Hearing held in public

Summary

Name: KABIR, Jenefar Mosfie [Registration no: 79194]
Type of case: Interim Orders Committee (Initial)
Outcome: Interim Conditions
Duration: 18 months
Date: 31 March 2022
Case number: CAS-200190

The role of the Interim Orders Committee (IOC) is to undertake a risk assessment based on the information before it. Its role is to assess the nature and substance of any risk to the public in all the circumstances of the case and to consider whether it is necessary for the protection of the public, is otherwise in the public interest, or is in the registrant’s own interests to impose an interim order on their registration. It is not the role of the IOC to make findings of fact in relation to any charge. That is the role of a differently constituted committee at a later stage in the process.

Ms Kabir,

The registrar has referred the following concerns to this Committee for a risk assessment, as set out in the notification of hearing dated 16 March 2022:

The General Dental Council (“the Council”) is investigating information it received from the Informant, a GDC registrant, who previously worked at … (“the Practice”). The Informant has raised multiple clinical and conduct concerns against you, the Clinical Director of the Practice.

The Informant raises the following specific concerns:

• Concerns regarding serious breaches of infection control and health and safety as follows:
  o No ultrasonic bath in the decontamination room
  o Use of non-disposable cloths and diluted hypochlorite solution to disinfect surfaces
  o Staff do not wear appropriate gloves and were given catering gloves used for food preparation
  o Gloves are reused between patients
  o Clinical waste is included with domestic waste. Clinical waste was only appropriately disposed of when it was bloodstained. This was done with the intention of minimising the amount of clinical waste produced.
  o Use of reusable aspirator tips
- Staff at the practice were not provided with additional PPE, as per Covid guidance
- Single use items are being reused
- Rusted, blunt burs being used
- Treatment rooms have carpet in them.
- On one occasion, you took a pair of gloves that had been placed in a sink and stated if they hadn’t been in contact with a patient they should be reused.
- The Informant raised their concerns with you, you downplayed them, and accused the Informant of trouble making, along with other members of the team.

- Staff were not given an induction when they started nor were they given Basic Life Support (BLS) training.
- Staff are not DBS checked before starting.
- Issues identified with clinical records including the absence of charting, appropriate radiographs at appropriate intervals and periodontal assessment and diagnosis.
- No regular meetings to discuss medical emergency scenarios
- Old, slow handpieces used which cause patient discomfort
- Lack of adequate treatment planning
- Staff wearing inappropriate clothing
- There were occasions where there was only one GDC registered member of staff in the building working alone.

The Informant also highlights other concerning incidents that took place at the practice:

- You took over an extraction that the Informant was performing on a patient. You used a high-speed tool. The Informant believes this placed the patient at risk and when she raised it with you, she was told that using the high-speed tool increases patient’s immunity and that surgical emphysema was not worth worrying about and that to get to her position she had to ‘take some risks’.
- An ex-member of the team has told the Informant that you would carry out sedation without a nurse, sedate patients and leave them with only one member of staff whilst you saw patients in another room. No observations were carried out.
- The Informant has provided an email from you in which you tells staff members that they should not waste time giving patients a comprehensive treatment plan, as it wastes money and means that they had to stick to the prices quoted.
- There is also an email from you in which a large number of items were purchased for clinical practice. You state that no one else at the practice would use these items.
- The Informant has provided a screenshot of a WhatsApp conversation, where you are telling staff members to write their initials on their disposable blue masks so that they can be re-used.
The informant states that these concerns were raised with you, you ignored the concerns and labelled the informant as a troublemaker.

Ms Sweetland, on behalf of the General Dental Council (GDC), submitted that an interim order is necessary for the protection of the public and is otherwise in the public interest.

In respect of an interim order being necessary for the protection of the public, Ms Sweetland submitted that the Informant in this case is a GDC registrant who had initially raised her concerns with you whilst working at the Practice before escalating those concerns to the GDC. She submitted that the Informant provided a detailed dossier to the GDC setting out wide-ranging concerns which engage key issues of patient safety in respect of your clinical practice and that of all your staff under your responsibility.

In respect of an interim order being otherwise in the public interest, Ms Sweetland submitted that the wider public interest is engaged by concerns of this nature being raised against someone so senior. She submitted that the public would be surprised and alarmed if no action were to be taken by your regulator when confronted by such information.

Ms Sweetland referred the Committee to “the large amount of material” you put before it in support of the remedial steps you have taken to address the concerns which have been raised. She submitted that whatever steps you have now taken did not prevent the Informant from being so concerned that she raised the matter in the way she did. Ms Sweetland submitted that the Committee may think that the steps now taken are insufficient and are too late. She stated that taking steps when summoned before the regulator is not sufficient and that the risk to the public is too serious to be left to you to address voluntarily and without some reinforcement by the regulator at this stage.

Ms Sweetland submitted that an order for interim conditional registration should be made. She provided the Committee with a list of proposed conditions, including conditions requiring you to work under close supervision. She submitted that the period of the interim conditions should be for 18 months.

Mr Reddington, on your behalf, submitted that an interim order is not necessary. He submitted that the allegations in this case are made by a former member of staff who had joined the Practice from a competitor’s practice. He stated that it is your position that the allegations she makes are taken out of context and are vindictive. He stated that the Informant has now returned to working at the competitor’s practice.

Mr Reddington referred to the Informant’s account that she had serious concerns from her first day at the Practice. He stated yet she had failed to report those concerns immediately and only raised them with the GDC some five months later, after she had left the Practice. He stated that she had earlier raised her concerns with you a few months after joining the Practice, which you had fully considered and discussed at the time.

Mr Reddington submitted that the allegations can be categorised as a difference of opinion in the interpretation of guidelines and concerns about how the Practice is managed, some of those concerns being hearsay and others being allegations about other members of staff. He referred the Committee to the evidence of steps you have taken to address those concerns and submitted that any risk today is minimised by those steps.

Mr Reddington addressed the Committee in detail, providing your explanation and account in response to each of the concerns that have been raised.

Mr Reddington stated that the Informant had also raised her concerns with the Care Quality Commission (CQC) who conducted an unannounced inspection of your practice in March 2022 with a follow up inspection to take place in April 2022. He stated that the CQC has not imposed any restriction on the Practice and that you are currently in the process of working with the CQC to address any concerns it may have identified.
When asked by the Committee for more detail of the CQC inspection, Mr Reddington stated he was not in a position to provide this. He was able to state the CQC had “identified a couple of issues regarding infection control and equipment”, that the CQC had not yet made any findings of fact, that there was no evidence that the CQC had identified any issue in respect of your own clinical practice and that you are currently working with the CQC to bring the Practice up to the CQC’s expected standards.

Mr Reddington referred to your unblemished career of over 20 years. He submitted that there was no patient complaint in respect of the concerns which have been raised and no evidence either of any patient harm. He submitted that the majority of the concerns raised by the Informant are a matter of difference of opinion on matters such as clinical guidelines, that aspects of the concerns raised by the Informant are based on hearsay or concern other members of the dental team.

Mr Reddington submitted that an interim order is not necessary for the protection of the public or otherwise in the public interest. If the Committee were to be against him on that he submitted by reference to the GDC proposed interim conditions that not all of the conditions proposed by the GDC are necessary, and that, if supervision were deemed to be necessary, standard (as opposed to close) workplace supervision would be sufficient in the circumstances of this case. He further submitted that suspension would be disproportionate in light of the fact that you are the principal dentist at the Practice and employ six members of staff who are dependent on you to remain in practice. He also submitted that a number of your patients are mid-way through treatment and that their continuity of care would be affected by your registration being suspended.

**Decision**

The Committee accepted the advice of the Legal Adviser.

The role of the Committee is to assess risk and not to make findings of fact. These are interim proceedings in circumstances where the GDC’s investigation is at an early stage and where no facts have been proved against you.

There is clear factual dispute before the Committee: you dispute the factual basis and/or context to many of the concerns which have been raised and suggest that the Informant had acted vindictively in raising her concerns. However, this Committee cannot resolve disputes of fact. In assessing risk, the Committee had regard to the cogency of the evidence in support of the concerns which have been raised.

It is not in dispute that the Informant in this case is a GDC registrant who had first raised her concerns with you whilst working at the Practice before escalating her concerns to the GDC. The Informant provides a clearly particularised and detailed account in support of each concern she raises. Evidence corroborating some of her concerns was also provided. For example,

(i) A copy of an email allegedly sent by you on 10 November 2021 which, although it is subject to interpretation, appears to instruct members of your team not to provide patients with a written treatment plan detailing the costs of the proposed treatment (as is required by GDC standards) because “the patient could insist we stick to prices given”;

(ii) A copy of a screenshot of a WhatsApp message allegedly sent by you on 15 December 2021 stating, beneath a picture of two surgical masks on a table: “Can everyone please mark their masks with initials so that it taken off they can be identified. Theres wasted masks all over the place!” [sic];

(iii) A photograph of alleged cleaning and waste disposal instructions displayed in your practice, stating: “Waste - We need to always minimise the amount of clinical waste
we produce!” and then defining as follows: “**General waste** paper towels, tissues, cups - anything you would find in a bin at home… **Clinical waste** Anything with blood on it = hazardous clinical waste!!! -> everything else = general waste…”

There is also information before the Committee indicating that the CQC has raised concerns regarding infection control following its unannounced inspection of your practice in March 2022.

In the Committee’s judgement there is a prima facie case in support of the concerns raised by the Informant. These are serious and wide-ranging concerns which engage core aspects of dentistry, such as cross-infection control. In the Committee’s judgment the concerns give rise to a real risk of harm to patient safety should you be allowed to continuing practising without any interim restriction on your registration whilst the concerns are investigated.

In the Committee’s judgment, a fair-minded and well-informed member of the public would also be surprised if the Committee did not act on the concerns which are before it by making an interim order.

Accordingly, the Committee determined that an interim order is necessary for the protection of the public and that it is otherwise in the public interest.

The Committee was satisfied that the risks it had identified could be adequately guarded against through interim conditions.

The Committee considered the draft interim conditions proposed by the GDC and the conditions bank. In the Committee’s judgment, workplace supervision is required but should not be as restrictive as the close supervision proposed by the GDC. Standard workplace supervision would be sufficient in the Committee’s view. The other conditions proposed by the GDC are largely otherwise unopposed by you in the event that the Committee considers an interim order to be necessary. The Committee reviewed each proposed condition carefully and made some amendments in the interests of workability, proportionality and standardisation.

For example, the Committee removed the requirement that you refrain from locum and out-of-hours work, as any risk in relation to this is adequately guarded against by the requirement of workplace supervision. The Committee also removed some of the areas of practice in respect of which the GDC’s draft conditions proposed that you keep a log. Those areas of practice were too broadly phrased for any log to be meaningful. The Committee instead introduced a condition requiring you to report on those areas to your workplace supervisor prior to each fortnightly meeting. Likewise, the Committee limited the areas of practice on which the workplace supervisor is required to periodically report to the GDC.

Accordingly, the Committee makes an order for interim conditional registration. The interim conditions shall appear against your name in the Register as follows:

1. She must notify the GDC within 7 days of any professional appointment she accepts 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 workplace supervisor or referred to in these conditions.

3. She must inform the GDC within 7 days of any formal or informal disciplinary proceedings taken against her, from the date of this determination.
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 from the date of application, if she applies for dental employment outside the UK.

6. At any time she is employed, or providing dental services, which require her to be registered with the GDC, she must place herself and remain under the supervision* (as defined in the GDC Glossary of Terms) of a workplace supervisor nominated by her, and agreed by the GDC. The workplace supervisor shall be a GDC registered dentist.

7. She must provide the workplace supervisor with a copy of this determination immediately after the supervisor has been approved by the GDC. Evidence that this information has been provided to the workplace supervisor must be forwarded to the GDC within 7 days of disclosure.

8. She must allow the workplace supervisor to exchange information with the GDC.

9. She must provide a report to her workplace supervisor prior to each fortnightly meeting detailing up to date steps she has taken to maintain:
   a. Infection control;
   b. Health and safety;
   c. Staff induction and training;
   d. Appropriate records;
   e. Appropriate examination and assessment.

10. She must maintain a log, which must be signed by her workplace supervisor, detailing every case where she has undertaken:
    a. Sedation;
    b. Surgical extraction;
    c. Medical emergency scenarios;
    d. Treatment planning and options.

11. She must provide a report from her workplace supervisor to the GDC every three months and at least 14 days prior to any review. The report will address the following areas:
    a. Infection control;
    b. Health and safety;
    c. Staff induction and training;
    d. Sedation;
    e. Surgical extraction;
    f. Medical emergency scenarios;
    g. Treatment planning and options;
    h. Appropriate records;
    i. Appropriate examination and assessment.

12. She must provide copies of these logs and reports to the GDC every three months and at least 14 days prior to any review hearing.
13. She must inform within 7 days the following parties that her registration is subject to the conditions, listed at (1) to (12), above:

   a. Any organisation or person employing or contracting with her to undertake dental work
   b. Any prospective employer (at the time of application)
   c. The Commissioning Body on whose Dental Performers List she is included or seeking inclusion, or Local Health Board if in Wales, Scotland or Northern Ireland (at the time of application)

14. She must permit the GDC to disclose the above conditions, (1) to (13), to any person requesting information about her registration status.

*Supervised

The registrant’s day to day work must be supervised by a person who is registered with the GDC in their category of the register or above. The supervisor need not work at the same practice as the registrant, but must make himself/herself available to provide advice or assistance should they be required. The registrant’s work must be reviewed at least once fortnightly by the supervisor via one to one meetings and case-based discussion. These fortnightly meetings must be focussed on all areas of concern identified by the conditions.

The interim order shall be for 18 months owing to the GDC investigation still being in its early stages.

This interim order shall be reviewed in six months, or may be reviewed earlier on the application of either party.

That concludes the hearing today.