

**PRIVATE HEARING
Health Committee
Initial Hearing**

4 – 18 June 2025

Name: HARRISON, Stephen

Registration number: 104466

Case numbers: CAS-196590-P9M8D2
CAS-199215-Q8C8C0
CAS-199627-L1N9F4
CAS-211463-K1H4Y8

General Dental Council: Tom Stevens, Counsel
Instructed by Catlin Buckerfied, IHLPS

Registrant: Present
Represented by Michael Rawlinson, Counsel
Instructed by George Rutherford, Weightmans LLP

Fitness to practise: Impaired by reason of misconduct
and health

Outcome: Conditions imposed (with a review)

Duration: 12 months

Immediate order: Immediate conditions of practice order

Committee members: Peter Ommer (Chair, Dentist Member)
Julie Byrom (DCP Member)
Jane Jones (Lay Member)

Legal adviser: Peter Jennings

Committee Secretary: Jenny Hazell

At this hearing the Committee made a determination that includes some private information. That information has been omitted from this public version of the determination, and this public document has been marked to show where private material has been removed.

The Charge against Stephen Anthony Harrison is as follows:

That, being registered as a dental care professional:

- 1. You failed to maintain an adequate standard of record keeping in respect of Patient 1's appointments from 20 September 2018 to 28 October 2018, in that:*
 - a) Your records were not entirely clear and were difficult to read;*
 - b) You did not obtain signed confirmation from Patient 1 that they consented to the treatment provided.*
- 2. During an appointment with Patient 2 on 4 June 2020:*
 - a) You told Witness 1 that you know how to make dentures and she doesn't, or words to that effect;*
 - b) You told Witness 1 that unless she could write out a care plan saying how the care of Patient 2 should be done you wouldn't believe what she was telling you, or words to that effect;*
 - c) You stood in-between Witness 1 and Patient 2 in order to limit Witness 1's communication with Patient 2.*
- 3. Your conduct in relation to Charge 2.a) and/or 2.b) and/or 2.c) was:*
 - a) inappropriate;*
 - b) unprofessional.*
- 4. You failed to maintain an adequate standard of record keeping in respect of Patient 2's appointments from 9 January 2020 to 21 October 2020, in that:*
 - a) You did not record an adequate medical history update;*
 - b) You did not record the treatment options you discussed with Patient 2.*
- 5. During an appointment with Patient 3, on 17 February 2021:*
 - a) You removed, or attempted to remove an upper left anterior implant plug from Patient 3's mouth, by drilling a hole into it;*
 - b) You placed one, or more, implant screwdrivers onto one, or more, implant screws within Patient 3's mouth, to check whether they were suitable for removing the implant screws.*
- 6. By reason of Charge 5.a) and/or 5.b) you have worked beyond your scope of practice.*
- 7. By reason of Charge 5.a) and/or 5.b) you have worked without adequate indemnity insurance.*

8. *You conduct in Charge 5.a) and/or 5.b) put Patient 3's safety at risk.*

9. *You have an adverse health condition, as specified in Schedule A**

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

[PRIVATE]

Preliminary matters

Mr Harrison,

1. This is a Health Committee (HC) hearing in respect of a case brought against you by the General Dental Council (GDC). The hearing is being conducted remotely via video-link.

2. You are represented by Mr Michael Rawlinson, Counsel. The Case Presenter for the GDC is Mr Tom Stevens, Counsel.

Application to amend the Notice of Hearing

3. Mr Stevens, on behalf of the GDC, made an application to amend the Notice of Hearing dated 3 June 2025 under Rule 18 of the GDC (Fitness to Practise) Rules 2006 ('the Rules') so as to correct some minor errors as follows:

The Stem of Head of Charge 2 – amend the date of the appointment to '4 June 2020'

Head of Charge 2(c) – replace 'Witness 3' with 'Witness 1'

Under the final sentence, alleging the nature of impairment, show the correct spelling of the word 'practise'

4. Rule 18 provides that: "(1) At any stage before making their findings of fact in accordance with rule 19, a Practice Committee may amend the charge set out in the notification of hearing unless, having regard to the merits of the case and the fairness of the proceedings, the required amendment cannot be made without injustice..."

5. Mr Rawlinson did not oppose the application.

6. The Committee had regard to the submissions. It accepted the advice of the Legal Adviser concerning its powers and the principles it should have in mind.

7. The Committee considered that the proposed amendments amounted to small typographical corrections to reflect the evidence more accurately and did not alter the substance as to what was alleged. It was therefore satisfied that the proposed amendments as set out above, could be made without injustice. Accordingly, it acceded to Mr Stevens' application.

Application for the hearing to be held in private

8. Mr Rawlinson made an application under Rule 53(2)(a) that the whole hearing be heard in private. This was on the basis that the alleged conduct issues in this case are inextricably linked to the alleged health matters. It was Mr Rawlinson's submission that there would be logistical difficulties

in conducting the hearing partly in public and partly in private and that the broader interests of fairness should fall in your favour and the whole hearing should take place in private.

9. Mr Stevens submitted that the GDC did not oppose this application insofar as the matters relating to your health should be heard in private. However, he submitted that there was a public interest in open and transparent justice in hearing Witness 1's evidence (which relates to clinical matters) in public.

10. The Committee considered the submissions made by both parties. It accepted the advice of the Legal Adviser on the provisions of Rule 53 and the principles which should guide its approach.

11. The Committee recognises that hearings should be conducted in public session. However, having regard to the nature of the matters to be considered at this hearing, the Committee was satisfied that Rule 53(2)(a) is engaged and that it was appropriate for the hearing to be heard wholly in private so as to protect your private and family life.

Admissions

12. Mr Rawlinson, on your behalf, admitted the following Heads of Charge: 1(a), 1(b), 4(a), 4(b), 5(a), 5(b), 6, 7, 8 and 9.

13. The Committee was reminded of the provisions of Rule 17(4) which sets out that Practice Committees are required to deal with: "any ... admissions ... and make determinations in respect of them before the commencement of the factual inquiry". Rule 17(5) states that "The Chairman of a Practice Committee shall inform the parties of the determinations made under paragraph (4)".

14. The Committee, having briefly retired in camera to consider the matter, determined that Heads of Charge 1(a), 1(b), 4(a), 4(b), 5(a), 5(b), 6, 7, 8 and 9 were proved in light of your admissions.

Background to the GDC's case against you

15. You are currently registered with the GDC as a Dental Technician (DT) and as a Clinical Dental Technician (CDT). The matters alleged against you are as follows:

16. Head of Charge 1 – this relates to your failure to maintain an adequate standard of records in respect of Patient 1's appointments from 20 September 2018 to 28 October 2018.

17. Heads of Charge 2 and 3 – these relate to your conduct during an appointment with Patient 2 on 4 June 2020 and your communications with Witness 1 (Patient 2's daughter) who was also present at the appointment. The GDC alleges that your conduct was inappropriate and unprofessional.

18. Head of Charge 4 – this relates to your failure to maintain an adequate standard of records in respect of Patient 2's appointments from 9 January 2020 to 21 October 2020.

19. Heads of Charge 5, 6, 7 and 8 - these relate to an appointment with Patient 3 on 17 February 2021 at which you removed, or attempted to remove, an upper left anterior implant plug from Patient 3's mouth. You then placed one or more implant screwdrivers onto one or more implant screws within Patient 3's mouth to check whether they were suitable for removing the implant screws. The GDC alleges that you worked beyond your scope of practice, you failed to hold adequate indemnity insurance and your conduct placed Patient 3's safety at risk.

20. Head of Charge 9 – this concerns an allegation regarding your health.

Evidence

21. The Committee was provided with a hearing bundle which contained documents provided by the GDC and on your behalf. It comprised a number of witness statements along with associated exhibits, including the witness statement dated 14 June 2022 of Witness 1. The Committee received oral evidence from Witness 1, called on behalf of the GDC.

No case to answer

22. Mr Rawlinson, on your behalf, made a submission under Rule 19(3) that there is no case to answer on misconduct in respect of Heads of Charge 1, 2, 3 and 4.

23. Rule 19(3) states: "When the presenter has completed presenting evidence, the respondent or the respondent's representative may open the case for the defence, which may include a submission that there is no case to answer."

24. Heads of Charge 1, 2, 3 and 4 are as follows:

1. *You failed to maintain an adequate standard of record keeping in respect of Patient 1's appointments from 20 September 2018 to 28 October 2018, in that:*
 - a) *Your records were not entirely clear and were difficult to read;*
 - b) *You did not obtain signed confirmation from Patient 1 that they consented to the treatment provided.*
2. *During an appointment with Patient 2 on 4 June 2020:*
 - a) *You told Witness 1 that you know how to make dentures and she doesn't, or words to that effect;*
 - b) *You told Witness 1 that unless she could write out a care plan saying how the care of Patient 2 should be done you wouldn't believe what she was telling you, or words to that effect;*
 - c) *You stood in-between Witness 1 and Patient 2 in order to limit Witness 1's communication with Patient 2.*
3. *You conduct in relation to Charge 2.a) and/or 2.b) and/or 2.c) was:*
 - a) *inappropriate;*
 - b) *unprofessional.*
4. *You failed to maintain an adequate standard of record keeping in respect of Patient 2's appointments from 9 January 2020 to 21 October 2020, in that:*
 - a) *You did not record an adequate medical history update;*
 - b) *You did not record the treatment options you discussed with Patient 2.*

25. Mr Rawlinson submitted that no reasonable tribunal, taking the GDC's evidence at its highest and being appraised of the facts of this case, could reasonably conclude that the statutory threshold of a finding of Professional Misconduct is met. He referred to the case of *Roylance v GMC* [2000] 1AC 311 which set out the concept of misconduct as follows "*Misconduct is a word of general effect,*

involving some act or omission which falls short of what would be proper in the circumstances". He submitted that professional misconduct must be serious.

26. Mr Rawlinson made submissions on each of the Heads of Charge in support of his application. In respect of Heads of Charge 1 and 4 (concerning a failure to maintain an adequate standard of record keeping) Mr Rawlinson submitted that these could be described as being minor in nature and are of some age, going back to consultations that took place some 5 years ago.

27. Mr Rawlinson also referred to extracts of Mr Neilson's report (GDC expert) who opined that the failings set out in those Heads of Charge were below but not far below of the acceptable standard. The threshold of misconduct is therefore not met. Mr Neilson's expert evidence has been agreed and there is no evidence provided in opposition to the GDC's expert. He therefore submitted that the Committee would have to have good reason to take a contrary view to that expressed by Mr Neilson.

28. Mr Rawlinson submitted that in respect of Head of Charge 2, this related to a single complaint concerning one consultation that took place in 2020. He invited the Committee to consider Witness 1's evidence that had it not been for you having stood in between her and Patient 2 (Head of Charge 2(c)), she would not have taken the matter any further. This is in the context where Witness 1 could not recollect precisely what was said at the appointment on 4 June 2020. He invited the Committee to have regard to the fact that this is a Health Case where the alleged misconduct needs to be considered in the context of the health matters. Mr Rawlinson made further submissions in respect of this point.

29. In short, Mr Rawlinson submitted that taking the GDC's case at its highest, the required standard of a finding of misconduct is not made out in this case.

30. Mr Stevens, on behalf of the GDC, adopted a neutral stance on the application made by Mr Rawlinson.

Committee's decision and reasons on no case to answer application

31. The Committee has considered the submissions made by both Counsel. It has accepted the Legal Adviser's advice as to the approach it should follow. In its deliberations, the Committee has had regard to the documentary evidence presented by the GDC, including the patients' clinical records as well as the expert report dated 7 August 2023 and addendum report dated 11 March 2024 of Mr Neilson. It also had regard to the witness statement of Witness 1 dated 14 June 2022 as well as her oral evidence.

32. The Committee kept in mind that to amount to misconduct within the meaning of the statute, the misconduct must be serious, and of a sort that fellow members of the profession would find deplorable. It also kept in mind that whether it could properly find misconduct is a question for the judgement of the Committee, and it is not limited by the views of the GDC's expert.

33. The Committee has considered each Head of Charge as follows:

34. Heads of Charge 1(a) and 1(b) - the Committee is of the view that the record keeping failures alleged were relatively minor. It has had regard to Patient 1's clinical records and to Mr Neilson's evidence that your actions in relation to the record keeping fell below the standard expected but not far below. In light of this unchallenged evidence, the Committee concluded that these failures are not sufficiently serious that the Committee could properly find that they amounted to serious misconduct.

35. Heads of Charge 4(a) and 4(b) – the Committee was also of the view that these failings were relatively minor. It has borne in mind Patient 2's clinical records and Mr Neilson's opinion that your conduct in this regard fell below the standard expected. In light of this unchallenged evidence, the Committee again concluded that these failures were not sufficiently serious that the Committee could properly find that they amounted to serious misconduct.

36. Heads of Charge 2(a), 2(b) and 2(c) – the Committee has borne in mind that there is a factual dispute between you and Witness 1 as to what took place at this consultation on 4 June 2020. The GDC relies on the evidence of Witness 1 in support of these matters, there being no other witnesses called in support of them. (There is a written statement from someone to whom Witness 1 spoke after these events, but he was not present during the consultation and his account is not wholly consistent with that of Witness 1.) Witness 1's evidence was that she was not upset about the matters alleged in 2(a) and 2(b). In relation to 2(b), Witness 1's evidence was internally inconsistent about what you said to her at that consultation. The Committee would not therefore, in any event, be able properly to base a finding of misconduct on the precise words used.

37. The Committee has had regard to Mr Neilson's evidence. His opinion is that if Witness 1's version of events is favoured by the Committee, then his opinion would be that your conduct fell below the standard expected, but not far below. Should the Committee choose not to favour Witness 1's version of events, then Mr Neilson's opinion would be that your conduct was of the standard expected. In light of Mr Neilson's opinion, and of its own view, taking the GDC's case at its highest the Committee is not satisfied that these matters are sufficiently serious that it could properly find that they amounted to serious misconduct.

38. Heads of Charge 3(a) and 3(b) – for the reasons set out above, the Committee is not satisfied that the conduct set out in Heads of Charge 2(a) to 2(c) are sufficiently serious to amount to misconduct. In the light of that decision, the Committee is of the same view in respect of Head of Charge 3, which relates to the same events. Even if the behaviour in Head of Charge 2 could be described as inappropriate and unprofessional, the Committee has concluded that it could not properly find that it amounted to misconduct. This is in light also of Mr Neilson's opinion that on Witness 1's version of events, the conduct fell below but not far below the standard expected.

39. Accordingly, the Committee has decided to accede to Mr Rawlinson's application under Rule 19(3) that there is no case to answer on misconduct in respect of Heads of Charge 1, 2, 3 and 4.

40. There being no other factual matters in dispute, the Committee moved to Stage Two.

Stage 2

41. The Committee has considered whether the facts admitted and found proved (Heads of Charge 5 to 8) amount to misconduct and if so whether your fitness to practise is impaired by reason of your misconduct.

42. The Committee has also considered whether your fitness to practise is impaired by reason of your adverse health condition specified in Schedule A to Head of Charge 9 [PRIVATE]. The Committee noted that if it found current impairment on either or both grounds, it would need to consider what action, if any, to take in relation to your registration.

43. The Committee has taken into account the submissions made by Mr Stevens on behalf of the GDC and those made by Mr Rawlinson on your behalf in accordance with Rule 20.

44. In reaching its decision, the Committee considered all the evidence before it, both documentary and oral. This included the GDC's hearing bundle which contains a report dated 7

August 2023 and an addendum report dated 11 March 2024 from Mr Neilson (GDC expert). It also had regard to your Rule 4 Observations dated 18 November 2021, your witness statement dated 3 April 2024 and your reflective statement (June 2025) as well as your oral evidence.

45. The Committee took into account the expert medical evidence, both documentary and oral, presented by the GDC and on your behalf.

46. [PRIVATE].

47. The Committee has accepted the advice of the Legal Adviser. He advised the Committee as to the approach it should adopt in reaching its decisions on the matter of misconduct, current impairment (both in relation to misconduct and health) and said it was open for the Committee to reach a finding of current impairment in relation to a Clinical Dental Technician (CDT) and/or a Dental Technician (DT). The Legal Adviser also provided advice on the Committee's powers under Section 36P of the Dentists Act 1984 as to its powers if it determines that a dental professional's fitness to practise is impaired. The Committee reminded itself that its decisions were for its independent judgement. There is no burden or standard of proof at this stage of the proceedings.

Fitness to practise history

48. Mr Stevens advised that you appeared before a Professional Conduct Committee (PCC) in October 2015 in relation to you having worked beyond your scope of practice on one occasion in October 2012. At the material time you were registered with the GDC as a DT but you were a student CDT. The PCC determined that the facts found proved amounted to misconduct. However, it determined that there was no current impairment.

Summary of submissions made by both parties

49. Mr Stevens submitted that the facts found proved (Heads of Charge 5 to 8) are serious and meet the threshold for misconduct. Mr Stevens acknowledged that you were motivated by your desire to do the best for the patient. However, he submitted that your conduct in working outside the scope of your practice on 17 February 2021 placed Patient 3's safety at risk and was compounded by you not having adequate indemnity insurance for that work. Mr Stevens referred the Committee to Mr Neilson's evidence that your conduct in this regard fell far below that expected due to the potential risk to the patient. The GDC's position is that your conduct in working beyond the scope of your practice undermines public confidence in the dental profession.

50. Mr Stevens advised that in relation to you working beyond your scope of practice, he was not instructed by the GDC to make positive submissions that your fitness to practise is currently impaired by reason of misconduct on the grounds of public protection. Mr Stevens acknowledged on behalf of the GDC that this was one patient concerning a single appointment that took place in February 2021, which was the subject of admissions at the outset and for which you have provided detailed reflections. However, he invited the Committee to have regard to the aggravating feature of this case – namely your previous fitness to practise history before the PCC in October 2012 in relation to similar matters (working beyond your scope of practice) that are before this Health Committee. Mr Stevens submitted that, given your conduct in acting outside the parameters of what you were expected to do, which placed the patient at risk of harm, as well as your similar conduct previously, a finding of impairment in this case is necessary to maintain public confidence in the dental profession.

51. Mr Stevens also submitted that your fitness to practise is currently impaired by reason of your adverse health on the grounds of public protection and on wider public interest grounds.

52. [PRIVATE]

53. With regard to sanction, Mr Stevens made reference to the GDC's 'Guidance for the Practice Committees including Indicative Sanctions Guidance' (effective from October 2016; last revised in December 2020) ('the Guidance') and invited the Committee to have regard to the mitigating and aggravating features in this case. Mr Stevens submitted that, in view of the medical evidence, the most appropriate and proportionate sanction in this case would be to impose a conditions of practice order on your registration, to include a requirement that you have a workplace reporter, for a period of 18 months with a review. He referred to the document containing the GDC's proposed conditions and submitted that it was a matter for the Committee to decide whether to agree to the proposed as currently drafted.

54. [PRIVATE]

55. Mr Rawlinson, on your behalf, conceded, that the facts found proved as set out at Heads of Charge 5 to 8 in relation to you working outside the scope of your practice are sufficiently serious to amount to misconduct. He submitted that your acceptance of a finding of misconduct indicates that you have shown insight into what you realise is or is not appropriate in the circumstances.

56. Mr Rawlinson invited the Committee to conclude that your fitness to practise is not currently impaired by reason of your misconduct. In support of that submission Mr Rawlinson submitted that the matters relating to your health are closely intertwined with your conduct and how this affected your judgement in working outside the scope of your practice. This was not, he submitted, a situation where you deliberately chose to ignore your scope of practice. Mr Rawlinson invited the Committee to have regard to your reflections on the matter and the strategies you have in place to ensure that you will not work outside the scope of your practice. He also referred to your long career as a CDT and that save for the occasion in October 2012 when you worked beyond your scope of practice when you were a trainee CDT, as well as this instance (February 2021), there have been no other instances of misconduct in a career spanning a number of years in which you treated many patients.

57. Mr Rawlinson provided further information in relation to you having worked beyond the scope of practice in 2012. This was in circumstances where you were a CDT trainee, where the risk of harm was low and where you made some admissions at the PCC hearing in October 2015.

58. In short, Mr Rawlinson submitted that there is no risk of repetition of you working outside the scope of your practice. You made full admissions to Heads of Charge 5 to 8 and have apologised for your actions. Mr Rawlinson submitted that the two incidents in working outside the scope of your practice are of some age – the first one took place some 13 years ago and the second one (which forms the subject matter of this inquiry) took place in 2021. He submitted that the repeat of the misconduct is not so egregious that it warrants a finding of current impairment on the grounds of the public interest. It was Mr Rawlinson's submission that the declaring and upholding of appropriate standards of conduct among dental professionals can be properly achieved by this Committee reaching a finding of misconduct. Further, the public interest is served by you having attended this hearing where matters have been properly ventilated.

59. Mr Rawlinson conceded your fitness to practise is impaired by reason of your health condition. [PRIVATE]

60. Mr Rawlinson submitted that you agree to your registration being subject to an order of conditions, albeit with the caveat that any such conditions should not set you up to fail. In this respect, Mr Rawlinson invited the Committee to consider removing the GDC's proposed requirement that the reporter shall be of the same category of registration or higher. This was because there would be practical difficulties, as explained in your evidence, in you trying to secure a person of CDT status or

a dentist who could act in this role. Mr Rawlinson advised the Committee of the current arrangements at your practice which includes two dental nurses (one of whom is an overseas qualified dentist who is expecting to be registered by the GDC as a dentist) but there is no CDT on site. He set out the reasons why there would be very real practical difficulties in you complying with the condition as currently drafted.

61. In respect of the length of the order, Mr Rawlinson submitted that the GDC's proposal of 18 months would be disproportionate, given the length of time you have been subject to GDC's proceedings (in the form of interim orders on your registration) and the impact this has had on you. Mr Rawlinson submitted that a conditions of practice order for a period of 6 to 9 months would be appropriate in light of the evidence and the steps you have taken to address the matters identified in this case.

Decision on misconduct

62. The Committee first considered whether the facts found proved at Heads of Charge 5 to 8 amounted to misconduct. In so doing it has had regard to all the evidence before it, including Mr Neilson's report.

63. The Committee has found proved that during an appointment with Patient 3 on 17 February 2021 you removed or attempted to remove an upper left anterior implant plug from Patient 3's mouth by drilling a hole into it. You then placed one or more implant screwdrivers onto one, or more, implant screws within Patient 3's mouth, to check whether they were suitable for removing the implant screws. You accepted that you had worked outside the scope of your practice on this occasion and that your conduct put Patient 3's safety at risk. You also accepted that you worked without adequate indemnity insurance.

64. In your witness statement and in your reflections document you explained that you mistakenly had in mind the wording of the GDC's 2009 edition of the 'Scope of Practice' document (as opposed to the September 2013 edition) which refers to treatment a CDT can or cannot do. Your understanding was that 'treatment' was preceded by 'evaluation' and that what you were doing was 'evaluation' – to ensure the dentist would have the correct driver at the next appointment. You therefore considered that 'evaluation' was within the Scope of Practice for CDTs. You now realise that you should clarify your understanding and the application of the guidance with indemnity providers before proceeding.

65. You stated in your reflections document that you appreciate that it is absolutely 'crucial' that you work within your scope of practice. You also recognise that patient safety depends on this, as does having adequate indemnity in place. You expressed your remorse for allowing yourself to make such an error of judgement.

66. The Committee has taken into your account your evidence. Nevertheless, it considers that that the GDC's scope of practice documentation is clear in its meaning. You were working intra-orally using a drill inside the patient's mouth on a fixed restoration covering an implant, which was clearly outside the scope of your practice. The Committee has borne in mind that this incident took place some six years after the PCC hearing in relation to your previous similar misconduct, and eight years after you qualified as CDT. This was the same year that the revised Scope of Practice document was published. In the Committee's view, your explanation that you were thinking of the previous 2009 Scope of Practice document is unacceptable.

67. The Committee has had regard to Mr Neilson's evidence, which has not been challenged. His opinion, as set out in his report dated 7 August 2023, was that there was potential harm to the patient, such as swallowing a component. Mr Neilson's evidence is that CDTs are not allowed to

carry out invasive procedures in the patient's mouth. He opined that your standard of care fell far below the standard expected. The Committee accepts Mr Neilson's evidence on this point.

68. Mr Neilson also referred to the email correspondence dated 18 November 2021 from you to the GDC in which you stated that Dental Protection would probably consider that you were not indemnified to carry out that work. Mr Neilson considered that this placed both the patient and yourself at risk. He opined that for this area of concern, your conduct fell far below the standard expected. The Committee agrees.

69. In judging whether the facts found proved amount to misconduct the Committee has had regard to the following standards set out in the GDC's "Standards for the Dental Team" (September 2013) which it considers you have breached:

- 1.8 You must have appropriate arrangements in place for patients to seek compensation if they suffer harm.
- 7.2.1 You must only carry out a task or a type of treatment if you are appropriately trained, competent, confident and indemnified. Training can take many different forms. You must be sure that you have undertaken training which is appropriate for you and equips you with the appropriate knowledge and skills to perform a task safely.
- 8.1 You must always put patients' safety first.
- 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.

70. The Committee has concluded that your conduct in working beyond the scope of your practice, which had the potential to put Patient 3's safety at risk, and for which you did not have adequate indemnity insurance, is sufficiently serious to meet the high threshold of misconduct. Accordingly, the Committee is satisfied that the findings against you amount to misconduct.

Decision on current impairment as a CDT - misconduct

71. The Committee then considered whether your fitness to practise is currently impaired by reason of your misconduct. In doing so, it had regard to the over-arching objective of the GDC, which is: the protection, promotion and maintenance of the health, safety, and well-being of the public; the promotion and maintenance of public confidence in the dental profession; and the promotion and maintenance of proper professional standards and conduct for the members of the dental profession.

72. The Committee accepted the guidance on the matters relevant when considering current impairment provided by Mrs Justice Cox in *The Council for Healthcare Regulatory Excellence (CHRE) v (1) NMC and (2) Paula Grant* [2011] EWHC 927 (Admin).

73. The Committee considered that your misconduct is capable of being remedied by targeted learning and development of your knowledge. It considered whether you have taken remedial steps and, if so, the extent to which they have remedied the deficiencies identified.

74. The Committee has taken into account your reflective piece on your acting outside the scope of your practice as a CDT. It has borne in mind your admissions at the outset and that you say that you were acting in good faith in trying to help the patient. However, it is clear to the Committee that you alone made the decision to act as you did. The Committee considers that undertaking work outside your scope of practice, with the potential of causing harm to the patient, is serious. The public

is entitled to expect, when they consult a dental professional, that they are acting only within the scope of their practice.

75. The Committee has borne in mind that this was not a one-off incident but was a repeat of working outside the scope of your practice as a trainee CDT in October 2012. The Committee considers that your appearance before the PCC in October 2015 in relation to a similar matter should have made you even more aware of your professional duties to ensure that you only worked within the scope of your practice and be fully aware of the 2013 Scope of Practice documentation. Notwithstanding your assurances that you will not repeat this error of judgment, the Committee is concerned that there remains a risk of repetition. [PRIVATE] Accordingly, the Committee has concluded that your fitness to practise as a CDT is impaired by reason of your misconduct on the grounds of the protection of the public.

76. The Committee has also kept in mind the wider public interest, which includes maintaining confidence in the dental profession and the GDC as its regulator and upholding proper standards and behaviour. The Committee takes a serious view of you working outside your scope of practice in 2021. In the Committee's view, this was compounded by a previous finding of a similar nature and in which, as a trainee CDT, you should have been fully aware of the scope of your practice. The Committee considered that public confidence in the dental profession would be significantly undermined if a finding of impairment were not made.

77. The Committee accordingly determined that your fitness to practise as a CDT is currently impaired by reason of your misconduct on both public protection and public interest grounds.

Decision on current impairment as a CDT - health

78. The Committee has had regard to the medical evidence in respect of your adverse health condition. [PRIVATE]

79. [PRIVATE]

80. [PRIVATE]

81. Accordingly, the Committee has determined that your fitness to practise as a CDT is currently impaired by reason of your adverse health on both the grounds of public protection and the wider public interest.

Decision on current impairment as a DT

82. The misconduct in your case relates to you carrying out invasive treatment on Patient 3 and not following, or misunderstanding, the limitations on what may properly be done by a CDT. The evidence of the experts is that your health condition may be an underlying cause of the misconduct which occurred.

83. While it could be said that when you acted outside your scope of practice as a CDT you were, necessarily, also outside your scope of practice as a DT, in the Committee's view that would be to overlook the different nature of the work of a DT and a CDT. The Committee has kept in mind that the practice of a DT, as distinct from a CDT, does not involve patient-facing work. There is no indication that the problems identified in this case would arise if you were working purely as a DT.

84. Accordingly, the Committee does not find your fitness to practise as a DT to be impaired on either misconduct or adverse health grounds.

Decision on sanction

85. The Committee next considered what action, if any, to take in relation to your registration. It noted that the purpose of any action is not to be punitive, although it may have that effect, but to protect the public and to uphold the wider public interest. In reaching its decision, the Committee had regard to the GDC's "Guidance for the Practice Committees, including Indicative Sanctions Guidance" (Effective 1 October 2016, last revision December 2020) (the Guidance). It applied the principle of proportionality, balancing the public interest with your own interests.

86. The Committee has taken into account the aggravating and mitigating features in this case. In terms of mitigation, the Committee noted that you have developing insight and that you have taken some corrective steps to address the concerns in this case. It has borne in mind the time that has elapsed since the events in question. In respect of aggravating features, the Committee has borne in mind the risk of harm to Patient 3 and the repeat of the misconduct.

87. The Committee noted that it was open to it to conclude this case without taking any action in respect of your registration. However, it considered that such a course would be inappropriate. Taking no action would not serve to protect the public, nor would it address the concern about the wider public interest, particularly public confidence in the dental profession.

88. The Committee considered whether to issue you with a reprimand. In view of its concerns about public safety and public confidence in the dental profession, the Committee concluded that issuing you with a reprimand was not sufficient for the protection of the public. It took into account that a reprimand does not impose any requirements on a registrant's practice and therefore should only be used in cases where a registrant is fit to continue practising without restrictions. This is not such a case.

89. The Committee went on to consider whether to impose an order of conditions on your registration. It noted the GDC proposed conditions. The Committee was mindful that any condition imposed should be proportionate and relate to the risks identified. Mr Rawlinson indicated that you agreed to the proposed conditions and that you would be willing to comply with the requirements, subject to some relaxation on the proposed requirement that the reporter shall be a GDC registrant of the same category of registration or higher.

90. The Committee was satisfied that conditions proposed by the GDC were, in principle, workable and would provide an adequate level of protection to the public. This would also include a requirement that you have a reporter who would provide reports to the GDC on a regular basis. In respect of Mr Rawlinson's submissions on the reporter, given the Committee's findings on impairment on the grounds of misconduct, which concern you working beyond your scope of practice, it considered that it would not be sufficient for the protection of the public to remove the requirement of the reporter being the same category of registration as you (CDT) or higher. The Committee is of the view that the reporter needs to be a CDT or above as they will have knowledge of the GDC's Scope of Practice. The Committee also considered that the reporter should not be an employee at your business, given the possible conflict of interest and the difficulties that could arise. The Committee has also included a condition requiring you to keep a log of your work to monitor that you are working within the scope of your practice as a CDT.

91. The Committee was also satisfied that it was appropriate for you to have conditions which would support you and monitor your progress in relation to your health condition. The Committee was satisfied that this would address the risks to patient safety.

92. The Committee determined that suspension would be overly punitive. Furthermore, the Committee noted the level of insight that you have demonstrated as well as your engagement in these proceedings. Neither the GDC nor Mr Rawlinson on your behalf has submitted that suspension was appropriate in this case.

93. Accordingly, the Committee directs that your registration under the title of Clinical Dental Technician be made subject to your compliance with conditions. The period of conditional registration shall be for 12 months with a review prior to the expiry of that period. The Committee is satisfied that this period of time is sufficient for you to show that you are acting within the scope of your practise as a CDT, [PRIVATE] and for your work to be monitored on a regular basis.

94. The conditions will appear against your name under the title of **Clinical Dental Technician (CDT)** in the Register as follows:

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1. You must provide the GDC, within seven days, the contact details and arrangements for any appointment you accept or are currently undertaking which requires GDC registration as a CDT and allow the GDC to exchange information with your employer or any contracting body for which you provide dental services.
2. From the date that these conditions take effect, you must inform the GDC within seven days of being notified of:
 - i. any formal or informal disciplinary action taken against you;
 - ii. any NHS investigation;
 - iii. any regulatory or enforcement action taken against you or a practice for which you are the registered provider;
 - iv. any patient complaint received about your clinical practice or conduct at work.
3. You must inform the GDC, within seven days of these conditions taking effect, if you are registered with any overseas regulator (or equivalent authority) or within seven days of making an application for registration with any overseas regulator or equivalent authority.
4. You must allow the GDC to exchange information with your employer or any organisation for which you are contracted to provide dental services, and any reporter referred to in these conditions.
5. You must inform the GDC within seven days if you apply for dental employment outside the UK.
6. At any time you are providing dental services as a CDT, which require you to be registered with the GDC, you must agree to the appointment of a reporter nominated by you and approved by the GDC. The reporter shall be a GDC registrant of the same category of registration as you (CDT) or dentist. The reporter must be either (a) someone not working at the same practice as you; or (b) a dentist or CDT based at a different practice at which you may work from time to time but in which you have no direct or indirect proprietary interest.
7. You must not restart work until your proposed reporter has been approved by the GDC.
8. You must complete a log of all patient clinical procedures you have undertaken as a CDT. [For

the avoidance on doubt, this does not apply to procedures which are within the Scope of Practice of a Dental Technician.] The log shall specify the date, the name of the patient and all the clinical procedures undertaken such that it is sufficient for your reporter to confirm that you have not been working outside the scope of your practice as a CDT.

[PRIVATE]

9. [PRIVATE]

10. [PRIVATE]

11. [PRIVATE]

12. [PRIVATE]

13. [PRIVATE]

14. [PRIVATE]

15. [PRIVATE]

16. [PRIVATE]

17. [PRIVATE]

18. [PRIVATE]

19. [PRIVATE]

20. [PRIVATE]

PUBLIC

21. You must inform the following parties within 7 days that your registration is subject to the conditions listed at (1) to (20); and provide evidence to the GDC that this has taken place within 7 days thereafter:

- i. Any organisation or person employing or contracting with you to undertake dental work
- ii. Any locum agency or out-of-hours service you are registered with or apply to be registered with (at the time of application)
- iii. Any prospective employer (at the time of application)

22. You must permit the GDC to disclose the above public conditions, (1 to 8 and 21), to any person requesting information about your registration status.

Interim orders

95. The current interim orders of conditions on your registration, which have been made in consequence of the allegations to which this determination relates, are hereby revoked. The Committee now invites submissions on the imposition of an immediate order.

Decision on immediate order

96. In accordance with Rule 22(1) the Committee has considered the submissions made by both parties as to whether an immediate order of conditions should be imposed on your registration.

97. Mr Stevens, on behalf of the GDC, submitted that it is necessary for the protection of the public, otherwise in the public interest and also in your own interests that an immediate order of conditions should be imposed on your registration under Section 36U of the Dentists Act 1984 (the Act). He submitted that the immediate conditions should replicate the conditions of practice order deemed necessary by the Committee in its decision on current impairment and sanction to address the risks to patient safety.

98. Mr Rawlinson, on your behalf, did not oppose an immediate order of conditions on your registration.

99. The Committee has accepted the advice of the Legal Adviser, who drew its attention to the relevant statutory test for imposing an immediate order and the principles it should bear in mind.

100. The Committee has identified an ongoing risk of harm to the public on account of the concerns identified in this case and is satisfied that it is necessary for the protection of the public that your registration be made conditional forthwith. The Committee is also satisfied that an immediate order is required in the wider public interest given the concerns identified in its determination on current impairment and sanction. It considers that immediate action is required to maintain public confidence in the dental profession and the regulatory process.

101. The Committee is also satisfied that an order of immediate conditions is in your own interests in light of the health concerns in this case. It noted that the conditions in the substantive order are less onerous from your point of view than those in the existing interim orders.

102. The Committee has taken into account the principle of proportionality, balancing the public interest with your own interests. It is aware that the imposition of immediate conditions on your registration may have financial implications for you, given that your practice as a Clinical Dental Technician will be restricted. However, given the risks identified in this case, the Committee is satisfied that the public interests outweighs any possible detriment to your own interests.

103. The Committee considers that the immediate conditions should replicate the order for conditional registration, as set out in its decision on sanction.

104. The effect of this order is that your registration is now subject to the same conditions as set out in the Committee's substantive determination (previously announced). Unless you exercise your right of appeal the substantive 12-month period of conditional registration will commence 28 days from when notification of the determination is served on you. Should you exercise your right of appeal, this immediate order shall remain in force pending the disposal of the appeal.

105. That concludes this hearing.

