

PUBLIC HEARING

Professional Conduct Committee Initial Hearing

23 March 2026 – 1 April 2026

Name: BASHAR, Abu
Registration number: 283641
Case number: CAS-210930-F0L3V6

General Dental Council: Natasha Tahta, Counsel
Instructed by Andrew Richardson, IHLPS

Registrant: Present
Represented by Nicolas Peacock, Counsel
Instructed by Tamsin Thomas, the MDU

Fitness to practise: Impaired by reason of misconduct

Outcome: Conditions imposed with immediate conditions (with a review)

Duration: 9 months

Immediate order: Immediate conditions order

Committee members: Carson Black (Dentist Member, Chair)
Joanne Brindley (Dental Care Professional Member)
Victoria Buller (Lay Member)

Legal adviser: Rosemary Rollason

Committee Secretary: Jenny Hazell

The charge and preliminary matters

1 This hearing before the Professional Conduct Committee (the PCC). You are present and represented at this hearing by Mr Peacock, Counsel. Ms Tahta, Counsel, appears on behalf of the General Dental Council (GDC). The hearing was convened for the purposes of an inquiry into a charge against you as follows:

Patient A

1. You failed to provide an adequate standard of care to Patient A between 16 August 2023 and 22 November 2023 in that you:

a. failed to offer Patient A the following treatment on the NHS, namely composite build ups to:

- i. UR3
- ii. UL3
- iii. LR3
- iv. LL3

b. offered an inappropriate treatment option to Patient A on 16 August 2023, namely a Michigan splint; (*withdrawn at the hearing*)

c. failed to ensure that Patient A understood the treatment plan on 22 November 2023.

2. You failed to obtain informed consent from Patient A on 22 November 2023 for the composite build ups to:

- a. UR3
- b. UL3
- c. LR3
- d. LL3

Patient B

3. You failed to provide an adequate standard of care to Patient B between 16 August 2023 and 8 November 2023 in that you failed to offer Patient B the following treatment on the NHS, namely composite build ups to:

- a. UR3
- b. UL3
- c. LR3
- d. LL3

Patient C

4. You failed to provide an adequate standard of care to Patient C between 16 August 2023 and 21 August 2023 in that you failed to offer Patient C the following treatment on the NHS, namely composite build ups to:

- a. UR3
- b. UL3
- c. LR3
- d. LL3

5. Your conduct at 1a, 1b, 3 and/or 4 above was:

- a. misleading
- b. dishonest, in that you were financially motivated.

2 At the outset Ms Tahta made an application under Rule 18 of the GDC (Fitness to Practise) Rules 2006 ('the Rules') to amend the charge set out in the notification of hearing dated 16 February 2026 by deleting charge 1(b). Charge 1(b) was as follows: "*offered an inappropriate treatment option to Patient A on 16 August 2023, namely a Michigan splint.*" Ms Tahta submitted that this application was made following the joint expert report dated 26 February 2026, as Dr Kramer, the GDC's expert considered that this fell below the standard rather than far below. In view of Dr Kramer's position, the GDC did not intend to pursue it.

3 Mr Peacock raised no objection to the proposed amendment.

4 The Committee heard the submissions of both Counsel in respect of the application. It accepted the advice of the Legal Adviser. The Committee was mindful of its duty to scrutinise the application for discontinuance properly, in the public interest and ensure that there was a proper rationale for the application. In this case, the Committee was satisfied that the GDC had explained the rationale, which was based on the expert evidence. This was a single sub-particular of the allegation and the Committee was mindful that it was not in the public interest for the GDC to pursue an allegation which had no realistic prospect of being established.

5 The Committee was satisfied that the proposed deletion to charge 1(b) could be made without injustice. It therefore acceded to Ms Tahta's unopposed application. In light of that amendment it must follow that charge 1(b) is withdrawn from the stem of charge 5.

Summary of the GDC's case

6 Ms Tahta outlined the background to the GDC's case against you. You started working as an associate dentist at the Practice in question in January 2023. The allegations arise from your treatment of three brothers, Patient A, Patient B and Patient C, between August 2023 and November 2023.

7 The nub of the GDC's case is that you proposed private treatment to the three brothers that was available on the NHS. The specific treatment proposed by you to each of the three brothers was composite build ups to the canine teeth to UR3, UL3, LR3 and LL3. In fact you only carried out that treatment on one of the patient's teeth, namely Patient A, on 22 November 2023.

8 The two experts instructed in this case (Dr Kramer for the GDC and Dr Mulcahy, instructed on your behalf) agree that, if the treatment proposed was clinically necessary then it would have been available on the NHS and should have been offered on the NHS.

9 The experts consider that if the treatment was NOT clinically necessary, and the patients had requested the treatment for aesthetic reasons, it would not have been available on the NHS and it

would have been appropriate to propose private treatment. Both experts agree that there is no indication anywhere in the records at any stage that any one of the three brothers was concerned at the appearance of their teeth, or requested any aesthetic treatment.

10 The GDC alleges that your conduct at charges 1a, 3 and/or 4 was misleading if the Committee finds that the composite build ups should have been offered on the NHS. It puts its case that this conduct was dishonest in that you were financially motivated.

11 In support of its case, the GDC relies on the written and oral evidence of Witness 1 (the patients' mother) and that of Patient A. It also relies on the expert evidence of Mr Kramer.

Your case

12 You deny the allegations against you. Your position, as set out in your witness statement dated 26 January 2026, is that at the appointment on 16 August 2023, Patient A, Patient B and Patient C were not complaining of any symptoms and therefore they did not require canine build ups. You considered that if any treatment was required, a night guard would address the clinical need.

13 In respect of the appointment Patient A on 22 November 2023, your case is that contrary to the records and to Witness 1 and Patient A's recollection, Patient A was concerned about the appearance of his teeth. You therefore offered the canine build ups for aesthetic reasons. You maintain that there was a discussion prior to the treatment taking place about the nature of the composite build ups, their purpose and the associated costs.

14 You deny that your conduct was misleading and/or dishonest on the basis that it was financially motivated. You considered that you were offering appropriate NHS and private treatment options and that you were clearly distinguishing between treatment which was clinically necessary and treatment which was optional.

Evidence

15 The factual evidence provided by the GDC to the Committee comprised a bundle of documents as well as the dental records of the three patients in question. The bundle included the following:

- Witness 1's signed witness statement dated 14 November 2025 and associated exhibits
- Patient A's signed witness statement dated 14 November 2025

16 The Committee received oral evidence from Witness 1 and Patient A.

17 The bundle also contained a copy of your signed witness statement dated 26 January 2026. You also provided oral evidence before the Committee.

18 The Committee received expert evidence in the form of a signed report dated 13 November 2025 by Dr Kramer (called on behalf of the GDC) and a signed report dated 27 January 2026 from Dr Mulcahy (instructed on your behalf).

19 The experts also provided a signed joint report dated 26 February 2026. Both experts gave oral evidence. In summary, Dr Mulcahy agrees with Dr Kramer on three key issues:

- I. that if the canine build ups were primarily offered or carried out for functional reasons then the treatment should have been offered on the NHS and that not to do so would fall far below the requisite standard.
- II. that all of the clinical records in this case suggest that the canine build ups to Patient A were done for functional rather than for aesthetic reasons.
- III. that there is no mention in the records of either the initial appointment on 16 August 2023, nor in the records of the appointment of 22 November 2023, that any of the patients were complaining of the appearance of his teeth.

20 Part of the evidence submitted on your behalf comprised the signed witness statements dated 3 December 2023 and 6 January 2026 of Witness 2 (the dental nurse) who assisted you at the appointments on 16 August 2023 and 22 November 2023.

21 Finally, the Committee was provided with some testimonials in the core bundle and an additional bundle of testimonials from patients and professional colleagues.

Findings of Fact

22 The Committee considered all the evidence presented to it, both documentary and oral. It had regard to the submissions on the alleged facts made by both Counsel. During the course of the GDC's submissions, reference was made to the case of the Queen on the application of Dr Dutta and the General Medical Council [2020] EWHC 1974 (admin). The Committee was provided with a copy of the judgement which it considered with particular reference to paragraphs 39 to 42. During the course of the Defence's submissions, reference was made to the case of Miller & Another and the Health Service Commissioner for England [Case no C1/2015/3686]. The Committee was provided with a copy of the judgement which it also considered with particular reference to paragraph 59. The Committee accepted the advice of the Legal Adviser.

23 In respect of the allegation of dishonesty, the Committee has been advised of the test it must apply, as set out in the case of Ivey v Genting Casinos (UK) Ltd t/a Crockfords [2017] UKSC 97.

24 The Committee has borne in mind that you are of good character and that you have no previous fitness to practise history.

25 The Committee considered the factual allegations separately, bearing 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 alleged matters are proved on the balance of probabilities.

26 The Committee made the following findings:

Patient A	
1	<i>You failed to provide an adequate standard of care to Patient A between 16 August 2023 and 22 November 2023 in that you</i>
1a(i) 1a– (iv)	<i>failed to offer Patient A the following treatment on the NHS, namely composite build ups to: UR3; UL3; LR3 and LL3</i> Found proved Patient A attended the appointment alone on 22 November 2023 for the impressions for a nightguard. Patient A was 19 at the time of the appointment. Patient A had no recollection about canine build ups – he thought he was attending for a nightguard



impression. Patient A was clear in his recollection that he was never concerned about the appearance of his teeth and that he never spoke to you about the appearance of his teeth either at the August 2023 appointment or the in the November 2023 appointment.

Following the examination appointment on 16 August 2023, treatment plan estimates for Patients A, B and C were emailed to Witness 1 in response to a call from her to the Practice on 21 August 2023. The treatment plan estimate for Patient A set out that as a result of the patient's examination with you the following treatment was required "to achieve dental fitness", namely private composite restorations to the UR3, LR3, LL3 and UL3 for an estimated fee of £138 per tooth at the first appointment; a mouth/night/sports guard for an estimated fee of £140 at the second appointment and Michigan splint impressions at the third appointment followed by a Michigan splint fit at the fourth appointment. There is no indication in the treatment plan estimate that the treatment was required for aesthetic reasons, nor that it was available on the NHS.

Dr Kramer set out that various methods were available for the restoration of worn teeth, the simplest and most minimal invasive being the addition of a composite resin filling material to replace the worn away part to re-establish the correct morphology and protect the teeth from further wear (composite build up). His evidence was that if dental treatment is deemed clinically necessary, the NHS regulations state that it can be provided for patient within an NHS contract and the providing dentist will be paid for providing it. Dr Kramer cited the NHS(General Dental Services Contracts) Regulations 2005 (the NHS Regulations) which, under the heading, Mandatory services, state:

14. —(1) For the purposes of section 28L of the Act(1) (requirement to provide certain primary dental services), the services which must be provided under a general dental services contract ("mandatory services") are described in paragraphs (2) to (4).

*(2) A contractor must provide to its patients, during the period specified in paragraph (3), **all proper and necessary** dental care and treatment which includes—*

(a) the care which a dental practitioner usually undertakes for a patient and which the patient is willing to undergo ...

(4) The dental care and treatment referred to in paragraph (2) includes—

(a) examination;

(b) diagnosis;

(c) advice and planning of treatment;

(d) preventative care and treatment;

Dr Kramer noted that the records for the appointment on 22 November 2023 state "we have decided to place composite build ups on 3s to aid canine guidance and to make a night guard to help prevent further wear". Dr Kramer opined that this entry indicated that the treatment for UR3, UL3, LR3 and LL3 was being provided for the purpose of improving canine guidance (the upper and lower canine teeth being the only teeth in contact when the lower jaw moves to one side or the other, also known as canine protected occlusion) and to prevent further wear. In Dr Kramer's opinion, this meant that the treatment was for functional rather than aesthetic reasons. Dr Kramer noted that there was nothing in Patient A's records or in Patient A's statement to show that the patient complained about the appearance of his teeth or that the patient requested canine build ups for aesthetic purposes.

Dr Mulcahy opined that the reason for the composite restorations was less clear in that the clinical notes from the examination appointment, in August 2023, suggested to him

that they were not required from a clinical perspective while the subsequent notes written approximately three months later suggested that they were.

His evidence was that any treatment provided for functional reasons would fall within 'basic mandatory services' unless it was of a complexity which could not reasonably be expected to be provided in general dental practice. Dr Mulcahy went on to explain that it would be a matter for the Committee to determine the rationale for the treatment – namely if the treatment was primarily for functional reasons, then he would be critical of your failure to provide Patient A with the option of treatment under the NHS.

Both experts were able to examine the study model that was taken of Patient A's upper jaw after the canine build ups were done to UR3 and UL3. Dr Kramer opined that the model showed that the wear to the canines was such that it would have been reasonable to have offered to build the canines up on the NHS. He set out that had the treatment been provided within the NHS regulations it would have fallen into the Band 3 bracket of charges. Dr Kramer was critical of your failure to offer the build up treatment on the NHS.

As previously stated above, Dr Mulcahy agreed with Dr Kramer on three key issues:

- that if the canine build ups were primarily offered or carried out for functional reasons then the treatment should have been offered on the NHS and that not to do so would fall far below the requisite standard.
- that all of the contemporaneous clinical records in this case suggest that the canine build ups to Patient A were done for functional rather than for aesthetic reasons.
- that there is no mention in the records of either the initial appointment on 16 August 2023, or in the records of the appointment of 22 November 2023, that Patient A was complaining of the appearance of his teeth.

Your position is that Patient A raised aesthetics concerns but you did not record them in the notes.

The Committee heard evidence from Patient A. It found that his recollection of the whole appointment was not detailed. He did state that he did not ask for the treatment for aesthetic reasons. Given Patient A's overall poor recollection, the Committee felt it was able to place little weight on his evidence. However, the Committee also heard evidence from Witness 2, the dental nurse who was present at the appointment. Witness 2 confirmed that she did not recall any discussions about aesthetics other than the type of material being used for the composite build ups. The Committee found Witness 2's evidence credible. The Committee paid close attention to the contemporaneous dental records. The Committee has borne in mind the contemporaneous entries in the clinical notes for the appointment on 22 November 2023 which states "*We have decided to place composite build ups on 3s to aid canine guidance and to make a night guard to help prevent further wear.*"

The Committee has also noted the dental charting completed by you on 2 February 2023 where there is a record of tooth surface loss on all of Patient A's anterior teeth. You also recorded in Patient A's notes dated 16 August 2023 "*Wear on all canines and upper and lower ants. Advised canine build ups on 3s with scope for night guard or Michigan splint. ... Michigan splint with help with muscular dysfunction...*"



	<p>There is no mention in the records of either the appointment on 16 August 2023 or in Patient A’s records for the appointment for 22 November 2023 that he was complaining about the appearance of his teeth</p> <p>The Committee has also had regard the email dated 26 February 2024 from you to Witness 1 following her contemporaneous complaint to the Practice. In that email you set out the clinical reasons as to why the treatment proceeded, including reference to “signs of wear on his front teeth”. There is no reference to Patient A wanting to go ahead with the build-up of his canine teeth due to aesthetics reasons. The first time you mention an aesthetic component to the treatment is in your witness statement for GDC proceedings dated 26 January 2026, over two years after the events in question.</p> <p>In light of the contemporaneous clinical notes, your response to Witness 1’s complaint, and Dr Kramer’s opinion that the records show that the treatment was for functional rather than aesthetic reasons, the Committee is satisfied, on the balance of probabilities, that the canine build ups were carried out to aid canine guidance and to prevent further wear to the teeth. Both experts agreed that if the treatment for the canine build ups were for functional reasons, then it should have been offered to Patient A on the NHS. The Committee agrees. It is satisfied that your failure to do so amounts to a failure to provide Patient A with an adequate standard of care in relation to the composite build ups to the four teeth in question. Accordingly, the Committee finds this charge proved.</p>
<p>1(c)</p>	<p><i>Failed to ensure that Patient A understood the treatment plan on 22 November 2023</i> Found not proved</p> <p>The GDC relies primarily on the evidence of Patient A in support of this charge.</p> <p>Patient A attended this appointment alone. It is common ground that the purpose of the appointment on 22 November 2023 with Patient A was for the taking of impressions of a nightguard only. The room was set up for this purpose.</p> <p>Patient A’s evidence, as set out in his witness statement, was that the appointment was for an impression to be taken for a nightguard which was discussed in the previous appointment (16 August 2023). He explained that Witness 1 (his mother) told him that this appointment was for the impression only. Witness 1 could not remember if there was a dental nurse present at this appointment.</p> <p>Patient A recollected that he walked in to the surgery and that you “started the treatment straight away”. Patient A explained that there was no discussion of anything. His evidence was that he did not know what the nightguard treatment process was, so he did not know what you were meant to be doing. Patient A set out in his witness statement as follows: “<i>I just sat in the chair, and [you] began treatment. It was only when I got home I realised what [you] had done.</i>” Patient A’s evidence was that there were no discussions about the treatment or the costs and that he was not given any information about the pricing. He explained that after you had completed the treatment, you handed him an iPad with “something on it” to sign. He recollected that there was no discussion about anything after the treatment was done and he was not provided with paperwork or information.</p> <p>In his oral evidence in chief Patient A confirmed the contents of his witness statement. However, when cross examined, Patient A was unable to recollect most of what took place at the appointment. For example, Patient A was unable to recollect whether a</p>



dental nurse was present or whether you talked to him when he first sat down. Patient A had no recollection as to whether you discussed costs with him.

Your evidence is that at this appointment you revisited your earlier discussions with Patient A and that it was your usual practice before taking the impressions to explain to the patient that should he decide at a later stage to have canine build-ups or any other form of “edge bonding”, the night guard would need to be replaced because it would not fit over the built up teeth. You say that you explained this to Patient A using a mirror so that he could see his teeth as you discussed them. You recollected showing Patient A the estimate on the screen in front of the dental care and that you explained that the Practice’s Clinipad was not working and that he would have to sign the treatment plan at the end of the treatment.

Your evidence is that you explained to Patient A that there would be a private charge for each restoration at £138 in addition to the provision of the night guard at £140. On your evidence, Patient A confirmed that he had no problem with the costs and asked you to proceed with the canine build ups and then to take impressions for a night guard. You explained that you then asked your dental nurse, Witness 2, to set up the equipment required for the provision of composite build ups, which she did.

You recorded in Patient A’s notes “*Discussed use of Michigan splint as a long term solution as pt is almost 20. Advise to wait for another year or 2 before fabricating Michigan. We have decided to place composite build ups on 3s to aid canine guidance and to make a night guard to help prevent further wear.*”

Witness 2, the dental nurse, provided a contemporaneous note dated 3 December 2023 in which she confirms that Patient A attended the practice on 22 November 2023. She states that you discussed the treatment plan (for the build ups of the four canines and to take an impression for the fabrication of a mouth guard) with Patient A as well as the cost of the treatment. Witness 2 confirmed that Patient A was happy to proceed with the treatment and that after completion of the treatment, Patient A signed the invoice of the treatment before leaving the surgery. Witness 2 also provided a witness statement dated 5 January 2026 in which she set out that you discussed the treatment options and the cost of treatment. She confirmed that at the end of the treatment, you wrote up the records and that Patient A thanked both of you and left the room entirely happy. Witness 2 estimated that the appointment lasted for about an hour and that Patient A had to lie down for about 35 minutes whilst the teeth were being built up.

The Committee considered that Patient A had a poor recollection of the specific details as to what took place at the appointment on 22 November 2023 and his evidence could not be relied upon in support of this charge. It considered that it was inherently unlikely that Patient A would have come into the room and that you would have started work on their teeth immediately without having a discussion with them as to what was about to take place. This was in circumstances where the appointment lasted for about an hour, during the course of which Patient A had to lie down for about 35 minutes whilst the treatment was being carried out.

By contrast, the Committee considers that your evidence in this matter is consistent with what you recorded contemporaneously in Patient A’s dental records at the conclusion of the appointment. Furthermore, Witness 2 told the Committee that she recalled you having a long discussion about the treatment options with Patient A prior to the treatment, although she could not recall details. Accordingly, the Committee is not satisfied that this charge has been proved to the requisite standard.



2	<p><i>You failed to obtain informed consent from Patient A on 22 November 2023 for the composite build ups to:</i></p>
2(a) - 2(d)	<p>UR3, UL3, LR3 and LL3 Found proved</p> <p>In relation to the issue of informed consent, the experts agreed in their joint report that if the provision of composite restorations was considered to be for functional and/or protective reasons, rather than to improve the aesthetics, the option of receiving the treatment on the NHS should have been discussed.</p> <p>Having found charge 1(a) proved, the Committee has concluded that because you did not discuss with Patient A that the composite build ups could have been provided on the NHS, Patient A was not provided with all options and therefore informed consent could not have been properly obtained. Accordingly, the Committee finds this charge proved solely on this specific basis.</p>
Patient B	
3(a) – (d)	<p><i>You failed to provide an adequate standard of care to Patient B between 16 August 2023 and 8 November 2023 in that you failed to offer Patient B the following treatment on the NHS, namely composite build ups to: UR3; UL3; LR3 and LL3</i> Found proved</p> <p>Patient B attended for an examination on 16 August 2023. Patient B was 16 years old at the time of the appointment. Witness 1 was also present. The records state: “wear on all canines and upper and lower ants, significant wear on UL3. Advised canine build ups on 3s with scope for night guard or Michigan splint. Advised night guard available on NHS and will help reduce wear on teeth but not resolve muscular [sic] dysfunction.”</p> <p>Your evidence is that you saw Patient B on 16 August 2023, with his mother, for a routine examination. You explained that you found wear on all canine teeth and upper and lower anterior teeth. You noted in the records “<i>significant wear on the UL3</i>”. Your evidence was that this entry related only to Patient C’s records but was erroneously entered into Patient B’s records. You also accepted that you discussed tooth wear with Patient B and his mother. You recollect being advised that Patient B had not worn his night guard which had previously been made.</p> <p>Witness 1’s evidence was that you offered canine build ups as an aid to dealing with the excessive wear on Patient B’s canines, but only as private treatment at a cost of £138 per tooth (ie £552 in total).</p> <p>The Committee has noted the treatment plan estimate for Patient B which sets out that the following treatment was required “to achieve dental fitness”, namely private composite restorations to the UR3, LR3, LL3 and UL3 for an estimated fee of £138 per tooth at the first appointment; a mouth/night/sports guard for an estimated fee of £140 at the second appointment and Michigan splint impressions at the third appointment and the Michigan splint fitting at the fourth appointment. There is no indication in the treatment plan estimate that the treatment was required for aesthetic reasons, nor that it was available on the NHS.</p> <p>Both experts have examined the study model of Patient B’s teeth, and both agreed that the model indicated that wear to the anterior teeth and canines was greater than would normally be expected, given Patient B’s age.</p>



Dr Kramer’s evidence was that given the level of wear, canine build ups could have been provided on the NHS for Patient B. He noted that there was nothing in Patient B’s records to suggest that there was any concern about the appearance of the teeth. Mr Kramer considered that the clinical records made it clear that canine build ups were being considered for functional, not aesthetic reasons.

Dr Kramer highlighted the seriousness of the tooth loss and opined that a reasonable body of dentists would have provided canine build ups and a mouth guard. Dr Kramer considered that the treatment could have been provided on the NHS due to the preventive nature of the treatment proposed.

Dr Mulcahy agreed that there was considerable wear to Patient B’s canines. However, he considered that a reasonable body of dentists would not have offered canine build ups but that at the very least a nightguard along with appropriate advice and monitoring would have been sufficient. However, in his oral evidence Dr Mulcahy explained that where there was a history of non-compliance with wearing a nightguard, it was better to go for restoring the teeth.

The Committee has had regard to the clinical notes which suggest that you advised canine build ups but that these were not available on the NHS. This is consistent with Witness 1’s evidence that she was told by you that her son needed canine build ups to prevent further wear, but that these were only available privately.

In light of the contemporaneous clinical notes, and Dr Kramer’s opinion that the records show that the treatment was for functional rather than aesthetic reasons, the Committee is satisfied, on the balance of probabilities, that the proposed canine build ups were to aid canine guidance and to prevent further wear to the teeth. Dr Kramer considered that if the treatment for the canine build ups were for functional reasons, then it should have been offered on the NHS. The Committee agrees. It is satisfied that your failure to do so amounts to a failure to provide Patient B an adequate standard of care in relation to the composite build ups for the four teeth in question.

The Committee has had regard to its reasons set out at charge 1(a) above – namely that you offered the canine builds up for clinical, as opposed to aesthetic, reasons.

Accordingly, the Committee finds this charge proved.

Patient C

4(a) – *You failed to provide an adequate standard of care to Patient C between 16 August 2023 and 21 August 2023 in that you failed to offer Patient C the following treatment on the NHS, namely composite build ups to: UR3; UL3; LR3 and LL3*
4(d)

Found proved

Patient C was 15 years old at the time of the appointment. You saw Patient C on a single occasion (16 August 2023) in which you recorded the following:

*“Wear on a canines and upper and lower ants,
Significant wear on UL3
Advised canine build ups on 3s with scope for night
Guard or Michigan splint
Advised night guard available on NHS and will help
Reduce wear on teeth but not resolve muscular dysfunction.
Michigan splint will help with muscular dysfunction.
and help reduce anterior teeth wear
Advised canine build ups and Michigan splint private*



only as it is not part of basic mandatory service”

In your witness statement you explained that at the appointment on 16 August 2023 you noted wear on all canines and upper and lower anterior teeth. You also noted “significant wear” on UL3, although this was only related to the worn “whity/brown hypercalcified region” which had previously been noted on 3 February 2022 by another treating dentist. Your evidence is that you considered that the wear was not so significant as to require any treatment which you considered could be deemed clinically necessary and which could therefore be provided on the NHS. Your position is that you advised Patient C that they would benefit from a night guard and for him to return to see you for a routine review in 9 months. You further explained that an appointment was made for 30 November 2023 for night guard impressions to be taken but the appointment was cancelled because Patient C was unwell.

In your oral evidence you explained that the wear was not sufficient to warrant treatment on the NHS, although your notes for the appointment of 16 August 2023 clearly outline significant wear to UL3. The Committee found your evidence on this point to be confusing and contrary to what you had recorded contemporaneously in the notes. The contemporaneous record for 16 August 2023 referred to wear on all canines and upper and lower anterior. In that note you advised canine build ups on 3s with scope for night guard or Michigan splint.

There were no study models of this patient. The experts therefore relied on what had been written in the notes.

Dr Kramer’s evidence was that the record for 16 August 2023 showed that there was wear on all Patient C’s canine teeth that required treatment. It was noted that Patient C had had a nightguard provided in February 2022 because he was seen to have anterior tooth wear at that time. In Dr Kramer’s opinion, the evidence was that Patient C had tooth wear affecting his canine teeth and so the proposed composite build ups were for functional and/or preventative purposes. They could, therefore, have been provided under the NHS regulations. His opinion was that Patient C should have been advised in this regard. Dr Kramer maintained this position in the joint report and in his oral evidence.

Dr Mulcahy’s position was that in the absence of a study model, he was unable to offer an opinion as to whether the existing nightguard and monitoring would have been adequate and as such the charge cannot be supported.

Both experts agree that if the treatment was offered for clinical reasons then it should have been offered on the NHS. Your evidence was that you did not consider the treatment necessary and therefore you did not offer it to Patient C on the NHS.

Notwithstanding the absence of the study models, the Committee has borne in mind that the clinical records make reference to the wear of the teeth and the proposed treatment options to reduce the wear. It prefers Dr Kramer’s opinion, which is predicated on what is recorded in the records for 16 August 2023, that there was a clinical indication to offer Patient C the composite build ups on the NHS. The Committee considered that Dr Mulcahy’s opinion appears to be relying on the fact that you stated in the notes “not part of basic mandatory service”.

The Committee therefore finds this charge proved.

5	Your conduct at 1a, 3 and/or 4 above was
5a	<p><i>Misleading</i> Found proved in relation to 1a, 3 and 4</p> <p>The GDC's case was that the failure to offer the composite build ups on the NHS was objectively misleading because the patients and/or Witness 1 were misled as to what options were available.</p> <p>The Committee has found that the composite build ups should have been offered on the NHS for the reasons set out in charges 1a, 3 and 4.</p> <p>In light of these findings, the Committee has concluded that your failure to do so was objectively misleading as alleged.</p>
5b	<p><i>Dishonest, in that you were financially motivated</i> Found not proved in relation to 1a, 3 and 4</p> <p>The Committee has first considered your subjective knowledge and belief.</p> <p>In your witness statement you set out that your understanding of NHS primary dental services is that they are intended to provide treatment necessary to secure oral health. You accepted that consideration of what treatment is 'necessary' comes down to the clinical judgement of the dentist examining the patient. You set out that it was your personal view that the composite build ups were not clinically necessary and so were not available to the patients on the NHS.</p> <p>The Committee has had regard to the entries in the clinical notes dated 16 August 2023 for Patients A, B and C where you have recorded "<i>Advised canine build ups and Michigan splint private only as it is not part of basic mandatory service.</i>" The Committee, has inferred, in light of these contemporaneous entries, that you genuinely believed that the canine build ups were not clinically necessary and so were not available to patients on the NHS. In the Committee's judgement, you misunderstood the application of the NHS Regulations in respect of the composite build up to the three patients in question and advising Witness 1 that they were not available on the NHS.</p> <p>The Committee then went on to consider whether your actions were objectively dishonest according to the standards of ordinary decent people.</p> <p>As set out above, the Committee considers that it is more likely than not that you genuinely misunderstood the application of the NHS Regulations in respect of the composite build up to the three patients in question and advising Witness 1 that they were not available on the NHS. This is borne out by the contemporaneous records in which you record that the splints are not part of basic mandatory service.</p> <p>The Committee considers that this was a more likely explanation rather than your conduct was dishonest on the basis that it was financially motivated. There is nothing in the clinical records to suggest that you were trying to hurry the proposed treatment for the three patients in order to secure a higher rate of payment. In fact you only treated one of the patients, Patient A, in November 2023, several months after the appointment in August 2023 and you advised delaying the provision of the Michigan splint. Having considered all the circumstances and your own explanation, the Committee was not satisfied that there was sufficient evidence upon which it could infer, on the balance of probabilities, that your actions were financially motivated.</p>

The Committee has also had regard to the bundle of testimonials from dental professionals and patients which attest to your honesty, integrity and professionalism. It accepted that you are of previous good character in that you have no previous GDC fitness to practise findings against you.

Taking all these factors into account, the Committee is not satisfied that the test for dishonesty, as set out in the case of *Ivey v Genting Casinos (UK) Ltd*, is made out. It finds that you are not guilty of dishonesty based on financial motivation.

Proceedings at stage two

27 The Committee received a Stage 2 Defence bundle at this stage of the proceedings. This included a reflection dated 11 February 2026 on the Case Examiner referral; copies of Certificates of Continuing Professional Development (CPD) and reflections from October 2024 to February 2026, including courses relating to consent, NHS claiming guidance and regulations. The Committee also received testimonials from professional colleagues in the knowledge of the allegations against you.

28 In accordance with Rule 20, the Committee heard submissions from Ms Tahta on behalf of the GDC and those made by Mr Peacock on your behalf.

29 Ms Tahta confirmed you have no previous fitness to practise history. She submitted that the facts found proved are serious and fell short of what would be judged to be proper in the circumstances and amount to misconduct. She referred to your repeated failure to inform Patients A, B and C that composite build ups for their canine teeth were available on the NHS. She invited the Committee to have regard to Dr Kramer's opinion that each of these individual failings amounted to a falling far below the standards expected of a registered dentist. Ms Tahta referred to Dr Kramer's oral evidence that it was a basic requirement for a registered dentist to know the NHS regulations and how they apply in these circumstances at any stage of their professional practice.

30 Ms Tahta cited standards 2.3, 2.4, 3.1 and 7.1 of the GDC's "Standards For the Dental Team" which, she submitted, may apply in this case. In short, the GDC's position is that the findings against you, which took place in the exercise of your professional practice, are sufficiently serious to amount to professional conduct. She cited various cases including that of *Remedy UK Ltd v GMC* and *Roylance (no 2) v GMC*.

31 In respect of current impairment, Ms Tahta invited the Committee to take into account your past misconduct, the steps you have taken to remedy it and whether it is highly unlikely to be repeated. Ms Tahta submitted that you have denied all of the charges against you and in your evidence you have maintained that you were fully aware of NHS regulations at the time these events took place between August and November 2023. It was Ms Tahta's submission that in between the commissioning of these events in 2023 and this hearing, you have not recognised that you were at fault – neither in response to Witness 1's complaint, nor in any of the statements during GDC's investigation. You maintained this position in your oral evidence. This therefore raised doubts as to whether you have demonstrated sufficient insight into the matters that have brought you before your regulator.

32 In short, the GDC's position is that despite the extensive bundle of CPD and testimonials, the Committee cannot be satisfied as of today that you are fully remediated. Ms Tahta submitted that a finding of current impairment is necessary for the protection of the public. Ms Tahta made no submissions as to whether a finding of current impairment is necessary on the grounds of the public interest.

33 Ms Tahta submitted that the appropriate sanction is to conclude this case with an order of conditions for a period of 12 months with a review to take place before the expiry of the order. She invited the Committee to consider imposing a requirement for workplace supervision with monitoring of your practice in the areas of patient consent and the management of tooth wear, as well as a requirement for a Personal Development Plan (PDP) with targeted areas of your practice.

34 Mr Peacock referred the Committee to his written submissions in respect of the legal framework for misconduct and current impairment. He made no submissions on the matter of misconduct, given that it was a matter for the Committee's judgement and where the burden and standard of proof does not apply at this stage of proceedings. However, Mr Peacock submitted that standard 7.1, which refers to the provision of good quality care based on current evidence and authoritative guidance (as referred to by Ms Tahta in her submissions) was not engaged in this case.

35 Mr Peacock submitted that whereas Ms Tahta submitted that the conduct was repeated, his submission was that in fact the conduct represented a single underlying event concerning the interpretation of the NHS regulations. Mr Peacock invited the Committee to play close regard to the documents contained in the Stage 2 bundle which provide evidence of the remediation you have undertaken as well as your insight into the matters in this case. This includes certificates of the targeted CPD you have completed in the areas of consent and NHS regulations, as well as your detailed reflections on these. Mr Peacock also drew the Committee's attention to the testimonials which attest to you as a conscientious dentist with high moral and ethical standards. They also attest to you as a competent dentist who is able to build strong working relations with colleagues and patients and who is willing to reflect on your practice.

36 Mr Peacock provided information on your current working arrangements. He advised that you currently work full time as a dentist from Monday to Thursday, carrying out non-NHS dental work. On Sunday you work for your own company which provides tuition to A level students. The Committee has been informed that it is not your intention to work within the NHS system. Mr Peacock advised that save for an episode in February – March 2026 when you assisted the practice with UDAs, you have not worked recently for the NHS.

37 It was Mr Peacock's submission that you have reflected on the shortcomings identified in this case, including in your record keeping, and you have taken appropriate steps to embed changes into your practice, as confirmed in the testimonials provided by dental professionals. Mr Peacock submitted that the likelihood of repetition of the events is very low and that the events concerning Patients A, B and C were isolated in nature. In short, Mr Peacock submitted that a finding of current impairment on the grounds of the protection of public is not necessary given your insight, your reflections, the remediation you have undertaken and the absence of any repetition of the events in question. This was a case, submitted Mr Peacock, which falls within the Cohen test – namely that errors have been remedied and are highly unlikely to be repeated.

38 Mr Peacock further submitted that this was not a case where it is necessary to reach a finding of current impairment on the grounds of public interest. His position is that none of the factors set out in paragraph 248 of the GDC's Fitness to Practise: Guidance for the Practice Committees" (January 2026) ('the Guidance') are relevant to this case.

39 Mr Peacock addressed the Committee on the matter of sanction. In short, Mr Peacock submitted that were the Committee to conclude that your fitness to practise is impaired, then it would be sufficient and appropriate to conclude the case with a reprimand. There were a number of factors set out in paragraph 263 of the Guidance which were relevant in this case.

40 In the event that the Committee was minded to conclude this case with an order of conditions, Mr Peacock submitted that the appropriate and proportionate length of the order would

be three months. This was in view of the extensive remediation you have undertaken as well as the fact that you have no intention of doing any NHS work.

41 The Committee has considered the submissions carefully. It has accepted the advice of the Legal Adviser. Throughout its deliberations, the Committee has had regard to the GDC's Guidance.

Misconduct

42 The Committee first considered whether the facts found proved amount to misconduct. The Committee has found proved that you failed to prove an adequate standard of care to Patient A between 16 August 2023 and 22 November 2023 in that you failed to offer Patient A treatment on the NHS, namely composite build ups to four canine teeth. On 22 November 2023 you carried out composite build ups to Patient A but you failed to obtain informed consent from the patient. It found that you failed to obtain informed consent from Patient A insofar as it relates to not advising Patient A that the treatment was available on the NHS.

43 The Committee further found proved that you failed to provide an adequate standard of care to Patient B between 16 August 2023 and 8 November 2023 and a failure to provide an adequate standard of care to Patient C between 16 August 2023 and 21 August 2023 in that you failed to offer each patient treatment on the NHS, namely composite build ups to four canine teeth. However, ultimately you did not provide composite build ups to Patient B or Patient C.

44 The Committee found that your conduct in failing to offer Patients A, B and C the composite build ups on the NHS was misleading to the patients and or Witness 1 (the parent) was misled as to fact that the treatment was available on the NHS.

45 The Committee takes a serious view of the findings against you. You failed to inform the patients and Witness 1 that the treatment was available on the NHS, which was misleading. The Committee heard from Witness 1 that she could not afford the canine build ups and therefore did not want to proceed with this treatment for any of her sons. In addition, you went ahead with treating Patient A in circumstances where he was not informed that the treatment was available on the NHS.

46 The Committee has considered you have breached the following GDC Standards For the Dental Team (September 2013):

You must

2.3 You must give patients the information they need, in a way they can understand, so that they can make informed decisions.

2.4 Give patients clear information about costs.

3.1 Obtain valid consent before starting treatment, explaining all the relevant options and possible costs.

47 The Committee considers that patients are entitled to expect that their dentist will be open about the costs of treatment, including whether the treatment is available on the NHS. Your failure to obtain valid consent amounts to a breach of one of the fundamental tenets of the profession. Accordingly, the Committee has concluded that the findings against you amount to a falling short of what would be expected in the circumstances and that such falling short is serious. It is satisfied that the findings against you amount to misconduct.

Committee's decision and reasons on impairment

48 The Committee next considered whether your fitness to practise is impaired by reason of misconduct on the grounds of the protection of patients and/or is in the wider public interest.

49 The Committee has borne in mind the steps you have taken to address the failings in this case. This includes you having undertaken a number of hours of relevant and focused CPD, specifically in relation to NHS claiming guidance and a BDA course on understanding regulations for mixed NHS and private practice. You set out your reflections on these courses. In summary, you reflected that you have a better understanding of the application of the NHS regulations and how you would put this knowledge into practice in explaining what services NHS are and which are private. You also reflected that the session improved your understanding of advanced mandatory services within NHS dentistry, clarifying the scope of what must be provided under the contract.

50 The Committee has also considered your reflections on the case examiners decision to refer to matter to the PCC. You say that you now better appreciate that when NHS and private options are discussed together, particularly where costs are involved, clear documentation is crucial. You accepted that your records did "not clearly evidence discussions held and distinctions and that this created ambiguity". In relation to consent, you explained that you recognise that your documentation did not adequately record the options discussed, the risks explained, the financial implications or the patient's reasoning for proceeding. The Committee has noted that throughout this document you have repeatedly referred to the issue of record keeping, which created ambiguity, as a reason for your shortcomings, whereas the Committee considers that there was no ambiguity as you had recorded clearly in the patients' clinical notes that the treatment proposed was not included within the basic mandatory NHS services.

51 The Committee recognises the steps you have taken to address the concerns in this case, as well as the supportive testimonials. The Committee considers that you have shown some insight into NHS obligations and what must be provided under the contract but it is not satisfied that your insight is developed fully. In the Committee's view, your reflections have not demonstrated that you explored other points of view as to your decisions to offer treatment for the build ups of the canine teeth privately in this case and how you should have acted differently. Instead, you have sought to use to your reflections to support your genuinely held belief that your record keeping was at fault.

52 The Committee has had regard to paragraphs 242 to 245 of the Guidance in respect of your denial of the allegations. The Committee notes that throughout these proceedings you have denied the allegations against you, as is your right. The Committee has drawn no adverse inference by your denial of the allegations against you. Nevertheless, the Committee has concerns about the extent of your insight, how you would act differently in the future and the ramifications of your failings to patients. The Committee has therefore concluded that there remains a risk of repetition of the concerns relating to the patients and therefore you currently pose a risk to the public. It has determined that a finding of impairment is necessary on the ground of public protection.

53 Turning to the wider public interest, the Committee is mindful of the serious nature of the findings against you, as well as your breaches of the GDC Standards for the Dental Team. Patient A was entitled to place their trust in your clinical judgement. Given the findings against you, the Committee has concluded that a finding of current impairment in relation to your misconduct is necessary on the grounds of the public interest. This was in view of the fact that you had misled patients as to the availability of NHS treatment and therefore failed to ensure that you obtained informed consent from Patient A. It considers that public confidence in the dental profession would be undermined if a finding of impairment were not made in this case.

54 Accordingly, the Committee has determined that your fitness to practise is currently impaired by reason of your misconduct on the grounds of the protection of the public and the public interest.

Committee's decision and reasons on sanction

55 The Committee then determined what sanction, if any, would be appropriate in light of the findings of facts, misconduct and current impairment that it has made. The Committee recognises that the purpose of a sanction is not punitive, although it may have that effect, but is instead imposed in order to protect patients and safeguard the wider public interests. In reaching its decision the Committee has again taken into account the GDC's Guidance. It has applied the principle of proportionality, balancing the public interest with your own interests.

56 The Committee has considered the mitigating and aggravating factors present in this case. In terms of mitigating factors, the Committee has noted the following:

- you have no fitness to practise history
- the incidents in question relate to one treatment issue affecting three members of the same family following on from a family appointment on 16 August 2023
- you apologised for your shortcomings in your communication and documentation
- you have taken remedial action over several years

57 In relation to aggravating factors, the Committee has noted the following:

- risk of harm to the patients in that two out of the three patients did not go ahead with the proposed treatment because the patients' mother was concerned about the cost
- Insight is not fully developed, including because you denied the charges throughout the hearing, and your insight so far has not sufficiently addressed the key issues of this case

58 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.

59 The Committee first considered whether to impose no order or to issue a reprimand. However, it rejected these courses of action on the basis that they would not be sufficient to protect the public, nor would it be in the public interest, to allow you to continue to practice without some form of restriction in place.

60 The Committee then considered whether placing conditions on your registration would be a sufficient and appropriate response. Any conditions that may be formulated must be workable, measurable, enforceable and address the risks that have been identified. It has kept in mind paragraph 270 of the Guidance which states that conditions may be suitable where most of the following factors are present:

- There are discrete aspects of your clinical practice that have been identified
- Those shortcomings are not so significant that patients will be directly or indirectly put at risk as a result of continued – albeit restricted- registration
- It is possible to formulate conditions that will protect the public during the period they are in force

61 The Committee is satisfied that the discrete areas of your practice, namely your understanding of the offering of NHS options when regulations allow for it, communication with patients and obtaining informed consent were such that conditions of practice could be specifically

formulated to protect the public and address the wider public interest whilst allowing you to continue to practice.

62 The Committee is satisfied that the risk to the public and the public interest can be sufficiently met, and the impairment can be remedied, by you practising with conditions in place. Accordingly, the Committee has concluded that a direction of suspension or erasure would be disproportionate in the circumstances of your case. The Committee determined that an order of conditional registration would be appropriate and proportionate to address the areas of concern and sufficiently protect the public and the wider public interest. It therefore directs that your registration be made subject to a conditions of practice order.

63 The Committee, having reviewed the GDC's "Guidance – Conditions bank for the practice committees (effective from 6 January 2026)", is satisfied that the standard conditions, together with workplace supervision, a reflective piece as well as clinical audits at intervals of every three months, is sufficient for the protection of the public. This includes a requirement that your work is overseen by a workplace supervisor under the first level of supervision. While noting Mr Peacock's submissions that you do not intend to work in the NHS, the Committee is mindful that you have recently provided work on the NHS and you may find yourself in circumstances where you may wish to provide work in this area.

64 In considering the length of the order, the Committee has borne in mind the submissions made by both parties. It has also taken into account the time you will need to demonstrate that you have full insight into the matters identified in this case and that the remediation steps have been embedded into your daily practice so as to negate the risk of repetition. In these circumstances, the Committee is satisfied that the proportionate length of the order is 9 months. The Committee directs that this order be reviewed before its expiry and you will be informed of the date and time of that review hearing in writing.

65 The conditions will appear against your name in the Dentists' Register as follows:

1. You must provide the GDC, within seven days, the contact details and arrangements for any appointment you accept or are currently undertaking, which requires GDC registration and allow the GDC to exchange information with your employer or any contracting body for which you provide dental services. You must also provide the GDC, within seven days, the contact details for the commissioning body in whose Dental Performers List you are included, or seeking inclusion (at the time of application).
2. From the date that these conditions take effect, you must inform the GDC within seven days of being notified of:
 - a. any formal disciplinary action taken against you
 - b. any NHS investigation
 - c. any regulatory or enforcement action taken against you or a practice for which you are the registered provider
 - d. any patient complaint received about your clinical practice or conduct at work.
3. You must allow the GDC to exchange information with your employer or any contracting body for which you provide dental services.
4. You must inform the GDC, within seven days of these conditions taking effect, if you are registered with any overseas regulator (or equivalent authority) or within seven days of making an application for registration with any overseas regulator or equivalent authority.

5. At any time you are employed to provide dental services which require you to be registered with the GDC, you must remain under the supervision* of a workplace supervisor nominated by you and approved by the GDC. The workplace supervisor must be a GDC registered dentist. You must not start/restart work until your proposed workplace supervisor has been approved by the GDC.
6. You must provide reports from your workplace supervisor to the GDC every 3 months and at least 14 days prior to any review hearing. The report must address three specific areas:
 - Your understanding of the offering of NHS options when regulations allow for it
 - communication with patients
 - obtaining informed consent
7. You must stop working immediately if your workplace supervisor directs you to do so, and you must inform the GDC within seven days of receiving this direction.
8. You must carry out an audit every three months in the following areas of your practice:
 - Your understanding of the offering of NHS options when regulations allow for it
 - communication with patients
 - obtaining informed consent

The audit must be checked and signed by your workplace supervisor.

9. You must provide a copy of this audit to the GDC every 3 months and at least 14 days prior to any review hearing or, alternatively, provide a statement, which has been counter-signed by your workplace supervisor, confirming there have been no such cases.
10. Within three months from the date these conditions take effect, you must read the GDC's Standards for the Dental Team and provide a written reflection focusing on your conduct in relation to the issues in this case, outlining what you should have done differently, and what the ramifications of the failings identified can mean to patients, the public and the reputation of the profession. The written reflection must address the following specific concerns identified by the practice committee:
 - Your understanding of the offering of NHS options when regulations allow for it
 - communication with patients
 - obtaining informed consent
11. You must inform the following parties that your registration is subject to the conditions listed at 1 to 10 above:
 - Any organisation or person employing you or who has an arrangement with you to undertake dental work (within seven days).
 - Any professional regulatory body you are registered with (within seven days) or apply to be registered with (at the time of application).
 - Any locum agency or out-of-hours service you are registered with (within seven days) or apply to be registered with (at the time of application).

- Any prospective employer (at the time of application), or any organisation or person with whom you intend to enter into an arrangement to undertake dental work (at the time the arrangement is made).
- The commissioning body in whose Dental Performers List you are included (within seven days), or seeking inclusion (at the time of application).

You must forward written evidence of your compliance with this condition to the GDC within seven days of notifying the relevant parties of your conditions.

**Supervised: the workplace supervisor must supervise the registrant's day-to-day work in a way prescribed in the relevant condition or undertaking. The workplace supervisor does not need to work at the same practice as the registrant, but they must be available to provide advice or assistance if the registrant needs it. Where the workplace supervisor is unavailable through illness or planned absence, the registrant must not work, unless an approved alternative workplace supervisor is in place. The workplace supervisor must review the registrant's work at least once a fortnight in one-to-one meetings and case-based discussions. These meetings must focus on all areas of concern identified by the conditions or undertakings. These meetings should usually be in person. If this is not possible, at least one of every two fortnightly meetings must be in person*

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

Immediate order of conditions

67 Ms Tahta, on behalf of the GDC, made an application under Section 30(2) of the Dentists Act 1984 (as amended) that immediate order of conditions should be imposed on your registration. She submitted that such an order is necessary for the protection of the public and is otherwise in the public interest in light of the Committee's findings. Ms Tahta referred to two paragraphs of this Committee's stage 2 determination where it has highlighted that you pose a continuing risk to public safety in support of her application. Ms Tahta also referred to paragraphs 285 to 288 of the GDC's Guidance (January 2026) which deals with immediate orders.

68 Mr Peacock, on your behalf, submitted that an immediate order of conditions is unnecessary and would be unduly onerous. He made the point that you have been working without restrictions, with no reported concerns, throughout the GDC's investigation. He also submitted that you are currently working with the oversight of a mentor and that there may be a delay in putting into place the necessary arrangements for the Workplace Supervisor, which would prevent you from working in the meantime. In short, Mr Peacock submitted that the test for necessity for the making of an immediate order is not made out. During the course of his submissions Mr Peacock referred the Committee to highlighted passages (paragraphs 4,5,6, 12, 13 and 14) of the case of Davey v General Dental Council (2015 WL 6757832).

69 The Committee has considered the submissions made. It has accepted the advice of the Legal Adviser. The Committee has also had regard to paragraphs 285 to 288 of the GDC's Guidance (January 2026) which deals with immediate orders. It has also had regard to the highlighted paragraphs of the case of Davey v General Dental Council.

70 The Committee is satisfied that it is necessary for the protection of the public and is otherwise in the public interest that your registration be made conditional forthwith. In the Committee's judgement, taking full account of its findings of current impairment and reasons for directing that your registration be subject to a substantive order of conditions, there is a risk to public safety which makes an immediate order necessary for public protection.

71 However, the Committee is not satisfied that an immediate order is required in order to maintain public confidence in the profession. In the Committee's judgement, the public interest is met by the substantive order of conditional registration.

72 The effect of this order is that your registration is now subject to the conditions set out in the Committee's determination of your case. Unless you exercise your right of appeal the substantive 9 month period of conditional registration will commence 28 days from when notification of the determination is served on you. Should you exercise your right of appeal, this immediate order of conditions shall remain in force pending the disposal of the appeal.

73 The Committee's decision will be confirmed to you in writing in accordance with the Act.

74 That concludes this hearing.