

**Professional Conduct Committee  
Initial Hearing****12 – 13 May 2025****Name:** VADAR, Vijaysinh Mandan**Registration number:** 153499**Case number:** CAS-207214-L7T8Y3

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**General Dental Council:** Sean Hammond, Counsel  
Instructed by IHLPS**Registrant:** Present  
Represented by Sandip Patel, King's Counsel

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**Fitness to practise:** Impaired by reason of misconduct**Outcome:** Reprimand**Immediate order:** n/a

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**Committee members:** Anthony Mole (Chair, lay member)  
Alison Mayell (Dentist member)  
Victoria Hewson (Dental Care Professional member)**Legal adviser:** William Hoskins**Committee Secretary:** Sara Page

Mr Vadar,

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 represented by Mr Sandip Patel, King's Counsel.
3. Mr Sean Hammond, Counsel, appeared as Case Presenter on behalf of the GDC.

### **Charges**

4. The charges being considered by the Committee, as detailed in the Notice of Hearing, dated 24 March 2025, are as follows:

*'That being registered as a dental care professional, Vijaysinh Vadar's (153499) fitness to practise is impaired by reason of misconduct. In that:*

1. *You failed to hold adequate indemnity insurance for a period prior to 1 August 2020.*
2. *With regard to allegation 1, you have provided dental services whilst you failed to hold adequate indemnity insurance.*
3. *On 23 July 2019, you made false indemnity insurance declarations when renewing your GDC registration for the period 1 August 2019 to 31 July 2020.*
4. *You failed to hold adequate indemnity insurance between 1 August 2021 and 5 September 2022.*
5. *Between 1 August 2021 and 5 September 2022, you made false indemnity insurance declarations when renewing your GDC registration, in that:*
  - a) *On 8 July 2021, you made false indemnity insurance declarations when renewing your GDC registration for the period 1 August 2021 to 31 July 2022.*
  - b) *On 23 June 2022, you made false indemnity insurance declarations when renewing your GDC registration for the period 1 August 2022 to 31 July 2023.*
6. *Your conduct in relation to allegations 1, 2, 3, 4 and / or 5 was misleading.*

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

### **Finding of facts**

#### **Admissions**

5. At the outset of the hearing, Mr Patel, on your behalf, informed the Committee that you made full admissions to the charges.

6. Having carefully considered each of the charges, the Committee was unable to identify any discrepancies that would require further exploration of the admitted allegations and acknowledged supporting evidence for each of the admitted allegations.
7. Accordingly, the Committee accepted your admissions and found **Charges 1 - 6 proved** in their entirety, by way of your admissions.

### **Fitness to practise and sanction**

8. Having announced its decision on the facts, the Committee then moved on to consider whether the facts found proved amount to misconduct and, if so, whether your practice is currently impaired. In accordance with Rule 20 of the Fitness to Practise Rules 2006, the Committee heard submissions from Mr Hammond, on behalf of the GDC and Mr Patel's submissions, on your behalf, in relation to the matters of misconduct, impairment and sanction.
9. The Committee accepted the advice of the Legal Adviser on all three matters prior to retiring to make its decision.

### **Background**

10. You were first contacted by the GDC's Fitness to Practise (FtP) team on 3 June 2020, in relation to a separate investigation. The notice of complaint letter for the other investigation, which did not proceed, was sent to you on 9 June 2020 in which FtP requested your employment details and proof of indemnity.
11. The GDC states that all dental professionals must, by law, have an indemnity arrangement or insurance policy in place. This is so that any patient who suffers harm can recover any money they might be entitled to through compensation, in the event of a successful claim. The process at the GDC is that during the annual renewal process, registrants are asked to make a payment, declare their indemnity, and make their Continued Professional Development (CPD)/ End of Cycle (EOC) statement.
12. Dental Care Professionals make their indemnity declarations during their annual renewal period before the deadline of 31 July in any given year. The declaration covers the period for the following year, from 1 August to 31 July. Registrants are asked to confirm the following declarative statement, *'I have in place, or will have in place at the point at which I practise in the UK, insurance or indemnity arrangements appropriate to the areas of my practice'*, and they are warned that making a false declaration to the GDC is a serious issue and will be considered a fitness to practise matter.
13. On 23 June 2020, you responded providing the completed form and copies of your Certificate of Employers' Liability Insurance.
14. Following a substantial delay, through no fault of yours, you were next contacted via email on 19 August 2022. In the email, FtP requested further information relating to your indemnity coverage and provided a copy of the Council's 'Guidance on Indemnity'. No response was received to this email, so you were subsequently chased by telephone and email on 7 September 2022.
15. You responded on 8 September 2022, providing copies of indemnity certificates covering 1 August 2020 to 31 July 2021 and 6 September 2022 to 5 September 2023. On 9 September 2022, FtP contacted you to request further information related to your indemnity. No response was received to this email, so you were subsequently recontacted on 16 September 2022.

16. You responded on 19 September 2022, confirming that you did not have indemnity cover for a month. On 22 September 2022, FtP requested confirmation from you as to the dates you did not hold indemnity insurance and further copies of indemnity documents. No response was received to this email, so you were subsequently recontacted on 30 September 2022.
17. On 6 February 2023, FtP contacted the GDC's Registrations department requesting information relating to your indemnity cover between 1 June 2020 and 31 July 2020.
18. A response to this query was received on 10 February 2023 by a Registration Operations Officer confirming that on 23 July 2019, you submitted your indemnity declaration covering the period 1 June 2020 to 31 July 2020.
19. On 15 February 2023, you were contacted again, at your registered email address, requesting information relating to your indemnity. This email failed to be delivered. FtP also attempted to call you on the same date, on both registered numbers. Another email chaser was sent to your personal email address on 16 February 2023.
20. You responded on 22 February 2023 advising to refer to your previous email. FtP responded to you on 23 February 2023 clarifying what information it was requesting. On 2 March 2023, you contacted the GDC to advise that you could not retrieve your indemnity certificate due to your email address being shut down. FtP responded to you on 7 March 2023 advising you to request a copy of your indemnity certificate from your provider and to update his details on eGDC.
21. Further to an unanswered telephone call to you on 22 March 2023, FtP posted a letter to your registered address chasing the previously requested information.
22. On 29 March 2023, you contacted the GDC confirming that you could not get your indemnity certificate as you had no knowledge which company you got it from. On 4 April 2023, a further letter was posted to you confirming that your case had been referred to the Case Examiners and the Rule 4 bundle would be provided shortly for his comments.
23. On 30 August 2023, an email was sent to you containing the final Rule 4 documents. You responded to this email on 27 September 2023 with your observations confirming that, *'I didn't have indemnity insurance for 2019 2020 as I was told that normal lab and public liability insurance was enough'*.

### **Evidence**

24. The Committee had regard to a number of documents included within the GDC hearing bundle, referred to as Exhibit 1. This bundle included, but was not limited to, the following documents:
  - Witness statements of the following GDC staff members:
    - Talli Shaw (GDC Fitness to Practise Casework Manager), dated 2 October 2024;
    - Yashika Knight (Senior Paralegal, In-house Legal Team), dated 26 September 2024; and
    - Samantha Holmes (Operations Officer in the Register Maintenance Team), dated 16 July 2024.
  - 'Standard Directions Response Form', dated 8 March 2025

- Your response to the allegations, dated 7 March 2025
- Registrant's Indemnity Certificates.

## **Submissions**

25. Mr Hammond, on behalf of the GDC, submitted that your fitness to practise is currently impaired. To assist the Committee, he referred it to the case of *Roylance v General Medical Council* (No. 2) [2000] 1 AC 311 in which misconduct was defined as a '*word of general effect, involving some act or omission which falls short of what would be proper in the circumstances.*' Mr Hammond invited the Committee to consider the GDC document 'Standards for the Dental Team (September 2013)', referred to hereafter as 'the Standards', and indicated which Standards the GDC considers you to have breached. He submitted that the admitted allegations could not be considered to be an isolated incident as it was repeated over a number of years. Therefore, he submitted that the conduct in the admitted heads of charge fell far below the standards expected of a registered dental care professional and can be characterised as serious professional misconduct.
26. Mr Hammond then moved on to the matter of current impairment. In this regard, he referred the Committee to relevant case law and submitted that it is the GDC position that you exposed patients to unwarranted risk of financial harm and the seriousness of the repeated conduct breached fundamental tenets of the profession and brought the profession into dispute. Whilst Mr Hammond accepted that you have demonstrated some insight into your previous conduct and taken remedial steps, he invited the Committee to decide whether there is a risk of repetition and whether there is a subsequent risk of harm. If so, he invited the Committee to make a finding of impairment on the ground of public protection. However, should the Committee be minded to find that there is not a risk of repetition, a finding of impairment on the ground of public interest should be made.
27. On the matter of sanction, Mr Hammond submitted that the appropriate and proportionate sanction is one of suspension, for a period of between one and three months. He confirmed that there is no previous fitness to practise finding against you.
28. Mr Patel, on your behalf, stated that you fully recognise the seriousness of your actions in failing to maintain adequate indemnity insurance and making false and misleading declarations regarding your cover to the GDC. He stated that you deeply regret your failings and have taken substantial remedial steps to prevent any recurrence. Mr Patel reminded the Committee that you have made full admissions, and asked the Committee to bear in mind that your failure to maintain indemnity cover and your subsequent declarations to the GDC were made in good faith, resulting from a misunderstanding and not as a result of dishonesty or for any financial gain.
29. To assist the Committee, Mr Patel provide a context to the matters in question. He informed the Committee that you have worked as a dental technician for over 40 years without issue. He stated that these issues came about at a time of immense personal and operational pressure, including the COVID-19 pandemic, the unexpected departure of an important employee, and the death of a close family member. Mr Patel submitted that your failures were a direct result of your flawed understanding of the GDC's '*Guidance on indemnity*' and during a period of considerable personal and professional stress and 'burnout'. Mr Patel submitted that you have since rectified the issue to the best of your ability, including obtaining retrospective indemnity cover for the relevant periods despite there being no complaints on record and by demonstrating considerable

insight and remorse. He acknowledged that whilst you accept that your previous conduct is sufficiently serious to amount to misconduct, your significant insight and remediation has mitigated against any residual risk that may have been posed to public protection. However, Mr Patel accepted that the Committee may find that a finding of impairment is still required in the public interest to maintain public confidence in the profession and indicate a serious departure from the relevant standards.

30. If the Committee was minded to make a finding of impairment on the ground of public interest alone, Mr Patel submitted that you have remediated as fully as you are able, and it is highly unlikely that such misconduct would be repeated in the future. In light of powerful mitigation, he submitted that this case does not require a draconian outcome of suspension, and that a reprimand would sufficiently mark the seriousness of the misconduct, uphold standards and maintain public confidence without unduly punishing a professional in the twilight of their career. Mr Patel invited the Committee to recognise this case as one of exceptional mitigation, and allow a practitioner, who has indicated a desire to retire from the profession in December 2026, to retire with dignity.

### **Decision and reasons on misconduct**

31. The Committee acknowledged that misconduct can be described as '*a serious falling short of the standards reasonably expected of a dental professional*'. In considering whether the facts found proved, by way of your admissions, amount to misconduct, the Committee had regard to the following principles from the Standards, in particular:

#### **Principle 1 - Put patients' interests first**

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

**Standard 1.8.1** *You must have appropriate insurance or indemnity in place to make sure your patients can claim any compensation to which they may be entitled.*

**Standard 1.9:** *You must find out about laws and regulations that affect your work and follow them*

**Standard 1.9.1** *You must find out about, and follow, laws and regulations affecting your work.*

32. The Committee acknowledged that all dental care professionals require relevant indemnity cover or an insurance policy. You have admitted that you have failed to put into place the basic legal requirements to practice as a dental technician over two separate periods of time and, notwithstanding the mitigation, this posed a risk of harm to the public which fell far below the standards expected and breached fundamental tenets of the profession. In addition, you submitted misleading declarations to the GDC regarding your indemnity cover due to your ignorance and misunderstanding of your professional responsibilities. The Committee was satisfied that you did not deliberately intend to deceive the GDC. Nonetheless, this is very serious in the context of public interest as this is liable to undermine public confidence in the dental profession and falls far short of the standards expected of a reasonable practitioner.
33. The Committee is satisfied that the facts found proved are serious departures from the Standards outlined above and amounted to misconduct.



**Decision and reasons on impairment**

34. The Committee next considered whether the misconduct in this case is remediable, whether it had been remedied, and the risk of repetition, and had regard to the case of *Cohen v General Medical Council* [2008] EWHC 581 (Admin). 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.

35. In its consideration of public protection, the Committee considered the judgment of Mrs Justice Cox in the case of *Council for Healthcare Regulatory Excellence v Nursing and Midwifery Council and Grant* [2011] EWHC 927 (Admin) in reaching its decision. In paragraph 74, she said:

*'In determining whether a practitioner's fitness to practise is impaired by reason of misconduct, the relevant panel should generally consider not only whether the practitioner continues to present a risk to members of the public in his or her current role, but also whether the need to uphold proper professional standards and public confidence in the profession would be undermined if a finding of impairment were not made in the particular circumstances.'*

36. In paragraph 76, Mrs Justice Cox referred to Dame Janet Smith's "test" which reads as follows:

*'Do our findings of fact in respect of the doctor's misconduct, deficient professional performance, adverse health, conviction, caution or determination show that his/her fitness to practise is impaired in the sense that s/he:*

- a) has in the past acted and/or is liable in the future to act so as to put a patient or patients at unwarranted risk of harm; and/or*
- b) has in the past brought and/or is liable in the future to bring the medical profession into disrepute; and/or*
- c) has in the past breached and/or is liable in the future to breach one of the fundamental tenets of the medical profession; and/or*
- d) ...'*

37. For reasons already set out above in relation to misconduct, the panel considered that limbs a), b) and c) were engaged as a result of your misconduct and there was no doubt that your fitness to practise was impaired at the material time.

38. In its consideration of whether your fitness is impaired today, the Committee carefully considered the mitigation put forward by Mr Patel. It accepted that you have worked as a dental technician for over 40 years, and it acknowledged a number of positive character references from other dental professionals, each attesting to your competency, honesty and diligence. The Committee noted that you have been described as an inspiring mentor and consummate professional by the authors of the testimonials which echoed the information before it that you are of previous good character.

39. The Committee noted that you initially had public liability insurance in place and that you mistakenly concluded that this was all the insurance that you required. You did not understand

until you were involved with a GDC investigation that you were also required to hold specific professional indemnity insurance. The Committee was also concerned with your subsequent failure to secure and appropriately renew professional indemnity insurance during a latter period when you were aware of the need for such insurance. In relation to this latter period, the Committee gave weight to a number of exceptional mitigating circumstances. These included the death of a close family member, the unexpected departure of an important employee which placed additional strain on you, and the inevitably disruptive effect of the COVID-19 pandemic. The Committee accepted that these factors were, in your case, relevant mitigation to your oversight in failing to secure indemnity insurance and renew the same appropriately when you realised that this was what you needed to do.

40. The Committee also acknowledged that in July 2021, you experienced the unexpected loss of an important staff member who resigned without prior notice. The result of which was that you worked extended hours, said to have often exceeded 12-14 hours per day, to maintain services for your patients.
41. In its consideration of insight and remediation, the Committee noted that you have shown considerable insight and undertaken extensive remediative steps to prevent repetition in the future. The Committee was satisfied that you have secured retrospective indemnity to cover the periods between 2019 – 2020 and 2021 – 2022, that you have implemented administrative safeguards including automated renewal of your indemnity cover, and have ensured that you are aware of and fully compliant with GDC regulations. The Committee also acknowledged that you have undertaken risk management training and appointed a professional adviser to monitor any ongoing renewal processes and adherence to your regulatory duties.
42. The Committee was satisfied that you have engaged fully and transparently with the GDC throughout this process and have made clear and unequivocal admissions, demonstrating significant and sincere remorse. Your actions and omissions did not result in any actual financial loss to patients. In the Committee's judgement, you have remediated as fully as you are able and, as a result of the considerable remedial steps you have undertaken, there is a negligible risk of repetition of similar conduct in the future. Therefore, a finding of impairment is not necessary on the ground of public protection.
43. The Committee bore in mind its overarching objective to maintain public confidence in the profession and upholding standards. In this regard, the Committee considered that a fair-minded and fully informed member of the public would expect a finding of impairment, despite the significant steps you have taken to remediate your previous actions. It bore in mind that this case involves a failure to adhere to a legal requirement to hold adequate indemnity cover, albeit as a result of a misunderstanding and in the light of personal mitigation, on two separate occasions and over a period of some 13 months. In addition, misleading declarations were made to the GDC regarding your indemnity insurance for periods covering 2019 – 2020 and 2021 – 2022.
44. As a result, the Committee concluded that public confidence would be undermined in the profession, and in the GDC as its regulator, if a finding of impairment were not made in a case where a registrant failed to hold adequate indemnity insurance and where that registrant made misleading declarations to the GDC regarding their indemnity cover.
45. In this regard, the Committee determined that your fitness to practise is impaired on the ground of public interest.

### **Decision and reasons on sanction**



46. 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 GDC's document '*Guidance for the Practice Committees, including Indicative Sanctions Guidance 2016 (ISG)*' (revised December 2020). The Committee reminded itself that any sanction imposed must be proportionate and appropriate and, although not intended to be punitive, may have that effect.
47. The Committee took into account the following aggravating features:
  - Potential financial risk of harm to any patients seeking redress;
  - Repeated over a period of time, namely two periods between 2019 – 2020 and between 2021 – 2022.
48. The Committee also took into account the following mitigating features:
  - Evidence of remedial action;
  - Evidence of previous good character;
  - Evidence of remorse shown, insight, and apology given;
  - Evidence of steps taken to avoid a repetition; and
  - No financial gain on your part.
49. 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. The Committee first considered whether to take no further action but concluded that this would be inappropriate in the circumstances of this case.
50. The Committee considered whether to issue a reprimand, which would publicly record the outcome of this case against your name on the GDC register. This course of action may be appropriate where the misconduct is at the lower end of the spectrum. The Committee took account of the ISG, which states a reprimand may be suitable where most of the following factors are present:
  - *there is no evidence to suggest that the dental professional poses any danger to the public;*
  - *the dental professional has shown insight into his/her failings;*
  - *the behaviour was an isolated incident;*
  - *the behaviour was not deliberate;*
  - *the dental professional acted under duress;*
  - *the dental professional has genuinely expressed remorse;*
  - *there is evidence that the dental professional has taken rehabilitative/corrective steps;*
  - *the dental professional has no previous history.*
51. Due to the nature of the misconduct in this case, the Committee determined that conditional registration was not appropriate and would not adequately address the public interest concerns identified.
52. The Committee also considered 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;*
  - *the Registrant has not shown insight and/or poses a significant risk of repeating the behaviour;*

- *patients' interests would be insufficiently protected by a lesser sanction;*
- *public confidence in the profession would be insufficiently protected by a lesser sanction;*
- *there is no evidence of harmful deep-seated personality or professional attitudinal problems.*

53. In carefully balancing the two potential sanctions, the Committee determined that there is no evidence to suggest that you pose any danger to the public, that you have shown significant insight into your failings and have expressed genuine remorse. There is evidence before the Committee that you have taken corrective steps.
54. The Committee has already determined that there is no ongoing risk to public protection and that the sanction in case must adequately address the public interest rather than restricting your practice in order to safeguard the public. The Committee has identified that you have fully acknowledged your professional obligation to maintain continuous indemnity insurance and deeply regret the lapses that occurred. It bore in mind the exceptional personal circumstances, including a bereavement, the COVID-19 pandemic, and the sudden loss of your staff, that resulted in an 'administrative lapse' on two occasions. It acknowledged that you are '*mortified*' that you have fallen short of the professional standards that you have upheld throughout your otherwise unblemished career of over 40 years. It noted that you have expressed your embarrassment that your failings have led to you being before your regulator but that you fully accept responsibility for your misconduct. Whilst it could not be said that this case involved misconduct of an isolated nature having occurred on two separate occasions, the Committee bore in mind that you have demonstrated thorough insight and taken significant corrective steps to mitigate risk of repetition in the future.
55. The Committee accepted that you have no previous fitness to practise history and there was no evidence before it that the misconduct in this case was a result of deep-seated personality or professional attitudinal problems. Having carefully considered the ISG, the Committee determined that public confidence in the profession would be sufficiently protected by a reprimand and that to impose a suspension order would be disproportionate and unduly punitive in the specific circumstances of this case.
56. Accordingly, the Committee directed that a reprimand be issued to mark the seriousness of the departure from the expected Standards and to make it clear to the public and to the profession that such misconduct is not acceptable and must not happen again.
57. The reprimand and a copy of this determination will appear alongside your name in the register. The reprimand forms part of your fitness to practise history and is disclosable to prospective employers and prospective registrars in other jurisdictions.
58. This will be confirmed to you in writing in accordance with the Act.
59. That concludes this determination.