

**Hearing held in public**  
**Professional Conduct Committee**  
**Initial Hearing**

**6-10 November 2023**

**Name:** CHAND, Mohit  
**Registration number:** 244373  
**Cas number:** 200939-F6G3S1

---

**General Dental Council:** Ms Eloise Power, Counsel and Case Presenter.  
Instructed by Mr Terry Symon IHLPS  
**Registrant:** Present and represented by Mr Stephen Brassington,  
Counsel. Instructed by Mr Sam Flew (Weightmans  
Solicitors).

---

**Outcome:** Suspension  
**Period:** 12 months (no review)  
**Immediate order:** Immediate order of suspension

---

**Committee members:** Diane Meikle (Chair and Lay member)  
Audrey McFarlane (Lay member)  
Katie Howlett (Dentist member)  
**Legal adviser:** Fraser Geddes  
**Committee Secretary:** Gurjeet Dhuper

1. This is a Professional Conduct Committee hearing. The members of the Committee, as well as the Legal Adviser and the Committee Secretary, conducted the hearing in person. You are present and represented by Mr Stephen Brassington (Counsel). Ms Eloise Power (Counsel) is the Case Presenter for the GDC.

### **Preliminary matters**

#### **Application to amend the charge (6 November 2023)**

2. Ms Power made an application under Rule 18 of the GDC Fitness to Practise Rules 2006 ("The Rules") to amend a typographical error in the charge. She applied for the following wording to be incorporated at the end of the charge *"AND that by reason of the matters alleged above your fitness to practise is impaired by reason of misconduct."* Mr Brassington raised no objection to the application.
3. The Committee accepted the advice of the Legal Adviser. It was satisfied that this amendment would not prejudice or cause any injustice to you and considered that it was reasonable and fair for the amendment to be made. The charge was duly amended.

#### **Rule 25 Joinder application (6 November 2023)**

4. Ms Power made an application to join further allegations, Charges 13 and 14 which include Schedule E, to those that you already face, pursuant to Rule 25 (2) of the Rules. These new allegations relate to the same patient in respect of who you already face allegations and are also of a similar nature to the existing charges. Mr Brassington on your behalf did not object to the application.
5. The Committee has accepted the advice of the Legal Adviser.
6. The Committee was mindful of the provisions of Rule 25. The Committee notes that the existing allegations have been referred to the PCC and have not been heard, and that the new allegations are of similar kind. The Committee has also heard that you did not object to the application. The Committee considers that there would be no risk of prejudice to you were the new allegations to be added to the existing allegations. The Committee has therefore determined to accede to the GDC's application to join new allegations to those that you already face in accordance with Rule 25.

#### **Further application to amend the Charge (6 November 2023)**

7. The Committee acceded to a second Rule 18 application made due to an error spotted by Mr Brassington in Charge 13. Ms Power was in agreement with Mr Brassington and made an application to delete the words *"by which you"*.

8. Subsequent to this, Mr Brassington spotted a further error in Charge 13 and, following his doing so, Ms Power suggested that the words '*video call*' should be replaced with '*telephone call*' as this is an accurate representation of the alleged facts.
9. In all the circumstances, the Committee was satisfied that the further amendments to the Charges could be made without causing any injustice.

### **Admissions**

10. Mr Brassington on your behalf made full admissions to all of the charges. The Committee accepted your admissions and found them proved.

### **Committee's findings of fact**

1.	On 5 May 2022 you messaged Patient C, via Social Media, stating 'I recognise those braces' or words to that effect.  <b>ADMITTED AND FOUND PROVED</b>
2.	On 6 May and/or 7 May 2022 you messaged Patient C multiple times via social media, making comments unrelated to her treatment, including those listed at <u>Schedule A</u> .  <b>ADMITTED AND FOUND PROVED</b>
3.	On 11 May 2022 you messaged Patient C via Social Media, making comments unrelated to her treatment, including that shown at <u>Schedule B</u> .  <b>ADMITTED AND FOUND PROVED</b>
4.	On 12 May 2022 you attempted to call Patient C via Social Media.  <b>ADMITTED AND FOUND PROVED</b>
5.	On 12 May 2022 you messaged Patient C via Social Media, making comments unrelated to her treatment, including that shown at <u>Schedule C</u> .  <b>ADMITTED AND FOUND PROVED</b>
6.	On 12 May 2022 you exchanged voice notes with Patient C via Social Media.  <b>ADMITTED AND FOUND PROVED</b>
7.	On 13 May 2022 you asked Patient C for her telephone number.

	<b>ADMITTED AND FOUND PROVED</b>
8.	On 13 May 2022 you gave your mobile telephone number to Patient C telling her to 'text me whenever u free' or words to that effect.  <b>ADMITTED AND FOUND PROVED</b>
9.	Between 13 May 2022 and 24 May 2022 you exchanged text messages with Patient C, making comments unrelated to her treatment stating including those listed at <u>Schedule D</u> .  <b>ADMITTED AND FOUND PROVED</b>
10.	Between 13 May 2022 and 24 May 2022, you made attempts to call Patient C.  <b>ADMITTED AND FOUND PROVED</b>
11.	From 5 May 2022 to 24 May 2022, you behaved inappropriately towards Patient C in that your behaviour included messaging a 17-year-old female patient.  <b>ADMITTED AND FOUND PROVED</b>
12.	Your conduct at 1, 2, 3, 4, 5, 6, 7, 8, 9, 10 and 11 was: <ul style="list-style-type: none"> <li>a. An abuse of trust;</li> <li>b. Unprofessional;</li> <li>c. Harassment;</li> <li>d. Sexually motivated.</li> </ul> <b>ADMITTED AND FOUND PROVED</b>
13.	On 21 May 2022 you initiated a telephone call with Patient C from a withheld number, making comments including those listed at <u>Schedule E</u> , during which you sought to: <ul style="list-style-type: none"> <li>a. deny and/or reduce and/or conceal the inappropriate nature of your previous contact with Patient C as detailed at 1 to 11;</li> <li>b. persuade Patient C to misrepresent the course of events on your behalf.</li> </ul> <b>ADMITTED AND FOUND PROVED</b>
14.	Your conduct in relation to allegation 13 was;

	<p>a) Misleading;</p> <p>b) Dishonest.</p> <p><b>ADMITTED AND FOUND PROVED</b></p>
--	--

The Committee now move to stage 2.

### **Evidence at stage 2**

11. The Committee had the benefit of hearing oral evidence from you. It also heard evidence from two character witnesses **[PRIVATE]**.

### **Submissions on fitness to practise**

12. The Committee has had regard to the submissions made by Ms Power on behalf of the GDC and those by Mr Brassington made on your behalf, and it accepted the advice of the Legal Adviser.
13. Ms Power outlined the specific GDC standards, which in her submission, have been breached by you. She submitted that the facts found proved by the Committee are serious and do amount to misconduct.
14. Ms Power then moved on to the issue of current impairment and addressed the Committee on the factors that it must consider, including your level of insight and any remediation. She submitted that the GDC seeks a finding of impairment both on the grounds of public protection and public interest. Ms Power reminded the Committee of the need to declare and uphold proper standards and maintain public confidence in the profession.
15. Ms Power referred the Committee to the mitigating features in this case and accepted that you have made full admissions to the charges, you are of previous good character and that you have expressed remorse. Conversely, there are a number of serious aggravating features in this case. Ms Power referred the Committee to the patient's witness statement and drew its attention to where the patient describes actual harm caused to her. Ms Power submitted that this has been a serious breach of trust. There are tripartite factors to be considered which are that it was a patient, the age of the patient, and that the patient was interested in a junior job at the surgery. Ms Power also submitted that there was a serious case of power imbalance.
16. Further, Ms Power submitted that the dishonesty is serious in this case where you attempted to conceal your actions and encourage the patient to conceal the truth as to what happened during your communications. Ms Power also submitted that there is an element of premeditation in your actions in that you were made aware by the patient that her mother knew about the messages. You then called her the following day, having had over 12 hours

to think about things, and in these circumstances your actions could be characterised as a premeditated attempt to cover up your misconduct. Ms Power submitted that your actions were sustained and that you had multiple opportunities to stop and disengage with the patient. In relation to your insight, Ms Power accepted that you expressed contrition on many occasions and demonstrated awareness that you breached the standards. However, in respect of the telephone call made to the patient on 21 May 2022, she said that your insight can be described as partial.

17. In relation to sanction, Ms Power referred the Committee to the 'Guidance for the Practice Committees including Indicative Sanctions Guidance October 2016 revised December 2020 ("The Guidance"). She submitted that, given the serious conduct in this case, it would be appropriate and proportionate to erase your registration. She drew the Committee's attention to the factors set out in Paragraph 6.34 of the Guidance and submitted that any or a combination of them may justify erasure. She submitted that suspension would not be appropriate in a case such as this where there is evidence of imbalance of power, findings of a sexual nature, dishonesty, a serious departure from the standards, serious harm to patients and there is a deep-seated and professional attitudinal problem. Ms Power referred to the patient's witness statement and submitted that whilst it does not demonstrate serious harm, you nevertheless risked harm of unknown extent. The misconduct in this case is so grave that the only appropriate outcome is erasure.
18. Mr Brassington submitted that you do not contest misconduct or that your fitness to practise is currently impaired. However, the concession as regards to impairment was made solely on the public interest limb, where he conceded that this is plainly made out on the facts of this case. He invited the Committee not to find current impairment on the ground of public protection. Mr Brassington described the possibility of you repeating your past behaviour as a '*vanishing one*'. He referred the Committee to the evidence of your comprehensive remediation, which includes targeted CPD, written reflections and your oral evidence. He requested that the Committee should take this all into account and consider that there is no prospect of repetition.
19. Mr Brassington submitted that you have been through an 18 month journey of self-discovery and deep and meaningful reflection of your poor behaviour. You have undertaken new learning to ensure that you will never put yourself through this again. All of your focus has been on the impact your actions had on the patient, her family, your colleagues, the wider dental population and the reputation of the profession. The last 18 months have been traumatic for you. He also took the Committee through the positive testimonials in detail and highlighted relevant passages that attest to your good nature including your charitable work and dental skills. Mr Brassington submitted that you have made '*stupid*' and regrettable mistakes, but the Committee should not ignore your underlying good character and value to patients. He submitted that your response to the misconduct has been exemplary and invited the Committee to ask itself what more could you have done.
20. Mr Brassington approached the mitigating and aggravating features in this case and disagreed with some of the GDC's submissions. He submitted that the issues in this case should be properly viewed as a single isolated event, and that it is wrong to characterise this behaviour as sustained and repeated. Mr Brassington submitted that it is a one-off boundary

transgression towards a single patient. You acknowledge that you could have stopped during the period of interactions, and the Committee heard from you that once you began contact, all judgment left you and you continued to contact the patient. Mr Brassington submitted that it is acknowledged by you that there has been harm caused to the patient in respect of her confidence and the discomfort she experienced. However, he submitted that the actual harm suffered in this case is not serious, which the GDC also concedes. In relation to your dishonesty, Mr Brassington submitted that it is not persistent nor serious and the Committee should take a realistic approach to the telephone call that you made to the patient. He invited the Committee to review the evidence again and submitted that it is clear that you were in the middle of abject panic and were not as premeditated as the GDC suggests.

21. Mr Brassington submitted that you are an excellent clinician who is dedicated and skilled. He referred to evidence of a shortage of UK orthodontists and reminded the Committee that proportionality requires it to do no more than is necessary. Despite your failings you are not a dentist that is unsuited for registration. Mr Brassington submitted that the appropriate and proportionate sanction in this case would be a period of suspension.

### **Decision on whether the facts found proved amount to misconduct**

22. When determining whether the facts found proved amount to misconduct the Committee had regard to the terms of the relevant professional standards in force at the time of the incidents. The Committee, in reaching its decision, had regard to the public interest and reminded itself that misconduct was a matter for its judgement.
23. The Committee has concluded that your conduct was in breach of the following *Standards for the Dental Team (2013)* (*"the Standards"*):
- 1.2 Treat every patient with dignity and respect at all times.
  - 1.3 Be honest and act with integrity.
  - 1.4 Take a holistic and preventative approach to patient care which is appropriate to the individual patient.
  - 1.7 Put patients' interests before your own or those of any colleague, business or organisation.
  - 9.1 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.
  - 9.2 Protect patients and colleagues from risks posed by your health, conduct or performance.
24. The Committee appreciated that the above breaches do not automatically result in a finding of misconduct. However, the Committee was of the view that the breaches in this case went to the heart of requirements of professional behaviour. The Committee considered that the



matters in this case involve inappropriate and sexually motivated communications with a 17-year-old patient, who was interested in a job as an entry level dental nurse. The Committee found that you initiated the inappropriate conduct via social media and that there were multiple interactions between 5 – 21 May 2022. On 20 May 2022, the patient had made you aware that her mother had come to know of the communications. You subsequently called her, on 21 May 2022, where you attempted to conceal the inappropriate messages and further encouraged the patient to misrepresent the nature of the communications.

25. The Committee considered that your conduct continued for a number of days, causing the patient to feel uncomfortable. It found this conduct to be an abuse of trust, unprofessional, harassment and sexually motivated. The Committee considered that this constituted a serious departure from the Standards and a serious crossing of professional boundaries. Behaving in that manner would be considered deplorable by the wider profession. It was completely unacceptable. You were in a position of privilege and trust, treating a patient who was vulnerable on account of her age. Your conduct fell significantly below the standards expected of a registered dentist and the Committee concluded without hesitation that it amounted to misconduct.

### **Current Impairment**

26. The Committee next considered whether your fitness to practise is currently impaired by reason of your misconduct.
27. The Committee was satisfied that your misconduct was capable of being remedied. The Committee had regard to your evidence of remediation which included your detailed reflective pieces, CPD and accompanying written reflections, training courses and your mentoring sessions with a specialist orthodontist. The Committee reviewed your certificates demonstrating completion of accredited CPD courses of 'Maintaining Professional Boundaries' and 'Medical ethics.' It also noted the areas covered in your CPD which include, *safeguarding, communicating with patients, patients best interests, legal and ethical, patients best interests and professional boundaries and professionalism*. The Committee noted that you also sought assistance from your mentor who provided a testimonial, gave oral evidence to the Committee, outlined the dates of your monthly face-to-face meetings and discussed the areas of concern in this case, which included your dishonesty.
28. The Committee also had regard to your detailed reflection document. It noted that it was thorough and set out the background of the events, the impact your actions had on the patient and an understanding of your wrongdoings. The Committee carefully examined the contents of your reflective pieces in which you demonstrate a high level of remorse and apologise for your actions. It considered that you have shown good understanding as to the seriousness of your misconduct and the impact of your actions on the patient and on the reputation of the profession.
29. You gave oral evidence under oath to the Committee. It considered that you were open and honest and attached weight to the expressions of contrition and regret in your actions. It took the view that your commitment and dedication to your professional development is genuine,



as demonstrated by your willingness to engage in comprehensive remediation which you commenced as soon as matters came to the attention of the GDC. The Committee also noted that you discussed the topic of dishonesty with your mentor before the GDC added the allegations of dishonesty to the charge. In the Committee's view this demonstrated insight on your part.

30. The Committee considered that it has received strong reassurance that you would not repeat conduct of this kind in the future. Further, you demonstrated meaningful insight as to why your conduct had been inappropriate and why it was unprofessional. The Committee determined there is evidence of how you have realigned your thinking to prevent repetition of the inappropriate behaviour. It considered that your remorse is genuine.
31. In addition, the Committee has had regard to the fact that throughout these proceedings you have engaged fully with the regulatory process, made substantial admissions at the outset of these proceedings and have not sought to blame anyone else, or shift responsibility for your behaviour.
32. In the Committee's judgement, the risk of repetition is low. It is satisfied that you have learned from past events and it is highly unlikely you would repeat your conduct. The Committee did not consider that your misconduct arose from a deep-seated personality or professional attitudinal problem, but rather that it was an episode of exceptionally poor judgement which you have learned from and are unlikely to repeat. The Committee does not find current impairment in relation to any ongoing risk of harm to the public in relation to your misconduct.
33. However, the Committee was in no doubt that a finding of current impairment is required in the wider public interest. You behaved inappropriately towards a 17 year old patient and crossed professional boundaries. Furthermore, as an experienced dentist, you are in a privileged position by virtue of your professional status. Patients, employers, colleagues and the public should be able to rely on a registrant's professionalism. You were under a professional duty to adhere to the GDC's standards.
34. Having regard to the wider public interest in this case, the Committee decided that public confidence in the dental profession would be undermined if a finding of impairment were not made in the circumstances. Further, a finding of impairment is necessary to declare and uphold proper standards of conduct and behaviour within the profession. The Committee has therefore determined that your fitness to practise is currently impaired by reason of your misconduct.

### **Sanction**

35. The Committee considered what sanction, if any, to impose on your registration. It noted that the purpose of a sanction is not to be punitive, although it may have that effect, but to uphold the wider public interest. In reaching its decision, the Committee had regard to the Guidance. It applied the principle of proportionality, balancing the public interest with your own interests.
36. In deciding on the appropriate sanction, the Committee first considered the issue of mitigating and aggravating factors.

37. In mitigation it considered the following:

- You made full admissions at the outset which spared the patient being required to attend and give oral evidence. Your acceptance of your wrongdoing has been consistent throughout the GDC investigation and the PCC hearing.
- The evidence of your good conduct following the incidents in question, particularly your remedial action which you started early on and provides an in-depth critical self-analysis.
- You are of previous good character and have no prior fitness to practise history. You have practised as a dentist for approximately 10 years and the Committee could see from the evidence before it that you are a highly regarded clinician.
- The significant level of remorse, insight shown and your apology.

38. In terms of aggravating factors, the Committee identified the following:

- You caused harm to the patient. The Committee had regard to the patient's unchallenged witness statement in which she states that your communications were unwanted early on, and that she worried that you would stop clinically treating her. She further described feeling uncomfortable now when attending dental appointments where the dentist/technician is male and that she has lost her sense of trust. Whilst the Committee acknowledges harm has been caused to the patient, and your actions undoubtedly gave rise to a significant risk of serious harm, the Committee accepted the submissions from Mr Brassington that the actual harm caused should not be classed as serious harm.
- The patient was 17 years old and therefore vulnerable on account of her age.
- A finding of dishonesty. The Committee considered that dishonesty is generally a serious matter. However, it was of the view that in relation to the facts of this case, your dishonesty was at the lower end of the scale. It considered that your dishonesty was a one-off isolated act where you hurriedly attempted to cover up your wrongdoing. The Committee did not consider your dishonesty to be premeditated, as suggested by the GDC, it was an attempt by you to play down the true situation to your benefit.
- Your misconduct was sustained and repeated over a period of 16 days. As such, your conduct cannot be viewed as a one-off isolated incident. However, the Committee did not consider your conduct within that 16 day period as being "repetition". Rather, in context, the Committee viewed this as being a continuation of your initial ill-judged wrongdoing. Accordingly, whilst the Committee considered this as being an aggravating factor, it did not place significant weight on it.
- Breach of trust of patients.

39. The Committee also had regard to the wide-ranging testimonials put forward on your behalf. The authors of the testimonials included a number of registered dental professionals, family friends and acquaintances.
40. Taking all of the above factors into account, the Committee considered the available sanctions, starting with the least restrictive, as it is required to do.
41. Turning to the sanctions available to it, the Committee considered whether it would be sufficient to conclude the case with no further action. It determined that in the light of the serious findings it had made, concluding the case with no further action would not be an appropriate or proportionate response. Similarly, the Committee has concluded that a reprimand would be insufficient to safeguard the wider public interest given the serious nature of your misconduct.
42. The Committee next considered whether a period of conditional registration would be appropriate in this case. The Committee was mindful that any conditions imposed must be proportionate, measurable and workable. The Committee considered that it would not be possible to formulate any appropriate practical conditions which would address the misconduct in this case. Further, conditions would not protect the public interest and the Committee concluded that conditions would not be appropriate, workable or proportionate in the circumstances of this case.
43. The Committee went on to consider whether to suspend your registration for a specified period. It had regard to the Guidance at paragraph 6.28, which sets out the factors to be considered when deciding whether the sanction of suspension would be appropriate. The Committee considered the relevant factors in this case to be as follows:
- Public confidence in the profession would be insufficiently protected by a lesser sanction, given that the Committee decided against issuing you with a reprimand or imposing conditions.
  - There is no evidence of harmful deep-seated personality or professional attitudinal problems.
44. However, notwithstanding the presence of these factors from paragraph 6.28, which might indicate that the sanction of suspension is appropriate, the Committee remained mindful of the gravity of your misconduct. In view of the seriousness of your failings the Committee considered whether a higher sanction than suspension was appropriate and proportionate.
45. The Committee had regard to paragraph 6.34 of the Guidance which deals with erasure. Looking at the particular factors, the Committee considered that the following, which might justify erasure, were engaged:
- Serious departure(s) from the relevant professional standards.
  - The abuse of a position of trust or violation of the rights of patients, particularly if involving vulnerable persons.
  - Convictions or findings of a sexual nature [...].

46. The Committee reminded itself that any one of these factors alone might justify erasure. Whilst the Committee does not seek to undermine the seriousness of any finding of sexual misconduct, it considered that your sexual misconduct in this particular case to be at the lower end of the spectrum. There was no physical contact and the messaging was suggestive and flirtatious rather than explicit.
47. The Committee considered the other factors which might give rise to erasure. The Committee has found that the harm caused by your sexual misconduct was not serious, albeit it was acutely conscious that your behaviour gave rise to a significant risk of serious harm. The Committee concluded that there was no continuing risk of serious harm. In the Committee's view the dishonesty in this case was not serious and there was no lack of insight.
48. The Committee considered all the matters before it in the round, including your remediation and the positive testimonials of senior professionals who attest to your clinical skills and good character. It also took into account that you have been suspended from practice for approximately 18 months. It is apparent to the Committee that you have used the time wisely whilst these regulatory proceedings took place, by dedicating yourself to relevant and targeted remediation.
49. In what was a finely balanced judgement, the Committee decided that a period of suspension would be sufficient to satisfy the public interest. In the particular circumstances of this case the Committee felt that a period of suspension would be sufficient to maintain public confidence in the profession and to uphold and maintain appropriate standards within the profession. Whilst your misconduct was undoubtedly serious, in reaching its conclusion, the Committee was satisfied that there was no evidence of any deep-seated attitudinal concerns in this case. The Committee agreed with Mr Brassington's characterisation of your behaviour as being '*stupid*' and '*out of character*'. You have full insight and have remediated your misconduct.
50. The Committee considered that the maximum period of 12 months is necessary to demonstrate and emphasise the seriousness of your misconduct. The Committee acknowledges the punitive impact that suspension will have on you personally, the potential hardship caused and that your registration has already been suspended for a period of 18 months, but it is of the view that 12 months is proportionate and necessary to maintain public confidence in the profession, uphold the reputation of the profession and to declare and uphold proper standards.
51. The Committee considered that there is no need for a review on the facts of this case and that the public interest has been marked adequately by a period of suspension stated above.
52. Unless you exercise your right of appeal, your registration will be suspended for a period of 12 months, 28 days from the date when notice of this Committee's direction is deemed to have been served upon you.

**Decision on an Immediate order**

53. In reaching its decision on whether to impose an immediate order of suspension on your registration, the Committee took account of Ms Power's submission that such an order should be imposed. She submitted that in circumstances where public interest issues are so fundamentally engaged, an immediate order is necessary. Mr Brassington made no objection to the application and submitted that it is a matter for the Committee's consideration.
54. The Committee accepted the advice of the Legal Adviser.
55. The Committee determined that the imposition of an immediate order is required in the wider public interest. It has set out the public interest concerns your misconduct raises and the reasons for this. The Committee also took into account that you have not practised in 18 months. Taking into account the nature and circumstances of this case set out above, the Committee considered that public confidence in the dental profession and the regulatory process would be seriously undermined in the absence of an order suspending your registration immediately. It considered that it would be inconsistent not to impose an immediate order following its substantive decision of suspension and was satisfied that it was proportionate in all the circumstances.
56. The effect of the foregoing determination and this order is that your registration will be suspended from the date on which notice is deemed to have been served upon you. Unless you exercise your right of appeal, the substantive direction for suspension, as already announced, will take effect 28 days from the date of deemed service.
57. Should you exercise your right of appeal, this immediate order of suspension will remain in place until the resolution of any appeal.
58. The interim order currently in place on your registration in relation to the matters in this case is hereby revoked.
59. That concludes this determination.