

PRIVATE (IN PART) HEARING**Professional Conduct Committee
Initial Hearing****8 - 18 September 2025****Name:** OTESEANU, Alina Teodora**Registration number:** 75902**Case number:** CAS-198636

General Dental Council: Miss Lydia Barnfather, Counsel.
Instructed by Clare Hastie, Kingsley Napley**Registrant:** Present
Represented by Miss Sarah Przybylska, Counsel.
Instructed by Clyde & Co Solicitors

Fitness to practise: Impaired by reason of misconduct**Outcome:** Suspension (with a review)**Duration:** 12 months**Immediate order:** None imposed

Committee members: Gaon Hart (Lay) (Chair)
Miraj Shah (Dentist)
Joshua Kelly (Dental Care Professional)**Legal adviser:** Matthew Corrie**Committee Secretary:** Andrew Keeling

CHARGE

OTESEANU, Alina Teodora, a dentist, BChD University of Pretoria 1999 is summoned to appear before the Professional Conduct Committee on 8 September 2025 for an inquiry into the following charge:

The Charge

The hearing will be held to consider the following charge against you:

“That, being a registered dentist,

1. *Between August 2014 and April 2016 you were practising in general dentistry at Practice 1.*
2. *Claims were made in your name for Units of Dental Activity under the National Health Service General Dental Services Contract as set out in Schedule A¹.*

Patient 1

3. *On about 18 September 2015 and 24 November 2015, you caused or permitted two Band 3 claims [178514 and 187429] to be submitted in respect of one course of treatment.*

Patient 2

4. *On about 24 February 2015, you caused or permitted a Band 2 claim [170145] to be submitted in respect of treatment which had not been provided as claimed.*

Patient 4

5. *On about 8 January 2015, you caused or permitted a Band 3 claim [158003] to be submitted in respect of treatment which had not been provided as claimed.*

Patient 7

6. *On about 26 August 2015, you caused or permitted a claim for a Free Denture Repair [181876] to be submitted when a repair had not been provided as claimed.*

Patient 11

¹ Schedule A is a private document that cannot be disclosed.



7. *On about 9 February 2015, you caused or permitted a claim for a Free Denture Repair [168960] to be submitted when a repair had not been provided as claimed.*

Patient 16

8. *On about 15 December 2014, you caused or permitted a Band 2 claim [165594] to be submitted in respect of treatment which had not been provided as claimed.*

Patient 22

9. *On about 18 April 2016, you caused or permitted a Band 2 claim [201604] to be submitted in respect of treatment which had not been provided as claimed.*

Patient 26

10. *On about 9 February 2015, you caused or permitted a Band 1 claim [168967] to be submitted in respect of treatment which had not been provided as claimed.*

Patient 28

11. *On about 18 February 2015, you caused or permitted a Band 2 claim [169743] to be submitted in respect of treatment which had not been provided as claimed.*

Wrap Up

12. *Your conduct as set out above at 3, 4, 5, 6, 7, 8, 9, 10, and/or 11:*

(a) was inappropriate;

(b) lacked integrity in that you failed to ensure your claims complied with the relevant Regulations;

(c) was dishonest in that you knew the claims were for UDAs to which you were not entitled.

And that, by reason of the facts alleged, your fitness to practice is impaired by reason of your Misconduct”

Mrs Oteseanu,

1. This was a Professional Conduct Committee (PCC) inquiry into the facts which formed the basis of the allegation against you that your fitness to practise is impaired by reason of misconduct.
2. You attended the hearing and you were represented by Miss Sarah Przybylska, Counsel. Miss Lydia Barnfather, Counsel, presented the General Dental Council's (GDC) case. Stage 1 of the hearing took place in person at the hearing suite of the Dental Professionals Hearing Service in Wimpole Street, London, between 8 September 2025 and 12 September 2025.

Preliminary Matters – Conflict of Interest (8 September 2025)

3. At the outset of the hearing, the Committee considered a possible conflict of interest in respect of the lay member and Chair of the Committee, Mr Hart.
4. On 5 September 2025 and before receiving any papers for this hearing, Mr Hart stated that he had been made aware of a potential conflict of interest by the NHS Counter Fraud Authority (NHS CFA), who was the body that had referred you to the GDC following its investigation into the matters in this case. Mr Hart announced that he is currently a Non-Executive Director at the NHS CFA and had previously been an Interim Chair.
5. In light of Mr Hart's declaration, he invited parties to make submissions on whether this amounted to a conflict of interest.
6. Miss Barnfather submitted that she did not consider that this amounted to a conflict of interest. She submitted that this case pre-dated Mr Hart's role at NHS CFA as the case was investigated by the organisation when it was known as NHS Protect.
7. Miss Przybylska submitted that she had no objections to Mr Hart hearing this case. She submitted that she had been informed that Mr Hart had no knowledge of you or any other persons mentioned in the papers for this case.
8. The Committee heard and accepted the Legal Adviser's advice. The Committee noted that NHS Protect's investigation into your alleged fraudulent claiming took

place significantly before the commencement of Mr Hart's role at NHS CFA. The Committee also noted that Mr Hart had no knowledge or recollection of NHS Protect's investigation or of any person involved in the investigation, including yourself, and his role was not related to investigations. Therefore, the Committee

determined that it was entirely appropriate for Mr Hart to hear the case and that an informed observer would not conclude that there was a real possibility that he would be biased.

Your Admissions

9. Miss Przybylska, on your behalf, informed the Committee that you admitted heads of charge 1, 2, 3, 4 and 8. She stated that you also admitted heads of charge 12 (a), (b) and (c) in respect of heads of charge 3, 4 and 8. You denied the remaining heads of charge.
10. The Committee noted your admissions, but deferred making a decision on these until all the evidence had been adduced.

Background

11. Miss Barnfather took the Committee through the background to the case in conjunction with a written case summary, which was provided to the Committee. She submitted that the events in question took place at Practice 1, where you had worked as a dentist at the material time. In April 2015, a husband of one of the dental nurses at the practice had reported to NHS CFA (known as NHS Protect at the time) allegations that, under the direction of the practice owner, the practice was committing fraud and falsely inputting treatment onto patient records that had not been undertaken and submitting false claims. It was alleged that the fraud involved the submission of false FP17 claim forms to the NHS from towards the end of the financial year 2014/2015 onwards.
12. In her case summary, Miss Barnfather outlined the process for dentists making claims to the NHS under the NHS Dental Services Contract 2006. She stated that Practice 1 held a contract with the NHS and the allegations in this case are confined to your claims made in respect of this contract as a performer. Treatments provided to NHS patients under this contract are categorised under one of three relevant different Bands (1 to 3). Band 1 treatment involves simple treatment, such as an examination, x-rays and a scale and polish. Band 2 treatment covers all the treatment under Band 1 plus more complex treatment, such as fillings. Band 3 treatment involves all of the treatment covered in Bands 1 and 2, and additionally the most complex treatment, such as the provision of crowns or dentures. Each of the Bands attract a different number of Units of Dental Activity (UDAs), with Band 1 treatment attracting 1 UDA, Band 2 attracting 3 UDAs and Band 3 attracting 12 UDAs.
13. When an NHS contract is signed, the rate of a UDA is agreed and the contractor or practice is then paid monthly by the NHS, pro rata the value of the annual contract. Several dental associates or performers can contribute to the delivery of

the contracted UDA target. If the UDAs contracted to be delivered are not delivered, the NHS can, and does, claw back the funds which have been overpaid on behalf of the NHS.

14. NHS CFA undertook an investigation into the allegations raised, and the GDC obtained witness statements from NHS Counter Fraud investigators, Elizabeth Wood and David Horsley. Mr Horsley stated that in respect of Practice 1, 25,482 claims were reviewed of which 829 claims were determined to be false. You were interviewed by NHS CFA in June 2016 and May 2017 as part of the investigation. On both occasions, you declined to answer any of the questions put to you by stating, *'no comment'*.
15. In respect of the allegations at this hearing, it is alleged that you caused or permitted nine false claims (with one legitimate claim split into two) to be made between December 2014 and April 2016 in respect of nine patients. It is alleged that these claims were in respect of treatment that had either not been provided at all, treatment that fell to be properly claimed in a lower band attracting fewer Units of Dental Activity (UDA), and in one instance, the breaking up of one claim into two separate claims (referred to as 'splitting'). It is alleged that your actions were inappropriate, lacking integrity and dishonest.

Decision on Private Hearing (10 September 2025)

16. Before you gave oral evidence at this hearing, Miss Przybylska made an application for your evidence to take place entirely in private pursuant to Rule 53(1) and (2) of the GDC (Fitness to Practise) Rules 2006 (the Rules). She submitted that you may mention matters in respect of your health during your evidence and may also name other individuals at Practice 1 in respect of the NHS Counter Fraud investigation. She submitted that it would be conducive to the running of the hearing to hear your whole evidence in private rather than going in and out of private session.
17. Miss Barnfather reminded the Committee of the principle of open justice and submitted that any matters in respect of your health should be heard in private. She submitted that it would be a matter for the Committee as to whether the whole of your evidence should be heard in private.
18. The Committee accepted the Legal Adviser's advice. The Committee was satisfied that any reference to your health or to any other person's private and family life should be heard in private pursuant to Rule 53(2)(a) of the Rules. However, the Committee was mindful of the principle of open justice and determined that the rest of your evidence should be heard in public and that the other issues will be resolved through an appropriate lowest measure necessary of referring to individuals by their initials.

Evidence

19. By way of factual evidence from the GDC, the Committee was provided with the following signed witness statements with associated exhibits:

- Patient 1, dated 29 July 2023;
- Patient 4, dated 10 August 2022;
- Patient 7, dated 2 September 2022;
- Patient 26's father, dated 13 August 2022;
- Patient 28's mother, undated;
- Elizabeth Wood, previous NHS Fraud investigator at NHS Protect, dated 20 January 2025;
- David Horsley, Senior Fraud Investigator at NHS Protect, dated 30 January 2024;
- James Viles, Senior Business Development Lead within the NHS Business Services Authority (NHSBSA), NHS Dental Services, dated 11 June 2025; and
- Clare Hastie, Solicitor at Kingsley Napley, dated 27 November 2023.

20. All of the documentary evidence in respect of these witnesses was agreed by you, and therefore there was no need for them to attend the hearing to give evidence.

21. The Committee also received copies of dental records for the patients in this case. Furthermore, it received an expert report, dated 13 December 2023, from Ms Jane Ford, and a supplemental report, dated 29 August 2025. Ms Ford also gave oral evidence.

22. As part of your case, the Committee was provided with your signed witness statement, dated 19 August 2025, and your supplemental statement, dated 9 September 2025. The Committee also heard oral evidence from you. The Committee also received documents showing the periods when you were absent and not working at Practice 1 during the relevant time. Of particular note was your admission that you had prematurely closed treatment plans in respect of your treatment for the practice receptionist and your nurse.

23. You provided an expert report from Julian Scott, dated 17 July 2025, and a supplemental report dated 1 September 2025. Additionally, three spreadsheets were provided by Mr Scott. Mr Scott gave oral evidence at this hearing.

The Committee's Findings of Fact

24. The Committee has considered all the documentary evidence presented to it. It took account of the submissions made by Miss Barnfather, on behalf of the GDC, and by Miss Przybylska, on your behalf. The Committee heard and accepted the advice of the Legal Adviser. In accordance with that advice, it has considered each head of charge 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 found proved on the balance of probabilities.

25. The Committee's findings in relation to each head of charge are as follows:

1.	Between August 2014 and April 2016 you were practising in general dentistry at Practice 1. Admitted and Found Proved
2.	Claims were made in your name for Units of Dental Activity under the National Health Service General Dental Services Contract as set out in Schedule A. Admitted and Found Proved
Patient 1	
3.	On about 18 September 2015 and 24 November 2015, you caused or permitted two Band 3 claims [178514 and 187429] to be submitted in respect of one course of treatment. Admitted and Found Proved The Committee accepted your admission that you caused two Band 3 claims [178514 and 187429] to be submitted in respect of one course of treatment. The Committee was satisfied that your admission was supported by the evidence provided.
Patient 2	
4.	On about 24 February 2015, you caused or permitted a Band 2 claim [170145] to be submitted in respect of treatment which had not been provided as claimed. Admitted and Found Proved



	The Committee accepted your admission that you permitted a Band 2 claim [170145] to be submitted in respect of treatment which had not been provided as claimed. The Committee was satisfied that your admission was supported by the evidence provided.
Patient 4	
5.	On about 8 January 2015, you caused or permitted a Band 3 claim [158003] to be submitted in respect of treatment which had not been provided as claimed. Found Proved The Committee noted from Patient 4's dental records that this Band 3 treatment was in respect of a purported broken crown at the UR3. Your handwritten notes indicate that the UR3 had previously been crowned on 2 July 2014. This corresponds with the electronic clinical records and the respective lab chit. Miss Barnfather submitted that there were no further handwritten records by you in respect of this patient after 2 July 2014. However, the electronic clinical records falsely show that on 15 August 2014 an electronic entry was made to show a crown preparation appointment and that the UR3 crown had failed. She submitted that a treatment plan was opened for this patient on 15 August 2014 and that from the very outset this treatment plan was fictitious. She submitted that the crown was then allegedly fitted on 8 January 2015 according to the electronic clinical records, and a subsequent Band 3 claim was made. However, there is no record of an appointment for Patient 4 on either date. Miss Barnfather submitted that on both occasions (15 August 2014 and 8 January 2015) you were present at the surgery and the electronic entries on both dates were made under your login, 'AO'. Miss Barnfather submitted that Patient 4 had stated in her witness statement that she had never received a replacement crown and could not recall attending the practice on either 15 August 2014 or 8 January 2015. It is alleged therefore that you caused or permitted a Band 3 claim to be made on 8 January 2015 for a fictitious crown.

	You denied this head of charge. You stated throughout this hearing that you only used handwritten records for patients between August 2014 and April 2016, and had never looked at the electronic clinical records. You stated that the entries in the clinical records were made by your nurse under your login of 'AO'. You stated that it was common knowledge at the time for all staff at the surgery to have access to each other's login details, PIN and password and therefore that any member of the practice could electronically open and close treatment plans for UDAs under your name. You explained that there is no information in your handwritten records following the appointment on 2 July 2014, and therefore it is likely that you did not provide treatment on either of the two dates and that your nurse had made the entries and claimed the UDAs on 8 January 2015 without your knowledge. You further stated that you were not in the surgery on 8 January 2015. When considering all these heads of charge, the Committee was mindful of the Legal Adviser's advice to apply the everyday meaning of the words '<i>cause</i>' and '<i>permit</i>'. This included that the meaning of '<i>cause</i>' is to authorise or mandate something to occur. In this case it means that you either submitted the claim yourself or authorised or mandated someone else to do it. '<i>Permit</i>' means to allow something to happen, either expressly or by failing to prevent it despite having the knowledge and authority to do so. The Committee was satisfied that there was no evidence to show that you authorised the alleged false claim yourself. The Committee noted that although the entries on the clinical records were made under your initials, 'AO', it accepted that there was no evidence to counter your assertion that you only used paper records and that the entries were made by your nurse. Furthermore, it noted that it was a known practice at the time that the staff at the surgery could use each other's login, PIN and passwords. This was also agreed by both experts, Ms Ford and Mr Scott. The Committee accepted the evidence presented by Mr Scott, which demonstrated that:
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- Others had your login details at the practice;
- There were instances when claims for other dentists were submitted using your login details; and
- There were times when claims were sent using your user name when you were not present in the practice;

This indicated to the Committee that others in the practice entered and submitted UDA claim data under your login/user name.

In relation to the expert evidence, the Committee accepted the evidence of Ms Ford. In relation to Mr Scott, the Committee accepted his evidence in respect of the areas in which he holds expertise. However, on the matters where he appeared to usurp the Committee's function, the Committee placed no reliance on this evidence and made its own decision.

The Committee was satisfied that there was insufficient evidence to show that you instructed anyone else, such as your nurse, to make the alleged false claims on your behalf.

The Committee, therefore went on to consider whether you had permitted the claim to be made.

The Committee noted from Patient 4's records that you were present at the surgery on 15 August 2014, but the diary showed you were seeing another patient at the time the record was edited.

The Committee also considered the timeline of events. It noted that by August 2014:

- You were instructing nurses to complete all your entries for UDAs;
- You knew that others could manipulate the UDAs under your login/user name;
- You knew there was pressure to complete UDAs urgently from the practice (from March 2014); and
- You admittedly had already manipulated two claims for UDAs (one for your receptionist and one for your nurse – March/April 2014).

In August 2014, this was the first instance of entirely fictitious treatment taking place. By this time, you had not heard the



dental nurses at the practice discussing claims for treatment that had not been provided (April 2015). August 2014 also pre-dated your admission that you permitted your nurse to put through a Band 2 claim in December 2014 for upcoded treatment on Patient 16 (head of charge 8 below).

The Committee therefore considered that based on your knowledge of events at the time, there was insufficient evidence to demonstrate that you were aware that entirely fictitious entries were being made under your login details.

However, by 8 January 2015, the Committee noted that you had already admitted that you had permitted your nurse to put through a Band 2 claim in December 2014 for upcoded treatment on Patient 16 (head of charge 8). This, however, was an upcoding rather than the invention of treatment. Your level of knowledge was such that you permitted the false entry to be made. The Committee noted that the manipulation of the electronic entry by you for the practice receptionist and your nurse were of a different nature in that they were premature closing of actual treatment.

However, the Committee considered that there was no evidence to show that you had taken any reasonable steps to check whether any false claims had been made in your name. You had allowed your nurse to access the clinical records under your name by using your login, password and PIN. At this time, you were aware that the computer system could be used to submit false claims. You have also admitted that did not check the list of monthly UDAs provided to you by your practice manager.

The Committee concluded, therefore, that by failing to take any reasonable checks that the claims being submitted in your name were accurate and strictly complied with NHS regulations you had created an environment in which false claims could be made in your name.

For these reasons, the Committee determined that you permitted a Band 3 claim [158003] to be submitted in respect of treatment which had not been provided as claimed.

Accordingly, the Committee found this head of charge proved.

Patient 7	
6.	On about 26 August 2015, you caused or permitted a claim for a Free Denture Repair [181876] to be submitted when a repair had not been provided as claimed. Found Proved The Committee first sought to determine whether the denture repair had occurred as claimed on 26 August 2015. The Committee had sight of Patient 7's witness statement and the dental records. It noted that Patient 7 had a genuine appointment on 5 May 2015 for a general check up. However, there was no appointment for 26 August 2015. Patient 7 also stated in her witness statement that she had her denture repaired early in 2015. The Committee noted that both experts agreed that denture repairs could have been processed by the reception at the practice and therefore it was possible that the repair could have been undertaken with no clinical input. The Committee further noted that although there is an entry in the electronic clinical records which show a denture repair there is no lab chit regarding this repair or any handwritten notes. The Committee was satisfied, therefore, that a denture repair did not take place as claimed on 26 August 2015. The Committee then went on to consider whether you caused or permitted a claim to be made. For the same reasons as set out in head of charge 5, the Committee was satisfied that there was no evidence that you had caused a fictitious claim to be made. In respect of whether you had permitted a claim to be made, the Committee considered what you knew at the time. It noted that by 26 August 2015 you were aware of the following: • Your login and passwords were freely being used by others at the practice with your consent; • You knew that your dental nurse was completing the

	electronic records on your behalf; • You knew that the practice had not met the UDA targets in previous years; • You knew that you were under pressure from the practice to complete UDAs; • You had heard dental nurses discussing the issue of fraudulent claims being made in the name of their family members; • You were involved in the submission of two false UDA claims around March/April 2014 (receptionist and nurse); • You knew that the system had been manipulated in December 2014 for an upcoded scaling treatment (patient 16); • You knew that a fictitious filling had been claimed on 24 February 2015 (Patient 2). For these reasons, the Committee concluded that you would have had sufficient knowledge of the potential that false claims could be made at the practice under your name. You also admitted that you took no steps to check or review the UDAs being claimed in your name, either by reviewing the monthly schedules you were provided or the electronic clinical records. However, the Committee acknowledged that, according to the experts, denture repairs could be made without the need for a clinical appointment with the dentist, as above. Overall, the Committee concluded that it was more likely than not that you had permitted this claim to be made. Accordingly, the Committee found this head of charge proved.
Patient 11	
7.	On about 9 February 2015, you caused or permitted a claim for a Free Denture Repair [168960] to be submitted when a repair had not been provided as claimed. Found Not Proved It is alleged by the GDC that a claim for a free denture repair for Patient 11 was made in your name on 9 February 2015. However, there is no lab chit or record of a laboratory order in the lab book in respect of this purported repair. Furthermore, there is no record of



an appointment for Patient 11 on 9 February 2015 and the records show that you were working that day and so it was likely that you were present in the surgery when your login was used and the records edited. Miss Barnfather also submitted that even if the claim was made without your knowledge, you ought to have been aware when the patient attended a future appointment as you would have considered the records then.

You denied this head of charge. You stated that there was no entry for 9 February 2015 in your handwritten notes for Patient 11 and therefore could not confirm whether a denture repair had taken place. If a free denture repair had not taken place, you stated that your nurse probably had made the claim in an effort to help you meet your UDA target.

As in the previous head of charge, the Committee first sought to determine whether the denture repair had occurred as claimed on 9 February 2015.

In respect of an absence of a lab chit, the Committee did not draw any adverse inference from this. The Committee had seen other instances in the records where the information in the lab chit was not consistent with the information contained in the records. Therefore, it did not consider that this was determinative as to whether the denture repair took place.

The Committee also considered Miss Barnfather's submission that as you saw Patient 11 after the alleged false claim had been submitted, it was more likely that you would have identified the false claim. However, the Committee found that there is insufficient evidence that you looked at patients' electronic records, and also the system required an additional step in order to see specific information about any claims made. The Committee therefore also did not consider this to be determinative as to whether a free denture repair occurred.

The Committee also noted the expert evidence from Ms Ford that a free denture repair would not necessarily require an appointment and that they would be sent directly to the laboratory by reception staff. This was also agreed by Mr Scott in evidence. The Committee noted that this approach may not have been appropriate or reasonable. However, it was not the Committee's role to decide this.



	The Committee specifically noted that there was no witness statement from this patient. Therefore there is no evidence, aside from the absence of a lab chit, to indicate that a denture repair was not provided. In conclusion, the Committee determined that the GDC had not provided sufficient evidence that, on the balance of probabilities, a free denture repair had not taken place. Therefore, the Committee determined that there was insufficient evidence to prove that you caused or permitted a claim for a Free Denture Repair to be submitted when a repair had not been provided as claimed. Accordingly, the Committee found this head of charge not proved.
Patient 16	
8.	On about 15 December 2014, you caused or permitted a Band 2 claim [165594] to be submitted in respect of treatment which had not been provided as claimed. Admitted and Found Proved The Committee accepted your admission that you permitted this claim to be submitted in respect of treatment which had not been provided as claimed. The Committee was satisfied that your admission was supported by the evidence provided.
Patient 22	
9.	On about 18 April 2016, you caused or permitted a Band 2 claim [201604] to be submitted in respect of treatment which had not been provided as claimed. Found Proved For the same reasons as set out in head of charge 6, the Committee was satisfied that there was no evidence that you caused a fictitious claim to be made. In respect of whether you had permitted a claim to be made, the Committee also relied on its reasoning at head of charge 6 as to what you knew at the time this claim was made. It noted that by 18 April 2016 you would have been aware of the following:



	• Your login and passwords were freely being used by others at the practice with your consent; • You knew that your dental nurse was completing the electronic records on your behalf; • You knew that the practice had not met the UDA targets in previous years; • You knew that you were under pressure from the practice to complete UDAs; • You had heard dental nurses discussing the issue of fraudulent claims being made in the name of their family members; • You were involved in the submission of two false UDA claims around March/April 2014 (receptionist and nurse); • You knew that the system had been manipulated in December 2014 for an upcoded scaling treatment (patient 16); • You knew that a fictitious filling had been claimed on 24 February 2015 (Patient 2). For these reasons, the Committee concluded that you would have had sufficient knowledge of the potential that false claims could be made at the practice under your name. You also admitted that you took no steps to check or review the UDAs being claimed in your name, either by reviewing the monthly schedules you were provided or the electronic clinical records. Therefore, the Committee concluded that it was more likely than not that you had permitted this claim to be made. Accordingly, the Committee found this head of charge proved.
Patient 26	
10.	On about 9 February 2015, you caused or permitted a Band 1 claim [168967] to be submitted in respect of treatment which had not been provided as claimed. Found Proved For the same reasons as set out in head of charge 6, the Committee was satisfied that there was no evidence that you caused a fictitious claim to be made.



	In respect of whether you had permitted a claim to be made, the Committee also relied on its reasoning at head of charge 6 as to what you knew at the time this claim was made. It noted that by 9 February 2015 you would have been aware of the following: • Your login and passwords were freely being used by others at the practice with your consent; • You knew that your dental nurse was completing the electronic records on your behalf; • You knew that the practice had not met the UDA targets in the previous year; • You knew that you were under pressure from the practice to complete UDAs; • You were involved in the submission of two false UDA claims around March/April 2014 (receptionist and nurse); • You knew that the system had been manipulated in December 2014 for an upcoded scaling treatment (patient 16). For these reasons, the Committee concluded that you would have had sufficient knowledge of the potential that false claims could be made at the practice under your name. You also admitted that you took no steps to check or review the UDAs being claimed in your name, either by reviewing the monthly schedules you were provided or the electronic clinical records. Therefore, the Committee concluded that it was more likely than not that you had permitted this claim to be made. Accordingly, the Committee found this head of charge proved.
Patient 28	
11.	On about 18 February 2015, you caused or permitted a Band 2 claim [169743] to be submitted in respect of treatment which had not been provided as claimed. Found Proved For the same reasons as set out in head of charge 6, the Committee was satisfied that there was no evidence that you caused a fictitious claim to be made.

	In respect of whether you had permitted a claim to be made, the Committee also relied on its reasoning at head of charge 6 as to what you knew at the time. It noted that by 18 February 2015 you would have been aware of the following: • Your login and passwords were freely being used by others at the practice with your consent; • You knew that your dental nurse was completing the electronic records on your behalf; • You knew that the practice had not met the UDA targets in the previous year; • You knew that you were under pressure from the practice to complete UDAs; • You were involved in the submission of two false UDA claims around March/April 2014 (receptionist and nurse); • You knew that the system had been manipulated in December 2014 for an upcoded scaling treatment (patient 16). For these reasons, the Committee concluded that you would have had sufficient knowledge of the potential that false claims could be made at the practice under your name. You also admitted that you took no steps to check or review the UDAs being claimed in your name, either by reviewing the monthly schedules you were provided or the electronic clinical records. Therefore, the Committee concluded that it was more likely than not that you had permitted this claim to be made as you had failed in your duty to ensure that the claims in your name were appropriate. Accordingly, the Committee found this head of charge proved.
Wrap Up	
12.	Your conduct as set out above at 3, 4, 5, 6, 7, 8, 9, 10, and/or 11: a. was inappropriate; Admitted and Found Proved (Heads of Charge 3, 4 and 8) Found Proved (Heads of Charge 5, 6, 9, 10 and 11)



	The Committee accepted your admission in respect of heads of charge 3, 4 and 8 that your conduct was inappropriate. The Committee then went on to consider heads of charge 5, 6, 9, 10 and 11. The Committee was satisfied that your conduct was inappropriate as you were claiming money from the public purse for treatments which had not taken place and were permitting others to make your claims for you and were not checking at all whether claims were valid or accurate. The Committee particularly noted GDC Standard 6.3.1: <i>You can delegate the responsibility for a task but not the accountability. This means that, although you can ask someone to carry out a task for you, you could still be held accountable if something goes wrong.</i> Accordingly, the Committee found this head of charge proved in respect of heads of charge 3,4, 5, 6, 8, 9, 10 and 11.
	(b) lacked integrity in that you failed to ensure your claims complied with the relevant Regulations; Admitted and Found Proved (Heads of Charge 3, 4 and 8) Found Proved (Head of Charge 9) The Committee accepted your admission in respect of heads of charge 3, 4 and 8 that your conduct lacked integrity. The Committee then went on to consider heads of charge 5, 6, 9, 10 and 11. The Committee first concluded that there was a duty on you to ensure that any claims submitted in your name were accurate and strictly complied with NHS regulations. The Committee found proved that you had permitted false claims to be made. The Committee determined that the distinction between inappropriate acts and acts which lack integrity in these circumstances lies in the level of knowledge that you had at the



	particular time of the allegations. The Committee highlighted above the particular knowledge that you had under each charge. The Committee determined that after 15 December 2014 you had a level of knowledge that included head of charge 8 and that you had dishonestly permitted a Band 2 claim to be submitted. As such, you had a higher responsibility to ensure that any claims were legitimate and accurate. Your failure to do so from the 15 December 2014 onwards demonstrated a lack of integrity as a result of your continuing failure to review or check UDA claims despite knowing that UDA claims were being manipulated and entered falsely under your name. Therefore, the Committee determined that heads of charge 5 (allegation dated 8 January 2015), 9 (allegation dated 18 April 2016), 10 (allegation dated 9 February 2015) and 11 (allegation dated 18 February 2015) demonstrated a lack of integrity. The Committee considered head of charge 6 and the allegation around a denture repair. The Committee noted the experts' evidence that denture repairs in this practice could be undertaken without a clinical appointment. This reduced the potential knowledge that you may have had around a treatment plan being opened for a denture repair. It also had the consequence that if you had checked your UDA claims as required, the identification of a denture repair, which would potentially occur without your knowledge, would not necessarily have raised any concern as to the veracity of the claim. As such, the Committee determined that your actions with regard to head of charge 6 did not reach the level of a lack of integrity, although they were inappropriate.
	(c) was dishonest in that you knew the claims were for UDAs to which you were not entitled. Admitted and Found Proved (Heads of Charge 3, 4 and 8) Found Proved (Head of Charge 9) The Committee accepted your admission in respect of heads of charge 3, 4 and 8 that your conduct was dishonest.



The Committee then went on to consider heads of charge 5, 6, 9, 10 and 11.

When considering this charge, the Committee referred to the test set out in the case of *Ivey v Genting Casinos (UK) Ltd. t/a Crockfords* [2017] UKSC 67. It first considered the actual state of your knowledge or belief as to the facts at the time. The Committee then considered whether your conduct would be viewed as dishonest by the objective standards of ordinary and decent people.

The Committee considered that for head of charge 9 you would have been aware at the time of the considerable risk of false claims being made in your name for the reasons it had set out previously, but had taken no steps to make appropriate checks. Furthermore, you would have been aware at the time that previous false claims had been made in respect of appointments relating to a patient's filling (24 February 2015) and had heard the nurses discussing fictitious claims.

By 18 April 2016, you had dishonestly claimed in respect of a filling that was not provided and had heard the nurses discussing that fictitious claims were being made. The Committee considered that by this date you had actual knowledge that fictitious claims were being made, including in your name, and you turned a blind eye.

The Committee determined that this conduct would be considered dishonest by the objective standards of ordinary and decent people.

Accordingly, the Committee found this head of charge proved in respect of head of charge 9.

However, in respect of heads of charge 5, 10 and 11, the Committee determined that as the false claims were submitted after 15 December 2014 but before 24 February 2015 (head of charge 4) and prior to hearing nurses discussing fictitious claims, the Committee determined that these heads of charge had not reached the level of knowledge, considering the case of *Ivey*, for you to be deemed dishonest.

For the same reasons as referred to above with regard to integrity, the Committee determined that you were not dishonest with regard

	to head of charge 6. This was determined as detailed above with regard to the state of your knowledge or belief and therefore as to whether your conduct was dishonest by the standards of ordinary decent people. The Committee determined that your conduct was dishonest by the objective standards of ordinary and decent people for heads of charge 3, 4, 8 and 9.
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26. We now move to Stage 2.

Stage 2

27. Following its announcement of its decision on the facts, Stage 2 of the hearing took place between 17 and 18 September 2025. This stage of the hearing was held remotely on Microsoft Teams.

Summary of the Committee's Findings

28. The Committee has found proved (including your admissions) that between December 2014 and April 2016 you caused (head of charge 3) and permitted (heads of charge 4, 5, 6, 8, 9, 10 and 11) eight false claims (with one legitimate claim split into two) to be made to the NHS. You admitted that your actions were inappropriate, lacked integrity and were dishonest in respect of heads of charge 3, 4 and 8. The Committee further found proved that your actions were inappropriate in respect of heads of charge 5, 6, 9, 10 and 11, lacked integrity in respect of heads of charge 5, 8, 9, 10 and 11, and were dishonest in respect of head of charge 9.

Documents

29. The Committee had regard to further documents, which were submitted on your behalf for this stage of the proceedings. These were:

- Document titled, 'Reflection on Ethics';
- Two testimonials dated 10 and 13 September 2025; and
- Continuing Professional Development (CPD) certificates.

30. The Committee heard no oral evidence at this stage of the proceedings.

Submissions

31. In accordance with Rule 20 of the Fitness to Practise Rules 2006, the Committee then heard submissions from Miss Barnfather and from Miss Przybylska in relation to the matters of misconduct, impairment and sanction.
32. In accordance with Rule 20(1)(a), Miss Barnfather informed the Committee that you have no previous fitness to practise history with the GDC.
33. With regard to misconduct, Miss Barnfather submitted that the matters in this case concern dishonesty, which involves theft from the public purse. She submitted that your conduct was repeated, brought the dental profession into disrepute and undermined public trust in the dental profession. She referred the Committee to the GDC Standards which you have breached in respect of your conduct. In conclusion, she submitted that the Committee should have little hesitation in finding that your conduct clearly amounts to misconduct.
34. Miss Barnfather then moved on to the issue of current impairment. She submitted that dishonesty is difficult to remediate and where remediation and insight does exist, it is of less relevance than in clinical cases. She submitted that the Committee may find that despite the passage of time since the incidents, your acknowledgement of wrongdoing and your insight remain incomplete. She referred to your written reflection document, in which you stated that your *'...behaviour was due to cognitive distortion'*, and submitted that this showed that you tried to absolve yourself of any responsibility for your actions. She submitted that the Committee should keep at the forefront of its mind the public interest, the upholding of professional standards and the maintenance of public confidence in the profession. She submitted that the public interest mandates a finding of current impairment in this case particularly as your dishonesty was directly linked to the practice of the dental profession. If impairment is not found, she submitted that public confidence in the dental profession would be undermined.
35. Miss Barnfather next addressed the Committee on the matter of sanction. She submitted that the issue that the Committee would need to consider is whether a sanction of suspension or erasure is the most appropriate and proportionate sanction in this case. She took the Committee through the relevant mitigating and aggravating factors. She also referred the Committee to the relevant sections on suspension and erasure in the *GDC's Guidance for The Practice Committees including Indicative Sanctions Guidance (October 2016, revised December 2020)* (the GDC's Guidance).
36. Miss Przybylska, on your behalf, submitted that you accept that you have breached the relevant GDC standards and that your dishonesty was linked to your practice, and that this amounts to serious misconduct. You also accept that the public interest requires a finding of impairment to maintain public confidence in the profession and to uphold proper standards of conduct.

37. In respect of sanction, Miss Przbylska submitted that it is important to note that the Committee accepted your evidence that you did not authorise the claims yourself and that you did not know the entries were being made in your name. She submitted that this is significant when considering where your actions fall on the spectrum of seriousness. She submitted that you concede that you should have been checking the claim forms at all times, and that you were not trying to hide or minimise your misconduct. She submitted that your dishonesty was not persistent and did not meet the threshold for prosecution by NHS Counter Fraud. She submitted, therefore, that your conduct should be considered at the lower end of the spectrum of seriousness.
38. Miss Przbylska further submitted that these are historical matters and that your conduct was specific to this practice. She submitted that you have provided precise and detailed evidence of remediation, including CPD certificates, which show you have completed a Professional Boundaries' course and a course on ethics. She submitted that your remediation is longstanding and has been embedded into your practice, as shown by the positive testimonials, which attest to your integrity and honesty in the workplace since the incidents.
39. Miss Przbylska also referred the Committee to your written reflections. She submitted that this shows the detailed work you have undertaken with the Professional Boundaries company. You have identified the factors that contributed to your conduct and you now know how to behave differently to prevent a repetition. She submitted that the GDC's criticism of the term, '*cognitive distortion*', was misplaced as it was a term much used in the Professional Boundaries' course and that it was indicative of your deep reflection to prevent a repeat of your actions. She submitted, therefore, that the Committee could be satisfied that you have insight into your conduct.
40. Miss Przbylska submitted that a period of suspension is the most appropriate sanction in the particular circumstances of this case.

Committee's Decision

41. The Committee has borne in mind that its decisions on misconduct, impairment and sanction are matters for its own independent judgment. There is no burden or standard of proof at this stage of the proceedings. The Committee had regard to the GDC's Guidance. The Committee also received advice from the Legal Adviser which it accepted. The Committee first considered whether the facts found proved amounted to misconduct.

Misconduct

42. The Committee had regard to the GDC publication *Standards for the Dental Team (2013)*. It determined that you had breached the following sections in particular:

- 1.3 *You must be honest and act with integrity*
- 1.3.2 *You must make sure you do not bring the profession into disrepute.*
- 1.7.1 *You must always put your patients' interests before any financial, personal or other gain.*
- 2.3.8 *You should keep the treatment plan and estimated costs under review during treatment. You must inform your patients immediately if the treatment plan changes and provide them with an updated version in writing.*
- 4.1 *Make and keep contemporaneous, complete and accurate patient records.*
- 4.1.1 *You must make and keep complete and accurate patient records, including an up-to-date medical history, each time that you treat patients.*
- 4.1.4 *You must ensure that all documentation that records your work, including patient records, is clear, legible, accurate, and can be readily understood by others. You must also record the name or initials of the treating clinician.*
- 6.3.1 *You can delegate the responsibility for a task but not the accountability. This means that, although you can ask someone to carry out a task for you, you could still be held accountable if something goes wrong.*
- 8.1.1 *You must raise any concern that patients might be at risk due to: someone asking you to do something that you think conflicts with your duties to put patients interests first and act to protect them... You must raise a concern even if you are not in a position to control or influence your working environment.*
- 9.1 *Ensure that your conduct, both at work and in your personal life, justifies patients' trust in you and the public's trust in the dental profession.*

43. The Committee has found proved that you caused and/or permitted false claims to be made to the NHS. Your conduct was inappropriate, lacked integrity and was dishonest. The Committee found that you had a total disregard for checking whether the claims made in your name were accurate and complied with the NHS regulations and that this amounted to a complete abrogation of your responsibilities under the NHS regulations and to the public purse. The Committee considered that your conduct was repeated over a period around 16 months, concerned multiple patients and involved theft from the public purse. Your dishonesty was also linked to the practice of dentistry.
44. The Committee was satisfied that you had fallen far short of the standards of conduct that are proper in these circumstances. The Committee also considered that your conduct was serious and would be considered deplorable by fellow members of the profession.
45. For these reasons, the Committee determined that your actions amounted to misconduct.

Impairment

46. The Committee then considered whether your fitness to practise is currently impaired by reason of your misconduct.
47. The Committee gave careful consideration to the remediation documents you have provided for this stage of the hearing. When doing so, the Committee was mindful that dishonesty is difficult to remediate. The Committee noted the courses on ethics you have undertaken. It noted these were relevant to the issues in this case and they were undertaken over a period of a few years and before this hearing took place. This demonstrated to the Committee that you had an early appreciation of the matters in this case and had made efforts to remedy your misconduct. The Committee also noted from the supportive testimonials from your most recent employers that acting with integrity and honesty now appears to be embedded in your practice. The Committee further noted from your oral evidence and written reflections that you were remorseful about your conduct and had apologised. In your written reflections, you have also outlined the steps you would take to prevent a recurrence of your dishonesty if you found yourself in a similar situation in future.
48. When considering your insight into your dishonesty, however, the Committee noted that you have not mentioned the impact of your dishonesty on the NHS and the public purse. Furthermore, there is no mention about the importance for dentists and all public servants to maintain and ensure public money is spent appropriately. There was also no acknowledgement that you benefitted financially

from your dishonest behaviour and that the monies you obtained fraudulently were only paid back once you were under investigation by NHS Counter Fraud. The Committee noted from your reflections that you primarily focused on the impact that the environment had on your actions, such as the pressure you were under at the practice, and there is insufficient information about being accountable for your own actions no matter what environment you are in. The Committee concluded therefore, that you had limited insight into your dishonest behaviour and that there was a risk of repetition, albeit a low risk.

49. The Committee determined that owing to the serious nature of the dishonest conduct, a finding of impairment is necessary in the wider public interest, to maintain public confidence in the profession and to uphold proper standards of conduct. The Committee has concluded that a reasonable and informed member of the public, fully aware of the facts of the case, would have their confidence in the profession undermined if a finding of impairment were not made in the circumstances of this case.
50. The Committee therefore determined that your fitness to practise is currently impaired by reason of your misconduct.

Sanction

51. The Committee next considered what sanction, if any, to impose on your registration. It recognised that the purpose of a sanction is not to be punitive although it may have that effect. The Committee applied the principle of proportionality balancing your interests with the public interest. It also took into account the *GDC's Guidance*.
52. The Committee considered the mitigating and aggravating factors in this case as outlined the GDC's guidance at paragraphs 5.17 and 5.18.
53. The mitigating factors in this case include:
- Evidence of good conduct following the incident in question;
 - Evidence of previous good character;
 - Evidence of remorse shown, insight (albeit limited) and apology given;
 - Evidence of steps taken to avoid a repetition; and
 - Time elapsed since the incident.
54. The aggravating factors in this case include:
- Dishonesty and acting with a lack of integrity in a professional capacity;
 - Financial gain;

- Misconduct repeated over a period of time;
- Blatant and wilful disregard of your contractual responsibilities under NHS regulations; and
- Lack of full insight.

55. The Committee did not consider your prior denial of the allegations to be an aggravating feature.

56. The Committee took into account the evidence that you gave in relation to your health. In the absence of any independent medical evidence in support of this and in consideration of the fact that these incidents occurred over a 16 month period, the Committee did not consider it to be a mitigating feature.

57. The Committee decided that it would be inappropriate to conclude this case with no further action. It would not satisfy the public interest given the serious nature of the dishonest misconduct.

58. The Committee then considered the available sanctions in ascending order starting with the least serious.

59. The Committee concluded that misconduct of this nature could not be adequately addressed by way of a reprimand. Dishonest conduct by a dental professional is a breach of a fundamental tenet of the profession. The public interest would not be sufficiently protected by the imposition of such a sanction. The Committee therefore determined that a reprimand would be inappropriate and inadequate.

60. The Committee considered whether a conditions of practice order would be appropriate. The Committee considered that it would be difficult to formulate appropriate and workable conditions to address dishonesty. Furthermore, the Committee was of the view, that conditions would neither reflect the seriousness of your dishonest behaviour nor adequately address the public interest concerns arising from such behaviour.

61. The Committee then considered whether an order of suspension would be appropriate to mark the nature and severity of the misconduct. It noted in the *GDC's Guidance* that suspension is appropriate for more serious cases when:

- There is evidence of repetition of 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).

62. The Committee considered that these aspects were present in this case. The Committee also considered that the facts found proved were sufficiently serious to justify a suspension. The proved heads of charge include four dishonesty findings and four findings of a lack of integrity across distinct patients and over a 16 month period. You admitted to positively causing and positively permitting fraud the result of which was that you made a profit. You took no action to prevent any offending and entirely abrogated responsibility for claiming from the public purse. This was a significant breach of trust with a blatant disregard to the standards expected of a dentist.
63. The Committee gave careful consideration of the option of erasure, but determined that in the circumstances of this case your behaviour was not such that it was incompatible with being a dental professional. The Committee acknowledged that your dishonest conduct was serious as it involved theft from the public purse and was a serious departure from GDC Standards. Furthermore, it was of the view that your insight into your dishonest conduct was not complete, although it was developing. The Committee noted that you had admitted to three of the allegations at the outset of the hearing, which demonstrated to the Committee that you acknowledged some responsibility for your actions and showed your willingness to fully engage with the process and the GDC. The Committee noted the circumstances within the practice at the relevant time and appreciated your reflection as to how you would manage these in the future. The matters charged are ten years old and your recent testimonials indicated that you have acted with integrity and honesty in the period since.
64. The Committee determined that, in the circumstances of this case, a period of suspension would sufficiently mark the seriousness of your dishonest conduct and was the least restrictive sanction to maintain public confidence in the dental profession and to declare and uphold appropriate standards of conduct among dental professionals. The Committee determined that the sanction of erasure would be disproportionate in the context of this case.
65. Accordingly, having had regard to all of the evidence, the Committee has determined to direct that your registration be suspended for the period of 12 months. The Committee is satisfied that this period of time is sufficient and necessary to mark the nature and extent of your misconduct, to uphold professional standards and to maintain public confidence in the profession.

66. The Committee also directs that the suspension order be reviewed before its expiry. The Committee considered that the reviewing Committee may be assisted by the following evidence from you:

- Further reflection to show that you possess more insight in respect of your own responsibility, no matter the environment you are in, to protect the public purse and keep accurate records;
- Further insight that you appreciate the impact your actions have had on the public and the NHS; and
- Further reflection as your coping mechanisms and strategies for dealing with ethical difficulties and pressures in the workplace.

67. The Committee now invites submissions from both parties as to whether an immediate order should be imposed on your registration.

Immediate Order Decision – 18 September 2025

68. The Committee has considered whether to make an order for the immediate suspension of your registration in accordance with Section 30 of the Dentists Act 1984 (as amended).

69. Miss Barnfather, on behalf of the GDC, submitted that she would leave it to the discretion of the Committee as to whether an immediate order of suspension is necessary in your case.

70. Miss Przybylska, on your behalf, submitted that the GDC has not felt it necessary to impose an interim order of suspension on your registration during the lengthy period of its investigation and therefore it would be wholly unnecessary to impose an immediate order now.

71. The Committee has considered the submissions made. It has accepted the advice of the Legal Adviser.

72. In all the circumstances, the Committee determined that the relevant ground is whether there is a need for the imposition of an immediate order of suspension on your registration in the public interest. The Committee noted that it was a relatively rare case for an immediate order to be imposed solely in the public interest and your case does not meet this high threshold. Furthermore, the Committee noted that an interim order has not previously been imposed on your registration, and it has received testimonials attesting to your good behaviour in the last five years. Therefore, the Committee has determined that there is no need for the imposition of an immediate order of suspension on your registration in the public interest. Unless you exercise your right of appeal, the substantive

direction for suspension, as already announced, will take effect 28 days from the date of deemed service for a period of 12 months.

73. That concludes this determination.