

HEARING PART-HELD IN PRIVATE

**Professional Conduct Committee
Initial Hearing**

7-16 April 2026

Name: Boden, Jenna
Registration number: 294479
Case number: CAS-205397-X8P5C3

General Dental Council: Abimbola Johnson, Counsel
Instructed by Sarah Barker, IHLPS

Registrant: Present and unrepresented.

Fitness to practise: Impaired by reason of misconduct
Outcome: Suspension (with a review)
Duration: 9 months
Immediate order: Immediate order of suspension

Committee members: Chris Weigh (Chair, Lay Member)
Angela Wragg (Dental Care Professional Member)
Jonathan Farmer (Dentist Member)

Legal Adviser: Trevor Jones

Committee Secretary: Jamie Barge

The charge (as amended)

1. *On or between those dates and for those assessments listed in Schedule 1, you entered into your workbook “ROC Dental Sedation Nursing” completed witness assessment forms, for practical competence assessments, for the following areas of practice:*
 - a) *Intravenous sedation treatment (“IVS”);*
 - b) *Intravenous sedation recovery (“IVS Recovery”);*
 - c) *Inhalation sedation (“IHS”).*
2. *Between 14 April 2023 and 22 July 2023, you confirmed in your workbook “ROC Dental Sedation Nursing” that one or more of the practical competence assessments detailed in allegation 1 were a “true representation” of your “own involvement in the task described.”*
3. *Between 14 April 2023 and 22 July 2023, you confirmed in your workbook “ROC Dental Sedation Nursing” that patient consent was gained for you to carry out one or more of the procedures described in the practical competence assessments detailed in allegation 1.*
4. *As Amended - Between 28 April 2023 and 27 July 2023, you included in your workbook “ROC Dental Sedation Nursing” the initials of VL, to appear as if you were competent in one or more of the practical competence assessments detailed in allegation 1.*
5. *Between 28 April 2023 and 27 July 2023, you included in your workbook “ROC Dental Sedation Nursing” feedback purporting to be from VL for one or more of the witness assessment forms detailed in allegation 1.*
6. *On or between those dates and for those assessments listed in Schedule 2, you entered into your workbook “ROC Dental Sedation Nursing” completed witness assessment forms indicating that you had been directly observed for the following clinical skills:*
 - a) *Automatic Blood Pressure;*
 - b) *Pulse Oximeter [also referred to as “Recording Oxygen Saturation and Heart Rate];*
 - c) *IV Patient Instructions;*
 - d) *IH Patient Instructions;*
 - e) *IH Machine Checks;*
 - f) *Preparing IV equipment;*
 - g) *Drawing up Drugs;*
 - h) *Assisting During Cannulation;*

- i) *Removal of Cannula;*
 - j) *Clearing IV Equipment;*
 - k) *IH Machine Clean;*
 - l) *Medical Emergency Scenario.*
7. *Between 27 April 2023 and 25 July 2023, you included in your workbook “ROC Dental Sedation Nursing” feedback purporting to be from VL, to appear as if you had:*
- a) *Been observed in the clinical skills described in one or more of the witness assessment forms detailed in allegation 6; and/or*
 - b) *Been deemed competent in the observed clinical skills described in one or more of the witness assessment forms detailed in allegation 6.*
8. *Between 27 April 2023 and 25 July 2023, you included in your workbook “ROC Dental Sedation Nursing” the initials of VL, to appear as if you had:*
- a) *Been observed in the clinical skills described in one or more of the witness assessment forms detailed in allegation 6; and/or*
 - b) *Been deemed competent in the observed clinical skills described in one or more of the witness assessment forms detailed in allegation 6;*
9. *On 24 July 2023, you entered into your workbook “ROC Dental Sedation Nursing” completed case studies with supporting documentation as follows:*
- a) *Case study 1: Inhalation Sedation Procedure; and/or*
 - b) *Case study 2: Intravenous Sedation.*
10. *You included in your workbook “ROC Dental Sedation Nursing” a list of sedation equipment and corresponding service information at Supplementary Outcome 2.*
11. *You included in your workbook “ROC Dental Sedation Nursing” information in your written reflections ‘Reflective Practice 2: End of Training’ at Supplementary Outcome 8.*
12. *Between 28 April 2023 and 22 July 2023, you accepted information and/or details from patient notes from VL, including on:*
- a) *28 April 2023*
 - b) *13 June 2023*
 - c) *25 June 2023*
 - d) *4 July 2023*
 - e) *22 July 2023*
13. *You falsified coursework using the notes and information of patients from VL in allegation 12, in that you:*

- a) *On or between those dates and for those assessments listed in Schedule 3, used information to complete practical competence assessments in your workbook "ROC Dental Sedation Nursing".*
- b) *Used information to produce case studies, including Case Study 2: Intravenous Sedation.*

14. *WITHDRAWN*

15. *Your actions in relation to allegations 1, and/or 2, and/or 3, and/or 4, and/or 5, and/or 6, and/or 7, and/or 8, and/or 9 and/or 10, and/or 11, and/or 12, and/or 13 were:*

- a) *Misleading; and/or*
- b) *Dishonest, in that some or all of the information entered by you into your workbook "ROC Dental Sedation Nursing" was falsified and/or did not reflect your own work; and/or*
- c) *Lacking in integrity.*

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

Ms Boden

1. This is a Professional Conduct Committee hearing in respect of a case brought against you by the General Dental Council (GDC).
2. The hearing commenced on 7 April 2026, with the evidence at the fact-finding stage (7- April 2026) heard in person at the Dental Professionals Hearings Service. The remainder of the hearing is continuing remotely, with all participants attending via Microsoft Teams video-link.
3. You are not represented at these proceedings. The Case Presenter for the GDC is Ms Abimbola Johnson, Counsel.

Format of these proceedings

4. At a preliminary meeting held on 28 November 2025 a differently-constituted panel of the PCC acceded to an application from the GDC to join your case to that of another registrant, namely Vijaya Laxmi, in accordance with Rule 25 (1) of the General Dental Council (Fitness to Practise) Rules 2006 ('the Rules'). Accordingly, the hearing of your case has taken place on a joint basis alongside the case relating to Ms Laxmi. Nonetheless, separate consideration has been given to each case. This determination deals with the case as it relates to you. Ms Laxmi is referred to as 'R2' in some of the sub-heads of charge that you face as set out above.

Decision on application to amend the charge – 7 April 2026

5. Ms Johnson made an application to amend the charge pursuant to Rule 18 of the Rules. She applied to amend heads of charge 4 and 8 and replace the word signature with the word initials which better reflect what was recorded.

6. Ms Johnson also made an application to withdraw head of charge 14. She submitted that it relates to patient safety as a result of you attending the course. She submitted there were concerns that you may have been applying for roles for sedation, without the substantive knowledge. Therefore that represented a risk of safety. Following the conclusion of the GDC investigation and docs submitted by you, the GDC does not have any evidence to support that applications were made by you to support that qualification.

7. Finally, Ms Johnson made an application to amend schedule 2 and in particular the withdrawal of DOCS 6 relating to head of charge 6.a. She submitted that one simply did not exist

8. You told the Committee that you agreed with the GDC's application to amend the charge.

9. Having heard from both parties, the Committee accepted the advice of the Legal Adviser. The Legal Adviser advised that an application to amend and withdraw allegations is treated as amending the charge under Rule 18, and that under this Rule the Committee had a discretion to amend the charge at any stage before making its findings of fact.

10. The Committee noted the reasons given by the GDC for the amendment of heads of charge 4 and 8 and it was satisfied that these changes did not change the substance of the case put before you. It noted that you made no objection to these applications.

11. In addition, the Committee considered that the GDC has provided clear reasons for the withdrawal of head of charge 14. In the circumstances, the Committee was satisfied that head of charge 14 could be withdrawn.

12. In acceding to the GDC's application in its entirety, the Committee had regard to the merits of the case and the fairness of the proceedings and was satisfied that the GDC's application could be made without causing injustice.

13. The charges were amended accordingly.

Defence application on disclosure - 7 April 2026

14. Mr Brassington made an application for GDC to disclose some additional material. He submitted there was a preliminary meeting last year where directions were made. One of which was for any admissions made by you to the final charges to be disclosed to all parties. He stated this has not been disclosed and invited the Committee to make a direction to ensure this is provided to all parties now.

15. Ms Johnson stated she queries if these are currently disclosable and guided the Committee to what has been included in the main GDC bundle. She submitted that your previous admissions were given in an internal document, filled in without legal representation and usually not to be shared with parties. She submitted we haven't reached the point where that document would be disclosable to the Committee. However, she submitted that she is in the hands of the Committee and will disclose this if requested.

16. Having heard from both parties, the Committee accepted the advice of the Legal Adviser. The Committee determined that having read the directions given, particularly directions 2 and 3, it is clear that any admissions are to be disclosed in response to the final allegation made. It determines that your admissions are to be disclosed to all parties, in accordance with the directions made by a previous Professional Conduct Committee on 28 November 2025. It notes that you have still an opportunity to change your stance on any admissions to be made the next day, Wednesday 8 April 2026, when requested to do so.

Application for matters to be heard partly in private – 8 April 2026

17. Ms Johnson made an application for any matters relating to your health to be heard in private, in order to protect your confidential private life.

18. Mr Brassington did not object to the GDC's application. In addition, nor did you.

19. The Committee having received and accepted legal advice, determined it appropriate for any matters relating to your private life to be heard in private when appropriate to do so.

Registrants' application on severance regarding the joint hearing – 8 April 2026

20. You made an application to separate your hearing from the joint hearing with Registrant 2. You provided written submission to the Committee today where you stated;

"I have already submitted a letter opposing the joinder and my concerns remain the same and are still relevant. I have attached the letter for reference. So far, I am already finding it mentally challenging and I feel the need to prioritise my [IN PRIVATE] during these proceedings. I fear that I will not be able to conduct myself and my case effectively. I believe there is a strong imbalance as Registrant 2 is legally represented [IN PRIVATE], I am not. As I am unrepresented, I have already experienced confusion and struggled to follow legal discussions and arguments, and I am aware that as I am not legally represented I have not been able to challenge any arguments and participate effectively. As the cases are joined, I believe the complexity of this has made it increasingly difficult to follow proceedings and respond appropriately.

I believe I am at risk of prejudice as arguments relating to the other registrant may unfairly affect how my case is viewed. I was originally reassured that the joining of the cases would not cause any further extension, however, since they have been joined (Registrant 2's) representative have requested for a further two weeks to be added to the hearing which was something I strongly wanted to avoid [IN PRIVATE]. I am aware of how the redactions are causing issues and delays. If the cases were severed this would ease the complications and I would feel more at ease with my arguments being fairly heard. I do believe it would be fairer and more proportionate for my case to be heard separately so I can properly engage with the process."

21. In addition to your written submissions, you stated orally that you consider a severance of both cases is appropriate.

22. Ms Johnson submitted that the GDC remains neutral regarding your application. She submitted that matters have changed since the Preliminary Meeting in November 2025, as there are

some remaining areas of dispute between both parties. Ms Johnson notes that you were unrepresented and due to the complexity of the case, she was sympathetic to your concerns. She submitted that there is still an on-going dispute regarding redactions which will cause further delay in proceedings. She further submitted that any potential delay or inconvenience caused to witnesses caused by the severance would be offset by the fact that your case could proceed in the time listed for this hearing, and Registrant 2's case can be heard on future dates agreed.

23. Mr Brassington on Registrant 2's behalf stated that the issue before this Committee is difficult. He supported the application of severance made by you on the condition that Registrant 2's future hearing would be heard by a freshly constituted Committee. He submitted that realistically this joinder hearing clearly won't finish by end of next week, particularly with the outstanding issue of over 20 redactions that are still being contested. The resolution of the issues concerning redactions may well involve discussion before the Committee of matters that could be said to be prejudicial to either Registrant. All of this will take some time. He submitted that a severance of both cases is appropriate given the circumstances that have arisen in this case.

24. Having heard from both parties, the Committee accepted the advice of the Legal Adviser, who referred to Rule 25 of the GDC Rules 2006 and paragraph 62 onwards of the Guidance. The Committee considered Registrant 1's written submissions to this Committee and the Preliminary Meeting Committee in November 2025. It also took into account the neutral position of the GDC as well as Mr Brassington supporting this application.

25. In consideration of all the matters before it, the Committee is satisfied that it is fair to both parties to separate your case from that of Registrant 2. In particular, the Committee notes the complexity of this case and the difficulty in navigating numerous legal issues whilst you being unrepresented [IN PRIVATE]. The Committee is conscious of the public interest in ensuring the expeditious disposal of cases and any potential delay as a result of its decision. However, the Committee notes that within the GDC's submission, the case could continue to proceed for you within the current time listed for this hearing. Furthermore, dates have already been allocated for Registrant 2's case. Further the Committee noted any potential inconvenience caused to witnesses called are said to be minimum.

26. The Committee therefore accepts your application and separates your case from that of Registrant 2.

Preliminary Stage: admissions to the charge – 8 April 2026

27. At the outset of the hearing, you told the Committee that you admitted head of charge, 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12 and 13.

28. Having heard your admissions, the Committee received advice from the Legal Adviser, who drew its attention to Rules 17(4) and 17(5) of the *GDC (Fitness to Practice) Rules 2006* ('the Rules'), in so far as those provisions relate to admissions made at the preliminary stage of a hearing. Rule 17(4) provides that in the first instance the Committee shall deal with any admissions and make determinations in respect of them before the commencement of the factual inquiry. Rule 17(5) states that the Chair of the Committee shall inform parties of the determinations made.

29. The Committee accepted the advice of the Legal Adviser. It confirmed that it was satisfied with your admissions, the effect being those heads of charge 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12 and 13, in its entirety, was determined to have been ‘admitted and found proved’. You stated that you wanted additional time to reflect on your position with regard to head of charge 15.

30. Having heard the GDC’s opening, you were then given the opportunity to reflect on the case put forward by the GDC. You subsequently made an admission to head of charge 15, but with some context. However, the Committee noted that you are unrepresented and considered it fairer to all parties not to accept your admission. The Committee determined to hear all of the evidence from the GDC and from you, and to make its own determination in relation to the whole of head of charge 15.

Background

31. In opening the case for the GDC, Ms Johnson outlined the background to the matters against you. On 30 November 2023, the GDC received concerns from Witness 3, from Dental Training Ltd, a training provider, relating to you regarding allegations of fraudulently completing your training record for a dental sedation training course undertaken by you between April 2023 and July 2023 run by the National Examining Board for Dental Nurses (NEBDN). The complainant states that you had completed and passed a sedation course with them, and it had since come to light that signatures on your course documents had been falsified.

32. The complaint is accompanied by screenshots of emails between the complainant and your former employer. These emails show that you submitted paperwork allegedly signed by your colleague, [Registrant 2, as part of your sedation course portfolio. [Registrant 2] has confirmed that she did not sign any paperwork for you. [Registrant 2] has also confirmed that the practice where she worked with you is not a sedation practice, and that you have definitely not completed your practical training there. [Registrant 2] states that she previously asked you about your portfolio and was assured that her name did not appear anywhere within it. An email from the complainant states that you passed your sedation course in September 2023.

33. The GDC alleges that between 14 April 2023 and 27 July 2023 you included in your workbook “Record Of Competence (ROC) Dental Sedation Nursing” a number of the documents which were falsified as well as the initials of Registrant 2. The GDC alleges that your conduct in this respect was misleading, dishonest and lacked integrity.

The GDC’s evidence

34. The evidence adduced by the GDC was both documentary and oral. The documentary evidence provided to the Committee was as follows:

- Witness statement of Witness 1, Practice Manager, dated 5 December 2025, along with associated exhibits.
- Witness statement of Witness 2, Chief Operating Officer at the National Examining Board for Dental Nurses (“NEBDN”), dated 14 November 2025, along with associated exhibits.
- Witness statement of Witness 3, owner of Dental Training Limited, dated 11 June 2025, along with associated exhibits.

- Witness statement of Witness 4, Dental Nurse Development Manager, dated 10 June 2025, along with associated exhibits.
- Witness statement of Witness 5, dated 9 March 2026, along with associated exhibits.

35. In addition, the Committee heard oral evidence via a Microsoft Teams Video link from Witness 1.

The evidence in support of your case

36. The Committee received documentary and oral evidence presented on your behalf. In terms of documentary evidence, the Committee had before it:

- Your main witness statement dated 9 March 2026, with associated exhibits.
- An additional document provided during the course of the hearing regarding your questions put to Witness 1.
- Witness statement of Witness 6 dated 6 March 2026.
- A bundle of testimonials and Continuing Professional Development (CPD) certificates.

37. The Committee heard live oral evidence from you via a Microsoft Teams video link at this hearing.

Application to admit Hearsay evidence – 13 April 2026

38. You made an application to admit hearsay statement of Witness 6. You stated you wanted this to be admitted as it is part of your case.

39. Ms Johnson objected to your application and stated the statement was not relevant for stage 1. However, she submitted that this is more for stage 2 matters and the GDC would have no objection to this being admitted at that stage of proceedings.

40. The Committee having heard and accepted legal advice, took account of the case of *Thornycroft v NMC* [2014] EWHC 156 and considered whether the statement of Witness 6 was the sole and decisive evidence, when considering the outstanding matters regarding head of charge 15. The Committee is satisfied that the statement is not sole and decisive to the matters that are under consideration at this stage, that of alleged conduct regarding misleading, dishonest and lacking integrity. The Committee is satisfied that the statement is more relevant to matters for stage 2.

41. The Committee therefore rejects your application at this stage.

The Committee's findings of fact – 14 April 2026

42. The Committee considered all the evidence presented to it. It took account of the closing submissions made orally by Ms Johnson on behalf of the GDC, as well as the oral and written submissions made by you.

43. The Committee accepted the advice of the Legal Adviser in relation to the burden and standard of proof, the need to consider each of the outstanding allegations separately, including the wording of each of the charges, how it should approach the evidence received, the guidance and legal principles applicable to its decision-making at this stage and the need to give reasons for each decision made.

44. The Committee bore in mind that the burden of proof rests with the GDC, and that the standard of proof is the civil standard, that is, whether the allegations are proved on the balance of probabilities. The Committee has had to decide whether it is more likely than not that the alleged matters occurred.

45. The Committee findings are set out below. For completeness they include those matters that were admitted and found proved at the outset of the hearing:

1.	<i>On or between those dates and for those assessments listed in Schedule 1, you entered into your workbook "ROC Dental Sedation Nursing" completed witness assessment forms, for practical competence assessments, for the following areas of practice:</i>
1.(a).	<i>Intravenous sedation treatment ("IVS");</i> Admitted and found proved.
1.(b).	<i>Intravenous sedation recovery ("IVS Recovery");</i> Admitted and found proved.
1.(c).	<i>Inhalation sedation ("IHS").</i> Admitted and found proved.
2.	<i>Between 14 April 2023 and 22 July 2023, you confirmed in your workbook "ROC Dental Sedation Nursing" that one or more of the practical competence assessments detailed in allegation 1 were a "true representation" of your "own involvement in the task described.</i> Admitted and found proved.
3.	<i>Between 14 April 2023 and 22 July 2023, you confirmed in your workbook "ROC Dental Sedation Nursing" that patient consent was gained for you to carry out one or more of the procedures described in the practical competence assessments detailed in allegation 1.</i> Admitted and found proved.
4.	<i>As amended - Between 28 April 2023 and 27 July 2023, you included in your workbook "ROC Dental Sedation Nursing" the initials of VL, to appear as if you were competent in one or more of the practical competence assessments detailed in allegation 1.</i> Admitted and found proved.

5.	<p><i>Between 28 April 2023 and 27 July 2023, you included in your workbook “ROC Dental Sedation Nursing” feedback purporting to be from VL for one or more of the witness assessment forms detailed in allegation 1.</i></p> <p>Admitted and found proved.</p>
6.	<p><i>On or between those dates and for those assessments listed in Schedule 2, you entered into your workbook “ROC Dental Sedation Nursing” completed witness assessment forms indicating that you had been directly observed for the following clinical skills;</i></p>
6.(a).	<p><i>Automatic Blood Pressure;</i></p> <p>Admitted and found proved.</p>
6.(b).	<p><i>Pulse Oximeter [also referred to as “Recording Oxygen Saturation and Heart Rate];</i></p> <p>Admitted and found proved.</p>
6.(c).	<p><i>IV Patient Instructions;</i></p> <p>Admitted and found proved.</p>
6.(d).	<p><i>IH Patient Instructions</i></p> <p>Admitted and found proved.</p>
6.(e).	<p><i>IH Machine Checks;</i></p> <p>Admitted and found proved.</p>
6.(f).	<p><i>Preparing IV equipment;</i></p> <p>Admitted and found proved.</p>
6.(g).	<p><i>Drawing up Drugs;</i></p> <p>Admitted and found proved.</p>
6.(h).	<p><i>Assisting During Cannulation;</i></p> <p>Admitted and found proved.</p>
6.(i).	<p><i>Removal of Cannula;</i></p> <p>Admitted and found proved.</p>
6.(j).	<p><i>Clearing IV Equipment;</i></p> <p>Admitted and found proved.</p>
6.(k).	<p><i>IH Machine Clean;</i></p> <p>Admitted and found proved.</p>
6.(l).	<p><i>Medical Emergency Scenario.</i></p> <p>Admitted and found proved.</p>
7.	<p><i>Between 27 April 2023 and 25 July 2023, you included in your workbook “ROC Dental Sedation Nursing” feedback purporting to be from VL, to appear as if you had:</i></p>
7.(a)	<p><i>Been observed in the clinical skills described in one or more of the witness assessment forms detailed in allegation 6; and/or</i></p>

	Admitted and found proved.
7.(b).	<i>Been deemed competent in the observed clinical skills described in one or more of the witness assessment forms detailed in allegation 6.</i> Admitted and found proved.
8.	<i>As amended - Between 27 April 2023 and 25 July 2023, you included in your workbook "ROC Dental Sedation Nursing" the initial of VL, to appear as if you had:</i>
8.(a).	<i>Been observed in the clinical skills described in one or more of the witness assessment forms detailed in allegation 6; and/or</i> Admitted and found proved.
8.(b).	<i>Been deemed competent in the observed clinical skills described in one or more of the witness assessment forms detailed in allegation 6;</i> Admitted and found proved.
9	<i>On 24 July 2023, you entered into your workbook "ROC Dental Sedation Nursing" completed case studies with supporting documentation as follows:</i>
9.(a).	<i>Case study 1: Inhalation Sedation Procedure; and/or</i> Admitted and found proved.
9.(b).	<i>Case study 2: Intravenous Sedation.</i> Admitted and found proved.
10.	<i>You included in your workbook "ROC Dental Sedation Nursing" a list of sedation equipment and corresponding service information at Supplementary Outcome 2.</i> Admitted and found proved.
11.	<i>You included in your workbook "ROC Dental Sedation Nursing" information in your written reflections 'Reflective Practice 2: End of Training' at Supplementary Outcome 8.</i> Admitted and found proved.
12.	<i>Between 28 April 2023 and 22 July 2023, you accepted information and/or details from patient notes from VL, including on:</i>
12.(a).	<i>28 April 2023</i> Admitted and found proved.
12.(b).	<i>13 June 2023</i> Admitted and found proved.
12.(c).	<i>25 June 2023</i> Admitted and found proved.

12.(d).	<p>4 July 2023</p> <p>Admitted and found proved.</p>
12.(e).	<p>22 July 2023</p> <p>Admitted and found proved.</p>
13.	<p><i>You falsified coursework using the notes and information of patients from VL in allegation 12, in that you:</i></p>
13.(a).	<p><i>On or between those dates and for those assessments listed in Schedule 3, used information to complete practical competence assessments in your workbook “ROC Dental Sedation Nursing”.</i></p> <p>Admitted and found proved.</p>
13.(b).	<p><i>Used information to produce case studies, including Case Study 2: Intravenous Sedation.</i></p> <p>Admitted and found proved.</p>
14.	<p>WITHDRAWN</p>
15.	<p><i>Your actions in relation to allegations 1, and/or 2, and/or 3, and/or 4, and/or 5, and/or 6, and/or 7, and/or 8, and/or 9 and/or 10, and/or 11, and/or 12, and/or 13 were:</i></p>
15.(a).	<p><i>Misleading; and/or</i></p> <p>Proved</p> <p>You stated in oral evidence there was no financial benefit in passing this course and that you were following instructions of colleagues. You stated that you didn't realise the severity of what you were doing at the time, but it was very stressful. You stated you were very naïve then and it wasn't your intention to deliberately mislead or to be dishonest when completing these forms at that time. You stated that you believed and understood from the additional people responsible for your training that it would be properly completed once the necessary resources and training were in place. You stated this influenced your judgement and contributed to your failure to recognise the seriousness of completing the documentation in that way. You also stated your intention was to help the practice as they needed a sedation nurse and you were doing what the practice manager wanted. You thought you would get the qualification and do the training after.</p> <p>In answers to a Committee question, you stated that the practice was a difficult place to work, as “<i>there was a lot of meddling</i>” and it was a very pressured environment together with a blame culture.</p> <p>In finding that your conduct in relation to heads of charge 1-13 was misleading, the Committee took into account your evidence that you did not set out to mislead or deceive either the course tutor or the examining body. However, the Committee bore in mind that no intent is required for conduct to be objectively misleading.</p> <p>Having enrolled on an approved course of training, you admitted that between 14 April 2023 and 27 July 2023 you completed your record of competency (ROC), a workbook, in a way which has made it appear that you had completed various</p>

	<p>competency assessments when you had not. You used real patient medical details and case histories to make it appear you had been involved in their treatment when you had not done so. You had also falsely recorded that you had directly observed a number of clinical skills when you had not done. In addition, you admitted that you had completed the workbook by completing the initials of Registrant 2, when that person had not witnessed you performing these tasks.</p> <p>The Committee considers that your portfolio created a false impression of competence and case studies being conducted. You completed documentation and case studies, which purported to describe real clinical activity undertaken, which you had not undertaken. It notes that this contained specific patient information, which you requested via WhatsApp message, and was provided to you from Registrant 2. You went on to use this information for your course work.</p> <p>The Committee took into account you are a regulated dental professional who is subject of the standards of dental professionals on the same part of the GDC Register as you. You had been working in the clinic for approx. 4 years and were registered by the GDC for approximately 18 months. You had completed a number of courses prior to these allegations arising. Your portfolio misrepresented you undertaking a number of competencies and sedation procedures, being observed, and had demonstrated competence. These entries were intended to reflect a true record of your involvement. The Committee is satisfied that none of these took place. It is satisfied no sedation procedures, and no such clinical experience was gained. Although it notes that you stated that you found all of this stressful, it does not alter the objective effect of your conduct. You provided a misleading portfolio of clinical training which created a false impression of clinical competence. In addition, the Committee notes that the examination body issued you with a certificate which demonstrates that they were misled by your conduct.</p> <p>The Committee is satisfied on the balance of probabilities that you had misled the course tutor and the National Dental Examining Board by providing incorrect documents on a number of occasions. The Committee is satisfied that what you had recorded was not a true record of your own involvement of those courses and constitutes conduct that is misleading.</p> <p>In all the circumstances, the Committee was satisfied that this head of charge is proved.</p>
<p>15.(b).</p>	<p><i>Dishonest, in that some or all of the information entered by you into your workbook "ROC Dental Sedation Nursing" was falsified and/or did not reflect your own work; and/or.</i></p> <p>Proved.</p> <p>In approaching this head of charge the Committee applied the test set out in <i>Ivey v Genting Casinos (UK) Ltd. t/a Crockfords</i> [2017] UKSC 67. The test is that the Committee must decide subjectively the actual state of an individual's knowledge or belief as to the facts and must then apply the objective standards of ordinary and decent people to determine whether the individual's conduct is dishonest by those standards. The reasonableness or otherwise of an individual's belief is a matter of evidence, and is often in practice determinative, going to whether an individual held the belief, but it is not an additional requirement that their belief must be reasonable; the question is whether it is genuinely held. When once the</p>

individual's actual state of mind as to knowledge or belief as to facts is established, the question whether their conduct was honest or dishonest is to be determined by applying the objective standards of ordinary decent people. There is no requirement that the individual must appreciate that what they have done is, by those standards, dishonest.

The Committee first sought to determine your actual state of knowledge and belief by reference to the evidence with which it has been provided. When doing so, it took into account, based from the legal advice, that you are of previous good character.

The Committee took into account the context you were working in. You highlighted a number of colleagues who you said assisted or encouraged you to complete the work that you did. In addition, you stated that you felt pressurised, and you stated that you genuinely believed that you would receive the appropriate training and complete the competencies correctly at a later stage. You stated that you did not think that your actions amounted to dishonesty.

However, the Committee when considering the wider context, noted that you had previously completed a number of other courses around this time without any concern. The Committee is satisfied that you would have been familiar with the requirements for enrolling and adequately completing clinical courses. In addition, it noted you were given the option to defer the examination, but you chose not to do so. Witness 1 stated in oral evidence that she provided a lot of support to you and there was no pressure to complete this course. She stated that the course could be done in stages over a 5 year period. Further, the Committee noted that the Practice was not equipped to deal with any sedation and although they intended to do so in the future, had not taken any steps to do so at this time. Witness 1 despite being closely questioned on your behalf, the Committee found her to be a reliable and consistent witness.

In light of this evidence, the Committee has determined that your actual state of your knowledge or belief as to the facts was that you knew that what you submitted was incorrect and dishonest. In reaching this conclusion the Committee took particular note that despite whatever working conditions that existed at the time, it does not accept your account that you believed your repeated actions were not dishonest. It is satisfied the reasons you provided for your conduct were not plausible. You are a regulated individual (approx. 18 months at that time) who would be aware of a dental professional's responsibility for their own training and behaviour. The Committee is satisfied that you knew at that time that you had not undertaken these procedures, and you had not been observed. You chose to proceed with this course of conduct over a period of time.

The Committee is satisfied that you knew that the portfolio you submitted was not your own clinical work and was actually fabricated. Your actions were intended to mislead your course tutor and the examining body in order to gain a clinical qualification.

Taking all of this into consideration, and notwithstanding your previous good character, the Committee determined that it was more likely that at the time of these matters, your knowledge and belief was that what you were doing was dishonest.

	<p>Having determined your actual knowledge and belief as to the facts, the Committee moved on to apply the objective standards of ordinary and decent people to determine whether your conduct is dishonest by those standards. By deliberately misleading your course tutor and the examining body by creating false clinical records so as to obtain a clinical qualification, the Committee determined that an ordinary and decent person would view your conduct to be dishonest.</p> <p>The Committee finds this head of charge proved.</p>
15.(c).	<p><i>Lacking in integrity.</i></p> <p>Proved.</p> <p>The Committee noted the case of <i>Wingate v Solicitors Regulation Authority [2018] EWCA Civ 366</i>, which makes it clear that integrity is broader than dishonesty. It concerns adherence to the ethical standards of the dental profession.</p> <p>The Committee when applying that to your case, considers that your conduct represents a clear failure to adhere to those standards, particularly 9.1. You fabricated a false training record and completed formal documentation in order to confirm that your portfolio was a true record. It is a failure to meet the core professional obligation that you had to ensure your records, competency assessments and training documentation are accurate and reliable. You obtained information derived from real patients and using that to populate coursework that you purported to be your own clinical experience. You claimed the pressurised working environment you were under at the material time was the reason you falsified the records. However, the Committee does not accept that this justifies you fabricating clinical experience. Your failures in this respect are incompatible with the ethical standards expected of a dental professional. Your portfolio as a whole, was a constructed body of work that was designed to be legitimate, which created a misleading impression and undermines confidence and trust in the dental profession.</p> <p>The Committee considers that all dental professionals are expected to act with integrity and honor the trust members of the public place in the dental profession. As a dental professional, you are held to a higher standard than ordinary members of the public. Members of the public and fellow practitioners would expect you to be fully aware of your professional duties and to abide by them.</p> <p>For these reasons, the Committee was satisfied that your failures as found proved in heads of charge 1-13 was conduct that was lacking in integrity.</p> <p>Accordingly, this head of charge is proved.</p>

46. The hearing now moves to Stage Two.

Fitness to practise and sanction

47. 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.

48. The Committee heard submissions from Ms Johnson, on behalf of the GDC, and written submissions from you in relation to the matters of misconduct, impairment and sanction.

49. The Committee also heard and accepted the advice of the Legal Adviser as to the powers and principles to be considered in coming to its decisions in relation to misconduct, impairment, and sanction.

Evidence

50. The Committee had regard to a further bundle of documents, which included;

- 3 Continuing Professional Development (CPD) certificates;
- 4 References from colleagues;
- Written statement of Witness 6 with accompanying emails.

51. The Committee accepted the written statement of Witnesses 6. It considered it fair and appropriate to both parties to admit the statement at this stage, but will place limited weight on it, during its stage 2 deliberations.

Submissions

52. Ms Johnson, on behalf of the GDC, told the Committee that you have no previous fitness to practise history.

53. Ms Johnson submitted that the findings found proved plainly cross the threshold for misconduct. Ms Johnson submitted that the nature of the conduct that you undertook included you created a portfolio of clinical competencies which did not reflect your own work. You recorded that you had undertaken procedures and observed and demonstrated clinical competence when you had not. Also, you had used real patient information to fabricate case studies, insert initials of another registrant to give the appearance of verification and confirmed that all of this was a true representation of your own work. Ms Johnson submitted that all of the above was found to be misleading, dishonest and lacked integrity.

54. She submitted that your failings constitute serious misconduct as it involved deliberate falsification, and creating a false impression of a qualification that you obtained. In addition, your use of real patient data is a significant concern. Your conduct was over a sustained period of time, and nothing was done to rectify your behaviour until after the point at which you had been found out. Even though there was no patient harm, the overall context of this is a deliberate falsification and dishonest behaviour by you. This was a course of behaviour that you wanted to undertake in order to obtain a clinical qualification. Ms Johnson submitted that your dishonest conduct represents a serious and sustained departure from the fundamental professional standard involving dishonesty, falsification of clinical records and a clear failure to act with integrity.

55. Ms Johnson referred the Committee to the GDC document, '*Standards for the Dental Team*' and detailed which Standards the GDC considers you have breached. These standards are 1.3, and 9.1. Ms Johnson submitted that the dishonesty found proved in this case, particularly when considering the detail and context of the facts found proved, is so serious that the Committee can comfortably make a finding of misconduct.

56. On the matter of impairment, Ms Johnson invited the Committee to consider whether your misconduct currently impairs your fitness to practise. She submitted that the Committee may wish

to consider whether your misconduct is remediable, whether it has been remedied, whether you have demonstrated insight, and to assess the risk of repetition.

57. Ms Johnson submitted that these are matters that date back in 2023. She submitted that the best evidence of the insight you have gained comes from the manner in which you have given your evidence during the course of this hearing. However, when given repeated opportunities, you have fallen short of accepting that you knew at the time that your behaviour was misleading, dishonest and lacked integrity. Ms Johnson submitted that when it comes to taking full responsibility for your actions, you have sought to blame others and the environment and circumstances rather than accept the full extent of your responsibility. She submitted that you have not fully remediated and demonstrated full insight into your behaviour. She stated that this was characterised by a continued insistence that you were pressurised.

58. Ms Johnson submitted that although you have admitted heads of charge 1-13, you stopped short of admitting that your conduct was dishonest. She submitted that you have provided a number of CPD certificates relating to professionalism, probity and ethics, data protection and conflict management. You have also provided some evidence of remorse. In addition, there are a number of character references from a number of individuals. However, Ms Johnson submitted these come without any covering email, to show precisely what they understood around the nature of the allegations you face. Nor have they come forward with cover emails to reassure the Committee that these are in fact the witnesses who provided these references.

59. Ms Johnson submitted that what this Committee has before it, is a Registrant who doesn't appear to understand the nature of that dishonesty from their own perspective and responsibility without blaming others. She submitted that your dishonesty is difficult to remediate, and while your insight and reflection continues to develop, it has to be tested over a period of time. Ms Johnson submitted that there still remains some way to go, and it is on that basis you are still impaired in terms of the personal component. Ms Johnson submitted that the risk could be reduced if you were to be truly reflective, to take ownership, and if faced in a similar situation you would not repeat this type of conduct again.

60. Ms Johnson invited the Committee to comfortably conclude that there is a lack of insight in this case and there remains a risk of repetition requiring a finding of current impairment on the ground of public protection.

61. Ms Johnson submitted that even though the risk of repetition has been reduced, given the seriousness of the allegations found proved, together with your lack of insight, a finding of current impairment is also required on the ground of public interest in order to maintain public confidence and to uphold proper professional standards.

62. On the matter of sanction, Ms Johnson took the Committee through what the GDC considers to be the mitigating and aggravating features in this case. She submitted that it is the GDC's view that the only appropriate and proportionate sanction in this case is one of suspension. She submitted if the Committee finds impairment on the ground of public interest only, then a short period would be adequate. If the Committee found impairment on public protection as well, then a period of no less than 9 months would be proportionate.

63. You provided the Committee written stage 2 submissions. You did not give oral submissions as you felt you could not add anything further to what was contained in your written statement. In this you stated; *"At the time the events occurred, I did not consciously believe that I was acting dishonestly or with the intention to mislead. My judgement was influenced by the circumstances I was in, including the expectation that training would be completed at a later stage*

and the direction I was receiving from senior members of staff. However, I want to be clear that, with the benefit of hindsight and reflection, I now fully accept that my actions were dishonest, misleading and lacked integrity. I recognise that the documentation created did not accurately reflect my competence at the time and gave a false impression that the required training and assessment had taken place”.

64. In relation to the issue of misconduct, you stated that “ *I recognise that my actions fell below the professional standards expected, and I have reflected extensively on the seriousness of this matter. Since these events, I have demonstrated significant insight into my actions and the impact they may have had. I have acknowledged that the documentation created was misleading and that I should have acted differently, regardless of the pressures I was under at the time.*”

65. In relation to the issue of impairment you stated “*I do not believe that I am currently unfit to practise. I have demonstrated insight into my actions, taken responsibility for them and undertaken meaningful steps to remediate my conduct. I have completed relevant continued professional development and I have also reflected deeply on the importance of honesty, integrity and accountability. I believe the risk of repetition is extremely low and that I have developed both personally and professionally as a result of this experience*”.

66. Finally in relation to sanction, you stated that “*I fully respect, acknowledge and accept the determination of the panel and I recognise that any sanction imposed must protect the public and maintain confidence in the profession. I respectfully submit that, in my case a reprimand would be a proportionate and sufficient sanction. I have demonstrated full insight into my actions, accepted responsibility and taken meaningful steps to remediate my conduct. I have also shown through my actions since that I am committed to practising with honesty and integrity, and the risk of repetition is low. Following this entire situation, I can assure the panel that I would never place myself in a position like this again as it has effectively me deeply. I wish to continue to regain the trust of the public and the regulator, and I believe a suspension will prevent me from doing so*”.

67. You further stated “*I have already experienced significant professional impact as a result of this matter, including difficulty securing employment within dental nursing and ultimately moving into a different industry. I have already spent significant time away from the profession and have reflected on these actions during the last two and a half years, working to rebuild trust and demonstrate my professionalism. I work within a high-pressured and busy environment and I put patient safety above all else. I have demonstrated through my actions since that I am able to practise in a safe, honest and professional manner*”.

Decision and reasons on misconduct

68. The Committee first considered whether the facts that it has found proved constitute misconduct. In considering this and all other matters, the Committee has exercised its own independent judgement.

69. The Committee recognised there is a duty on registered dental professionals to comply with all GDC standards. In its deliberations the Committee has had regard to the following paragraphs of the GDC’s *Standards for the Dental Team* (September 2013) in place at the time of the incidents giving rise to the facts that the Committee has found proved. These paragraphs state that as a dental professional;

Standard 1.3: *You must be honest and act with integrity.*

Standard 4.2: *Make and keep contemporaneous, complete and accurate patient records.*

Standard 9.1: *You must ensure that your conduct, both at work and in your personal life, justifies patients' trust in you and the public's trust in the dental profession.*

70. The Committee was mindful of the principle that not every departure from required standards will be sufficiently serious to amount to misconduct and that such a departure must be sufficiently serious to be characterised properly as misconduct.

71. The Committee found that you completed your record of competency (ROC), a workbook, in a way which has made it appear that you had completed various competency assessments when you had not. You used real patient medical details to make it appear you had been involved in their treatment when you had not. You had also falsely recorded that you had directly observed a number of clinical skills when you had not done. In addition, you admitted that you had completed the workbook by completing the initials of Registrant 2, when that person had not witnessed you performing these tasks.

72. The Committee considered that your conduct resulted in you gaining a qualification for which you did not have the requisite skills, knowledge or competence. This was a blatant disregard for the training provider's system in place for assessing clinical competency and awarding you with an accredited qualification.

73. In addition, the Committee was satisfied that this entailed serious misconduct and could not be considered to be a momentary lapse of judgement but rather was a serious breach of trust, not only of the course provider and tutor but to any potential future employers and of the public.

74. Your dishonesty, albeit repeated over a relatively short period of time, involved the misuse of real patient information and the misrepresentation of your training record which lead to the award of a single clinical qualification. For all these reasons, the Committee was satisfied that your conduct fell far below the standards expected of a registered professional and was so serious that there was no doubt it amounted to misconduct.

Decision and reasons on impairment

75. The Committee then went on to consider whether your fitness to practise is currently impaired by reason of the misconduct that it has found. In doing so, the Committee has again exercised its independent judgement. Throughout its deliberations, the Committee has borne in mind its primary duty which includes the protection of patients, the maintenance of public confidence in the profession and in the regulatory process, and the declaring and upholding of proper standards of conduct and behaviour.

76. 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.'

77. 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) has in the past acted dishonestly and/or is liable to act dishonestly in the future.'*

78. In its consideration of ongoing risk, the Committee noted from your oral evidence at stage 1 and your written evidence at stage 2, that you had not used the qualification and had not applied for other related jobs involving sedation. It is satisfied that you had not acted in a way that would have put patients at unwarranted risk of harm.

79. The Committee also determined that your conduct has brought the dental profession into disrepute. It is satisfied that by gaining this qualification by falsely representing your clinical skills, a member of the public would be dismayed by your dishonest conduct. The Committee is also satisfied that your dishonest conduct has breached a fundamental tenet, namely acting with honesty and with integrity which is a core requirement of the dental profession.

80. The Committee carefully considered your written stage 2 submission and the documentation you have provided in order to determine whether there has been any remediation. Within your statement, you acknowledged the seriousness of your misconduct and your intention never to do this again. The Committee noted your remorse and awareness of the seriousness of your conduct and that you recognised that you should have behaved differently. You have also provided some objective evidence in the form of targeted CPD into the areas of concern. These were accompanied by positive professional testimonials from colleagues from where you work in a pharmaceutical setting, some of whom are aware of the allegations that you face.

81. However, the Committee assessing all of your remediation, considers that your insight is still developing. The Committee has taken into consideration the CPD you have completed but has noted there is no reflection on what you have learned or how this will be embedded into your future practise. In addition, the Committee may have been assisted by oral evidence from you during the stage 2 proceedings, which allow you to be cross examined by the GDC and answer questions from the Committee.

82. The Committee determined that a finding of impairment is necessary on the grounds of public protection. The Committee is mindful that it may be more difficult to remedy dishonest conduct than, say, clinical failings. Having had regard to the information and written submissions that you have provided, the Committee has been provided with little information to demonstrate your assertions that you understand the harm that can be caused to the public and to the public interest from dishonest conduct. In particular, the Committee has been provided with little evidence to illustrate that you have reflected upon, have insight into, and have remediated, your dishonest conduct. You have not demonstrated to the satisfaction of the Committee how you would act

differently in the future. The Committee has not heard sufficient evidence to be satisfied that the risk of repetition could be said to be highly unlikely.

83. Therefore, a finding of impairment is necessary on the ground of public protection.

84. The Committee bore in mind its overarching objective which includes the maintaining of public confidence in the profession and upholding standards. In this regard, the Committee considered that a reasonable and fully informed member of the public would expect a finding of impairment in a case where a registrant has failed to demonstrate sufficient insight into the dishonesty. Further, this Committee had concerns about the risk of repetition and it was not satisfied that such risk would be highly unlikely. As a result, the public would be shocked to learn that the Committee had not made a finding of impairment and allowed you to return to unrestricted practice. In addition, fellow dental practitioners would find your misconduct deplorable.

85. Accordingly, 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 had falsified documentation in order to obtain a qualification.

86. In this regard, the Committee determined that your fitness to practise is impaired on the ground of public interest.

Decision and reasons on sanction

87. 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.

88. The Committee determined the following aggravating features were present:

- Repeated course of misconduct which was sustained over a period of several months;
- Personal gain in relation to obtaining a professional qualification.

89. The Committee determined the following mitigating features were present:

- Difficult working environment with a blame culture;
- Testimonials;
- No previous fitness to practise history;
- Evidence of some insight and remorse;
- Evidence of some remediation;
- No direct financial gain;

90. The Committee notes that there were no patient safety concerns that arose as a result of this case and additionally you cooperated with the investigation and made admissions, and in that respect the Committee considers these factors to be neutral. Further it took into account the principle of proportionality.

91. The Committee had regard to its findings on misconduct and impairment in coming to its decision and considered each sanction in ascending order of severity.

92. The Committee first considered whether to take no further action or to issue a reprimand but concluded that this would be inappropriate in view of the seriousness of the conduct in this case. It notes there are no exceptional circumstances in this case. The Committee did not consider the conduct to be at the lower end of the spectrum and therefore it would be neither proportionate nor in the public interest to allow you to return to practice without some form of restriction in place.

93. The Committee next considered whether placing conditions on your registration would be a sufficient and appropriate response. It was of the view that there are no practical or workable conditions that could be formulated given the nature of the misconduct identified. In addition, it did not consider that conditions would adequately address the public interest in this case given the seriousness of the misconduct found.

94. The Committee then went on to consider whether a suspension would be the appropriate sanction. The Indicative Sanction Guidance (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 (which might make erasure the appropriate order)*

95. The Committee after careful consideration, has determined that a direction of suspended registration is the appropriate and proportionate sanction to impose in the particular circumstances of this case. The Committee considers that any lesser sanction would be insufficient to protect the public and safeguard the wider public interest considerations that it has identified. The Committee considers that you have not shown sufficient insight into your misconduct, and therefore such repetition cannot be regarded as highly unlikely.

96. The Committee did go on to consider erasure and the ISG which states that removal from the register may be suitable where the following factors are present:

- *serious departure(s) from the relevant professional standards*
- *serious dishonesty, particularly where persistent or covered up*
- *a persistent lack of insight into the seriousness of actions or their consequences*

97. In light of the seriousness of the misconduct and insufficient insight, the Committee carefully considered whether erasure is the most appropriate sanction in this case. However, taking into account all of the information before it, and the mitigation provided, the Committee decided that it would be disproportionate to erase you from the register. The Committee has made a finding of serious dishonesty, which was repeated, albeit over a relatively short period of time. There was no attempt to conceal or cover up your misconduct. Furthermore, the Committee notes that you have engaged in these proceedings and provided some evidence of developing insight, remorse and remediation, in addition to a number of significant admissions.

98. In addition, the Committee with an over view of this case concluded that you do not hold deep seated personal or professional attitudinal issues, and it was satisfied that a suspension would be both proportionate to its findings and sufficient to protect the public and maintain the public interest. Despite the seriousness of the departure from the expected standards of a registered professional, the Committee was satisfied that the misconduct in this case was not

fundamentally incompatible with remaining on the register. Whilst the Committee acknowledges that a suspension may have a punitive effect, it would be unduly punitive to direct erasure at this time.

99. Balancing all these factors, the Committee directs that your registration be suspended for a period of 9 months with a review. This period is necessary and proportionate in order to maintain and uphold public confidence in the profession, whilst sending the public and the profession a clear message about the standards of practice required of a dental nurse.

100. The Committee noted the hardship the suspension may cause you, however this is outweighed by the public interest in this regard.

101. The Committee directs that this order be reviewed before its expiry, and you will be informed of the date and time in writing. The reviewing PCC will consider what action it should take in relation to your registration following an assessment of the concerns affecting your fitness to practise.

102. The reviewing PCC may be assisted to receive:

- *A wider reflective piece focusing on your dishonesty;*
- *Further reflection on your CPD.*
- *Testimonials.*

103. The Committee now invites submissions as to whether the suspension should take immediate effect to cover the 28-day appeal period.

104. Any interim order on your registration is hereby revoked.

105. Ms Johnson applied for an immediate order of suspension to be made under section 36U(1) of the Dentists Act 1984.

106. You made no submissions to the application.

107. The Committee accepted the advice of the Legal Adviser on immediate orders.

108. The Committee determined that an immediate order is necessary for the protection of the public and is otherwise in the public interest. It would be inconsistent with the determination the Committee has reached not to make an immediate order.

109. The effect of this order is that your registration shall be immediately suspended upon notification of this decision being served on you. Unless you exercise your right of appeal, the substantive 9 month period of suspension shall take effect upon the expiry of the 28-day appeal period.

110. That concludes the hearing.