PUBLIC HEARING

Professional Conduct Committee
Review Hearing

26 October 2026

Name:	Haughey, John
Registration number:	104042
Case number:	CAS- 206327 and CAS-209257

General Dental Council:	Represented by Tom Stevens, Case Presenter Instructed by Georgina Mayles, IHLPS
Registrant:	Present and unrepresented

Fitness to practise:	**Impaired by reason of your misconduct**
Outcome:	**Conditions continued and extended**
Duration:	**Six months with a review**

Committee members:	Charlotte Carling (Chair, DCP Member) Nicola Jordan (Dentist Member) Jayne Hidderley (Lay Member)
Legal adviser:	Alice Moller
Committee Secretary:	Priyam Jain

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Mr Haughey,

1. This is a resumed hearing before the Professional Conduct Committee (PCC) pursuant to section 27C of the *Dentists Act 1984* (as amended) ('the Act').

2. The hearing is being conducted remotely by Microsoft Teams.

3. The purpose of this hearing is for the Committee to review the substantive conditions of practice order currently in place on your registration. The order was imposed for a period of 12 months and is due to expire on 6 November 2026.

Background and previous PCC decision

4. Your case was considered by a PCC between 6 and 10 October 2025. The concerns related to the orthodontic care provided to six patients who had sought clear-aligner treatment through a direct-to-consumer provider operating a teledentistry model. You made admissions to the factual allegations which the previous Committee went on to find proved.

5. The previous Committee found serious shortcomings in fundamental aspects of orthodontic care, including assessment and diagnosis, the use of appropriate investigations and radiographs, treatment planning and treatment options, discussion of risks and benefits, informed consent, face-to-face contact, record keeping, the standard of orthodontic treatment and the handling of patient complaints. It determined that, when considered cumulatively, your conduct amounted to misconduct.

6. In considering impairment, the previous Committee determined that the clinical failings were capable of remediation. It nevertheless found that you had demonstrated limited and incomplete insight, had not accepted full responsibility for the care provided to all six patients, and had not sufficiently reflected on the implications of his acts and omissions for patients, staff and the reputation of the profession. It also found that the evidence of remediation was insufficient, including an absence of targeted CPD and evidence that learning had been embedded in practice.

7. The previous Committee considered that you continued to pose a risk to patients because the identified deficiencies had not been addressed to the required extent through reflection and remediation. It therefore found your fitness to practise impaired on public protection grounds.

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It also found impairment on wider public interest grounds, concluding that public confidence in the dental profession would be undermined without such a finding and that impairment was necessary to reaffirm proper professional standards.

8. The previous Committee imposed a conditions of practice order for 12 months. It considered that its outstanding concern related to a discrete area of clinical practice, namely the risk of repetition should you undertake orthodontic treatment in the future, and that workable conditions could adequately protect the public. It considered suspension to be disproportionate and punitive in light of your full engagement with the fitness to practise process and the absence of actual patient harm.

9. The conditions included requirements to notify the GDC of relevant employment, disciplinary, regulatory and complaint matters; to notify the GDC of overseas registration; to permit information exchange; not to undertake remote orthodontic treatment except in accordance with the GDC's statement on direct-to-consumer orthodontic treatment; and, if providing remote orthodontic services, to work with a GDC-approved workplace supervisor, provide supervisory reports and maintain a log of relevant orthodontic work. The Committee directed that the order be reviewed before expiry.

Postponement and today's review

10. The review was originally listed for 2 October 2026. On 21 September 2026, a Committee granted your unopposed application to postpone the hearing. It noted that you were unrepresented, had engaged throughout the process and that the available alternative dates would facilitate your attendance while allowing the review to take place within the required timeframe. The hearing was subsequently relisted for 26 October 2026.

11. The Committee had before it the review bundle, which included the previous PCC determination, the postponement decision, material from the substantive hearing and correspondence between you, the GDC and the Case Review Team concerning your compliance with the conditions of practice order.

12. The Committee noted that in October 2025 you returned a signed compliance table and stated that you did not then hold an appointment requiring GDC registration. In August 2026, following correspondence from the Case Review Team, you confirmed that your arrangements remained the same.

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13. The Committee also noted correspondence in September 2026 concerning condition 3, which requires you to inform the GDC if you are registered with an overseas regulator or equivalent authority. You stated that you had held an overseas registration since January 2012 and that this had been made known to the GDC during the substantive proceedings. The Case Review Team's position in the correspondence was that information provided before the sanction was imposed did not amount to notification to the Case Review Team for the purposes of monitoring compliance after the conditions took effect. The Committee considered the submissions and evidence about this issue without pre-judging whether there had been any breach of the conditions.

14. The Committee also received your reflective statement dated 26 October 2026. In that statement, you accepted the previous Committee's findings in full, acknowledged that the failings went to basic and fundamental aspects of dentistry, accepted your own responsibility notwithstanding the system operated by Company 1, apologised to the six patients and set out the learning and remediation which you said you had undertaken or planned. You also addressed the correspondence concerning condition 3 and accepted that you should have stated your overseas registration expressly in the compliance table in October 2025 and should have been clearer about your current work when asked in August 2026.

GDC submissions

15. Mr Stevens, on behalf of the GDC, invited the Committee to find that your fitness to practise remains impaired by reason of misconduct on both public protection and wider public interest grounds. He reminded the Committee that it was required to make a fresh and independent assessment, but submitted that the reasoning of the previous Committee was sound and was instructive when considering whether the deficiencies previously identified in your insight and remediation had now been adequately addressed.

16. Mr Stevens submitted that you had made progress. He acknowledged that you remained engaged with the regulatory process, had provided further reflection, had now apologised to the patients and had set out a plan for further learning. He submitted, however, that the evidence did not demonstrate sufficiently embedded insight or completed remediation. In particular, you had not provided documentary evidence of completed targeted CPD, reflections on that CPD, or evidence demonstrating that the learning had been embedded in

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your practice. Mr Stevens characterised you as being on the pathway to remediation, but not yet at its conclusion.

17. In relation to Condition 3, Mr Stevens referred to the correspondence between you and the Case Review Team concerning your overseas registration. He did not invite the Committee to make a finding that condition 3 had been breached. Rather, he submitted that the correspondence was part of the background which the Committee could consider when assessing the adequacy of the evidence of insight and remediation.

18. Mr Stevens submitted that, in the absence of sufficient evidence of completed remediation and embedded learning, a risk of repetition remained. He submitted that a finding of current impairment was therefore required for the protection of the public and was also necessary in the wider public interest to maintain public confidence in the dental profession and uphold proper professional standards. If the Committee found current impairment, he invited it to continue the existing conditions of practice for a further six months with a review. He also submitted that the Committee could consider requiring evidence of completion of your CPD plan, although the precise formulation was a matter for the Committee.

Registrant's written submissions

19. You gave evidence on affirmation. In relation to condition 3, you explained that you had been unrepresented at the substantive hearing and had been under significant stress when the compliance table was completed shortly afterwards. You said that your registration with the Dental Council of Ireland had been discussed during the substantive proceedings and that your professional and online profiles openly recorded that you practised in Ireland. You had therefore understood that the GDC was already aware of that registration and believed the question in the compliance table was directed towards any further overseas registration. On reflection, you accepted that you should have stated your overseas registration expressly in the compliance table and should have been clearer in your subsequent correspondence.

20. You told the Committee that the substantive hearing had been stressful and that, as an unrepresented registrant, you did not consider that your evidence at that hearing had conveyed your true feelings. You expressly apologised to the six patients and accepted that they had trusted a registered dentist and had not received the standard of care and information to which they were entitled.

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21. You stated that you had reviewed the areas of concern identified by the previous Committee and had undertaken CPD during the year. You accepted, however, that you had not completed all of the targeted CPD relating to the specific deficiencies identified in the substantive determination. You said that you had identified the relevant areas and developed a plan which included professional responsibility and the GDC Standards, direct-to-consumer orthodontics, diagnostic assessment and pre-treatment investigations, treatment planning, consent, radiography, record keeping and complaint handling. You also said that you had reviewed the GDC's relevant guidance.

22. You stated that you had not undertaken direct-to-consumer or remote orthodontics since Company 1 ceased operating and did not intend to do so again. You nevertheless recognised that simply avoiding remote orthodontics did not address the wider concern identified by the previous Committee. You said that, before accepting any new role or model of care in future, you would check it against the GDC Standards and guidance, only provide treatment within your competence and to the standard you would apply in your own clinic, and seek advice from the GDC or your indemnifier if necessary.

23. You also told the Committee that you had reviewed aspects of your current clinical practice, including record keeping, complaint handling and radiographic practice. In response to a question from the Committee, you described having undertaken an audit of those areas and said that this had led to changes in your radiographic recording. You confirmed, however, that you had not provided documentary evidence of the audit to the Committee.

24. You submitted that your fitness to practise was no longer impaired. You nevertheless accepted that, because of the shortfall in completed targeted CPD, it might be too early for the conditions to be removed. You stated that, if the Committee was not satisfied that your fitness to practise was no longer impaired, you would accept a further period of conditions, including a requirement to complete your CPD plan and provide evidence of it. In final submissions, you asked the Committee not to diminish the weight of your reflective statement merely because it had been provided shortly before the hearing, explaining that you had always intended to reflect but had been uncertain about the process and the deadline for providing it.

Legal advice

25. The Legal Adviser advised the Committee that its task was to determine whether your fitness to practise is currently impaired by reason of the misconduct previously found proved. The

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Committee was required to conduct a fresh and independent assessment. It was not bound by the previous Committee's decisions on impairment or sanction, although the reasoning underpinning those decisions could properly inform the present review. The Committee could not revisit the factual findings or the finding of misconduct.

26. The Legal Adviser referred to *Abrahaem v General Medical Council* [2008] EWHC 1 and advised that, at a review hearing, there is a persuasive burden on a registrant to demonstrate that he has fully acknowledged why his past professional performance was deficient and, through insight, application, education, supervision or otherwise, sufficiently addressed the previous impairment. There is no burden or standard of proof at the impairment stage; current impairment is a matter for the Committee's professional judgment.

27. The Legal Adviser also referred to *Nurrish v Nursing and Midwifery Council* [2026] EWHC 2 (Admin), advising that concerns about matters which were not dealt with at the substantive hearing should be approached with caution and that a registrant should be given notice and a fair opportunity to respond to concerns. In relation to the Committee's questioning of you, she referred to *Beard v General Osteopathic Council* [2019] EWHC 1561 (Admin) and reminded the Committee to ensure that its questions remained within the bounds of fairness and impartiality and that any factual issues based on witness evidence were approached in an even and balanced manner.

28. The Legal Adviser advised that, if the Committee found that your fitness to practise was no longer impaired, it could terminate the existing conditions of practice order. If it found that your fitness to practise remained impaired, it could extend the existing conditions, vary them and extend them, or substitute a suspension order. She reminded the Committee of the principle of proportionality, the GDC's relevant sanctions guidance and the overarching objective of protecting the public, maintaining public confidence in the dental profession and promoting and maintaining proper professional standards and conduct. The Committee was advised to take account of the Sanctions Guidance, explaining any deviation from it: *General Medical Council and another v Bramhall* [2021] EWHC 2109 (Admin). The Committee accepted the Legal Adviser's advice.

Committee's decision on current impairment

29. The Committee considered all of the evidence and submissions before it, including the previous determination, the correspondence since the substantive hearing, your reflective

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statement, your oral evidence and the submissions made by both parties. It reminded itself that it was conducting a fresh assessment of your fitness to practise as at today's date and that the previous findings of fact and misconduct were not matters for reconsideration.

30. The Committee first considered the correspondence concerning condition 3. It noted your explanation that you had been unrepresented and under significant pressure following the substantive hearing, that you believed the GDC already knew of your longstanding registration with the Dental Council of Ireland, and that you had interpreted the compliance table as asking about any further overseas registration. It also noted your acceptance that, on reflection, you should have stated your overseas registration expressly and should have been clearer in your subsequent correspondence. The Committee did not make a finding that condition 3 had been breached. It considered the correspondence only insofar as it was relevant to the overall adequacy of the evidence of your developing insight and remediation.

31. The Committee considered that you had made progress since the substantive hearing. It gave weight to your express acceptance of responsibility for the care provided to the six patients, your recognition that the shortcomings involved basic and fundamental aspects of dentistry, your apology to the patients and your expression of remorse. It also considered that your reflective statement demonstrated a developing appreciation that responsibility for meeting professional standards remained your own notwithstanding the system operated by Company 1, and that simply avoiding remote orthodontic work would not, by itself, address the wider risk identified by the previous Committee.

32. However, the Committee was not satisfied that you had yet demonstrated sufficient remediation or that your developing insight had been fully embedded in practice. Although you described undertaking CPD and attending conferences, you accepted that you had not completed the targeted CPD addressing the specific deficiencies identified by the previous Committee. No documentary evidence of completed targeted CPD, associated reflections, or a structured CPD plan showing progress and anticipated completion had been provided to the Committee.

33. This Committee also took account of your evidence that you had audited aspects of your current practice, including record keeping, complaint handling and radiographic practice. It noted that no documentary evidence of those audits, their methodology, findings, actions or outcomes had been provided. Similarly, while you stated that you had reviewed the GDC Standards and relevant guidance, the Committee had not been provided with specific

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reflection demonstrating what you had learned from those standards and how that learning had been translated into and embedded within your day-to-day clinical practice.

34. The Committee therefore concluded that, while there had been meaningful progress in your insight, the remediation process remained incomplete. In the absence of sufficient objective evidence that the identified deficiencies had been addressed and the learning embedded, the Committee could not be satisfied that the risk of repetition had reduced to the point at which unrestricted practice would be appropriate. It therefore determined that you continue to present a risk to patients and that your fitness to practise remains impaired by reason of misconduct on public protection grounds.

35. The Committee separately considered the wider public interest. It considered that a well-informed member of the public, aware of the seriousness and breadth of the original clinical failings and the current absence of sufficient evidence of completed remediation and embedded learning, would be concerned if the restrictions on your registration were removed at this stage. The Committee therefore determined that a finding of current impairment also remains necessary to maintain public confidence in the dental profession and to uphold proper professional standards and conduct.

Committee's decision on sanction

36. Having determined that your fitness to practise remains impaired, the Committee considered the available options in ascending order of severity and had regard to the principle of proportionality. It took account of your interests alongside the need to protect the public and the wider public interest.

37. The Committee considered whether the existing order could be terminated, but concluded that this would not provide sufficient protection given its finding that a risk of repetition remains. It next considered whether the existing conditions remained workable, proportionate and sufficient. It noted that you had continued to engage with the regulatory process, had demonstrated developing insight and had expressed willingness to comply with a further period of conditions. The Committee was satisfied that the concerns remained remediable and that conditions continued to be capable of adequately managing the identified risk.

38. The Committee considered whether the conditions should be varied to include an express requirement for completion of targeted CPD. It concluded that it was not necessary to add a

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further condition. Instead, it considered that the existing conditions should continue in their current form, accompanied by clear recommendations as to the evidence which would assist the next reviewing Committee. It considered suspension but determined that it would be disproportionate and unnecessarily restrictive in circumstances where workable conditions remained sufficient to protect the public and address the wider public interest.

39. The Committee therefore determined to continue and extend the existing conditions of practice order for a further period of six months, with a review before its expiry. It considered six months to be a proportionate period which would provide you with a realistic opportunity to complete and evidence the targeted remediation identified at this hearing.

Conditions

The Committee continued the following conditions in their existing form, which are set out as they will appear against your name in the Dentists Register:

1. You must provide the GDC, within seven days, the contact details and arrangements for any appointment you accept or are currently undertaking which requires GDC registration, and allow the GDC to exchange information with your employer or any contracting body for which you provide dental services.

2. From the date that these conditions take effect, you must inform the GDC within seven days of being notified of:

i. any formal disciplinary action taken against you;
ii. any NHS investigation;
iii. any regulatory or enforcement action taken against you or a practice for which you are the registered provider;
iv. any patient complaint received about your clinical practice or conduct at work.

3. You must inform the GDC, within seven days of these conditions taking effect, if you are registered with any overseas regulator (or equivalent authority) or within seven days of making an application for registration with any overseas regulator or equivalent authority.

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4. You must allow the GDC to exchange information with the Practice, your employer, any organisation for which you have a contract or arrangement to provide dental services and all the NHS regional teams/Health Boards with whom you have an arrangement.

5. You must not be involved with any remote orthodontic services treatment except in accordance with the GDC's statement on 'direct to consumer' orthodontic treatment.

6. At any time, you are providing remote orthodontic services;

a)you must agree to the appointment of a workplace supervisor nominated by you and approved by the GDC.
b) The workplace supervisor shall be a GDC registrant,
c) you must not start/restart work until your nominated workplace supervisor has been approved by the GDC.
d) you must permit the GDC and the workplace supervisor to exchange information.

7. You must allow the workplace supervisor to provide reports to the GDC at intervals of not more than 3 months and at least 14 days prior to any review. The following areas should be addressed in the report;

a) Diagnosis assessments;
b) Record keeping;
c) Treatment planning and/or treatment options including discussion of the risks and benefits with patients;
d) Radiography
e) Informed consent.

8. You shall complete a log which must be signed by your workplace supervisor about any remote orthodontic procedures, consultations and advice given to patients with which you are involved.

9. You must provide a copy of the log referred on Condition 8 to the GDC every 3 months.

10. You must inform, within seven days, the following parties within the UK that your registration is subject to the conditions listed at [1] to [9]:

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a) Any person or organisation employing you or who has an arrangement with you to undertake dental work;

b) Any professional regulatory body you are registered with, or apply to be registered with (at the time of application);

c) Any locum agency or out-of-hours service you are registered with or apply to be registered with (at the time of application);

d) The Commissioning body in whose dental Performers List you are included, or seeking inclusion (at the time of application);

e) Your workplace supervisor. You must forward written evidence of your compliance with this condition to the GDC within seven days of notifying the relevant UK parties of your conditions.

11. You must permit the GDC to disclose the above conditions 1 to 10 to any person requesting information about your registration status.

** Supervised the workplace supervisor must supervise the registrant's day-to-day work in a way prescribed in the relevant condition or undertaking. The workplace supervisor does not need to work at the same practice as the registrant, but they must be available to provide advice or assistance if the registrant needs it. Where the workplace supervisor is unavailable through illness or planned absence, the registrant must not work, unless an approved alternative workplace supervisor is in place.*

The workplace supervisor must review the registrant's work at least once a fortnight in one-to-one meetings and case-based discussions. These meetings must focus on all areas of concern identified by the conditions or undertakings. These meetings should usually be in person, where possible.

Next review of the interim order

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40. The order will be reviewed before the expiry of the further six-month period. The Committee considered that the next reviewing Committee would be assisted by the following evidence:

- Documentary evidence of targeted CPD addressing the deficiencies identified in the October 2025 PCC determination, together with an explanation of what you have learned from that CPD and how you have applied that learning in your day-to-day dental practice;
- Documentary evidence of any audits undertaken in the relevant areas of practice, including the findings, any actions taken and the outcome of those actions; and
- A reflective statement addressing the steps you have taken to reduce the risk of repetition, how your remediation has improved your current practice, and the impact of your conduct on patients, public confidence in the dental profession, the GDC Standards and the reputation of the profession.

41. These recommendations are not intended to be exhaustive. It will be for the next reviewing Committee to assess the evidence available to it and determine whether your fitness to practise remains impaired and whether any further order is required.

42. Notification of this decision will be served upon you in accordance with the Act.

43. That concludes this determination.

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