

PARTLY HELD IN PRIVATE

**Professional Conduct Committee
Initial Hearing**

1 – 8 July 2024

Name: THORPE, Sarah Marie

Registration number: 244968

Case number: CAS-198954-D7P5D2

General Dental Council: Tom Stevens, Counsel/Case Presenter.
Instructed by Andrew Richardson, IHLPS

Registrant: Unrepresented

Fitness to practise: Impaired by reason of misconduct

Outcome: Erased

Immediate order: Immediate suspension order

Committee members: Bill Nelson (Chair and Lay Member)
Joanna Krupska (Dentist Member)
Alexandra Ward (DCP Member)

Legal adviser: Alastair McFarlane

Committee Secretary: Gurjeet Dhuper

1. This is a Professional Conduct Committee hearing. The members of the Committee, as well as the Legal Adviser and the Committee Secretary, conducted the hearing remotely via Microsoft Teams in line with current General Dental Council (GDC) practice. Ms Thorpe was neither present nor represented in this hearing. Mr Tom Stevens (Counsel) is the Case Presenter for the GDC.

Preliminary matters

Decision on service of notification of hearing (Monday 1 July 2024)

2. In Ms Thorpe's absence Mr Stevens submitted that the notification of hearing had been served on her in accordance with Rules 13 and 65 of the General Dental Council (GDC) (Fitness to Practise) Rules Order of Council 2006 ("the Rules").
3. The Committee had before it a copy of the notification of hearing letter dated 13 May 2024. It was sent by Royal Mail Special Delivery, Tracked and Signed, to Ms Thorpe's registered address as it appears in the Register. It was satisfied that the letter contained all the components necessary such as the date, time and venue (Microsoft Teams) in accordance with Rule 13. The Committee noted the Royal Mail track and trace report showed that the notice letter had been delivered on 14 May 2024 and was signed for. The notice of hearing was also sent to Ms Thorpe via email.
4. Having accepted the advice of the Legal Adviser, the Committee was satisfied that the notification of hearing had been served in accordance with Rules 13 and 65.

Decision on proceeding in Ms Thorpe's absence (Monday 1 July 2024)

5. Mr Stevens then made an application under Rule 54 that the hearing should proceed in Ms Thorpe's absence. The Committee bore in mind that its discretion to proceed with a hearing in these circumstances should be exercised with the utmost care and caution. It took account of Mr Steven's submissions and it accepted the advice of the Legal Adviser.
6. The Committee was referred to an email dated 29 June 2024 sent from Ms Thorpe to the GDC. Within this email Ms Thorpe confirmed that she would not be attending the hearing and said "*I am in the middle of exams at University so this is not possible. If I can send my input via email I will do that.*" Ms Thorpe did make further representations in an email dated 2 July 2024. It was clear that Ms Thorpe was aware of the hearing and that she could participate remotely, but had chosen not to do so. There was no request from Ms Thorpe for an adjournment of the hearing. In considering whether to exercise its discretion to proceed in her absence the Committee had regard, amongst other things, to the public interest in the expeditious disposal of this case, the potential inconvenience to the witnesses called to attend this hearing and fairness to Ms Thorpe. The Committee was satisfied that there was

no good reason to adjourn and that Ms Thorpe had voluntarily waived her right to attend the hearing. The Committee was satisfied that it is in the interests of justice to proceed in Ms Thorpe's absence. It reminded itself that her absence added nothing to the GDC case.

Application to hold the hearing in private (Monday 1 July 2024)

7. Mr Stevens made an application under Rule 53. He submitted that matters referred to in this hearing are within the context of Ms Thorpe's health and on that basis made an application for those matters to be heard in private. The Committee considered the submissions and accepted the advice of the Legal Adviser. It considered Rule 53, taking into account the public interest and fairness to Ms Thorpe. It considered the need to protect the right to a private life and therefore considered it necessary to hold the hearing partly in private.

Application to amend the charge (Monday 1 July 2024)

8. Mr Stevens made an application under Rule 18 of the General Dental Council (Fitness to Practise) Rules Order of Council 2006 (the Rules). He applied to withdraw Charges 8 and 9 due to the GDC having carefully reflected upon the evidence it has available to it. On reflection the GDC does not believe that it is in a position to fairly and properly advance an allegation of dishonesty associated with the addresses linked to Charges 1.a – c as it did not have a sufficiency of evidence.
9. The Committee accepted the advice of the Legal Adviser. It was satisfied that the withdrawals of Charges 8 and 9 would not prejudice or cause any injustice to Ms Thorpe. The Committee considered that it was reasonable and fair for the amendments to be made. The Charges were duly withdrawn.

Background

10. Ms Thorpe's case focuses on alleged events that occurred between May – October 2021. It is alleged that Ms Thorpe authored and provided Witness 1 with signed prescription for prescription only medications and in doing so she acted outside the scope of her practice. Witness 1 is a registered Dental Therapist and administers Botox treatments. In addition, there are a number of aspects to the prescriptions themselves and certain representations made by Ms Thorpe that raise questions about her probity.

Decision and reasons on the facts

11. The Committee carefully considered all the different types of evidence presented to it which included expert evidence, written statements, documentary evidence including medical records and oral evidence from Witness 1. In addition, it noted all the representations and information from Ms Thorpe, these included what she said to the Interim Orders Committee, and her emails of 19 November 2021, 7 December 2022, 23 April 2024 and 2 July 2024. It took account of the closing submissions made by Mr Stevens on behalf of the GDC. The Committee accepted the advice of the Legal Adviser. In particular it reminded itself of the observations of Collins J in *Lawrance v GMC* [2015] EWHC 581 (Admin) to the effect that in

cases of dishonesty cogent evidence was required to reach the civil standard of proof. It 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 facts are proved on the balance of probabilities. The Committee put Ms Thorpe’s good character into the balance in her favour.

The Committee’s findings

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

1.	<p>You authored and provided Witness 1 with signed prescriptions for prescription only medication(s) on or around:</p> <ul style="list-style-type: none"> a. 24 May 2021 b. 2 June 2021 c. 4 August 2021 d. 13 September 2021 e. 8 October 2021 f. 29 October 2021. <p>Found Proved</p> <p>The Committee had regard to the written evidence of Witness 2 who is a registered pharmacist and runs an online pharmacy. In November 2021 Witness 2 contacted the GDC and raised concerns about Ms Thorpe’s practice. Witness 2 stated that he had become aware of a prescription that had been issued by Ms Thorpe and before dispensing the items on that prescription, he conducted various checks. Witness 2 looked at the name of the prescriber and the registration number provided and noted a discrepancy that the registration number included in the prescription was actually linked to a registered dentist. This necessitated Witness 2 contacting Ms Thorpe to make enquiries and raised concerns about her ability to provide prescriptions. Witness 2 stated that Ms Thorpe told him that she believed she was able to do so, and he then contacted the GDC to make further enquiries as to whether a dental nurse was allowed to issue prescriptions.</p> <p>A complaint was then received by the GDC on 2 November 2021 that there were concerns Ms Thorpe had been authoring prescriptions in her capacity as a Dental Nurse when she was not able to do so. Witness 2 had identified 5 other prescriptions dated 24 May 2021, 2 June 2021, 4 August 2021, 13 September 2021 and 8 October 2021 authored by Ms Thorpe for Witness 1.</p> <p>The Committee had sight of all six prescriptions and could see that Ms Thorpe put her name, contact details and signed the prescriptions and therefore was listed as the prescriber. It also had regard to Witness 1’s written and oral evidence that she was provided these prescriptions from Ms Thorpe.</p>
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	<p>Further in Ms Thorpe’s most recent communication received by the GDC on Tuesday 2 July 2024, she does not dispute that she provided Witness 1 prescriptions.</p> <p>Lastly the Committee was satisfied from Ms Higgs’ expert report dated 3 May 2023, that the contents of the items included on the prescriptions were prescription only medications.</p> <p>The Committee accepted all the evidence and finds on the balance of probabilities that Ms Thorpe authored and provided Witness 1 with signed prescriptions for prescription only medication(s) on the dates set out in the Charge. Accordingly, this charge is found proved.</p>
<p>2.</p>	<p>You have worked beyond your scope of practice by reason of:</p> <ol style="list-style-type: none"> a. Charge 1(a) b. Charge 1(b) c. Charge 1(c) d. Charge 1(d) e. Charge 1(e) f. Charge 1(f). <p>Found Proved</p> <p>The Committee had regard to Ms Higgs’ expert report which asserts that Ms Thorpe was acting outside the scope of her practice and draws on relevant guidance. The Committee had sight of Guidance documents such as:</p> <ul style="list-style-type: none"> • Guidance on Direct Access • GDC Guidance on prescribing medicines • GDC Scope of Practise Document. <p>All three documents were in agreement with Ms Higgs’ expert evidence that <i>“As a Dental Nurse prescribing does not fall within the permitted duties and is not an additional skill that can be acquired with extra training or as a part of direct access.”</i></p> <p>The Committee also noted that Ms Thorpe stated in her email of 2 July 2024 that she accepted that she had <i>“acted beyond her scope of practice”</i>.</p> <p>The Committee accepted all the evidence and finds on the balance of probabilities that Ms Thorpe’s conduct found in Charge 1 amounted to her acting outside the scope of her practice. Accordingly, this charge is found proved.</p>
<p>3.</p>	<p>Your conduct in respect of Charge 1(a) and/or 1(b) and/or 1(c) and/or 1(d) and/or 1(e) and/or 1(f) was:</p> <ol style="list-style-type: none"> a. Misleading

Found Proved

The Committee finds that in authoring the prescriptions and providing them to Witness 1, Ms Thorpe's conduct clearly gives the impression that she was permitted to do so in circumstances she evidently was not. It is clear from the evidence that on a number of occasions the pharmacy had indeed been misled into issuing medication on the basis of these prescriptions. The Committee therefore finds on the balance of probabilities that this Charge is proved.

- b. Dishonest, in that you knew you were not allowed to prescribe.

Found Proved

In reaching its decision, the Committee took into account the advice it received from the Legal Adviser in relation to dishonesty, including his reference to the case of *Ivey v Genting Casinos (UK) Limited 2017 UKSC 67*. The Committee noted that in that case, the Supreme Court gave some guidance for considering the issue of dishonesty. It reminded itself that *"When dishonesty is in question the fact-finding Tribunal must first ascertain (subjectively) the actual state of the individual's knowledge or belief as to the facts. The reasonableness or otherwise of his belief is a matter of evidence (often in practice determinative) going to whether he held the belief, but it is not an additional requirement that his belief must be reasonable; the question is whether it is genuinely held. When once his actual state of mind as to knowledge or belief as to facts is established, the question whether his conduct was honest or dishonest is to be determined by the fact-finder by applying the (objective) standards of ordinary decent people. There is no requirement that the defendant must appreciate that what he has done is, by those standards, dishonest."* It considered this case for all of the Charges relating to dishonesty.

The Committee first considered Ms Thorpe's knowledge or belief as to the facts. It had regard to her email of 23 April 2024 when she stated *"I've never been dishonest I've never purposely tried to deceive anyone I did take advice at the time from the pharmacy and the colleague who I did the script for I appreciate there account is different but I also appreciate they are trying to protect there job and whilst the industry isn't clear on certain areas I feel I was used as a bit of a scapegoat here but I accept that I did write the script I've never denied that also I did put all my correct information and place of work if I was trying to be dishonest I am not sure why Id leave myself so wide open it was a mistake"* (sic).

The Committee rejected Ms Thorpe's explanation for the following reasons.

Ms Thorpe has been registered and practising as a Dental Nurse since 2013. She was therefore an experienced Dental Nurse and the Committee was satisfied that she would have been aware of her professional parameters and knew that she would have not been able to prescribe medication. It rejected any other explanation from her as implausible given her experience and length of career. Furthermore, had Ms Thorpe believed that she could be qualified to issue prescriptions as a Dental Nurse

	<p>she would have been unlikely to make what the Committee found to be the false assertion to Witness 1 that she had been a Mental Health Nurse who had completed the course to become a nurse prescriber (see Charge 10 below).</p> <p>Therefore, at the point Ms Thorpe authored and provided the prescriptions, the Committee was satisfied that she would have known that she was not allowed to do it. The Committee was satisfied that ordinary decent people would regard such conduct as dishonest. Therefore, on the balance of probabilities this Charge is found proved.</p>
4.	<p>Within the prescriptions, listed in Charges 1(a) to 1(f) above, you:</p> <ul style="list-style-type: none"> a. stated that Witness 1 was your patient. c. suggested that you had held face to face consultations with Witness 1 prior to completing the prescriptions. d. included the Council registration numbers of other dental professionals. <p>Found Proved</p> <p>The Committee had sight of all six prescriptions as set out in Charge 1 and noted that Ms Thorpe stated on each prescription that Witness 1 was a patient, that she had face to face consultations with Witness 1 and had included registration numbers of other dental professionals.</p> <p>The Committee had regard to the evidence of Witness 1 who stated that Ms Thorpe had never provided her with any treatment or had any consultations with her. The Committee accepted Witness 1's evidence and found her to be a clear and credible witness.</p> <p>It also noted a witness statement of a Senior Registration Officer who had worked at the GDC. The Registration Officer looked at the various registration numbers provided within the prescriptions and matched those with other dental professionals included on the GDC Register.</p> <p>The Committee accepted all the evidence and finds on the balance of probabilities that Ms Thorpe stated that Witness 1 was her patient, suggested that she had held face to face consultations with Witness 1 prior to completing the prescriptions and included registration numbers of other dental professionals. Accordingly, this charge is found proved.</p>
5.	<p>You conduct in respect of Charge 4(a) was:</p> <ul style="list-style-type: none"> a. Misleading <p>Found Proved</p>

	<p>The Committee found that Witness 1 was not Ms Thorpe’s patient as claimed and is therefore misleading to suggest otherwise. The Committee therefore finds on the balance of probabilities that this Charge is found proved.</p> <p>b. Dishonest, in that you knew Witness 1 was not your patient.</p> <p>Found Proved</p> <p>The Committee finds that Ms Thorpe asserting on the prescription that Witness 1 was her patient, where the Committee accepted the evidence clearly establishes otherwise, is dishonest. This is because the Committee finds that Ms Thorpe knew Witness 1 was not her patient, she was her work colleague. The Committee was satisfied that ordinary decent people would regard such conduct as dishonest. Therefore, this Charge is found proved.</p>
6.	<p>You conduct in respect of Charge 4(b) was:</p> <p>a. Misleading</p> <p>b. Dishonest, in that you knew you had not had a face to face consultation with Witness 1 in advance of providing prescriptions.</p> <p>Found Proved</p> <p>The Committee considered this Charge separately. It was satisfied that it was proved on the same basis as in Charge 5 above as it accepted Witness 1’s account.</p>
7.	<p>Your conduct in respect of Charge 4(c) was:</p> <p>a. Misleading</p> <p>Found Proved</p> <p>The Committee considered that Ms Thorpe’s conduct in Charge 4. (c) implied that her GDC Registration number was included on the prescription. It finds that to that extent it was misleading. The Committee therefore finds on the balance of probabilities that this Charge is proved.</p> <p>b. Dishonest, in that you knew you were required to include your own registration number.</p> <p>Found Not Proved</p> <p>The Committee considered that while it is misleading on the discrete basis that Ms Thorpe’s conduct implied that it was her registration number on the prescription, it has not been proved that Ms Thorpe knew she was required to include her own registration number. As found in Charge 2 above, Ms Thorpe knew she was not</p>

	<p>allowed prescribe and therefore she should not have been completing the prescription form at all.</p>
8.	Withdrawn
9.	Withdrawn
10.	<p>Prior to 24 May 2021 you said to Witness 1 that you:</p> <ul style="list-style-type: none"> a. Were a mental health nurse, or words to that effect. b. Had completed a course to become a Nurse Prescriber, or words to that effect. <p>Found Proved</p> <p>The Committee accepted Witness 1's clear and credible evidence that Ms Thorpe had stated that she was a mental health nurse and that she had completed a course to become a Nurse Prescriber, or words to that effect. It found Witness 1 gave plausible answers to the Committee on this issue and it found them to be detailed, credible and consistent with her witness statement. Ms Thorpe has not attended the hearing and her denials in her emails were untested.</p> <p>The Committee therefore finds on the balance of probabilities that Ms Thorpe did state words to the effect that she was a mental health nurse and that she had completed a course to become a nurse prescriber. Accordingly, this Charge is found proved.</p>
11.	<p>Your conduct in respect of Charge 10(a) was:</p> <ul style="list-style-type: none"> a. Misleading <p>Found Proved</p> <p>Ms Thorpe making a statement that she was a mental health nurse when she was not is clearly misleading. The Committee therefore finds on the balance of probabilities that this Charge is proved.</p> <ul style="list-style-type: none"> b. Dishonest, in that you knew you had not been registered with the Nursing and Midwifery Council as a Nurse. <p>Found Proved</p> <p>The Committee was satisfied that Ms Thorpe knew what her qualifications were and what they were not. It had no hesitation in finding that she was not a mental health nurse and had not been registered with the Nursing and Midwifery Council. Indeed in her emails she had not asserted that she was but rather that she did not make such assertions to Witness 1. Having accepted Witness 1's consistent account that the representations were made by Ms Thorpe, it follows that they were dishonest because she knew she was not so registered or qualified as a mental health nurse.</p>

	<p>The Committee was satisfied that ordinary decent people would regard such conduct as dishonest. Therefore, on the balance of probabilities this Charge is found proved.</p>
12.	<p>Your conduct in respect of Charge 10(b) was:</p> <ul style="list-style-type: none"> a. Misleading b. Dishonest, in that you knew you had not been registered with the Nursing and Midwifery Council as a Nurse Prescriber. <p>Found Proved</p> <p>The Committee considered this Charge separately. It was satisfied that it was proved on the same basis as in Charge 11 above as it accepted Witness 1's account.</p>
13.	<p>On 19 November 2021 you stated in an email to the Council that [PRIVATE]</p> <p>Found Proved</p> <p>The Committee had sight of the email dated 19 November 2021 as exhibited by a GDC Caseworker which sets out the statement included in this Charge. The Committee accepted that it was clear on the face of the email that Ms Thorpe said this.</p>
14.	<p>Your conduct in respect of Charge 13 was:</p> <ul style="list-style-type: none"> a. Misleading b. Dishonest, [PRIVATE] <p>Found Not Proved</p> <p>[PRIVATE].</p> <p>The Committee therefore determined that the GDC has failed to discharge its burden of proof and on the balance of probabilities it does not find these charges proved.</p>
15.	<p>On 30 November 2021, during a hearing before the Interim Orders Committee of the Council, you indicated that [PRIVATE]</p> <p>Found Proved</p> <p>The Committee was provided with a transcript from the IOC hearing that took place on 30 November 2021 and could see the statement made by Ms Thorpe as set out in the Charge.</p>
16.	<p>Your conduct in respect of Charge 15 was:</p> <ul style="list-style-type: none"> a. Misleading

	<p>b. Dishonest, in that you knew you did not have a [PRIVATE]</p> <p>Found Not Proved</p> <p>[PRIVATE]</p>
<p>17.</p>	<p>On the following dates you indicated to medical professionals that you were a registered Dentist:</p> <ul style="list-style-type: none"> a. 27 January 2020 b. 5 November 2020 c. 30 November 2020 d. 3 June 2021 e. 1 February 2022 f. 15 September 2022 g. 6 January 2023 h. 11 January 2023 i. 18 January 2023. <p>Found Proved</p> <p>The Committee carefully scrutinised the entries in relation to the dates above and found that in each of them a medical professional had in various ways referred to Ms Thorpe as a “Dentist”.</p> <p>The Committee considered that the number and consistency of the separate entries which have not been copied and pasted is significant and makes mistake less likely. Further, it considered the totality of the bundle and whilst it is not subject of a separate charge it notes a letter from a Consultant Neurologist dated 5 July 2022 where it was recorded “<i>I met Sarah who is a Dentist.</i>” The Committee noted Ms Thorpe’s denial that she would “<i>never pose to be someone else</i>” but given the weight of the opposing evidence rejected her account. It considers that it is highly unlikely that various medical professionals would have erroneously referred to Ms Thorpe as a “Dentist” on so many occasions had she not made such representations. The Committee is satisfied that Ms Thorpe on the occasions charged has represented herself as a Dentist.</p>
<p>18.</p>	<p>Your conduct in respect of Charge 17(a) and/or 17(b) and/or 17(c) and/or 17(d) and/or 17(e) and/or 17(f) and/or 17(g) and/or 17(h) and/or 17(i) was:</p> <ul style="list-style-type: none"> a. Misleading <p>Found Proved</p> <p>Clearly Ms Thorpe is not and has never been a Dentist and her representations were misleading.</p>

	<p>b. Dishonest, in that you knew you were not registered as a Dentist.</p> <p>Found Proved</p> <p>The Committee found in Charge 17 above that Ms Thorpe had indicated that she was a “Dentist” on nine separate occasions. There is no dispute that Ms Thorpe is not a registered Dentist and in the context of this hearing she does not claim to be one. Clearly, when making her representations to the medical professionals that she was a Dentist, she knew this was untrue.</p> <p>The Committee was satisfied that ordinary decent people would regard such conduct as dishonest. Therefore, on the balance of probabilities this Charge is found proved.</p>
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Decision on fitness to practise

13. The Committee took account of the submissions made by Mr Stevens on behalf of the GDC. It accepted the advice of the Legal Adviser.
14. At the outset of his submissions, Mr Stevens informed the Committee that no further material was received from Ms Thorpe for the Committee to consider at this stage since the findings of facts were handed down on Thursday 4 July 2024. He then confirmed in accordance with Rule 20 that Ms Thorpe has no previous fitness to practise history.
15. Mr Stevens submitted that the Committee can safely conclude that Ms Thorpe’s failures which include repeated acts of working outside the scope of her practice and dishonest conduct constitute serious failings which meet the threshold of misconduct. Mr Stevens referred the Committee to relevant case law and outlined the specific GDC standards which, in his submission, have been breached by Ms Thorpe.
16. Mr Stevens addressed the Committee on the factors that it must consider in respect of current impairment, including Ms Thorpe’s level of insight and any remediation. He submitted that current impairment is forward looking in nature and that there are two pathways for the Committee to consider, namely the risk of repetition associated with public protection concerns and having regard to whether or not a finding of impairment is required on public interest grounds. Ms Stevens submitted that dishonesty is central to this case and that there are concerns of an attitudinal nature which are not so easily remedied. Mr Stevens submitted that Ms Thorpe’s fitness to practise is currently impaired by reason of misconduct.
17. Mr Stevens then went on to address the Committee on the matter of sanction and submitted that it must have regard to Ms Thorpe’s degree of insight and engagement when determining the workability of any sanction. He also submitted that Ms Thorpe’s dishonesty was at the higher end of the spectrum. Mr Stevens invited the Committee to consider that an order for erasure would be appropriate in this particular case.

Decision on whether the facts found proved amount to misconduct

18. The Committee first considered the matter of misconduct in relation to all of the charges found proved. It took into account that a finding of misconduct in the regulatory context requires a serious falling short of the professional standards expected of a registered dental professional. It had regard to the GDC's standards, as contained in the publication 'GDC Standards for Dental Professionals (30 September 2013)'. The Committee considered that the following standards are engaged and were breached in this case:

1.3 Be honest and act with integrity.

1.3.1 You must justify the trust that patients, the public and your colleagues place in you by always acting honestly and fairly in your dealings with them. This applies to any business or education activities in which you are involved as well as to your professional dealings.

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.

1.9 You must find out about laws and regulations that affect your work and follow them.

7.2 You must work within your knowledge, skills, professional competence and abilities.

7.2.1 You must only carry out a task or a type of treatment if you are appropriately trained, competent, confident and indemnified. Training can take many different forms. You must be sure that you have undertaken training which is appropriate for you and equips you with the appropriate knowledge and skills to perform a task safely.

8.1 Always put patients' safety first.

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.

19. The Committee also had regard to the GDC's *Scope of practice* (2013) document relating to Dental Nurses. It also had regard to Ms Higg's expert opinion that Ms Thorpe's qualification as a dental nurse does not include any training for authoring and issuing prescriptions and it is not therefore within the scope of practice. Ms Higg's opined that Ms Thorpe's conduct fell far below the standards.

20. The Committee has found that there are six separate findings of dishonesty and seven findings of misleading behaviour. In addition, during a prolonged period in 2021, Ms Thorpe worked outside the scope of her practice on six separate occasions issuing prescriptions for prescription only medication and in doing so acted dishonestly. The Committee considered that this case involves persistent acts of serious dishonesty and but for the intervention of Witness 2, Ms Thorpe's dishonesty and acting outside her scope of practice may have persisted for a significant period of time. The Committee found that Ms Thorpe's repeated acts of dishonesty, were not only in relation to the issuing of the prescriptions but also in relation to her alleged prescribing qualifications and ability to author prescriptions in her interactions with Witness 1. Further, within the prescriptions, Ms Thorpe misrepresented her relationship with Witness 1 claiming that Witness 1 was her patient with whom she had a

face to face consultation. In addition, Ms Thorpe dishonestly misled various medical professionals about her professional status and was holding herself out to be a registered dentist thus indicating a cavalier disregard for her professional status and obligations. The Committee noted that this had occurred even whilst Ms Thorpe was subject to an interim suspension order.

21. The Committee concluded that Ms Thorpe's misconduct involved many significant departures from the standards expected of a registered dental nurse and it determined the facts found proved amounted to misconduct.

Current Impairment

22. The Committee then went on to consider whether Ms Thorpe's fitness to practise is currently impaired by reason of her misconduct. In doing so, the Committee has again exercised its independent judgement.
23. The Committee first considered the issue of Ms Thorpe's insight. Ms Thorpe has communicated with the GDC on some occasions and provided written representations which the Committee has had regard to. Within her representations, it is clear to the Committee that there appears to be some acknowledgement from Ms Thorpe to the extent that she has recognised she worked outside the scope of her practice and provides some apology. However, the Committee was of the view that Ms Thorpe does not appear to have a real awareness or understanding of her misconduct and the potential risks involved. Throughout the fitness to practise proceedings, Ms Thorpe has not fully appreciated or grasped the seriousness of her misconduct. She has blamed others and claimed that she was informed that she was able to issue prescriptions. This demonstrated to the Committee that Ms Thorpe has not shown full and meaningful insight.
24. The Committee can identify no evidence that Ms Thorpe properly understands her failings or has taken any effective action to address them. Despite some subsequent further study in relation to prescribing she has not demonstrated any acknowledgement or understanding of the gravity of her misconduct. The Committee considers there remains a real risk of repetition and that Ms Thorpe's fitness to practise is currently impaired on the grounds of public protection.
25. Dental professionals occupy a position of privilege and trust in society and must make sure that their conduct at all times justifies both their patients' and the public's trust in the profession. The Committee has borne in mind that its primary function is not only to protect patients but also to take account of the wider public interest, which includes maintaining confidence in the dental profession and the GDC as a regulator and upholding proper standards and behaviour.
26. Furthermore, members of the public would be concerned by Ms Thorpe's conduct and would expect her regulatory body to declare and uphold the standards expected of all registered practitioners. In the Committee's judgement public confidence in the profession would be significantly undermined were the Committee not to make a finding of current impairment. For all these reasons the Committee has concluded that Ms Thorpe's fitness to practise is currently impaired by reason of misconduct.

Decision on Sanction

27. The Committee next considered what action, if any, to take in relation to Ms Thorpe's registration. The Committee reminded itself that the purpose of a sanction is not to be punitive although it may have that effect. The Committee took into account the GDC's "Guidance for the Practice Committees, including Indicative Sanctions Guidance" (Effective from October 2016; last revised in December 2020). The Committee took account of the principle of proportionality.
28. In deciding on the appropriate sanction, the Committee first considered the issue of mitigating and aggravating factors. It identified the following mitigating and aggravating features in this case:

Mitigating factors

- Ms Thorpe is of previous good character and has no fitness to practise history before the GDC.
- There was some apology offered by Ms Thorpe but this was limited and it did not satisfy the Committee that she had any real insight into the seriousness of her failings and the risk they presented to the public and their impact on the reputation of the profession.

Aggravating factors

- Risk of harm to members of the public.
 - Lack of insight.
 - Conduct that was sustained and premeditated.
 - Ms Thorpe was dishonest repeatedly and made misrepresentations about her professional status to other medical professionals whilst she was subject to a fitness to practise investigation and an interim suspension order.
 - Financial gain by putting her interests before those of members of the public.
 - Ms Thorpe breached the trust placed in her as a professional by failing to adhere to standards of care which are fundamental to the practice of dental nursing. Further, Witness 1 believed that Ms Thorpe was telling the truth that she had a prescribing qualification. Ms Thorpe was trusted by a colleague dental professional to be telling the truth about her qualifications and put Witness 1 and her patients at risk by prescribing medication.
29. Taking all of these factors into account the Committee considered the available sanctions, starting with the least restrictive, as it is required to do. The Committee first considered whether to conclude this case without taking any action in relation to Ms Thorpe's registration. It decided, however, that such a course would be wholly inappropriate, would not serve to protect the public, nor would it satisfy the wider public interest.
30. The Committee considered whether to issue Ms Thorpe with a reprimand. However, it similarly concluded that a reprimand would be insufficient to protect the public and the wider public interest and would be disproportionate in all the circumstances. A reprimand is the lowest sanction which can be applied, and it would not impose any restriction on Ms Thorpe's practice. A reprimand is usually considered to be appropriate where there is no identified risk

to patients or the public, and the misconduct is at the lower end of the spectrum. This is not such a case.

31. In view of the nature of Ms Thorpe's misconduct the Committee did not consider that it could formulate any workable conditions which would be appropriate in the circumstances.
32. The Committee went on to consider whether to suspend Ms Thorpe's registration for a specified period. In doing so, it had regard to the Guidance at paragraph 6.28, which outlines factors to be considered when deciding whether the sanction of suspension would be appropriate. The Committee considered that a number of the factors set out in this paragraph applied in this case, namely that:
 - There is evidence of repetition of the behaviour, in that her conduct was sustained and repeated over the material time including during the GDC investigation and interim suspension order;
 - Lack of insight;
 - The Committee has identified a significant risk of repeating the behaviour; and
 - Public confidence in the profession would be insufficiently protected by a lesser sanction.
33. The Committee considered Ms Thorpe's misconduct involved sustained and repeated dishonesty. It found numerous deliberate breaches of Ms Thorpe acting outside her scope of practice and in doing so she put patients at risk. She was dishonest in relation to a colleague practitioner, with the aim of gaining financially and misrepresented her professional status to other medical professionals. This continued for a prolonged period of time. The Committee was of the view that Ms Thorpe's misconduct is indicative of a deep seated professional attitudinal problem. For these reasons, the Committee concluded that suspension was not sufficient and proportionate in this case.
34. Given the Committee's concerns about the risk of harm posed by Ms Thorpe and given the Committee's duty to promote and maintain public confidence and proper standards in the dental profession, it considered whether the highest sanction of erasure is necessary and proportionate in this case.
35. The Committee had regard to paragraph 6.34 of the Guidance which deals with erasure. This paragraph states that, "*Erasure will be appropriate when the behaviour is fundamentally incompatible with being a dental professional: any of the following factors, or a combination of them, may point to such a conclusion:*
 - *serious departure(s) from the relevant professional standards;*
 - *where a continuing risk of serious harm to patients or other persons is identified;*
 - *the abuse of a position of trust...*
 - *Serious dishonesty, particularly where persistent or covered up.*
 - *a persistent lack of insight into the seriousness of actions or their consequences.*
36. The Committee noted that the above factors from paragraph 6.34 apply in this case, which, in its view, demonstrates the seriousness of the matters concerning Ms Thorpe.

37. The Committee had regard to the potential hardship which erasure may cause Ms Thorpe and her family. However, in view of her lack of insight and the seriousness of her misconduct, it considered that no lesser sanction than an order of erasure would be sufficient to protect the public or satisfy the wider public interest considerations in this case. It was satisfied that a reasonable and informed member of the public would expect an outcome of erasure. The Committee concluded that Ms Thorpe's interests are outweighed by the need to protect the public and satisfy the wider public interest in declaring and upholding professional standards and maintain public confidence in the profession and the regulatory process.
38. In the particular circumstances of this case, the Committee was satisfied that Ms Thorpe's misconduct is fundamentally incompatible with continued registration as a dental nurse and the Committee determined to erase her name from the GDC Register.
39. Unless Ms Thorpe exercises her right of appeal, her name will be erased from the Register, 28 days from the date when notice of this Committee's direction is deemed to have been served upon her.
40. The Committee now invites submissions from Mr Stevens as to whether an immediate order of suspension should be imposed on Ms Thorpe's registration to cover the appeal period, pending this substantive determination taking effect.

Decision on Immediate order

41. In reaching its decision on whether to impose an immediate order of suspension on Ms Thorpe's registration, the Committee took account of Mr Stevens' submission that such an order should be imposed. He submitted that in circumstances where public protection and public interest issues are fundamentally engaged, an immediate order is necessary on both grounds.
42. The Committee accepted the advice of the Legal Adviser.
43. The Committee has determined that it is necessary for the protection of the public and is otherwise in the public interest that Ms Thorpe's registration be suspended forthwith. It had regard to its reasons for finding that Ms Thorpe's fitness to practise is impaired, including its view that there remains a risk of repetition, as well as its consideration that public confidence would be undermined if a finding of current impairment were not made. It has also had regard to its reasons for directing that Ms Thorpe's registration be erased. It was satisfied that it would be contrary to the public interest and inconsistent with its findings not to impose an immediate order to cover the appeal period or, if an appeal is lodged, until it has been disposed of.
44. The effect of this direction is that Ms Thorpe's registration will be suspended immediately. Unless Ms Thorpe exercises her right of appeal, the substantive order of erasure will come into effect 28 days from the date on which notice of this decision is deemed to have been served on her. Should Ms Thorpe exercise her right of appeal, this immediate order for suspension will remain in place until the resolution of any appeal.

45. The interim order of suspension currently on Ms Thorpe's registration in relation to these matters is now revoked.
46. That concludes this determination.