

PRIVATE HEARING

Professional Conduct Committee Initial Hearing

11-18 August 2025

Name: Moazzam, Sana

Registration number: 229821

Case number: CAS-201587-V9H6W

General Dental Council: Mr Christopher Hamlet, counsel.
Instructed by IHLP

Registrant: Present and unrepresented

Fitness to practise: Impaired by reason of misconduct

Outcome: Conditions imposed (with a review)

Duration: 9 months

Immediate order: Immediate conditions of practice order

Committee members: Gregory Heath (Chair and dentist member)
Susan Parkins (Lay member)
Jessica Hanger (DCP member)

Legal adviser: Melanie Swinnerton

Committee Secretary: Jamie Barge

1. This is an initial Professional Conduct Committee (PCC) hearing, pursuant to Section 36P of the Dentists Act 1984 (as amended) ('the Act').
2. 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.
3. You were present at the hearing and unrepresented.
4. Mr Christopher Hamlet, Counsel, appeared as case presenter on behalf of the GDC.

The charge

5. The charge that you face at this hearing, as amended, reads as follows:

That being registered as a dentist, Sana Moazzam's (229821) fitness to practise is impaired by reason of misconduct and/or health in that she:

Patient 1

1. *You failed to provide an adequate standard of care to Patient 1 on 13 October 2021, including by:*
 - a) *not carrying out sufficient diagnostic assessments,*
 - b) *your radiographic practice,*
 - c) *not carrying out sufficient treatment planning,*
 - d) *your referral practice.*
2. *You failed to orientate radiographs correctly, and as a result, Patient 1 had the incorrect tooth extracted.*
3. *Your actions in relation to allegation 2 meant Patient 1 underwent an unnecessary extraction under sedation.*
4. *You failed to maintain an adequate standard of record keeping in respect of Patient 1's appointment of 13 October 2021.*

Patient 3

5. *You failed to provide an adequate standard of care to Patient 3 from 3 September 2021 until 1 February 2022, including by:*
 - a) *not carrying out sufficient diagnostic assessments,*
 - b) *not carrying out sufficient treatment planning,*
 - c) *by not diagnosing, including, caries.*

Patient 15

6. *You failed to provide an adequate standard of care to Patient 15 on 20 August 2021 by referring the patient to a therapist but:*
 - a) *Asking the therapist to restore the ULD and ULE, having identified those teeth as requiring extraction;*
 - b) *failing to ask the therapist to restore URD, LRD and LRE, as planned.*
7. *As amended - You failed to maintain an adequate standard of record keeping in respect of Patient 15's appointment of 30 September 2021 in that you failed to record a verbal discussion with a therapist in which you clarified the clinical plan.*

8. *You failed to maintain adequate standards of cross infection control in that you wore your work uniform outside of work on more than one occasion*

9. *You have an adverse mental or physical health condition as set out in Schedule A*

Preliminary matters – 11 August 2025

6. Mr Hamlet made an application under Rule 53 2(a) for parts of the hearing to be held in private, given that it relates to your health and private family life. He therefore invited the Committee to allow the hearing to be held partly in private when raising your medical history, health and private family life.

7. You submitted that you would like for the whole hearing to be in private, however, you agreed that part in private could be appropriate so long as matters relating to your health and family life and held in private.

8. The Committee considered submissions from both parties and accepted the advice of the Legal Adviser. It considered Rule 53, taking into account the public interest and fairness to all parties. The Committee considered the public interest and also reflected on the need for open justice and transparency. However, the Committee also considered your current health condition and also the need to protect your right to a private life. The Committee also noted that you are unrepresented and the nature of how your personal and health matters were intertwined throughout this case. It therefore considered it necessary and practicable to hold the hearing fully in private that would ensure all matters relating to your medical history and family life are raised privately.

Application to amend head of charge – 11 August 2025

9. The Committee next acceded to an application, made by Mr Hamlet under Rule 18 of the Rules, to amend head of charge 7.

10. Mr Hamlet's submission was that the amendment proposed was correction of typographical and administrative error. He requested minor amendment to the following allegation, which he said were required to reflect what is in the papers before this Committee. The following amendment was as follows:

Allegation 7 – Amend 20 August 2021 to 30 September 2021.

11. You made no objection to the application.

12. The Committee accepted the advice of the Legal Adviser. In granting the application, it had regard to the merits of the case and the fairness of the proceedings, and it was content that the proposed amendment could be made without causing injustice to you. The Committee was satisfied that the suggested amendment was to correct date inaccuracy and to clarify information that was already before it. It accepted that the amendment did not change the substance of the heads of charge against you.

13. The head of charge was amended accordingly.

Background

14. In opening the case for the GDC, Mr Hamlet outlined the background to the matters against you. On 24 August 2022, the Council received a referral from the Clinical Lead at an NHS Dental Community Service ('the Service') in which concerns about your clinical competency as a community dentist were raised. In summary, it was reported that:

- In January 2020, you commenced working as a community dentist with the Service. As part of your induction/probation, you were said to have had weekly meetings with the Clinical Lead, who identified concerns about your lack of understanding and skills in respect of fundamental areas of dentistry (e.g. reading radiographs, diagnosing, treatment planning and oral health advice).
- From approximately March 2020 to late summer 2021, you were not working due to the COVID-19 pandemic [IN PRIVATE]. It was said that prior to your return to work, a supervision and mentoring plan was put in place, and you worked independently for approximately one month.
- Following your return to work you disclosed matters relating to your health and an occupational health referral was made. [IN PRIVATE].
- It was reported that during the period after your return to work with the Service concerns were raised by members of staff about your skills. The concerns about your practice were said to have culminated in an incident where an incorrect deciduous tooth was extracted following an allegedly incorrect prescription having been provided by you to a dental therapist.
- It was said that following the alleged extraction of the incorrect deciduous tooth, you worked only under direct supervision while an investigation was conducted, and that this supervision continued until your employment with the Service ceased.
- [IN PRIVATE.] You were informed in a letter dated 25 May 2022 that a further occupational health referral would be made with a possible outcome being a formal investigation.
- You subsequently resigned from your employment with the Service.

15. The Clinical Lead at the Service referred these alleged matters to the GDC having been made aware that you had applied for and been successful in obtaining a position as a dentist with another Community Service. During the GDC's investigation two expert reports were obtained. The first is in respect of the clinical concerns from Mr Bateman dated 25 April 2025. [IN PRIVATE].

Evidence

16. The Committee had regard to a number of documents, including the GDC hearing bundle, referred to as Exhibit 1. This bundle included witness statements with associated exhibits, namely:

- The written statement and associated exhibits from Witness 1 dated 10 April 2025.
- The written statement and associated exhibits from Witness 2 dated 29 April 2025
- The report and associated exhibits of the expert witness (in respect of clinical matters) instructed by the GDC, dated 25 April 2025.
- [IN PRIVATE].

17. [IN PRIVATE]. All the other witness evidence was agreed.

18. In addition, the Committee was provided with a defence bundle containing your written statement dated 1 August 2025 with associated exhibits, including medical records. You also provided a number of testimonials from colleagues, as well as peer review forms, audits, and Continuing Professional Development (CPD) activity and certificates.

Admissions

19. You admitted all of the heads of the charge. The Committee noted and accepted our admissions.

The Committee's findings on the alleged facts – 13 August 2025

20. The Committee considered all the evidence presented to it, both documentary and oral.

21. The Committee's findings are as follows:

1.	<u>Patient 1</u> <i>You failed to provide an adequate standard of care to Patient 1 on 13 October 2021, including by:</i>
1.(a)	<i>not carrying out sufficient diagnostic assessments,</i> Admitted and found proved.
1.(b).	<i>your radiographic practice,</i> Admitted and found proved.
1.(c).	<i>not carrying out sufficient treatment planning,</i> Admitted and found proved.
1.(d).	<i>your referral practice.</i> Admitted and found proved.
2.	<i>You failed to orientate radiographs correctly, and as a result, Patient 1 had the incorrect tooth extracted.</i> Admitted and found proved.
3.	<i>Your actions in relation to allegation 2 meant Patient 1 underwent an unnecessary extraction under sedation.</i> Admitted and found proved.
4.	<i>You failed to maintain an adequate standard of record keeping in respect of Patient 1's appointment of 13 October 2021.</i> Admitted and found proved.
5.	<u>Patient 3</u> <i>You failed to provide an adequate standard of care to Patient 3 from 3 September 2021 until 1 February 2022, including by:</i>

5.(a).	<i>not carrying out sufficient diagnostic assessments,</i>
	Admitted and found proved.
5.(b).	<i>not carrying out sufficient treatment planning,</i>
	Admitted and found proved.
5.(c).	<i>by not diagnosing, including, caries.</i>
	Admitted and found proved.
6.	<u>Patient 15</u> <i>You failed to provide an adequate standard of care to Patient 15 on 20 August 2021 by referring the patient to a therapist but:</i>
6.(a).	<i>Asking the therapist to restore the ULD and ULE, having identified those teeth as requiring extraction;</i>
	Admitted and found proved.
6.(b).	<i>failing to ask the therapist to restore URD, LRD and LRE, as planned.</i>
	Admitted and found proved.
7.	<i>As amended - You failed to maintain an adequate standard of record keeping in respect of Patient 15's appointment of 30 September 2021 in that you failed to record a verbal discussion with a therapist in which you clarified the clinical plan</i>
	Admitted and found proved.
8.	<i>You failed to maintain adequate standards of cross infection control in that you wore your work uniform outside of work on more than one occasion</i>
	Admitted and found proved.
9.	<i>You have an adverse mental or physical health condition as set out in Schedule A</i>
	Admitted and found proved.

22. We now move to Stage 2.

Stage 2

23. The Committee has considered whether the facts admitted and found proved amount to misconduct and if so whether your fitness to practise is impaired by reason of your misconduct.

24. The Committee has also considered whether your fitness to practise is impaired by reason of your adverse health condition specified in Schedule A to Head of Charge 9 [PRIVATE]. The Committee noted that if it found current impairment on either or both grounds, it would need to consider what action, if any, to take in relation to your registration.

25. The Committee has taken into account the submissions made by Mr Hamlet on behalf of the GDC and those made by you in accordance with Rule 20.

26. In reaching its decision, the Committee considered all the evidence before it, both documentary and oral. This included the GDC's hearing bundle which contains a report of the expert witness (in respect of clinical matters) dated 25 April 2025, as well as [IN PRIVATE]. It also took

into account your reflective written statement (August 2025) as well as your oral evidence and the documentary evidence in your bundle.

27. The Committee has accepted the advice of the Legal Adviser. She advised the Committee as to the approach it should adopt in reaching its decisions on the matter of misconduct, current impairment (both in relation to misconduct and health) and said it was open for the Committee to reach a finding of current impairment on either or both of these grounds. The Legal Adviser also provided advice on the Committee's powers under Section 36P of the Dentists Act 1984 as to its powers if it determines that a dental professional's fitness to practise is impaired. The Committee reminded itself that its decisions were for its independent judgement. There is no burden or standard of proof at this stage of the proceedings.

Fitness to practise history

28. Mr Hamlet advised that you have no fitness to practise history.

Summary of submissions made by both parties

29. Mr Hamlet submitted that the facts found proved (Heads of Charge 1 to 8) are serious and meet the threshold for misconduct. The GDC's position is that your conduct in respect of all three patients was significantly serious, which included incorrect extraction of a patient's healthy tooth, failing to correctly diagnose a patient's caries, and referring a patient for incorrect treatment. He submitted that these failings posed a direct risk to patients in your care. Mr Hamlet referred the Committee to Mr Bateman's evidence that your conduct in this regard fell far below the expected standards of a dental practitioner.

30. [IN PRIVATE]. Mr Hamlet submitted therefore that in relation to your clinical failings, your fitness to practise is currently impaired by reason of misconduct on the grounds of public protection and public interest.

31. Mr Hamlet also submitted that your fitness to practise is currently impaired by reason of your adverse health on the grounds of public protection and on wider public interest grounds.

32. [PRIVATE].

33. Mr Hamlet submitted that not to make a finding of current impairment by reason of your adverse health would undermine public confidence in the profession.

34. With regard to sanction, Mr Hamlet made reference to the GDC's 'Guidance for the Practice Committees including Indicative Sanctions Guidance' (effective from October 2016; last revised in December 2020) ('the Guidance') and invited the Committee to have regard to the mitigating and aggravating features in this case. Mr Hamlet submitted that, in view of the clinical concerns, the gaps in your knowledge as well as the medical evidence, the most appropriate and proportionate sanction in this case would be to impose a conditions of practice order on your registration. These conditions would include a requirement that you have direct workplace supervision, for a period of 18 months with a review. He referred to the GDC's proposed conditions and submitted that it was a matter for the Committee to decide whether to agree to the proposed as currently drafted. Mr Hamlet submitted that a sanction of suspension would be disproportionate.

35. You stated that in respect of misconduct, 1-8 you accept your clinical failings in heads of charge 1-8 constitute misconduct.

36. You stated that in respect of impairment in relation to your misconduct, you regret your standards of care did not meet the professional standards on multiple occasions at Surrey Community Services. You acknowledge the clinical decisions you made impacted on patients and the wider public. You stated that at that material time you were fatigued and exhausted due to

personal family life issues. You also stated that being inexperienced and having “*gaps in your knowledge*” was a main contributory factor to your poor decision making. You stated that you lacked insight at that material time, but it is much changed now. You stated one of the reasons for your poor clinical care was due to de-skilling during an extended 6 year break from dentistry as well as the Covid pandemic [IN PRIVATE]. You stated that with hindsight you should have undertaken a phased return to practice.

37. You invited the Committee to conclude that your fitness to practise is not currently impaired by reason of your misconduct. In support of that submission, you stated that you have fully remediated the clinical concerns through further training and completion of targeted CPD courses to address the gaps in knowledge you said you had at that time. You have placed significant efforts and remediation into each of your clinical failings as recognised in positive feedback and appraisals from your clinical assessors. You provided the Committee with a background to the external difficulties you were facing at the time, which you stated impacted your practice. You submitted that should you find yourself in similar stressful situations again you are much better prepared to deal with them due to increased levels of insight. [IN PRIVATE].

38. [IN PRIVATE].

39. [PRIVATE].

40. [IN PRIVATE].

41. [PRIVATE.]

42. You submitted that if the Committee are minded to find that you are impaired on either or all grounds, an order of conditions for a maximum period of 6 months would be proportionate. You recognised the seriousness of the allegation made, however, you stated that direct supervision for an extended period of time would be financially restrictive to you and unworkable. [IN PRIVATE]. This period would allow you to be closely or generally supervised by a workplace supervisor.

Decision on misconduct

43. The Committee first considered whether the facts found proved at Heads of Charge 1 to 8 amounted to misconduct. In so doing it has had regard to all the evidence before it, including Mr Bateman’s report.

44. The Committee has found proved that your practice was poor in respect of all three patients. This was in relation to a number of clinical areas including radiographic practice, treatment planning, diagnostic assessments, cross infection control and record keeping. In addition, it was found proved you took an incorrect tooth out as well as failed to adequately refer a patient to a dental therapist.

44. You stated in your oral evidence and reflections document that you appreciate that your clinical failings fell below the professional standards. You also recognised that patient safety depends on this. The Committee has had regard to Mr Bateman’s evidence. His opinion, as set out in his report dated 25 April 2025, was that your standard of care fell far below the standard expected in respect of all the heads of charge, apart from head of charge 5(a) in respect of a radiographic interval. The Committee accepts Mr Bateman’s evidence on this point.

45. In judging whether the facts found proved amount to misconduct, the Committee has had regard to the following standards set out in the GDC’s “Standards for the Dental Team” (September 2013) which it considers you have breached:

1.5 *Treat patients in a hygienic and safe environment.*

- 6.3.4 *If you ask a colleague to provide treatment, a dental appliance, or clinical advice for a patient, you should make your request clear and give your colleague all the information they need.*
- 6.5.1 *You should document any discussions you have with colleagues about a patient's treatment, including any decisions you have reached or changed, in that patient's notes.*
- 7.2 *Work within your knowledge, skills, professional and competence and abilities.*
- 7.3 *Update and develop your professional knowledge and skills throughout your working life.*

46. The Committee has concluded that your conduct in respect of heads of charge 1-8, apart from head of charge 5(a,) is sufficiently serious to meet the high threshold of misconduct. Accordingly, the Committee is satisfied that the findings against you amount to misconduct.

Decision on current impairment

47. The Committee then considered whether your fitness to practise is currently impaired by reason of your misconduct and/or adverse mental or physical health. In doing so, it had regard to the over-arching objectives of the GDC, which is: the protection, promotion and maintenance of the health, safety, and well-being of the public; the promotion and maintenance of public confidence in the dental profession; and the promotion and maintenance of proper professional standards and conduct for the members of the dental profession.

48. The Committee accepted the guidance on the matters relevant when considering current impairment provided by Mrs Justice Cox in *The Council for Healthcare Regulatory Excellence (CHRE) v (1) NMC and (2) Paula Grant [2011] EWHC 927 (Admin)*.

Decision on current impairment- health

49. The Committee has had regard to the evidence including your medical records [IN PRIVATE]

50. [PRIVATE]."

51. [PRIVATE.]"

52. [IN PRIVATE].

53. [IN PRIVATE.]

54. In all the circumstances, the Committee has determined that in respect of the health matters there is no ongoing risk to the safety of the public.

55. The Committee then considered whether a finding of current impairment was necessary in the wider public interest. The Committee was satisfied that when considering all the evidence, your insight, reflections and remediation, a reasonable and informed member of the public would not be shocked or surprised if a finding of impairment was not made in respect of your adverse health conditions.

56. Taking all these factors into account, the Committee determined that there was no need to find impairment on the public interest ground.

57. The Committee has determined that your fitness to practise is not currently impaired by reason of your adverse health condition.

Decision on Impairment - Misconduct.

58. The Committee considered that your misconduct was serious and was not an isolated incident. Your actions have brought the profession into disrepute in that you have breached the fundamental tenets of the profession – namely putting patients’ care and interests first. In the Committee’s view, you have in the past acted so as to put patients at unwarranted risk of harm and this has in the past brought the dental profession into disrepute.

59. The Committee then considered whether the misconduct found proved is remediable. The Committee considered that your misconduct is capable of being remedied by targeted learning and development of your knowledge, and a phased, supervised period of clinical practice.

60. The Committee has taken the remedial work into consideration, including peer reviews, CPD and audits. It has borne in mind your admissions at the outset and your acceptance that your conduct constitutes misconduct. The Committee has acknowledged that your insight and reflections into your clinical deficiencies has greatly improved. However, it has concerns that your insight into your deskilling has not fully developed, given that you now acknowledge that you lacked the necessary clinical skills and experience, having not worked in clinical practice for 6 years before joining the Community Dental Service. Yet after a further 3 years of being out of clinical practice, you now maintain that you are fit to practise with some degree of support. Notwithstanding your assurances that you will not repeat the identified clinical failings, the Committee is concerned that you have de-skilled further and therefore there is a risk of repetition. Accordingly, the Committee has concluded that your fitness to practise as a dentist is impaired by reason of your misconduct on the grounds of the protection of the public.

61. The Committee considered it is highly unlikely that any of your adverse health conditions, which it accepts that you are now able to self-monitor, will currently affect your safe clinical practice.

62. The Committee has also kept in mind the wider public interest, which includes maintaining confidence in the dental profession and the GDC as its regulator and declaring and upholding proper standards and behaviour. In the Committee’s view, the public confidence in the dental profession would be significantly undermined if a finding of impairment were not made.

63. The Committee accordingly determined that your fitness to practise is currently impaired by reason of your misconduct on both public protection and public interest grounds.

Decision on sanction

64. The Committee next considered what action, if any, to take in relation to your registration. It noted that the purpose of any action is not to be punitive, although it may have that effect, but to protect the public and to uphold the wider public interest. In reaching its decision, the Committee had regard to the GDC’s “Guidance for the Practice Committees, including Indicative Sanctions Guidance” (Effective 1 October 2016, last revision December 2020) (the Guidance). It applied the principle of proportionality, balancing the public interest with your own interests.

65. The Committee has taken into account the aggravating and mitigating features in this case. In terms of mitigation, the Committee noted that there was evidence of difficult and challenging circumstances leading up to the events, evidence of good conduct, evidence of previous good character (as supported in positive testimonials), evidence of remorse and insight, and evidence you have taken some corrective steps to avoid repetition. In respect of aggravating features, the Committee has borne in mind factors such as: harm was caused to patients including the incorrect extraction of a tooth; patients involved were vulnerable; there is a lack of insight regarding de-skilling; and conduct was over a sustained period of time.

66. The Committee noted that it was open to it to conclude this case without taking any action in respect of your registration. However, it considered that such a course would be inappropriate. Taking no action would not serve to protect the public, nor would it address the concern about the wider public interest, particularly public confidence in the dental profession.

67. The Committee considered whether to issue you with a reprimand. In view of its concerns about public safety and public confidence in the dental profession, the Committee concluded that issuing you with a reprimand was not sufficient for the protection of the public given it has identified significant patient harm and evidence of repetition. It took into account that a reprimand does not impose any requirements on a registrant's practice and therefore should only be used in cases where a registrant is fit to continue practising without restrictions. This is not such a case.

68. The Committee went on to consider whether to impose an order of conditions on your registration. It noted the GDC proposed conditions for direct supervision for a period of 18 months. The Committee was mindful that any condition imposed should be proportionate and relate to the risks identified. You indicated that you agreed to the proposed conditions and that you would be willing to comply with the requirements, subject to some relaxation on the proposed requirement that the level of supervision be close and not direct.

69. The Committee was satisfied that conditions proposed by the GDC were, in principle, proportionate, workable and necessary to provide an adequate level of protection to the public. This would allow you to return to practice whilst being monitored by a workplace supervisor who would provide reports to the GDC on a regular basis. The Committee noted your submissions on the level of supervision. By your own admission, clinical de-skilling was a notable contributory factor in that misconduct. Furthermore, this has been exacerbated by an additional 3 years since this period when you have not undertaken any clinical practice on patients. The Committee therefore is of the view that given the level of clinical risks identified, direct supervision is required.

70. The Committee was also satisfied that it was appropriate for you to have conditions which would support you and monitor your progress in relation to your clinical skills. The Committee was satisfied that this would address the risks to patient safety.

71. The Committee considered the length of conditions of practice. It was aware of your submissions that 6 months would be sufficient. However, the Committee also bore in mind your sensible intention to return to clinical work in a phased manner, working 2 days a week. This Committee considered this time period would be inadequate to properly protect the public and for the Committee to be reassured that you would be able to practise safely without supervision. Further, you would only have 50 days of clinical practice and 2 clinical reports for any reviewing Committee to consider.

72. The Committee determined that suspension would be overly punitive. Furthermore, the Committee noted the level of insight that you have demonstrated as well as your engagement in these proceedings. Neither the GDC nor you have submitted that suspension is appropriate in this case.

73. Accordingly, the Committee directs that your registration be made subject to your compliance with conditions. The period of conditional registration shall be for 9 months with a review prior to the expiry of that period. The Committee is satisfied that this period of time should be sufficient for you to demonstrate evidence that you are competent dentist for the next reviewing Committee.

74. The conditions will appear against your name under the title of Dentist in the Register as follows:

1. *She must notify the GDC within 7 days of any professional appointment she accepts or is currently undertaking and provide the contact details of her employer or any organisation for which she is contracted to provide dental services and the Commissioning Body on whose*

- Dental Performers List she is included or Local Health Board if in Wales, Scotland or Northern Ireland.*
2. *She must allow the GDC to exchange information with her employer or any organisation for which she is contracted to provide dental services, and any workplace supervisor referred to in these conditions.*
 3. *She must inform the GDC within 7 days of any formal disciplinary proceedings taken against her, from the date these conditions take effect.*
 4. *She must inform the GDC within 7 days of any complaints made against her from the date these conditions take effect.*
 5. *She must inform the GDC within 7 days if she applies for dental employment outside the UK.*
 6. *At any time that she is employed, or providing dental services, which require her to be registered with the GDC, she must place herself and remain under the direct supervision* of a workplace supervisor working at the same practice. The workplace supervisor must be approved by the GDC. The workplace supervisor must be a GDC registrant in the same category of the register as the Registrant or higher. The Registrant must not return to general dental practice until a workplace supervisor has been approved by the GDC.*
 7. *She must seek reports from her workplace supervisor and provide these to the GDC every 3 months, and 14 days prior to any review hearing. The workplace supervisor's reports should address, but are not limited to, the following areas:*
 - a. *Confirmation that the Registrant is complying with their conditions;*
 - b. *Details of the Registrant's working practice and any concerns raised about her fitness to practise;*
 - c. *Information about the Registrant's progress in relation to her practice in the following areas:*
 - (i) *Radiography*
 - (ii) *Assessment and treatment planning*
 - (iii) *Referral Practice*
 - (iv) *Record keeping*
 - (v) *Extractions*
 - (vi) *Maintaining adequate standards of cross-infection control*
 8. *She must allow the GDC to exchange information relating to her conditions of practice with her workplace supervisor.*
 9. *She must keep her professional commitments under review and limit her dental practice in accordance with her workplace supervisor's advice.*
 10. *She must not work as a locum or undertake any out-of-hours work or on-call duties*
 11. *At any time that she is employed, or providing dental services, which require her to be registered with the GDC she shall carry out audits of her work which should be signed by her workplace supervisor and provided to the GDC every 3 months and 14 days prior to any review hearing. She shall maintain logs of:*
 - a. *Radiography*

- b. *Assessment and treatment planning*
 - c. *Referral Practice*
 - d. *Record keeping*
 - e. *Extractions*
 - f. *Maintaining adequate standards of cross-infection control*
12. *She must inform the following parties within 7 days that her registration is subject to the conditions listed at (1) to (11); and provide evidence to the GDC that this has taken place within 7 days thereafter:*
- *Her workplace supervisor*
 - *Any organisation or person employing or contracting with her to undertake dental work;*
 - *Any prospective employer (at the time of application);*
 - *The Commissioning Body in whose Dental Performers List she is included, or seeking inclusion (at the time of application);*
 - *All members of any dental team at any place at which she is employed*
13. *She must permit the GDC to disclose the above public conditions, (1 to 12), to any person requesting information about her registration status.*

***Directly Supervised:** the workplace supervisor must observe the registrant's day-to-day work, or the particular element(s) of the registrant's work, as prescribed in the relevant condition or undertaking. The workplace supervisor must always be on site and available to directly observe the specified element(s) when the registrant is working. Where the workplace supervisor is unavailable through illness or planned absence, the registrant must not carry out the specified element(s) of their work unless an approved alternative workplace supervisor is in place. Conditions or undertakings will specify which element(s) of a registrant's practice to observe.

Decision on immediate order

87. In accordance with Rule 22(1) the Committee has considered the submissions made by both parties as to whether an immediate order of conditions should be imposed on your registration.
88. Mr Hamlet, on behalf of the GDC, submitted that it is necessary for the protection of the public, otherwise in the public interest and to protect public confidence in the profession that an immediate order of conditions should be imposed on your registration.
89. You did not oppose an immediate order of conditions on your registration.
90. The Committee has accepted the advice of the Legal Adviser, who drew its attention to the relevant statutory test for imposing an immediate order and the principles it should bear in mind.
91. The Committee has identified an ongoing risk of harm to the public on account of the concerns identified in this case and is satisfied that it is necessary for the protection of the public that your registration be made conditional forthwith. The Committee is also satisfied that an immediate order is required in the wider public interest given the concerns identified

in its determination on current impairment and sanction. It considers that immediate action is required to maintain public confidence in the dental profession and the regulatory process.

92. The effect of this order is that your registration shall be subject to immediate conditions. Unless you exercise your right of appeal the substantive 9-month period of conditional registration will commence 28 days from when notification of the determination is served on you. Should you exercise your right of appeal, this immediate order shall remain in force pending the disposal of the appeal.
93. The current interim orders of conditions on your registration are hereby revoked.
94. That concludes this hearing.

PUBLIC