registrant A to demonstrate compliance with GDC's CPD

requirements and had completed sufficient verifiable CPD hours over a two-year period. CPD is a compulsory part of GDC registration and not meeting the minimum CPD requirements can put a registrant's registration at risk.

17. However, the GDC's case is not that you carried out the editing of Registrant A's CPD certificates, but that you failed to inform the GDC of Registrant A's fraudulent editing of her CPD certificates.
18. In the GDC bundle, Witness 1 provided evidence of her correspondence with Registrant A and her description of the events surrounding Registrant A falsifying her CPD certificates.
19. Witness 1 also provided evidence of your involvement with Registrant A. She says in her statement that on the 21 September 2001, Registrant A had shown her a letter from the GDC informing her that she had not done enough CPD hours and asked her to assist her to help in editing her CPD certificate for her by logging in under her number and editing a CPD certificate for her on {my}dentist Academy (MDA) online learning platform. She says that she had been shocked by the suggestion and had refused and that later that evening she received a 'WhatsApp' message from Registrant A claiming to have purchased an editing application but that this was done in '*a jokey manner*'. Witness 1 sets out that she heard nothing further in relation to the editing of CPD Certificates until the Practice's receptionist advised her that she had witnessed you and Registrant A on an editing application on a laptop editing CPD certificates.
20. Witness 1 raised her concerns with Witness 2 (Dual site Practice Manager at the Practice) and was advised to write a formal complaint and file a grievance. She stated that she set out these concerns in writing to senior management along with a list of concerns about conduct within the Practice as a whole.
21. Registrant A was erased from the Register following a fitness to practise hearing in January 2024.
22. As Area Development Manager of {my}dentist, Witness 3 noted that Witness 2 had phoned her for advice on what to do. A now-retired former {my}dentist Practice Manager conducted the internal investigation. The minutes from meetings in November 2021 show that Registrant A, acknowledged she was low on CPD hours and had submitted false CPD certificates to the GDC. The minutes of the November 2021 meeting include your admissions to being aware of Registrant A editing her CPD certificates and not reporting it.

Evidence

23. The Committee had regard to a number of documents, including the GDC hearing bundle. The information provided to the Committee included the following documents:
 - Written statements and supporting documents of the following witnesses:
 - Witness 1 (Lead Dental Nurse at the Practice);
 - Witness 2 (Dual site Practice Manager at the Practice);
 - Witness 3 (Area Development Manager at {my}dentist); and
 - Witness 4 (Learning and Developments Operation Manager at the {my}dentist Academy).

Application for the hearing to be held partly in private

24. During the course of the parties' submissions, the Committee made a decision under Rule 53 of the *'General Dental Council (Fitness to Practise) Rules Order of Council 2006'* ('the Rules') that your submission be held partly in private since the matters under consideration relate to your personal and family life.
25. Neither you nor Ms Michaels made any observations on this proposal.
26. The Committee bore in mind that, as a starting point, hearings should be conducted in public session. However, having heard the details of your submissions, the Committee was satisfied that your personal interests outweighed the public interest in this case. It therefore determined to move into private session when reference was to be made to your personal and family life.

Submissions on Stage 2

27. Ms Michaels, on behalf of the GDC, submitted that your conduct marks a serious departure from the relevant professional standards. She took the Committee through a number of the standards outlined in the GDC document, *'Standards for the Dental Team (2013)'* and where the GDC considered that you have breached those standards. Ms Michaels submitted that, having been aware of Registrant's A's conduct in editing her CPD certification, you should have put patients' interest first and reported this behaviour, but you have admitted dishonesty in failing to do so.
28. Ms Michaels submitted that you knowingly and dishonestly withheld information that was admitted by Registrant A to the GDC. She stated that dishonesty by its nature is generally considered to be an attitudinal flaw that is difficult to remediate, and such conduct may also call into question your integrity. This, she submitted, may undermine trust in registrant members and damage public confidence, given the admitted dishonesty and significant departure from the relevant Standards, a finding of misconduct is warranted in this case.
29. On the matter of impairment, Ms Michaels submitted that your conduct breached all three elements of GDC's overarching objective and that your actions posed a risk to wellbeing of service users, that your conduct had a potentially damaging effect on the reputation of the dental profession and that your actions were contrary to proper professional standards. Ms Michaels confirmed that you have no previous fitness to practise history and submitted that you should be given credit for the full admissions made at outset of the hearing. She stated that the GDC understands that you have not worked in the dental profession since leaving the Practice, but it has not been provided with any current information regarding your future plans.
30. Ms Michaels stated that she is aware that there is no formal response to the matters and no evidence of insight, remorse or remediation either through the provision of training records or testimonials, or a reflective piece. In the absence of these elements, she submitted that the Committee cannot be assured that there is no risk of repetition and invited the Committee to find that your fitness to practise is currently impaired.
31. Regarding sanction, Ms Michaels referred the Committee to the GDC document, *'Guidance for the Practice Committees including Indicative Sanctions Guidance (December 2020)'*, referred to hereafter as 'the ISG', and detailed the aggravating and mitigating factors that the GDC considers are present in your case. In the absence of any information regarding your insight, remorse or any remedial steps you have taken, Ms Michaels invited the Committee to impose a sanction of erasure.

32. You told the Committee that the relevant time is “*a bit of a blur*” and that you deeply regret not coming forward to inform the GDC or your employer about Registrant’s A’s actions. You provided some context to your life at that time and provided detail about your personal circumstances, [PRIVATE].
33. You stated that, despite your personal circumstances, you accept and understand that nothing excuses your behaviour, and you take full accountability and responsibility for your actions, as well as understanding the consequences of your omission in not reporting Registrant’s A’s conduct. You told the Committee that you took a lot of pride in your work at the Practice and loved working there. You said that you do not consider yourself to be a dishonest person and that you fully understand and accept that what you did was wrong.
34. You stated that you consider that you would behave differently now, would seek out advice straight away and speak to other professionals and management to assist you in making appropriate decisions.
35. You told the Committee that you chose not to return to dentistry [PRIVATE], partly due to the difficulties faced by dental practices following the COVID-19 pandemic.
36. You appreciated that due to the severity of your conduct, you accept that it is likely that you will be erased but you did not want this to be how your career in dentistry ended.

Committee’s findings

37. In reaching its decision, the Committee recognised its statutory duty to protect the public and maintain public confidence in the profession and exercised its own professional judgement. The Committee heard and accepted the advice of the Legal Adviser who referred to a number of cases that may assist the Committee in making its decision.
38. The Committee was mindful of the principle that not every departure from required standards will be sufficiently serious to amount to misconduct. The departure must be sufficiently serious misconduct in the exercise of professional conduct to be characterised properly as misconduct going to fitness to practise. In addition, mere negligence would not amount to misconduct unless particularly serious, and a single negligent act or omission would be less likely to amount to misconduct, unless particularly grave.

Decision and reasons on misconduct

39. The Committee acknowledged that misconduct was defined, in the case of *Roylance (No. 2) v General Medical Council* [2000] AC 311 as, “...a word of general effect, involving some act or omission, which falls short of what would be proper in the circumstances with the standard of propriety often being found by reference to the rules and standards ordinarily required to be followed by a [registrant] in the particular circumstances.”
40. In considering whether the admitted facts amount to misconduct, the Committee had regard to the following principles from the Standards, in particular:

Standard 1.3: You must be honest and act with integrity

Standard 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.

Standard 1.3.2

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

Standard 1.7: You must put patients' interests before your own or those of any colleague, business or organisation

Standard 1.7.7

If you believe that patients might be at risk because of [the] behaviour ... of a colleague... you must take prompt and appropriate action.

Standard 6.6: You must demonstrate effective management and leadership skills if you manage a team

Standard 6.6.2

You should make sure that relevant team members are appropriately registered with the GDC...

Standard 6.6.3

You should encourage all team members, including those not registered with the GDC, to follow the guidance in this document, as well as following it yourself.

Standard 6.6.5

You must encourage, support and facilitate the continuing professional development (CPD) of your dental team.

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.

41. The Committee took into account that a breach, or breaches, of the relevant Standards does not automatically result in a finding of misconduct. However, it concluded that your actions were misleading and by acting dishonestly in failing to report Registrant A's conduct to the GDC, you brought the dental profession into disrepute. Having been a Practice Manager at the Practice for some five years, the Committee was satisfied that you would have been aware of the CPD requirements for dental nurses and what was expected of your team but, when you were made aware that these requirements had not only not been met but that Registrant A had edited her certificates to suggest otherwise, you took no action to mitigate the risk that this posed to patients and the wider public by not reporting it to the GDC.
42. Therefore, the Committee determined that your conduct was a sufficiently serious departure from the Standards as a dental professional and amounted to misconduct.

Decision and reasons on impairment

43. In its consideration of impairment, the Committee bore in mind the advice of the Legal Adviser who reminded the Committee that it must first establish whether your fitness to practise is currently impaired.
44. The Committee first considered whether your conduct was likely to be repeated in the future and was assisted by the 'test' outlined by Silber J in *Cohen v General Medical Council* [2008]

EWHC 581: *"It must be highly relevant in determining if a [registrant's] fitness to practise is impaired that first, his or her conduct which led to the charge is easily remediable, second that it has been remedied and third that it is highly unlikely to be repeated."*

45. The Committee accepted that dishonest conduct, whilst difficult to remediate is capable of remediation. It noted that the 'level' of dishonesty can be measured by considering a number of factors including the context, the particular circumstances of the misconduct and the registrant's conduct before and since. In your case, the Committee acknowledged that you have demonstrated considerable remorse for your omission, and it believed that you are genuinely sorry for not having reported Registrant A's actions. You have not sought to cover up your wrongdoing, have made full admissions, and [PRIVATE] have personally reflected on it.
46. The Committee considered that you have begun to demonstrate developing insight but that it currently is focused on yourself and the impact on you. Furthermore, you have not yet been able to demonstrate an understanding of the impact on patients, the Practice, or the profession. The Committee acknowledged that you have been clear about how you would do things differently in the future to minimise the risk of repetition but have not articulated to the Committee on the importance of the CPD requirements and the impact on public safety, or the potential risk to patients as a result of you not having reported Registrant A's conduct.
47. You have not provided the Committee with any specific, detailed written reflection to demonstrate your understanding of your misconduct, nor have you sufficiently addressed the ongoing risk of repetition as a result of your shortcomings. You have not provided testimonials from employers or colleagues, or any personal referees, attesting to your good character or that this was a one-off and out of character incident. The Committee acknowledged your difficult personal circumstances, but these did not excuse the limited insight and limited remediation you have demonstrated at this hearing.
48. In the absence of further insight and remediation, the Committee concluded that there remains an ongoing risk to public protection and determined that your fitness to practise is impaired on this ground.
49. The Committee also had regard to the wider public interest, which includes the need to uphold and declare proper standards of conduct and behaviour to maintain public confidence in the profession and this regulatory process.
50. The Committee accepted that training and ongoing CPD requirements are vital in ensuring registrants are fit to practise and that, by not maintaining those skills, the public's confidence in the profession would be undermined. It determined that a reasonably informed member of the public would be shocked and alarmed if a member of the profession was not reporting another colleague who had not undertaken sufficient CPD and who had subsequently falsified records in this regard.
51. Therefore, the Committee concluded that a finding of impaired fitness to practise is also required on the ground of public interest.

Decision and reasons on sanction

52. In coming to its decision on sanction, the Committee considered what action, if any, to take in relation to your registration. It took into account the ISG. The Committee reminded itself that

any sanction imposed must be proportionate and appropriate and, although not intended to be punitive, may have that effect.

53. Having carefully considered paragraph 5.17 of the ISG, the Committee considered the following mitigating factors to be present in this case:
 - evidence of remorse shown and apology given
 - evidence of limited insight;
 - appears to be a single incident;
 - no evidence of financial or personal gain on the part of the Registrant;
 - previous good character;
 - no previous fitness to practise history in an eleven year career; and
 - full admissions to the charges.
54. In its consideration of paragraph 5.18 of the ISG, the Committee considered the following aggravating features to be present in this case:
 - risk of harm to a patient or another;
 - dishonesty;
 - breach of trust in your role as Practice Manager;
 - disregard of the role of the GDC; and
 - lack of insight (in relation to impact on patients and the profession).
55. The Committee had regard to its previous findings on misconduct and impairment in coming to its decision and considered each sanction in ascending order of severity.
56. The Committee first considered whether to take no further action before then going on to consider the imposition of a reprimand. It concluded that having found impairment on both public protection and public interest grounds, neither outcome would adequately address its findings. The Committee determined that there is a risk of repetition as a result of the lack of evidence demonstrating rehabilitative steps taken, any specific reflection undertaken, and insufficient insight. The Committee was satisfied that the seriousness of this case, particularly the dishonesty element, would not be adequately addressed by the imposition of a non-restrictive sanction. The Committee also determined that the public's perception of the GDC as a regulator would be adversely affected should the Committee choose to take no further action and allow you to return to unrestricted practice.
57. The Committee next considered whether conditional registration would be a sufficient and appropriate response. The Committee considered the ISG, which states conditions may be suitable where most of the following factors are present:
 - there are discrete aspects of your practice that are problematic;
 - any deficiencies are not so significant that patients will be put at risk directly or indirectly as a result of continued – albeit restricted – registration;
 - you have shown evidence of insight and willingness to respond positively to conditions;
 - it is possible to formulate conditions that will protect the public during the period they are in force.
58. The Committee was of the view that there are no appropriate, practical or workable conditions that could be formulated given the nature of the misconduct identified, particularly in relation to the dishonesty in this case. In addition, given the seriousness of the Committee's findings,

it did not consider that conditions would adequately address the public interest in this case and would not adequately uphold public confidence in the profession.

59. The Committee then went on to consider whether a suspension would be the appropriate sanction. The ISG states suspension may be suitable where most of the following factors are present:
 - there is evidence of repetition of the behaviour;
 - you have 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.
60. The Committee also considered paragraph 66 of the ISG and acknowledged that *"dishonest conduct can destroy trust instantly, whilst others can merely undermine it to a greater or lesser extent"*. It was of the opinion that in your case, the dishonesty was a one-off incident that was not committed for personal gain and was likely linked to the personal circumstances you faced at that time.
61. There is no evidence of repetition of similar conduct, either before or since the incident and there is no evidence of deep-seated attitudinal issues in this case. The Committee was satisfied that the misconduct in this case was not fundamentally incompatible with remaining on the register. The Committee considered that a period of suspension would give you sufficient time to reflect on your misconduct and be able to address the limitations in your insight and remediation.
62. The Committee did go on to consider erasure but, taking into account all of the information before it, and the mitigation provided, determined that it would be disproportionate. Whilst there was a serious departure from the Standards, there is no evidence of direct harm to patients as a result of your misconduct. It has already identified an abuse of trust in your role as Practice Manager but bore in mind that there was no personal gain as a result of your actions, and you have never sought to cover up your behaviour. The Committee acknowledged your admissions at the outset of the hearing, that you have fully accepted your wrongdoing and have shown evidence of insight, albeit limited, and considerable remorse. In this regard, the Committee acknowledged that it would be unduly punitive to direct erasure at this time.
63. Balancing all these factors, the Committee directs your registration be suspended for a period of 12 months. This is necessary in order to protect patients and to maintain and uphold public confidence in the profession, whilst sending the public and the profession a clear message about the standards of practice required of a Dental Care Professional.
64. The Committee noted the hardship the suspension may cause you, however this is outweighed by the public interest in this regard.
65. The Committee directs that this order be reviewed before its expiry, and you will be informed of the date and time in writing. The reviewing Committee will consider what action it should take in relation to your registration following an assessment of the concerns affecting your fitness to practise.

66. The reviewing Committee may be assisted to receive:
- *A detailed reflective statement demonstrating your insight into, and understanding of, the dishonesty and its impact on patients, the dental profession, and public confidence; and*
 - *Testimonials attesting to your good character.*
67. The Committee now invites submissions as to whether the suspension should take immediate effect to cover the 28-day appeal period.

Decision and reasons on immediate order

68. The substantive suspension imposed by the Committee does not come into effect immediately, allowing for an appeal period of 28 days. The appeal period expires 28 days after the date on which the notification of the determination is served on you.
69. If an appeal has not been lodged in this time, the substantive suspension will then take effect.
70. However, if an appeal is lodged, the immediate suspension will remain in place until the appeal has been disposed of.
71. Ms Michaels made an application for an immediate suspension to be imposed on your registration. She invited the Committee to impose an immediate order of suspension on the grounds of public protection and in the wider public interest, in line with the Committee's findings in this regard. Ms Michaels confirmed that there is no current interim order in place on your registration.
72. You did not raise any objections to Ms Michaels' submissions or to the imposition of an immediate order of suspension.
73. The Committee heard and accepted the advice of the Legal Adviser, who referred the Committee to the relevant paragraphs of the ISG and to the cases of *Nabeel Aga v General Dental Council* [2023] EWHC 3208 (Admin) and *Professional Standards Authority v (1) General Dental Council and (2) Danial; Danial v General Dental Council* [2024] EWHC 2610 (Admin).
74. Due to the risk of repetition identified, the Committee was satisfied that an immediate order is necessary for the protection of the public. The Committee was also satisfied that an informed member of the public would be surprised if you were permitted to return to unrestricted practice during the appeal period and before the substantive suspension takes effect. Therefore, it determined that an immediate order is also required in the public interest. To do otherwise would be incompatible with the Committee's earlier findings.
75. The Committee therefore determined to make an immediate order of suspension.
76. The immediate suspension will remain in place for at least 28 days from the date you are served with the Committee's decision. If an appeal is made, it will remain in place until the appeal has concluded. If no appeal is made, the substantive suspension will replace the immediate suspension after 28 days and will run for the full term of 12 months.

77. This will be confirmed to you in writing, in accordance with the Act.
78. That concludes this determination.