PUBLIC HEARING

Professional Conduct Committee
Initial Hearing

9 to 17 February 2026

Name:	GOWER, Christopher Patrick
Registration number:	208200
Case number:	CAS-200132

General Dental Council:	David Patience, Counsel Instructed by Clare Hastie, Kingsley Napley
Registrant:	Present Represented by Andrew Colman, Counsel Instructed by Joanna Flowers, Dental Protection

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Fitness to practise:	Deficient Professional Performance not found Misconduct found Not impaired by reason of misconduct
Outcome:	Fitness to Practise Not Impaired. Case Concluded

Committee members:	Anne Ng	(Chair, Dental Care Professional Member)
	Jim Hurden	(Lay Member)
	Sophie Wilson	(Dentist Member)
Legal Adviser:	Angus Macpherson	
Committee Secretary:	Lola Bird	

GOWER, Christopher Patrick, a Clinical Dental Technician and Dental Technician, Diploma Clinical Dental Technology University of Lancashire 2014, Foundation Degree in Dental Technology Manchester Metropolitan University 2010 is summoned to appear before the Professional Conduct Committee on 9 February 2026 for an inquiry into the following charge:

The charge (as amended)

"That being registered as a dental care professional Christopher Gower's (208200) fitness to practise is impaired by reason of misconduct and/or deficient professional performance. In that:

1. *You failed to provide an adequate standard of care to the following patients, in that:*
    a. *WITHDRAWN:*
        i. *WITHDRAWN*
        ii. *WITHDRAWN*
        iii. *WITHDRAWN*
        iv. *WITHDRAWN*
        v. *WITHDRAWN*
        vi. *WITHDRAWN*
        vii. *WITHDRAWN*
        viii. *WITHDRAWN*
        ix. *WITHDRAWN*
        x. *WITHDRAWN*
    b. *In relation to Patient K, you provided her with a lower acrylic denture, having agreed to provide her with, and/or charged her for the provision of, a chrome metal lower denture.* **(No case to answer)**
    c. *In relation to Patient L, you did not complete her treatment or refer to another dental care professional who could complete it instead of you.*
2. *You failed to obtain informed consent for the provision of a lower acrylic denture to Patient K, on or before 9 August 2019.* ***(No case to answer)***
3. *WITHDRAWN:*
    a. *WITHDRAWN*
    b. *WITHDRAWN*
    c. *WITHDRAWN*
4. *You failed to act in a professional manner, whilst providing services as a clinical dental technician, in that:*
    a. *In relation to Patient L:*
        i. *You did not attend scheduled appointments and/or you cancelled them at short notice*

b. In relation to Patient W:

i. On 30 August 2019, you cancelled an appointment with Patient W without informing the patient.

5. *You provided, or continued the provision of, denture treatment to the following patients, without being in receipt of a written prescription from a dentist:*

a. WITHDRAWN

b. WITHDRAWN

c. WITHDRAWN

d. WITHDRAWN

e. Patient K, on or before 9 August 2019 ***(No case to answer)***

f. WITHDRAWN

g. *WITHDRAWN*

h. *WITHDRAWN*

6. *By reason of your actions in charge 5e above:*

a. *You acted beyond the scope of your practice. (****Allegation did not proceed in light of the no case to answer decision in respect of 5e)***

b. *You failed to obtain informed consent for the denture treatment provided.* ***(Allegation did not proceed in light of the no case to answer decision in respect of 5e)***

7. *Your actions in charge 5e and/or 6 above, were:*

a. *Misleading* ***(Allegation did not proceed in light of the no case to answer decision in respect of 5e****)*

b. *Lacking in integrity* ***(Allegation did not proceed in light of the no case to answer decision in respect of 5e****)*

c. *Dishonest, in that you knowingly omitted to inform the patient of the need for there to be a prescription from a dentist, so that you could undertake denture treatment for remuneration, without having to arrange for the patient to see a dentist and/or obtain a prescription first"* ***(Allegation did not proceed in light of no the case to answer decision in respect of 5e)***

Mr Gower,

1. This is a Professional Conduct Committee (PCC) hearing in respect of a case brought against you by the General Dental Council (GDC).

2. The hearing is currently being conducted in person at the Dental Professionals Hearings Service. The hearing was scheduled to begin on Monday, 9 February 2026, but did not formally

commence until Tuesday, 10 February 2026, with the Committee having utilised the first scheduled day for reading the case papers.

3. You are represented at these proceedings by Mr Andrew Colman, Counsel. The Case Presenter for the GDC is Mr David Patience, Counsel.

Decision on application to amend the charge – 10 February 2026

4. At the outset of the hearing, Mr Patience made an application to amend the charge, pursuant to Rule 18 of the *GDC (Fitness to Practise) Rules 2006* ('the Rules'). This included his request to withdraw heads of charge 1(a) in its entirety, 3 in its entirety and all of head of charge 5, save for the sub-particular 5(e).

5. Given the GDC's request that only sub-particular 5(e) remains as part of head of charge 5, Mr Patience applied to amend the associated allegations at heads of charge 6 and 7 by adding the letter 'e' to the stems of those allegations (after the number '5') so that they would only apply to 5(e). He also requested an amendment to the wording of the dishonesty allegation at 7(c), to take into account that the dishonesty matter would now only relate to one patient, Patient K, who is referred to at 5(e).

6. Mr Patience told the Committee that following the disclosure of your case to the GDC last week, and following the receipt of the joint expert report in this case, the Council had given careful consideration to the charge. Mr Patience stated that the GDC had concluded that there was no longer a reasonable prospect of finding a number of the alleged matters proved and this was the rationale behind his request to withdraw the heads of charge identified.

7. Mr Colman told the Committee that he had no objection to the GDC's application to amend the charge as proposed.

8. Having heard from both parties and having accepted the advice of the Legal Adviser in relation to its power to amend the charge at any stage before making its findings of fact, the Committee acceded to the application. In doing so, the Committee took into account the GDC's reason for the proposed withdrawals and amendments. The Committee had regard to the merits of the case and the fairness of the proceedings, and it was satisfied that the charge could be amended as requested without causing any injustice.

Admissions to the amended charge – 10 February 2026

9. The Committee next heard your admissions to the amended charge. Mr Colman told the Committee that you admitted head of charge 1(c), namely that in relation to Patient L, you did not complete her treatment or refer to another dental care professional who could complete it instead of you. Mr Colman confirmed that in accordance with the stem at head of charge 1, you admitted that this amounted to a failure to provide an adequate standard of care to Patient L.

10. Mr Colman also told the Committee that you admitted head of charge 4 in its entirety, namely that you failed to act in a professional manner, whilst providing services as a clinical dental technician, in that in relation to Patient L, you did not attend scheduled appointments and/or you

cancelled them at short notice. Also, in relation to another patient, Patient W, on 30 August 2019, you cancelled an appointment without informing the patient.

11. You denied all the remaining allegations within the amended charge. These are the alleged matters relating to the provision of a denture to Patient K on 9 August 2019 and the associated allegations of acting outside your scope of practice, failing to obtain informed consent for the denture provided and alleged dishonesty.

Decision on admissions to the amended charge – 10 February 2026

12. The Committee, having noted your admissions, determined to defer making any findings in respect of them until after all the evidence had been adduced. The Committee determined, given the substantial change in the position of the GDC at the outset of the hearing which led to the amendment of the charge, and having regard to your witness statement that it was in the interests of justice and fairness to all parties for the Committee to have heard and considered all the factual evidence in the case before determining if the allegations you have admitted should be proved.

Summary of the GDC's opening submissions

13. In opening the case for the GDC, Mr Patience provided submissions to the Committee in writing and he made submissions orally.

14. Mr Patience stated that you are registered with the GDC as a Clinical Dental Technician (CDT). He set out that a CDT is a dental professional who see patients and designs, makes, and fits dentures and other custom dental devices, on direct access if a patient is edentulous (that is to say has no natural teeth remaining) or on prescription from a dentist, if the patient is dentate (that is to say has some natural teeth remaining). Mr Patience highlighted that there is guidance from the GDC as to the precise scope of practice for CDTs.

15. Mr Patience outlined that the allegations you face in this case relate to the period between 3 April 2018 and 16 September 2019, when you were working at a practice (referred to for the purposes of this determination as 'the Practice'). Mr Patience stated that you were the principal practitioner at the Practice, and he explained your business relationship with the Informant in this case. It was the Informant, who is not a GDC registrant, who brought concerns about you to the attention of the GDC.

16. In his written submissions, Mr Patience set out in detail the alleged matters in this case and the evidence relied upon by the GDC. In summary, the allegations relate to your treatment of three patients, Patient K, Patient L and Patient W. You have admitted in relation to Patient L and Patient W that you failed to act in a professional manner whilst providing services as a CDT by not attending and/or cancelling their scheduled appointments.

17. The allegations relating to Patient K, which are not admitted, relate to the provision of a denture. It is alleged by the GDC that you provided Patient K with a lower acrylic denture, having agreed to provide her with, and/or charged her for, the provision of a chrome metal lower denture. There are also allegations of failing to obtain informed consent from Patient K for the denture treatment provided and acting outside your scope of practice in that you provided or continued to

provide her denture treatment without being in receipt of a written prescription of a dentist. It is the GDC's case that your actions in relation to Patient K, including that you allegedly acted outside your scope of practice, were misleading, lacking in integrity and dishonest.

The GDC's evidence

18. As outlined in the GDC's opening submissions, the Committee received the following evidence relied upon by the Council:

- The relevant patient records from the Practice as provided to the GDC by the Informant.
- The relevant patient records obtained from other dental practices.
- A witness statement dated 23 September 2025 from Patient L, with associated exhibits.
- The expert report dated 8 September 2025 prepared by Mr Quelch

19. In addition, the Committee heard oral evidence from Mr Quelch and it received a joint expert report dated 9 February 2026, prepared by Mr Quelch and Professor John Darby, who is the expert witness instructed on your behalf in this case.

Decision on application to exclude hearsay evidence – 12 February 2026

20. Prior to the GDC formally closing its case, the Committee received further evidence from the GDC in the form of a previously redacted page of the main hearing bundle. The page (page 30) was unredacted for the Committee's consideration. Page 30 is a handwritten document dated 12 October 2019, which contains some notes purportedly written by a third party in relation to the denture you provided to Patient K on 9 August 2019.

21. Page 30 is interlinked with the next document within main hearing bundle at page 31, which is a typed letter of complaint addressed to you, also dated 12 October 2019, and apparently signed by Patient K.

22. There is no evidence before the Committee from the author of the notes on page 30 or from Patient K. At an earlier stage in these proceedings, the Committee was provided with a set of agreed facts stating that Patient K did not respond to email requests from the GDC regarding the obtaining of a witness statement from her, and that when the Council telephoned her on 30 June 2025, she hung up.

23. Mr Colman, on your behalf, made an application to exclude both pages 30 and 31 from the evidence. In doing so, he provided the Committee with written submissions and he made submissions orally. Mr Colman submitted that until 10 February 2026 the letter at page 31 was direct evidence of the fact of a complaint to you, which was the subject of the withdrawn allegation at head of charge 3(a). Mr Colman submitted that the letter at page 31 is now the sole and decisive evidence in respect of the allegations at heads of charge 1(b), 2 and 5(e). He stated that in those regards, the letter is relied upon for the truth of its contents, rather than the fact of it having been written, and so it is hearsay. In relation to the unredacted page 30, it was Mr Colman's submission that this document is double hearsay, recounting what Patient K is alleged to have said to a third person.

24. Mr Colman submitted that the leading authority on the proper approach to the admissibility of hearsay evidence is the case of *Thorneycroft v Nursing and Midwifery Council* [2014] EWHC 1565 (Admin). He stated that the Thorneycroft case sets down some principles for the Committee to apply. Mr Colman submitted that the Committee should not regard the admission of the statement of an absent witness as routine; that it must consider fairness first. He further submitted that the fact that the Committee can adjust the weight to be attached to hearsay is not always a sufficient answer to admissibility.

25. Mr Colman stated that it is important to consider whether there is a good and cogent reason for the absence of the witness. He submitted that there is no explanation in respect of Patient K, and that the Informant in this case, has made herself scarce. Mr Colman stated that is not decisive, but it is suspicious.

26. It was Mr Colman's submission that all the GDC has, to prove the allegations of dishonest malpractice, is the unsupported hearsay letter of 12 October 2019 at page 31. He highlighted that the letter at page 31 is the same date as the previously redacted entry at page 30 and a letter of complaint from another patient in this case, Patient L. He suggested that this was not mere coincidence.

27. Mr Colman submitted that where the letter at page 31 is the sole and decisive evidence, as it now is, the Committee has to make a careful assessment, including the extent to which the evidence is challenged (he stated it is, in its essential features); whether there is any suggestion of reasons to fabricate allegations. Mr Colman cited your acrimonious professional relationship with the Informant as a possible motive to encourage false allegations.

28. Mr Colman also submitted that the Committee should have regard to the seriousness of the charges against you, including the impact adverse findings could have on your career. He submitted that the allegations of practising outside scope and dishonesty are at the high end of seriousness. He also asked the Committee to consider whether the GDC had taken reasonable steps to secure Patient K's attendance at this hearing.

29. Mr Colman stated that the Committee, having made its assessment, must be satisfied that, either the evidence is demonstrably reliable or that there is some means of testing its reliability. It was his submission that the evidence in question is not demonstrably reliable. He stated that it came to the GDC only through the medium of the Informant in the context of an acrimonious background. Mr Colman also submitted that the letter at page 31 is phrased in somewhat strange terms for a spontaneous complaint. Furthermore, Mr Colman stated, referring to the sentence in the letter at page 31 *"Through further assessment it has become apparent… that prior to my treatment with you commencing, there was no referral obtained from a dentist",* that we will never know what further assessment Patient K required because she hung up abruptly on the GDC, and without explanation. Mr Colman submitted that the Committee may think this was an unusual attitude for someone who had been the victim of alleged dental fraud. Also, Mr Colman stated, that it is quite inconsistent with what the patient purportedly says in her letter of 12 October 2029, requesting a full refund *"or I shall have to take this matter up with the GDC"*, which she never did. Mr Colman highlighted that it was the Informant that sent the letter to the Council, and there is no witness statement or email from Patient K; not even to confirm that she wrote the letter at page 31 herself.

30. Mr Colman also highlighted the absence of any evidence from Patient K's identified previous dentist as to whether there was a prescription for the denture. Mr Colman stated that nobody has been able to examine the lower denture Patient K received, nor is there a copy of the laboratory docket for the making of the denture or the treatment plan. Mr Colman submitted that the records supplied by the Informant are so unreliably partial (in both senses of the word) that the GDC properly withdrew all the other charges that were based on them.

31. It was Mr Colman's submission that since the evidence in question is neither demonstrably reliable nor testable for reliability, it ought to be excluded on the basis of fairness.

32. In response, Mr Patience provided the Committee with his submissions in writing and he made submissions orally. Mr Patience objected to the application made on your behalf. He invited the Committee to admit pages 30 and 31 into evidence.

33. Mr Patience drew the Committee's attention to Rules 57 (1) and (2) of the Rules, which provide that:

> *(1) A Practice Committee may in the course of the proceedings receive oral, documentary or other evidence that is admissible in civil proceedings in the appropriate court in that part of the United Kingdom in which the hearing takes place.*
>
> *(2) A Practice Committee may also, at their discretion, treat other evidence as admissible if, after consultation with the legal adviser, they consider that it would be helpful to the Practice Committee, and in the interests of justice, for that evidence to be heard.*

34. Mr Patience submitted that Pursuant to Section 1 of the Civil Evidence Act 1995, hearsay evidence is admissible in civil proceedings. Therefore, hearsay evidence is prima facie admissible in proceedings before the PCC under Rule 57(1). However, Mr Patience stated that the word "may" in Rule 57(1) means that the PCC has a discretion as to whether evidence, which would be admissible in civil proceedings, should be admitted before it. Mr Patience submitted that, in any event, Rule 57(2) gives the PCC a broad discretion to admit "other evidence" that would not be admissible in civil proceedings if the Committee consider it would be helpful and in interests of justice to admit it.

35. It was Mr Patience's submission that, ultimately, the question for the Committee is whether it would be fair to admit the hearsay evidence in question. He agreed that the most relevant legal authority is *Thorneycroft* and he drew the Committee's attention to the applicable principles arising from that case.

36. In his analysis of the relevant evidence, Mr Patience submitted that there is an inference that it is more likely than not, that the notes on page 30 were written by another registrant, who is being referred to in the context of these proceedings as Clinical Dental Technician 2 (CDT2). Mr Patience stated that CDT2 took over from you after you left the Practice and appears to have conducted a review of a number of patients. Mr Patience submitted that if this is right, the notes on page 30 are not double hearsay. He stated that the contents of the notes on page 30 would clearly seem to have been written by a registrant, who understands about the function and fit of dentures.

37. With regard to the letter on page 31, Mr Patience submitted that, whilst the letter is dated the same day as the notes on page 30, this is something which should lead the Committee to conclude it is more, rather than less, reliable. Mr Patience submitted that the inference is the letter was prepared shortly after the appointment and this makes it more likely that the signature at the bottom of the letter is that of Patient K, even if the Committee were to take the view that the Informant had assisted with the drafting of the letter. Mr Patience stated that the contents of the letter also refer to matters not contained in the notes on page 30, for instance the patient having the sensation of having to 'hold' the denture in place, which leads to an inference that the patient was providing input during the drafting of the letter.

38. Mr Patience referred to the suggestion that the creation of the letter on page 31 is evidence of animosity from the Informant towards you. Mr Patience submitted that should the Committee take the view that the Informant was involved in the drafting of the letter, there is at least an equal inference, he suggested, that this was simply the response of a responsible Practice Manager, who was faced with a patient who had attended with issues with her denture and who was facilitating her making a complaint to the practitioner who had constructed her denture with a view to the issues being addressed.

39. Having set out his analysis of pages 30 and 31, Mr Patience submitted that, whilst it is conceded that the two pages are heavily interlinked, the two documents need to be viewed individually when considering the issue of whether they are sole and decisive, as there is a clear inference they were created in separate conditions, page 30 during an appointment with CDT2, and page 31 subsequently. Mr Patience stated that the two pages are mutually supportive and viewed individually, they are not therefore the sole and decisive evidence in relation to the contested allegations.

40. Mr Patience also addressed the reasons for the non-attendance of the makers of the documents. He submitted that if the Committee accepts that the notes on page 30 are likely to have been created by CDT2, then they were the subsequent treating clinician and it is submitted that their clinical notes would form part of the business records of the Practice and would therefore be admissible as such, in the same way the other clinical notes are ordinarily admitted, given that it is unlikely that a clinician would be able to recall the details of individual appointments that occurred more than five years ago or add to that which is contained within their notes.

41. In relation to Patient K, Mr Patience submitted that, whilst the reasons for the patient not being willing to engage are not known, the Committee have her date of birth in the bundle and know that she is in her 70s. Mr Patience submitted that it may be inferred therefore that one of the reasons may be that she simply does not wish to undergo the stress of being involved as a witness in these proceedings. It was Mr Patience's submission that the Committee should not therefore conclude

from her unwillingness to engage that this provides support for the suggestion that there has been some sort of sinister collusion on her part to incriminate you. Mr Patience submitted that, in any event, it should be noted that the absence of a good reason for non-attendance does not inevitably mean that the evidence should not be admitted. Mr Patience stated that all reasonable efforts were made by the GDC to secure Patient K's attendance at this hearing.

42. Mr Patience invited the Committee to take the view that pages 30 and 31 are demonstrably reliable evidence. He submitted that were the Committee to disagree with that, the reliability of the hearsay evidence is capable of being tested during this hearing. Mr Patience submitted that you would be able, should you choose to do so, to give evidence to contradict that contained in the documents. Furthermore, that you would be able to rely on the contemporaneous clinical notes that you made at an earlier time. Additionally, Mr Patience submitted that you would be able to rely on the points raised regarding the Informant's involvement, as a means of casting doubt on the documents. Mr Patience stated that this would enable you to make various points to challenge the reliability of the evidence, and the Committee would then be able to carefully compare and contrast the hearsay evidence with your evidence.

43. In relation to the submission that no records have been obtained from Patient K's previous dentist, Mr Patience stated that he understood that no dentist could be identified under those details. Mr Patience submitted that, in any event, you would still be able to rely on the absence of any such records during your evidence to cast doubt on the extent to which the evidence can be relied upon.

44. It was Mr Patience's submission that if pages 30 and 31 are admitted as hearsay, the fact that the makers of the documents have not been cross examined can be reflected in the weight to be attached to parts or all of the evidence. Mr Patience submitted that whilst it is acknowledged that weight is not a conclusive answer in relation to the question of admissibility, it nevertheless retains relevance to the determination. Mr Patience submitted that the allegations to which the evidence is relevant are serious, and there is a strong public interest in them being publicly investigated and adjudicated upon. He submitted that without the evidence, it may well be that the contested allegations cannot be pursued.

The Committee's decision

45. The Committee considered the evidence relevant to the application, and it took account of the submissions made by both parties. The Committee accepted the advice of the Legal Adviser, who confirmed its discretion to admit evidence under Rule 57. The Legal Adviser also confirmed that the relevant legal principles to be considered by the Committee in making its decision are those set out in the case of *Thorneycroft.*

46. In reaching its decision, the Committee considered pages 30 and 31 individually. In relation to the handwritten notes on page 30, the Committee's assessment was that this is a primary piece of evidence which goes to the matters alleged at heads of charge 1(b), 2 and 5(e) concerning Patient K. The Committee considered that the notes go directly to the issue of the type of denture provided to Patient K.

47. In relation to the status of page 30, the Committee noted the GDC's submission that it can be inferred that the author of this document was CDT2. However, it was the view of the Committee

that this conclusion is based on a number of assumptions. It is unclear who wrote the notes on page 30. Whilst the page is dated, the notes are anonymous, and no witness statement has been produced to attest to the accuracy of them or that they were written by another registrant during an appointment with Patient K. The Committee considered that the accuracy of these notes was sole and decisive evidence as to the type of denture that was supplied to Patient K. As the author was not known, the Committee would not be able to establish the author's competence to assess a denture and accurately record its construction Without this or an impartial expert assessment of the denture itself, the Committee saw no other evidence before it which could be used to test the reliability of the factual contents of this document.

48. The Committee took into account that no attempt was made by the GDC to secure the attendance of CDT2. In consequence, the individual, who the GDC are inferring authored the notes, is not here to speak to their contents. Furthermore, there has been no evidence from Patient K to suggest that she provided the information on Page 30 to the author of those notes. In the Committee's view, the GDC could have done more to try and establish who wrote the notes in question. In the absence of such evidence, the Committee considered that the cogency of page 30 is highly questionable.

49. The allegations to which page 30 relate are serious, including you allegedly acting outside of scope and dishonestly. The Committee took into account the GDC's submission that you would have the opportunity to test page 30, should you choose to give evidence. However, it noted that you have stated in your witness statement provided for this hearing that you cannot speak to the contents of the page. The Committee also bore in mind that the burden of proof at these proceedings rests with the GDC. It is for the Council to prove the allegations it has brought against you and not the reverse. The Committee considered that, were it to accept the GDC's submission that you could give evidence, that would essentially place you in the position of having to give evidence to rebut the contents of the page. In the Committee's view, this was not an acceptable or fair course of action – no registrant is compelled to give evidence before this Committee and accepting the GDC's submission would in effect have forced you to do so. This would, in the Committee's view, be unfair to you.

50. The Committee also noted the suggestion that you could rely on the contemporaneous records provided in making your case. However, you have stated in your witness statement that the records supplied by the Informant are partial and there are key documents missing from them. You drew attention to a number of the features of these documents that lead you to conclude this in your statement. The GDC acknowledged that the records before the Committee were not capable of proving a number of the allegations originally brought and as a result the majority have been withdrawn.

51. The Committee carefully considered whether it could admit page 30 into evidence in the circumstances and then decide at the fact-finding stage what weight to attach to it. However, the Committee decided against this approach. It considered it significant that the author of the notes is completely unknown, and it remained mindful there are already concerns about the other records that have been provided. Therefore, the Committee was not persuaded that any weight could be placed on page 30 and as such it should be excluded from the evidence.

52. The Committee next considered the letter at page 31. In doing so, it noted that the author of the letter is indicated to be Patient K, who appears to have signed it. The Committee took into account that with the exclusion of page 30, the letter at page 31 is the sole and decisive evidence in support of the allegations at 1(b), 2 and 5(e).

53. The Committee noted from the agreed facts provided that Patient K appeared not to wish to engage with these proceedings. Whilst it noted the inference drawn by the GDC around Patient K's age and the possible stress of participating this hearing, there has in fact been no given reason for her non-attendance. Patient K has also not provided a witness statement.

54. The Committee again bore in mind that these are serious allegations, including alleged acting outside of scope and alleged dishonesty. It was its conclusion, taking into account the seriousness of the alleged matters, that it would be unfair to admit the letter at page 31 in the absence of any evidence from Patient K confirming that she either authored the letter or at least had input into the writing of it. In the circumstances, the Committee was not satisfied that it would have any means of testing the reliability of the letter, and it therefore decided that no weight could be attached to it. Accordingly, the Committee determined to exclude page 31 from the evidence.

55. In acceding to the application to exclude the hearsay evidence, the Committee considered the GDC's submission on the public interest. The Committee took into account that the public interest is served by proper analysis of the evidence and ensuring that regulatory proceedings are fair to both parties.

Decision on no case to answer submission – 13 February 2026

56. Following the Committee's determination to exclude the hearsay evidence, Mr Patience formally closed the GDC's case.

57. Mr Colman, on your behalf, then made a submission of no case to answer under Rule 19(3) of the Rules in respect of heads of charge 1(b), 2 and 5(e). He submitted that the Committee had already determined to exclude what was the sole and decisive evidence in respect of these three allegations.

58. In response, Mr Patience submitted that ultimately, the submission of no case to answer was a matter for the Committee to determine. He confirmed, however, that he did not actively seek to oppose the submission, particularly in relation to heads of charge 1(b) and 2. Mr Patience acknowledged that in light of the Committee's determination to exclude pages 30 and 31 of the main hearing bundle, there is now no evidence to support these two heads of charge. Heads of charge 1(b) and 2 were the respective allegations that you provided Patient K with a lower acrylic denture, having agreed to provide and/or charged her for the provision of a chrome metal lower denture, and that you failed to obtain informed consent from her for the lower acrylic denture.

59. With regard to head of charge 5(e), which alleged that you provided or continued the provision of denture treatment to Patient K without a written prescription from a dentist, Mr Patience submitted that it remains the case that there is no evidence within the main hearing bundle of a prescription having been in place. He stated, however, that with pages 30 and 31 having been excluded, the Committee would need to be satisfied that the relevant clinical records are complete, and without

any witness evidence, the Committee may conclude that there is insufficient evidence capable of proving head of charge 5(e).

The Committee's decision

60. The Committee had regard to the evidence adduced by the GDC. It took account of the submissions made by both Counsel. It accepted the advice of the Legal Adviser, who confirmed that the test to be applied in relation to a submission of no case to answer is that set out in the case of *R v Galbraith* [1981] 1 WLR 1039, which is as follows:

> *"(1) If there is no evidence that the crime alleged has been committed by the defendant, there is no difficulty - the judge will stop the case.*
>
> *(2) The difficulty arises where there is some evidence but it is of a tenuous character, for example, because of inherent weakness or vagueness or because it is inconsistent with other evidence. (a) Where the judge concludes that the prosecution evidence, taken at its highest, is such that a jury properly directed could not properly convict on it, it is his duty, on a submission being made, to stop the case. (b) Where however the prosecution evidence is such that its strength or weakness depends on the view to be taken of a witness's reliability, or other matters which are generally speaking within the province of the jury and where on one possible view of the facts there is evidence on which the jury could properly come to the conclusion that the defendant is guilty, then the judge should allow the matter to be tried by the jury."*

61. Taking both limbs of the *Galbraith* test into account, the Committee considered the heads of charge which were the subject of the no case to answer submission. It made the following decisions:

Heads of charge 1(b) and 2 – no case to answer submission accepted

62. In view of its decision to exclude the hearsay evidence that was included at pages 30 and 31 of the main hearing bundle, the Committee was satisfied that there is now no evidence to support these two allegations. Accordingly, they should not proceed as part of this case.

Head of charge 5(e) – no case to answer submission accepted

63. In reaching its decision, the Committee took into account the GDC's submission regarding the lack of any evidence of a prescription before it. The Committee considered that this could be regarded as some evidence going to the absence of a prescription. However, it was the view of the Committee that, in the context of this case, such evidence is tenuous in character, given the inherent weakness of the clinical records that have been provided, which are substantially partial. The Committee also took into account the absence of any GDC witness evidence to speak to the issue of a prescription.

64. In all the circumstances, the Committee determined that the GDC's evidence in relation to head of charge 5(e), which is the absence of any prescription in the main hearing bundle, even when taken at its highest, would not be sufficient to prove the allegation. Therefore, head of charge 5(e) should not proceed as part of this case.

65. The Committee noted that as a consequence of accepting the submission of no case to answer in respect of head of charge 5(e), all the associated allegations at heads of charge 6 and 7 fall away. These included the allegations that you acted outside your scope of practice as a CDT and that your actions were misleading, lacking in integrity and dishonest. These matters no longer form part of this case.

The Committee's Findings of Fact – 13 February 2026

66. The Committee next heard closing submissions from Mr Patience in relation to the outstanding allegations in this case. These were the allegations that you admitted at the outset of the hearing, head of charge 1(c) and head of charge 4 in its entirety. For the reasons given previously, the Committee determined to defer making any findings on these alleged matters notwithstanding your admissions.

67. In making his closing submissions, Mr Patience drew the Committee's attention to the evidence relied upon by the GDC in support of the outstanding alleged facts, as well as your admissions to these matters. Mr Colman confirmed that he had no closing submissions to make in the circumstances of your full admissions to the outstanding allegations.

68. In reaching its decision, the Committee took account of Mr Patience's closing submissions. It considered all the evidence presented to it, both documentary and oral. This included the documentary evidence that it received on your behalf, including your witness statement prepared for this hearing and the accompanying exhibits. The Committee also had before it the expert witness report of Professor Darby dated 4 February 2026.

69. The Committee accepted the advice of the Legal Adviser, in relation to the burden and standard of proof. The Committee took into account that, notwithstanding your admissions, the burden of proof rests with the GDC at these proceedings, and the standard of proof is the civil standard, that is, the balance of probabilities. The Committee had to determine whether it is more likely than not that the alleged matters occurred.

70. With all other aspects of the charge having been withdrawn or fallen away, the Committee's findings relate only to heads of charge 1(c) and 4, and these are as follows:

1(c)	*You failed to provide an adequate standard of care to the following patients, in that:* *In relation to Patient L, you did not complete her treatment or refer to another dental care professional who could complete it instead of you.* **Admitted and found proved.** In finding this allegation proved, the Committee was satisfied from the joint expert report that you had a duty to complete Patient L's treatment or refer her to another dental professional if you could not do so. Patient L stated in her witness statement that you did not complete her treatment, which she said was for a lower partial denture with cobalt chrome. She stated that

	she had impressions taken at the Practice but never received the denture. She also stated that when you left the Practice, she received a telephone call from you in which you stated that you had started working at another dental practice, and that you could continue her treatment there *"and start from scratch".* However, Patient L stated that because of the distance of the new practice, it was not practical for her to attend there. Patient L stated that she did not recall there being any onward referrals made by you. Patient L's evidence is supported by the clinical records that have been provided. You stated in your witness statement that, *"I really am so sorry and embarrassed about the care that I provided for Patient L and that I did not complete her treatment. I can understand how frustrated she must have been".* The Committee was satisfied on the evidence, and your own admission, that you did not complete Patient L's denture treatment and that you did not refer her to another dental profession for completion of the treatment. Given that you had a duty to do so, the Committee was satisfied that this was a failure to provide Patient L with an adequate standard of care, which you have admitted.
4(a)(i)	*You failed to act in a professional manner, whilst providing services as a clinical dental technician, in that:* *In relation to Patient L:* *You did not attend scheduled appointments and/or you cancelled them at short notice.* **Admitted and found proved.** The Committee was satisfied from the joint expert opinion that not attending scheduled appointments with patients and/or cancelling appointments at short notice is unprofessional conduct. The experts agreed that it would depend on the circumstances but if appointments are not cancelled then that would be unprofessional. Patient L stated in her witness statement that on at least four occasions she attended for appointments with you at the Practice and you were either not there or the premises were shut. Patient L stated that she could not recall if you ever cancelled an appointment and notified her. She stated that she only recalled the times she attended the Practice and you were not there. Patient L stated that you did not provide her with any explanation for your absences. The Committee took into account that you admitted this allegation, and you set out in your witness statement mitigating circumstances for not having attended the appointments with Patient L. However, you stated that *"…I do not use this as an excuse. I should have provided this patient with better care and I apologise that I did not".* The Committee was satisfied on the evidence, and your own admission, that you did not attend scheduled appointments with Patient L or notify her in good time that you had to cancel them. The Committee was satisfied that this amounted to a failure to act in a professional manner.

4(b)(i)	*You failed to act in a professional manner, whilst providing services as a clinical dental technician, in that:* *In relation to Patient W:* *On 30 August 2019, you cancelled an appointment with Patient W without informing the patient.* **Admitted and found proved.** The Committee noted that this allegation relates to a specific appointment that was scheduled with Patient W. It had regard to the entry made in the patient's clinical records on 30 August 2019, which states that *"Appt cancelled by Chris. Pt not informed. [Patient W] arrived for appt but was not happy that Chris was not present…"* In your witness statement, you stated that *"I apologise and explain the context of my conduct above. I did, however, resolve this with the patient who returned on 6 September 2019 for further treatment with me which I believe was to his satisfaction"* The Committee was satisfied on the evidence, and your own admission, that you cancelled Patient W's appointment on 30 August 2019 without informing the patient, and that this amounted to a failure to act in a professional manner.

71. The hearing now moves to Stage Two.

Stage Two of the hearing – 16 to 17 February 2026

72. The facts found proved in this case relate to your care of two patients in 2019, Patient L and Patient W. You admitted, and the Committee found proved, that you failed to provide an adequate standard of care to Patient L, in that you did not complete her denture treatment or refer her to another dental care professional who could complete the treatment for her.

73. You also admitted, and the Committee found proved, that you failed to act in a professional manner whilst providing services as a CDT to both Patient L and Patient W. In particular, you did not attend a number of scheduled appointments with Patient L, and you cancelled an appointment with Patient W without informing him.

74. The Committee's considerations at this second stage of the hearing were whether the facts found proved against you amount to misconduct and/or deficient professional performance, and if so, whether your fitness to practise is currently impaired on one or both of these statutory grounds. The Committee took into account that if it found current impairment, it would need to consider what sanction, if any, to impose on your registration.

75. In its considerations, the Committee took account of all the evidence presented to it, both at the first stage of the hearing (the fact-finding stage), which included a number of testimonials tendered on your behalf, and at this second stage. The evidence received at this stage was a remediation bundle submitted on your behalf, comprising your written reflections dated 12 February

2026, supervisor diary entries and supervisor reports covering the period March 2022 to January 2026 from your respective Workplace Supervisors appointed under the interim conditions of practice order that was imposed on your registration in March 2022. Also included in the remediation bundle is evidence of your Continuing Professional Development (CPD) from 2020 to 2025.

Summary of parties' submissions

76. Mr Patience provided the Committee with his submissions in writing and he made submissions orally. In accordance with Rule 20(1)(a) of the Rules, Mr Patience first addressed the Committee in relation to your fitness to practise history. He confirmed that you do not have any adverse fitness to practise history recorded against you.

77. With reference to relevant legal authorities, Mr Patience submitted that the facts found proved in this case amount to misconduct for the following reasons:

- In relation to failing to provide an adequate standard of care by not completing Patient L's treatment and/or not referring her to another practitioner who could complete it, Mr Patience stated that whilst this relates to a single patient, it is submitted that this failure is nonetheless sufficiently serious to amount to misconduct. Mr Patience set out that Patient L had been a wearer of an NHS denture for many years, who had become dissatisfied with it and took the decision to obtain one privately, in the hope that it would be of better quality. She agreed to pay a significant sum of money for that purpose (£1030) and paid a large chunk of it in advance (£430). She attended the Practice on many occasions, often having to leave work early in order to do so. However, by September 2019, some six months after the treatment had begun, the denture had not been completed, caused in part by the fact that on at least 4 occasions, you had not attended the scheduled appointments or had cancelled them, and in part because you had to start over again at one point (the denture you had been working on having broken as a result of an accident where it had been dropped). Mr Patience stated that you then left the Practice before the denture had been completed and moved to another practice, which Patient L considered was too far away for her to attend. Mr Patience stated that when Patient L made that clear, you did not take steps to refer her to another practitioner for the denture to be completed. The treatment you had begun was therefore abandoned unfinished and Patient L was left upset and in the position where she had to make arrangements herself for someone else to start over. Mr Patience submitted that this is conduct that would be regarded by fellow professionals as deplorable.

- Mr Patience also invited the Committee to have regard to the opinion of Mr Quelch, the expert witness called by the GDC. Mr Quelch gave the view that a registrant is expected to facilitate arrangements to finish a patient's treatment, by providing or planning to provide finished treatment or referring to a colleague if they are unable to do so. Mr Quelch's opinion was that to fail to do this, would be far below the standards and amount to a significant departure from the standards of propriety.

- In relation to your not having attended scheduled appointments with the patients and/or cancelling them at short notice, Mr Patience submitted that this happened on multiple

occasions; at least four occasions with Patient L (who was in her late 60s and worked in another town and so had to leave work early to get to her appointments) and a single occasion in respect of Patient W (who was 85 years old at the time and who is noted in records as being 'not happy', having attended the Practice). Therefore, Mr Patience submitted, that this was not an isolated incident. He stated that this was conduct which would have had the result of prolonging the time it took for treatment to be completed.

- Mr Patience submitted that whilst there is evidence in your witness statement that the Committee may feel provides an explanation for your conduct and acts as mitigation, the circumstances described do not totally remove culpability, as might be the case, for instance, if there was evidence of specific emergencies that would have prevented you from making a telephone call to the receptionist asking them to cancel the appointment in advance so the patients did not have to attend the Practice.

- Mr Patience highlighted that both the experts in this case, Mr Quelch and Professor Darby, the expert on your behalf, agreed in their joint expert report that "*it would depend on the circumstances but if appointments were not cancelled, this would be unprofessional and far below the standards."*

78. In reaching its decision on misconduct, Mr Patience asked the Committee to have regard to the GDC's *'Standards for the Dental Team (September 2013)'* ('the GDC Standards'), in particular Standards 1.7, 6.3 and 9.1. Mr Patience also invited the Committee to consider Principle 9 of the GDC Standards in relation to 'patient expectations'.

79. Mr Patience next addressed the Committee on the issue of deficient professional performance. He submitted that *"deficient professional performance",* as defined in case law, is helpfully summarised in the GDC's *Guidance for the Practice Committees* (January 2026) ('the Guidance') at paragraphs 216 to 217 as follows:

> ***"Deficient professional performance***
>
> *216. Deficient professional performance suggests a standard of professional performance that is unacceptably low, which (save in exceptional circumstances) has been demonstrated by reference to a fair sample of the registrant's work. A single instance of negligent treatment, unless very serious, would be unlikely to constitute deficient professional performance. Poor judgment cannot of itself constitute negligence so serious that it amounts to misconduct, but it may in an appropriate case, and particularly if exercised over a period of time, constitute deficient professional performance. In addition, deficient performance may arise from the inadequate performance of any function which is part of a registrant's calling as a dental professional.*
>
> *217. The appropriate statutory ground will depend on the seriousness of the alleged failings. Failings falling short of serious negligence, but which still constitute an unacceptably low standard of professional performance, will fall under deficient professional performance".*

80. In relation to whether the facts found proved in this case amount to deficient professional performance, the GDC adopted a neutral stance. Mr Patience submitted that this was a matter for

the Committee's judgement. However, to assist the Committee, he made the following observations which, he said, may be relevant in respect of whether this case amounts to a 'fair sample': (a) the facts found proved relate to only two patients and (b) the events to which the findings relate occurred over, at most, a period of six months (between March and September 2019).

81. With regard to current impairment, Mr Patience submitted that there were two elements for the Committee to consider, firstly the question of public protection and secondly the question of the public interest. He referred the Committee to the relevant guidance set out in case law, and made the following submissions:

- He stated in relation to public protection, that the GDC did not positively seek to suggest in this case that you present a continuing risk to members of the public in your current role. Mr Patience submitted that in fairness to you, it seems that you have demonstrated some insight into the issues raised within your reflective statements. Mr Patience further submitted that the reports from your supervisors are also useful, and noted areas such as 'collaboration', 'prescription management', and 'record keeping'. Mr Patience stated that the reports seem to demonstrate that you are working at the required standard. Additionally, Mr Patience stated, there does not seem to have been any further instances of missed appointments or appointments cancelled at late notice or treatment left incomplete since the matters in this case came to light. Furthermore, Mr Patience submitted that the CPD undertaken appears to be broad and even addresses some of the original failings identified (record keeping and complaint management). Mr Patience stated that, given that you appear to have demonstrated a long period of safe and effective practice since the date of these incidents in 2019, have demonstrated a degree of insight, and have carried out further CPD, the GDC adopts a neutral stance in the circumstances. He stated that it would be for the Committee to determine whether on the evidence before it, it can now be said that the misconduct is 'highly unlikely to be repeated' and whether there is therefore no risk to the public remaining.

- Mr Patience submitted that for similar reasons, in relation to public interest, the GDC also adopted a neutral stance. He stated that it would be for the Committee to determine whether on the evidence, a finding of current impairment is required in the public interest, in order to declare and uphold proper professional standards and to maintain public confidence in the profession.

82. Mr Patience submitted that should the Committee find current impairment, it must go on to consider sanction. He submitted that in all the circumstances, in the event that current impairment is found on public interest grounds only, the Committee may consider that a reprimand would be appropriate. Mr Patience submitted that a reprimand would mark the seriousness of the misconduct and thereby protect the public interest without putting any restriction on your ability to practise. Mr Patience submitted that the Committee may consider that many of the factors indicating a reprimand, as set out at paragraph 263 of the Guidance are present in this case, assuming a finding of current impairment on public interest grounds only.

83. In his submissions, Mr Colman agreed that the matters at this stage were for the Committee's judgement. He stated, however, that it was not contested that leaving a patient with incomplete treatment or not attending appointments without informing patients can amount to misconduct.

84. In relation to the issue of deficient professional performance, Mr Colman submitted that the conduct found proved does not represent a fair sample of your work. Therefore, it should not be equated to deficient professional performance.

85. Addressing the Committee on current impairment, Mr Colman stated that the events in this case occurred some six and a half years ago. He asked the Committee to take into account that the conduct involved has not recurred in all that time. He submitted that the testimonial evidence before the Committee shows that you have practised to a high standard, and the supervision reports demonstrate that you have thoroughly changed and improved your practice.

86. With reference to relevant legal principles, Mr Colman submitted that not leaving patients 'in the lurch' is an easily remediable error. He submitted that the unusual combination of work and home pressures that led to you doing so, are unlikely to recur. Mr Colman submitted that you have engaged in appropriate CPD to ensure that you would not so lapse again, even if such pressures did recur. He further submitted that the fact that there has been no repetition of the conduct in over six years, is the best possible evidence that it is unlikely to be repeated. Mr Colman stated that you have reflected on your mistakes and learnt from them, demonstrating a good deal of insight and remorse.

87. It was Mr Colman's submission that your fitness to practise is not currently impaired. He submitted that this is not a case in which the public interest weighs so heavily as to demand a finding of impaired fitness to practise. Mr Colman stated that this case is far removed from the examples given at paragraph 248 of the Guidance, which relates to 'Impairment on grounds of public interest'.

88. Mr Colman highlighted that Section 36P(7) of the *Dentists Act 1984 (as amended),* provides that where the Committee determines that a registrant's fitness to practise is impaired, it may, if it considers it appropriate, impose a sanction. Thus, Mr Colman submitted, a sanction is neither automatic nor mandatory. Mr Colman submitted that it has been endorsed in case law that professional standards and public confidence can be upheld by a rigorous regulatory process resulting in a finding of misconduct, without any finding of impairment or sanction. Further, Mr Colman stated, that a finding of impairment, with no further action, is itself a regulatory response.

89. Mr Colman submitted that if the Committee considered a sanction to be necessary, all of the factors listed at paragraph 263 of the Guidance, which point to the suitability of a reprimand, pertain to this case. He submitted that any sanction higher than a reprimand would be disproportionate, and he asked the Committee to take into account that you have already practised under an interim conditions of practice order for four years and you have done so satisfactorily.

The Committee's decisions – 17 February 2026

90. In reaching its decisions, the Committee considered all the evidence before it. It took account the submissions made by Mr Patience on behalf of the GDC and the submissions made by Mr Colman on your behalf. The Committee accepted the advice of the Legal Adviser in relation to the approach it should take in making its decisions, and the applicable legal principles and guidance.

91. 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. In exercising its judgement, the

Committee had regard to the overarching objective 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.

Decision on misconduct

92. The Committee first considered whether the facts found proved in this case amount to misconduct. It took into account that a finding of misconduct in the regulatory context requires a serious falling short of the standards expected of a registered dental professional. The Committee had regard to the GDC Standards, and it was satisfied that the following are engaged in this case:

1.7 Put patients' interests before your own or those of any colleague, business or organisation.

6.3 Delegate and refer appropriately and effectively.

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.

93. The Committee also had regard to the 'patient expectations' section of Principle 9 of the GDC Standards, which states the following:

Patients expect:

- That all members of the dental team will maintain appropriate personal and professional behaviour.
- That they can trust and have confidence in you as a dental professional.
- That they can trust and have confidence in the dental profession.

94. The Committee first considered your failure to provide Patient L with an adequate standard of care, in that you did not complete her denture treatment or refer her to another dental care professional for the completion of the treatment. You admitted these failings in Patient L's care. You commenced her treatment in March 2019 and left the Practice in September 2019, whilst her treatment was ongoing; you did not return and you made no provision for the continuation of the treatment you had started. The Committee noted that Patient L had already paid a considerable amount of money towards having the denture provided.

95. The Committee accepted the joint expert opinion of Mr Quelch and Professor Darby that you had a duty to complete Patient L's treatment, or if you could not do so yourself, to refer her to another practitioner. It was their joint opinion that, to not have done either, fell far below what was expected of you in the circumstances. In accepting the agreed expert opinion, particularly regarding the issue of a referral, the Committee took into account that in her letter to you dated 12 October 2019, Patient L stated that she was not prepared to continue treatment with you, and, as she still needed a denture, she would have to make alternative arrangements. Patient L requested a refund of the £430 she had paid. Whilst the Committee had regard to this evidence that Patient L ultimately withdrew her consent

for treatment with you, it noted that you had already left the Practice by October 2019. The Committee considered that there was a duty on you to have made alternative arrangements for Patient L's care before you left the Practice. The Committee was satisfied that your failures around the completion of Patient L's treatment amounted to misconduct.

96. The Committee went on to consider your failure to act in a professional manner in respect of Patient L's appointments. Whilst no specific dates were identified in the charge, the evidence, which you have accepted, is that you did not attend at least four of Patient L's scheduled appointments with you. The Committee noted your apology for not being available for all of Patient L's scheduled appointments. It took into account your evidence, as set out in your witness statement, that this conduct occurred in the context of your difficult personal and professional circumstances at the time. Nevertheless, as both experts agreed, if the appointments were not cancelled, which they were not, then this would be unprofessional and far below standard. The Committee took into account that this was repeated behaviour, with Patient L stating in her witness statement that no explanations for your absences were ever offered to her. In the Committee's view, your conduct represented a significant departure from what a patient should expect from a dental professional and it amounted to misconduct.

97. The Committee next considered your cancellation of Patient W's appointment on 30 August 2019 without informing him. In doing so, the Committee took into account that the issue was quickly resolved, with the patient returning to see you at the Practice a few days later on 6 September 2019. The Committee considered that your conduct in cancelling the 30 August 2019 and not telling the patient was clearly unprofessional. However, taking into account that this was a single appointment and the patient returned, seemingly content to continue his treatment with you after this one-off mistake, it was the judgement of the Committee that this particular instance was not so serious as to cross the threshold for a finding of misconduct.

98. Accordingly, the Committee determined that only the facts found proved in relation to your care of Patient L, including your failure to attend a number of her scheduled appointments, amount to misconduct.

Decision on deficient professional performance

99. The Committee noted that for a finding of deficient professional performance, reference would need to be made (save for in exceptional circumstances) to a fair sample of your work. The Committee further noted that poor judgment cannot of itself constitute negligence so serious that it amounts to misconduct, but it may in an appropriate case, and particularly if exercised over a period of time, constitute deficient professional performance.

100. The Committee took into account that its findings in this case relate to your care of two patients over a relatively short period of time. It was the conclusion of the Committee, having considered the facts found proved, both individually and cumulatively, that they are not representative of a fair sample of your work. The Committee also took into account that the matters found proved primarily concern issues in relation to your conduct. There have been no findings of deficiencies in any treatment provided.

101. In all the circumstances, the Committee was not satisfied that deficient professional performance is made out on the facts of this case. Accordingly, it did not need to go on to consider current impairment in relation to this statutory ground.

Decision on current impairment by reason of misconduct

102. Having found that the facts found proved in relation to your care of Patient L amounted to misconduct, the Committee considered whether your fitness to practise is currently impaired by reason of that misconduct.

103. Your misconduct related to two elements of Patient L's care. First, your failure to complete her denture treatment or refer her to another dental care professional for the completion of the treatment, and secondly your failure to attend a number of the appointments that she had scheduled with you. It was the view of the Committee, that both of these aspects are remediable. In considering whether they have in fact been remedied, the Committee considered the evidence of the steps you have taken to address the concerns.

104. The Committee noted that since the events of your misconduct, six and a half years ago, you have undertaken a substantial period of reflective practice under supervision. The Committee received a number of excellent reports from your Workplace Supervisors covering an almost four-year period from March 2022 to January 2026. The reports refer to your good communication with patients, with no concerns raised about any failures to complete treatment or missed appointments over this entire period.

105. The Committee also considered the evidence of your own self-directed reflections. It had regard to your written reflective piece, in which you identify where you went wrong in terms of your professional obligations towards your patients, and the steps you have since taken to address your past failings. The Committee noted your regret for your shortcomings and your recognition that your conduct would have *"…left patients feeling abandoned and had a negative reflection on the profession…"* .The Committee took into account that you have undertaken targeted CPD to address the concerns raised in this case, including in relation to stress management and the effects of stress on your work. The Committee also noted the evidence of your in-depth reflections on your learning.

106. It was the view of the Committee that you have undergone a significant period of remediation, and that you have sufficiently reflected on the matters that have been found proved. The Committee considered that you have demonstrated good insight into your misconduct and expressed genuine remorse for your failings. It was the judgement of the Committee, having had regard to the evidence of your insight, reflections and remediation, that the risk of repetition is low. Indeed, the Committee took into account that there has been no repetition of the conduct in the six and a half years since your care of Patient L and Patient W. It received a number of positive testimonials from dental colleagues who are aware of these proceedings.

107. In all the circumstances, the Committee was satisfied that you have remedied your misconduct and that there are no ongoing patient protection concerns arising from this case. It therefore determined that a finding of current impairment is not required for the protection of the public.

108. The Committee went on to consider the wider public interest, and whether a finding of current impairment is required to promote and maintain public confidence in the dental profession and to uphold proper professional standards. The Committee concluded that, given the evidence of your insight, reflection and remediation, and the absence of any evidence of further concerns since the events 2019, public confidence in the dental profession would not be undermined if a finding of current impairment were not made in these circumstances. The Committee was satisfied that the fact of these regulatory proceedings is sufficient to safeguard the wider public interest, including the need to uphold proper professional standards. In reaching its decision, the Committee took into account that a finding of misconduct is, in itself, a serious outcome for any professional.

109. Accordingly, the Committee determined that your fitness to practise is not currently impaired by reason of your misconduct.

110. Any interim order currently in place on your registration is hereby revoked.

111. That concludes this determination.