Hearing held in public

Summary

Name: GOWER, Christopher Patrick [Registration no: 208200]
Type of case: Interim Orders Committee (Initial)
Outcome: Interim Conditions
Duration: 15 months
Date: 25 March 2022
Case number: CAS-200132

The role of the Interim Orders Committee (IOC) is to undertake a risk assessment based on the information before it. Its role is to assess the nature and substance of any risk to the public in all the circumstances of the case and to consider whether it is necessary for the protection of the public, is otherwise in the public interest, or is in the registrant’s own interests to impose an interim order on their registration. It is not the role of the IOC to make findings of fact in relation to any charge. That is the role of a differently constituted committee at a later stage in the process.

Mr Gower,

This hearing was conducted remotely using Microsoft Teams.

The registrar has referred the following concerns to this Committee for a risk assessment, as set out in the notification of hearing dated 8 March 2022:

The General Dental Council (“the Council”) is investigating information received from four patients between January and November 2020;

- Patient [1] complained about the care provided by you, including: (i) the time taken to provide her with a denture; (ii) the number of appointments cancelled by you; (iii) the fit of the dentures; (iv) the fact that you ultimately stated that you had dropped the dentures and that they would take some time to fix; and, (v) the loss of a photograph provided by her to you.

- Patient [2] complained about the ill-fitting dentures you made, for which he paid £875 but which left him in pain and unable to eat.

- Patient [3] complained via her representatives about the ill-fitting dentures. A report from a dental technician indicated that the dentures were too large for the Patient [3]’s mouth, were porous and had curing issues.

- Patient [4] complained about the dentures provided by you. She stated that she had saved up £1,000 to get some good quality private dentures made but that when she received the ones provided by you, they were not the colour she had asked for (were “dull and grey”), “had a large amount of gum which made them look really fake” and did not fit properly, leaving her in agony and unable to eat. Patient [4] stated that you did not resolve the issue and that ultimately, she discovered you had left the practice, taking her records with you.
so that there were no records for the dentist to see. Patient [4] further stated that a subsequent treating dentist agreed that the dentures provided by you were poorly made.

A Clinical Adviser has provided a report dated 22 December 2021 which concludes that, based on the information provided by the Council, and in relation to the specific clinical issues raised by the four patients, the care provided by you between 23 July 2018 and 18 December 2019 was significantly below the level of professional practice reasonably expected of a clinical dental technician. This is because the lack of communication, the standard of treatment and the time taken to complete it, the lack of care and the quality of the dentures provided by you, has consistently fallen significantly below the standards expected of a clinical dental technician.

Mr Micklewright, on behalf of the General Dental Council (GDC), submitted that an interim order is necessary for the protection of the public and that it is otherwise in the public interest. He referred the Committee to the opinion of the Clinical Adviser in respect of each of the four patients. Mr Micklewright submitted that the complaints from the four patients refer to treatment provided over a relatively small timeframe and raise concerns regarding the quality of treatment, the standard of treatment and your responsiveness, the standard of your obtaining consent for treatment, the standard of your record keeping and probity concerns relating to that, the standard of your aftercare and the standard of your complaints handling.

Mr Micklewright submitted that there is evidence of significant concerns relating to multiple patients over a relatively short period of time, with evidence that those patients were provided with a significantly poor standard of care. He submitted that this indicates a need to impose an interim order to protect the public. In respect of the wider public interest, Mr Micklewright submitted that an interim order is also engaged on this ground as members of the public would be surprised or concerned given the nature of concerns before the Committee if an interim order were not imposed.

Mr Micklewright invited the Committee to make an order for interim conditional registration for a period of 15 months, handing up a list of proposed conditions requiring you to work under close supervision.

Mr Renteurs, on your behalf, referred to your long practising career in the field of dental prosthesis, which began in 2004 with your qualifying as a clinical dental technician in 2014. He submitted that you have had an unblemished and commendable career over that 18 year period, with no other complaints or concerns raised against you. He submitted that you had continued practising without any restriction on your registration when the four complaints arose some two years ago and that no further complaints or concerns had been raised against you.

Mr Renteurs referred the Committee to paragraph 22 of the GDC’s Interim orders guidance for decision makers – Interim Orders Committee (October 2016):

…A referral should therefore be made promptly. The longer a regulator takes to make an application for an interim order without good reason, from receipt of the information which suggests that the Registrant poses an immediate risk to the public, the less likely it will be that an order based on the need to protect the public will be made.

Mr Renteurs referred to the length of time it has taken the GDC to refer the concerns to this Committee and submitted that you had practised safely during that period without any restriction on your registration, notwithstanding the concerns which had been raised against you. He submitted that you do not necessarily accept all of the criticisms that have been made against you, particularly suggestions that notes have been added to at later stages and criticisms of the standard of dentures you provided to Patient [4], where, among other things, the Clinical Adviser’s comments are made entirely on the basis of a set of photographs of the dentures. However, Mr Renteurs submitted that you recognise that concerns have been raised against you and you recognise their seriousness and have sought to address them. He referred the Committee to your reflective writing and to the Continuing Professional Development (CPD) activity already undertaken of your own volition. In response to Mr
Micklewright’s observation to the Committee that all of the CPD in question had been undertaken online, Mr Renteur submitted that this was the only means by which you could have completed the CPD activities during the pandemic.

Mr Renteur also referred the Committee to the “toxic” work environment in which you were working at the time of the treatment in question and that you have since changed dental practice and now work in a more supportive clinical environment.

In respect of concerns regarding your complaints handling, Mr Renteur referred the Committee to the breakdown of a working relationship between yourself and a colleague who is an informant in this case. He submitted that there is concern as to the credibility, reliability and partiality of that informant and referred to the account she gave the GDC as conflicted with her earlier written communication as to how the complaints in question were to be handled.

Mr Renteur submitted that in all the circumstances of this case it would neither be necessary nor proportionate to impose an interim order of any sort. In the alternative to his primary submission that no interim order should be made, Mr Renteur handed up a list of proposed interim conditions of practice with conditions requiring to work under standard (as opposed to close) supervision. He submitted that it would not be proportionate to impose a close supervision requirement on you in this case.

Decision

The Committee accepted the advice of the Legal Adviser.

The role of the Committee is to assess risk and not to make findings of fact. These are interim proceedings in circumstances where the GDC’s investigation is continuing and where nothing has been found proved against you.

You dispute some of what is alleged, including aspects of the opinion expressed by the Clinical Adviser in his report dated 22 December 2021. However, this Committee cannot resolve disputes of fact or test the opinion expressed by the Clinical Adviser.

In the Committee’s judgment, there is cogent evidence of a risk of harm to patients should you be allowed to practise without restriction whilst the concerns against you continue to be investigated by the GDC. Four patient complaints were made over a relatively short period. Those complaints raise wide-ranging and serious concerns regarding your practice, with the Clinical Adviser concluding in his report that the care you provided was significantly below the level of professional practice reasonably expected of a clinical dental technician.

The Committee acknowledges that there is material before it which mitigates against a risk of harm to patients, including the lack of any other complaint over a lengthy practising career; the testimonials in support of you from patients and professional peers; the steps you have taken to address the concerns raised against you, including your reflective statement and your targeted CPD activity; and the change of practice environment since the complaints in 2019, where you are no longer working in a “toxic” environment and feel better supported by other members of the dental team.

The Committee had careful regard to these factors but concluded that there still remains a risk of harm to patients should you be allowed to practise without any interim restriction on your registration. There is no evidence of any other complaints or concerns being raised against you, including over the past two years when you have continued to practise without any restriction on your registration. However, in carrying out its risk assessment, the Committee could not be satisfied that this means that the concerns raised in this case are isolated to your care and treatment of the four patients in question during the index period in 2019. The Committee recognised your CPD activity as a step in the right direction to addressing those concerns, but noted that such CPD activity was relatively minimal when examined against the
extent of the concerns and the period over which the CPD activity was undertaken. The CPD you have undertaken does not therefore significantly mitigate against the risk of harm to patients in the context of these interim order proceedings. The Committee drew no adverse inference from the fact that the CPD in question was undertaken entirely online, as this would have been the only way you could have reasonably been expected to have completed CPD during the pandemic. The Committee considered that your reflective writing on your CPD and your reflective statement are also steps in the right direction but are not so detailed and comprehensive as to provide any substantial reassurance to the Committee when assessing risk.

In the Committee’s judgment, the complaints raised in this case give rise to a real risk of harm to other patients should you be allowed to practise without any interim restriction on your registration. The Committee noted that some of the patients who have made the complaints appear to be vulnerable patients, in that they are elderly.

In the Committee’s judgment, public confidence in the profession and this regulatory process would also be seriously undermined if no interim order were to be made. The Committee concluded that a fair-minded and well-informed member of the public would be seriously concerned if no interim order were to be made to mitigate risk in light of the series of complaints which had been made and the corresponding terms of the Clinical Adviser report.

Accordingly, the Committee determined that an interim order is necessary for the protection of the public and is otherwise in the public interest.

The Committee next considered the form of the interim order. The Committee was satisfied that interim conditions of practice would be sufficient and proportionate to guard against any risk to the public and the wider public interest. There is full engagement from you and the Committee was satisfied that you would comply with any conditions on your registration.

The Committee had regard to the proposed set of conditions handed up by the GDC and the alternative set of conditions which your legal representatives propose on your behalf. The principal difference between the two sets of conditions is the level of workplace supervision, with the GDC proposing close (as opposed to standard) supervision.

The Committee determined that close supervision would be unduly restrictive and disproportionate. The Committee was satisfied that the risks in this case could be adequately addressed by standard workplace supervision, albeit that the meetings with the supervisor should take place weekly (whether in person or via a video call) rather than the monthly meetings indicated in the Glossary of Terms for standard supervision.

Accordingly, the Committee makes an order for interim conditional registration. The interim conditions shall appear against your name in the DCP register as follows:

1. He must notify the GDC of any post he accepts for which GDC registration is required within 7 days of acceptance.
2. If employed, he must provide contact details of his employer and allow the GDC to exchange information with his employer or any contracting body for which he provides dental services.
3. He must inform the GDC of any formal disciplinary proceedings taken against him, within 7 days from the date of this determination.
4. He must inform the GDC of any complaint made against him, within 7 days from the date of this determination.
5. He must inform the GDC if he applies for dental employment outside the UK, within 7 days from the date of this determination.
6. At any time he is employed, or providing dental services, which require him to be registered with the GDC; he must place himself and remain under the supervision* of a supervisor nominated by him, and agreed by the GDC.

7. He must allow his workplace supervisor to provide reports to the GDC at intervals of not more than 3 months and 14 days prior to any review hearing. These reports should address, but need not be limited to, the matters identified in condition 8.

8. He shall carry out logs of:
   • Treatment and time taken to provide dentures;
   • Quality of the dentures provided;
   • After care;
   • Record keeping; and,
   • Communication with patients.

9. The logs should be signed by his supervisor.

10. He must provide a copy of logs to the GDC at intervals of no more than 3 months and 14 days prior to any review hearing or, alternatively, confirm that there have been no such cases.

11. He must keep his professional commitments under review and limit his dental practice in accordance with his workplace supervisor’s advice.

12. He must inform within one week the following parties that his registration is subject to the conditions, listed at (1) to (11), above:
   a. Any organisation or person employing or contracting with him to undertake dental work; and,
   b. Any prospective employer (at the time of application);
   c. His workplace supervisor; and,
   d. Any locum agency or out-of-hours service he is registered with or applies to be registered with (at the time of application).

13. He must permit the GDC to disclose the above conditions, (1) to (12), to any person requesting information about his registration status.

*Supervision:

The registrant’s work must be supervised by a person who is registered with the GDC in their category of the register or above. The registrant’s work must be reviewed once a month (as amended by the Committee) by the supervisor at one-to-one meetings (either in person or via a video call) and case-based discussion. These monthly meetings must be focused on all areas of concern identified by the conditions/undertakings.

The period of the order for interim conditional registration shall be 15 months, owing to the GDC’s investigation still being at a relatively early stage.

This interim order shall be reviewed in six months, or may be reviewed earlier on the application of either party.

That concludes the hearing.