

PUBLIC HEARING

Professional Conduct Committee Initial Hearing

24-26 November 2025

Name: DREW, Sarah Ann

Registration number: 110888

Case number: CAS-207892

General Dental Council: Andrew Molloy of Counsel
Instructed by Terry Symon of ILPS

Registrant: Present
Represented by Ben Rich of Counsel
Instructed by Patrick Smith of Clyde and Co

Fitness to practise: Impaired by reason of misconduct

Outcome: Conditions of practice

Duration: 12 months

Immediate order: Immediate order of conditions

Committee members: Helen Wagner (Lay) (Chair)
Yasmin Lawton (DCP)
Sukhninder Sandhar (Dentist)

Legal adviser: Paul Moulder

Committee Secretary: Paul Carson

CHARGE

Sarah Ann DREW, a dental nurse, National Certificate NEBDN 2000, was summoned to appear before the Professional Conduct Committee on 24 November 2025 for an inquiry into the following charge:

“That being registered as a dental care professional:

1. On 9 May 2019 you accessed Witness 1’s dental records without permission, resulting in a Caldicott Breach.
2. You failed to maintain appropriate standards of behaviour towards a colleague at **[REDACTED]**, including by:
 - a) Pressuring Witness 1 into revealing the treatment she had received;
 - b) Slapping Witness 1 on her ‘behind’; and
 - c) Making sexualised comments towards Witness 1, in that you:
 - i) Asked her if she was wearing any underwear; and/or
 - ii) Asked her if her dream concerning the Wing Commander and the Registrant was a ‘wet dream’;
3. You failed to maintain adequate standards of cross infection control.
4. You provided information to **[REDACTED]**, during their investigation, in relation to a colleague’s location on 9 May 2019, that was;
 - a) Misleading; and/or
 - b) Dishonest, in that you sought to place the blame for the Caldicott breach on that colleague.

AND that by reason of the matters alleged above your fitness to practise is impaired by reasons of misconduct.”

Mrs Drew,

1. The allegations against you relate to your conduct towards Witness 1 in 2019 at a military base where you were both employed as Dental Nurses. You were employed at the base from 2014 until 2019 and worked with Witness 1 there from January 2019 until October 2019 and knew each other only in the capacity of your professional working relationship. You are alleged to have accessed her dental records without permission and to have failed to maintain appropriate standards of behaviour towards her, including by pressurising her to provide details of her dental treatment, slapping her 'behind' and, separately, making sexualised comments. It is also alleged that you failed to maintain adequate standards of cross infection control by splashing her face with water which was potentially contaminated from the dirty water sink in the decontamination unit of the practice. In addition, it is alleged that information you gave as part of an internal investigation carried out by your employer in response to a complaint made against you by Witness 1 was misleading and dishonest.

Procedural progress and no case to answer: 24 November 2025

2. This hearing was conducted remotely using Microsoft Teams. At the outset of the hearing you made admissions to charges 1, 2(a), 2(b) and 2(c)(ii). The Committee accepted your admissions and found those charges proved.
3. What remained in dispute were charges 2(c)(i), 3 and 4. In respect of charge 2(c)(i), you accept making the comment in question but deny that this was "sexualised". In respect of charge 3, you accept that you splashed Witness 1's face with water but denied that this was from the dirty water sink and that it would therefore have constituted a cross-infection control risk. You denied the allegations of misleading and dishonest conduct under charge 4 in their entirety.
4. The Committee opened a factual inquiry into these outstanding matters. In support of its case, the General Dental Council (GDC) called Witness 1 to give evidence. She was the only witness on which it relied.
5. Upon the conclusion of the GDC's case, Mr Rich, on your behalf, made a submission of no case to answer under Rule 19 of the General Dental Council (Fitness to Practise) Rules 2006 in respect of each of the outstanding charges.
6. Mr Molloy, on behalf of the GDC, submitted that the Council is neutral in response to the application and that it defers to the judgment of the Committee.
7. The Committee accepted the advice of the Legal Adviser on the law relating to no case to answer, including the well-established principles set out in *R v Galbraith* [1981] 1 W.L.R. 1039. There will be no case to answer where, among other things, the GDC has either adduced no evidence in support of the charge, or, where the evidence that has been adduced is so weak that, taken at its highest, the Committee could not properly find the charge proved.
8. In deciding the application, the Committee considered only the evidence relied upon by the GDC: whilst the Committee had already been provided with a copy of your witness statement, this had not yet been adduced into evidence.

9. In respect of charge 2(c)(i), Witness 1's evidence was that: *'On an occasion around August 2019, I was leaving the Practice at lunchtime to go to the gym, at the same time as the Registrant was leaving the Practice. I was wearing gym leggings and Registrant made a comment about me looking too thin. She then made a comment about not being able to see my underwear. The Registrant asked if I was wearing any underwear as she could not see a panty line...'*
10. You accept that you had asked Witness 1 whether she was wearing any underwear but deny that such a comment was made maliciously or with any sexual intent. The contested element under charge 2(c)(i) was therefore whether the comment in question was "sexualised", as pleaded in the stem of the charge. Here, context is everything. The Committee accepted that the words used by you were not inherently of a sexual nature and there was no surrounding evidence of any sexual or flirtatious behaviour associated with these words, such as an accompanying gesture or facial expression. Witness 1 did not regard the question (or any other conduct by you) to be sexually motivated. She regarded it to be inappropriate *'regardless of whether she was a female saying it'*. She confirmed this in her oral evidence on the basis that it was wrong to make comments when people might have body issues. The evidence of Witness 1 was the only evidence produced by the GDC in support of this charge.
11. The Committee determined that the evidence, taken at its highest, is insufficient to allow an inference to be properly drawn that your conduct was *'sexualised'*. The evidence is that this was a casual and spontaneous comment from one female colleague to another about clothing and appearance in the context of her weight. You asked Witness 1 if she was wearing any underwear when commenting on her *'looking too thin'* and because no panty line was visible and not, for example, out of sexual curiosity or for sexual gratification. The question would appear to be wholly inappropriate for the workplace, as it was deeply personal and intrusive. However, charge 2(c)(i) confined the scope of the GDC's case to the comment being *'sexualised'*. The GDC has not, for example, sought to allege that the comment was in any event *'inappropriate'* or *'unprofessional'*. In those circumstances, the Committee determined that there is no case to answer under charge 2(c)(i).
12. Charge 3 refers to an incident in around June 2019 in the sterilisation unit, where Witness 1 recounts: *'...I did not have any Personal protective equipment ('PPE') on as I was standing in the doorway of the sterilisation unit and was not inside the room. The Registrant had the tap running on the dirty sink and she was standing there. As I was talking to [another colleague] the Registrant randomly splashed water from the dirty sink onto my face. I was not having a conversation with the Registrant, so this was a completely random action. When it happened, I asked the Registrant whether the water was clean. I did not know whether the water was from the running tap or the sink. The Registrant just laughed and did not say whether the water was clean or not. I went to the changing room to go and wash my face...'*
13. In your witness statement, you accept that you flicked water in Witness 1's face but state that this was from the clean running tap. You stated that you have no recollection of Witness 1 asking you if the water was clean.
14. The issue for the Committee to decide in respect of whether there is a case to answer under charge 3 is whether there is any or sufficient evidence to show that the water which you had flicked or 'splashed' on Witness 1's face came from the water in the dirty

sink as opposed to coming from the clean running tap. The Committee refers above to the denial contained in your witness statement for the purposes of narrative. The relevant evidence in deciding the no case to answer application is Witness 1's account, as that is the totality of the evidence on which the GDC relies in support of this charge. The Committee determined that this is insufficient to establish that it is more likely than not that water you flicked or splashed was from the dirty sink.

15. Strictly, the GDC in any event adduced no expert opinion evidence that splashing Witness 1 with water from the dirty sink would amount to a failure to maintain an adequate standard of cross-infection control within the wording of the charge. Additionally, there was no evidence of the standard or requirements concerning infection control. The witness evidence is incapable of establishing as a matter of fact that the water had come from the dirty sink and the Committee therefore determined that there is no case to answer under charge 3.
16. As with charge 2(c)(i), the Committee noted that splashing a colleague with water in this context, whether as an act of 'fun' or malice, is potentially inappropriate or unprofessional in itself. However, the GDC has not pleaded such conduct as having any freestanding significance. The incident is not even particularised in the charges. Charge 3 instead simply pleads '*You failed to maintain adequate standards of cross infection control*' in respect of which the Committee accepts there is no case to answer.
17. Charges 4(a)-(b) plead misleading and dishonest conduct in relation to information you provided '*to Royal Air Force Marham, Dental Centre, during their investigation, in relation to a colleague's location on 9 May 2019*'. The first difficulty with this charge is that the GDC has produced no evidence of any information provided by you to the investigation in question. There was no copy of the investigation report or of any related correspondence or statements (whether in redacted form or at all). The Committee cannot tell from the evidence provided by the GDC what is being alleged under this most serious charge. There is not even any direct evidence before the Committee that you had provided information to the internal workplace investigation, far less what that information was and whether it was misleading and/or dishonest.
18. The Committee accepted that there is no case to answer in respect of charge 4 in its entirety.

Stage two

19. Having found no case to answer in respect of the contested charges, and having found all the other charges proved by way of admission, the Committee proceeded to Stage two of the hearing. At this stage of the proceedings, the Committee shall decide whether the facts found proved amount to misconduct and, if so, whether your fitness to practise as a Dental Nurse is currently impaired by reason of that misconduct. If the Committee were to find current impairment, it shall then decide on what action, if any, to take in respect of your registration.
20. The Committee received a bundle of testimonials in support of you along with a copy of your Continuing Professional Development (CPD) records and your Personal Development Plan (PDP).
21. The Committee heard oral evidence from you on your reflections and remediation.

22. Mr Molloy submitted that the facts found proved amount to misconduct but made no positive submission on impairment.
23. Mr Rich submitted that the charges must be considered separately rather than cumulatively when deciding misconduct. He submitted that the facts found proved under charges 1 (the Caldicott Breach) and 2(b) (Slapping Witness 1 on her 'behind') meet the threshold for misconduct but that the other matters do not meet that threshold.
24. Mr Rich submitted that there was never any patient risk in this case and that there is no residual risk. The matter before the Committee relates to your relationship with one member of staff. You have apologised and show insight. You have no other fitness to practise history and no further concerns have been raised against you in the six and a half years which have since passed. He referred the Committee to the remedial evidence and to the testimonials in support of you. He submitted that your fitness to practise is not currently impaired by reason of misconduct. If the Committee were to be against him on that, he submitted that the proportionate outcome in this case would be a reprimand.
25. The Committee accepted the advice of the Legal Adviser.
26. The Committee had regard to the *Guidance for the Practice Committees, including Indicative Sanctions Guidance* (October 2016, last revised December 2020) (the 'ISG').

Misconduct

27. The Committee first considered whether the facts found proved under each charge amount to misconduct.
28. The Committee had regard to the underlying principles of professional interactions and patient confidentiality set out in the GDC's *Standards for the Dental Team* (September 2013).
29. The Committee considered the facts found proved under Charge 1 to be particularly serious. On 9 May 2019 you accessed Colleague 1's dental records whilst she was receiving treatment as a patient. She gave the following evidence in respect of this incident:

'On 9 May 2019, I was already working at the Practice, and I required a filling. I was standing in reception on the side where I could see the computer screens. The Registrant asked what treatment I was having done and I told her I did not want her to know. There were two computers at reception [...] ('Receptionist') was sat on the right-hand side and the Registrant was sat on the lefthand side. The Registrant then accessed my records on the computer. I could see the whole thing; the Registrant clicked on my name, and I could see my dental records being displayed on the computer regarding my dental history and my treatment plan for my upcoming appointment. At the time the Receptionist was present and a Dental Nurse [...]. I do not recall any conversation. I cannot remember if I nervously laughed but I do not think I confronted her at the time. I was shocked that it happened, and I was only 20 years old. The Registrant was 18 years older than me and more senior that was why I did not confront her.'

I am unable to recall whether I discussed my concerns regarding the Registrant with anyone. I just felt pretty horrible. I have always been insecure about how much treatment I have had. I felt like the information regarding my dental history had been exposed even though I said no to the Registrant, that she should not look at my records.'

30. You admitted having viewed Witness 1's records without permission. You stated that you did so with another colleague in the context of your curiosity about the treatment Witness 1 was receiving and which Witness 1 declined to disclose to you. You deny having opened the records on the computer yourself, stating that it was the other colleague who did this, but accept that you viewed the records and accept responsibility for this. In the Committee's judgment, it makes no difference whether you were the one who had 'pushed the button' on the computer or whether it was the colleague. You were just as culpable for having accessed and viewed the records without permission.
31. You breached not only the GDC's own standards but also the Caldicott Principles which apply across the healthcare professions in relation to patient data. Whilst your evidence was that the working environment at the practice was relatively informal and 'fun', and that you had acted spontaneously rather than with any intention to have caused Witness 1 distress, it was wholly inappropriate to have accessed her records without permission. The Committee noted that dental records can contain not only details of dental treatment (which Witness 1 had already made clear she did not want you to know) but also medical histories and other highly confidential and sensitive data.
32. Your conduct clearly amounted to a serious breach of basic professional and data protection standards and meets the threshold for misconduct.
33. Charge 2(a) (*Pressuring Witness 1 into revealing the treatment she had received*) relates to the same circumstances. Witness 1 gave evidence to the Committee that:

'On the same day, I had dental treatment with another dental nurse, I do not recall the name. Once I had the treatment, I had a numb face, and I was covering my face, so it was clear that I had some treatment carried out. I carried on with work and went into the laboratory to sort some models. The Registrant then came in behind me. She was very close to me and kept asking 'what did you have done?'. I replied to the registrant that I did not want to say. I can confirm no one else was present in the laboratory, it was just me and the Registrant.'

34. You do not dispute the substance of Witness 1's account although you do not specifically recall asking her about her treatment in the way she alleges. The Committee had regard to context. The Committee accepted that there would have been no malicious intention behind your curiosity and that you were instead being over familiar and failing to maintain appropriate professional boundaries in the working environment of the practice. The Committee was of the view that your conduct was inappropriate and that, viewed from Witness 1's perspective, would have amounted to 'pressuring' her. However, the Committee was not satisfied that this in itself passes the threshold for misconduct. It was an ill-judged and inappropriate interaction but not one borne out of malice or ill intent. You failed to step back and view Witness 1 as a patient and to recognise her insecurity about discussing details of her treatment. Your interaction was inappropriate and unprofessional but was not, in its proper context, so serious a breach of standards as to meet the statutory threshold of misconduct.

35. In the Committee's judgment, charge 2(b) (Slapping Witness 1 on her 'behind') clearly amounts to misconduct. It is wholly inappropriate on any view for one colleague to be slapping another on the bottom (regardless of whether they are of the same gender). You suggested that the practice was a working environment where this kind of thing would happen playfully and as part of banter, but it is totally unacceptable in the Committee's judgment. It is not conduct which would be regarded as appropriate in any working environment, far less a clinical environment of dental professionals. This kind of physical contact, even if intended to be playful and 'harmless', is likely to be unwanted in most instances and is capable of causing harm to the recipient. It is also likely to constitute physical or sexual assault. The Committee determined that the conduct under charge 2(b) was a serious departure from professional standards and that it meets the threshold for misconduct.
36. Your sexualised comment in August 2019 under charge 2(c)(ii), in which you '*Asked her [Witness 1] if her dream concerning the Wing Commander and the Registrant [you] was a 'wet dream'*' was clearly inappropriate and unprofessional in the workplace. You accepted the substance of what Witness 1 alleged although you are unclear about whether you used the phrase '*wet dream*' suggesting that you might instead have said '*was it exciting?*' or '*Did you get excited?*'. Regardless of the precise words used, your comment was sexualised. However, context is also important here. The Committee noted that it was Witness 1 who had instigated the discussion by relaying to you that the Wing Commander and you had appeared in her dream. Your response appears to have been intended to be humorous. There was sexual innuendo but it was not intended in a sexually motivated or offensive way. It is likely to be self-evident to you from these proceedings and from the earlier internal investigation (the details of which are not before the Committee) why such innuendo should be avoided in the workplace. It can be perceived in ways which are not intended and can have an adverse impact on the recipient. However, the Committee did not consider this comment to amount to misconduct. In context, it does not reflect such a serious breach of standards to meet that statutory threshold.
37. Accordingly, the Committee found that the facts found proved under charges 1 and 2(b) amount to misconduct and that the remaining charges do not meet that threshold.

Impairment

38. The Committee next considered whether your fitness to practise as a Dental Nurse is currently impaired by reason of your misconduct. The only matters under consideration are the Caldicott Breach and slapping Witness 1 on her 'behind', as these are the two matters which the Committee has found to constitute misconduct.
39. In deciding the question of impairment, the Committee had regard to whether your misconduct is remediable, whether it had been remedied and the risk of repetition. The Committee also had regard to the wider public interest, which includes the need to uphold and declare appropriate standards of conduct and behaviour.
40. The Committee considered your misconduct to be remediable through meaningful reflection, genuine insight and targeted re-training on patient confidentiality and professional boundaries.

41. The Committee had regard to your evidence and to your engagement in these proceedings. You admitted all of the charges which have been found proved and frankly accepted that your conduct was inappropriate. Whilst you cannot fully recall the detail of events from some six years ago, which appear to have been first raised with you internally some several months after the event, you accepted the substance of Witness 1's version of events.
42. The Committee had regard also to your apology. However, it was unclear to the Committee whether you are genuinely remorseful or whether your apology is more a matter of form than substance. In this regard, you appeared to suggest that Witness 1 was overly sensitive in a relatively informal and 'fun' working environment where banter was the norm.
43. You also suggested that you would not have accessed her records without permission had you realised at the time that she was insecure about her dental treatment. This was of concern to the Committee, as it should have made no difference whatsoever whether you were aware of this. You should never have accessed her records without permission, regardless of whether or not you thought she would have minded. It was not apparent to the Committee that you genuinely understand, as a matter of principle, the fundamental importance of patient confidentiality and of only accessing patient records in accordance with the Caldicott Principles and any related policies and standard operating procedures of your employer.
44. In respect of slapping Witness 1 on her behind, you did not appear to fully understand or accept the inappropriateness of such physical contact. You suggested that this was a playful part of the working environment and that you had sometimes experienced such conduct from another colleague. It appeared to the Committee that whilst you understand that making this kind of physical contact with a colleague in a sexual or aggressive way would be inappropriate, you did not appear to truly understand that doing so playfully and without any ill intent is still unacceptable. In both your oral evidence and CPD reflection, you mentioned that you now understood that people had different boundaries and for that reason you would think carefully about your actions. In the Committee's view, this fails to understand that slapping or touching someone on their behind would be wholly inappropriate in any working environment, regardless of the recipient's boundaries.
45. The Committee had regard to remedial evidence you provided. Whilst you have undertaken some targeted CPD, the Committee noted that this consisted only of online learning activities and was condensed into a short period. CPD on areas such as professionalism, ethics and bullying and harassment was relatively sparse, with only 30 minutes of online learning activity being devoted to each of these areas. Your written notes on your CPD also only run to a few sentences for each course and do not reveal any meaningful reflection on your learning. Likewise, your PDP lacked the depth, focus and detail which the Committee would have expected.
46. The Committee noted the testimonials which you provided, which speak highly of you as a caring and dedicated colleague. The author of each testimonial was aware of the allegations in these proceedings. The Committee considered these to be strong testimonials. The Committee noted your awards in 2018 and 2019 for your work in the military. The Committee noted your dental charity work overseas. The Committee also noted your current working arrangements. You no longer practise as a Dental Nurse and instead work for a dental charity which provides oral hygiene to children at schools

in the United Kingdom. You also coordinate volunteers who go abroad. You informed the Committee that you do not have any intention of returning to clinical practice in the foreseeable future.

47. The Committee considered that your insight into your misconduct is still developing. You have not yet demonstrated full remediation. There is a lack of targeted learning on data protection and the Caldicott Principles and there is only limited CPD on professionalism and boundaries. Your reflections to the Committee show that you take Witness 1's complaint and these proceedings seriously but do not show the depth of self-critical reflection which the Committee would have expected given the seriousness of the matters which it has found amount to misconduct and the time that has elapsed since the incident. In the Committee's judgment, there remains a risk of repetition.
48. There remains a risk that you would again fail to adhere to the Caldicott Principles and to data protection principles generally, as you did not demonstrate that you had undertaken sufficient training to understand and embed the requirements.
49. There remains a risk that you would again fail to maintain appropriate professional boundaries in the workplace. During the incidents in question you were an experienced practitioner in a senior role but appeared to be unaware of appropriate behaviour and involved yourself in what you described as an environment where banter was accepted. The Committee could not be satisfied that if you found yourself in a similar environment you would recognise what behaviour was acceptable. There appears to be a lack of awareness of the impact your actions had on Witness 1.
50. Accordingly, the Committee determined that your fitness to practise is currently impaired on public protection grounds. The public includes colleagues and other members of the dental team.
51. The Committee also determined that your fitness to practise is currently impaired on wider public interest grounds. A finding of impairment is necessary to mark the seriousness of your misconduct, to maintain public confidence in the profession, and to uphold and declare appropriate standards of conduct and behaviour for the profession.

Sanction

52. The Committee considered what action, if any, to take in respect of your registration. The purpose of a sanction is not to be punitive, although it may have that effect, but to protect the public and the wider public interest. In deciding on sanction, the Committee had regard to the aggravating and mitigating features present in this case.
53. The mitigating factors include the strong testimonials which you provided and the fact that you are otherwise of good character with a long unblemished record. The Committee recognised that this case related to your interactions with a single colleague on two separate occasions and that there is no evidence of any further concerns in the six and a half years that have since passed. The Committee noted your CPD activity but did not consider that it amounted to a significant mitigating factor for the reasons already given. The Committee also did not consider you to have demonstrated full remorse and considered that your insight is only still developing.
54. The aggravating factors present in this case include the relative imbalance of power between you and Witness 1, in that you were senior and at some point mentored her.

There was also harm and distress which had been caused to Witness 1 by accessing her records without permission and by slapping her on her backside. Your actions had affected her to the extent that she complained about you to both her employer and the GDC and that, some six years later, appears before this Committee to give evidence against you.

55. The Committee considered sanction in ascending order of severity. To conclude this case with no further action or a reprimand would be inappropriate in the Committee's judgment, given the seriousness of your misconduct and the need for you to develop more insight and take further remedial steps.
56. The Committee next considered whether to direct that your registration be made subject to your compliance with conditions for up to 36 months, with or without a review. In deciding whether conditions of practice would be workable, measurable and proportionate, the Committee also had careful regard to directing that your registration be suspended.
57. The Committee determined that, whilst suspension would have a declaratory effect of marking your misconduct, it would be disproportionate in all the circumstances. Whilst there is a real risk of repetition, it is not a 'significant risk' of the kind indicated in the ISG in support of suspension. This is also not case where you have no insight at all. You have sufficiently developed insight for conditions to be workable and to serve as a framework within which you can continue your remedial steps and achieve full remediation.
58. Accordingly, the Committee determined that conditional registration is the appropriate outcome in this case. Whilst you are not currently working in a clinical environment, proportionate and workable conditions can be formulated to facilitate your further training and development in the areas of concern. Proportionate and workable conditions can also be formulated to take effect in the event that you were to return to clinical practice, whereby you would be required to appoint a workplace reporter.
59. The Committee therefore directs that your registration be made subject to your compliance with the following conditions, which will appear against your name in the following terms:
 1. She must notify the GDC promptly of any professional appointment she accepts and provide the contact details of her employer or any organisation for which she is contracted to provide dental services.
 2. She must allow the GDC to exchange information with her employer or any organisation for which she is contracted to provide dental services and any reporter referred to in these conditions.
 3. She must formulate a Personal Development Plan, specifically designed to address the deficiencies in the following areas of her practice:
 - a) confidentiality and data protection matters, working within an organisation's Caldicott and information governance functions;
 - b) personal and professional boundaries.

4. She must forward a copy of her PDP to the GDC within 3 months of the date on which these conditions become effective.
5. At least 14 days prior to any review hearing, she must provide a reflective piece and show evidence of how she has embedded this learning into her work.
6. At any time she is providing dental services, which require her to be registered with the GDC, she must agree to the appointment of a reporter nominated by her and approved by the GDC. The reporter shall be a GDC registrant in a management position.
7. She must allow the reporter to provide reports to the GDC at intervals of not more than six weeks.
8. She must inform the GDC of any formal disciplinary proceedings taken against her, from the date of this determination.
9. She must inform the GDC if she applies for dental employment outside the UK.
10. She must inform promptly the following parties that her registration is subject to the conditions, listed at (1) to (9), above:
 - Any organisation or person employing or contracting with her to undertake dental work
 - Any locum agency or out-of-hours service she is registered with or applies to be registered with (at the time of application)
 - Any prospective employer (at the time of application)
 - The Commissioning Body on whose Dental Performers List she is included or seeking inclusion, or Local Health Board if in Wales, Scotland or Northern Ireland (at the time of application)
11. She must permit the GDC to disclose the above conditions, (1) to (11), to any person requesting information about her registration status.

60. The period of conditional registration shall be for 12 months and shall be reviewed prior to its expiry.

61. The Committee now invites submissions on the question of an immediate order.

Mr Molloy applied for an immediate order of conditions should be made on the grounds that it is necessary for the protection of the public and is otherwise in the public interest.

Mr Rich submitted that the threshold for the making of an immediate order is not met. By reference to the absence of any repetition over the past six years, he submitted that there is no realistic risk of harm to the public within the 28-day appeal period or during the period of any appeal.

The Committee accepted the advice of the Legal Adviser on its powers to make an immediate order.

The Committee determined that an immediate order of conditions under section 36U(2) of the Dentists Act 1984 is necessary for the protection of the public and is otherwise in the

public interest. It would be inconsistent with the determination the Committee has reached not to make an immediate order. The Committee identified a real risk of repetition of the serious misconduct, in the event that you find yourself in a similar working environment. Additionally, with regard to the data protection breach, the Committee was concerned that you had limited understanding of the requirements, which raises a further risk to public protection. In light of these risks there is also a risk to public confidence in the profession in the event that there is no immediate order in place which restricts your registration.

The effect of this immediate order is that your registration is now subject to the above conditions.

Unless you exercise your right of appeal, the substantive 12 month period of conditional registration shall take effect upon the expiry of the 28-day appeal period. Should you exercise your right of appeal, this immediate order shall remain in force pending the disposal of the appeal.

That concludes this determination.