HEARING PART-HELD IN PRIVATE

Professional Conduct Committee
Initial Hearing
27 – 30 July 2026
10 – 11 November 2026

Name:	TRANTER, Zoe Natasha
Registration number:	255375
Case number:	CAS-210616-M6W8N6

General Dental Council:	Lucy Sweetland, Counsel (27 – 30 July 2026) Victoria Shehadeh (10 – 11 July 2026) Instructed by Rosie Geddes, IHLPS
Registrant:	Present Unrepresented

Fitness to practise:	Impaired by reason of misconduct
Outcome:	Fitness to Practise Impaired. Reprimand Issued

Committee members:	Val Evans	(Chair, Lay Member)
	Emma Duke	(Dental Care Professional Member)
	Sobiah Sattar	(Dentist Member)
Legal Adviser:	Paul Moulder (27 – 30 July 2026) Kenneth Hamer (10 – 11 November 2026)	
Committee Secretary:	Lola Bird (27 – 30 July 2026) Sarah Crewe (10 – 11 July 2026)	

TRANTER, Zoe Natasha, a dental nurse, Diploma in Dental Nursing Level 3 QCF City & Guilds 2014, is summoned to appear before the Professional Conduct Committee on 27 July 2026 for an inquiry into the following charge:

The charge

"That being registered as a dental care professional:

1. On or around 7 May 2024 to on or around 25 September 2024, you worked outside of your scope of practice by providing teeth whitening treatment;

2. You did not hold adequate indemnity insurance in respect of providing teeth whitening treatment as described in charge 1;

3. On or around 7 May 2024 to on or around 25 September 2024, you allowed yourself to be referred to as a "teeth whitening specialist" on the social media page of Clinic A;

4. When providing the treatment described in charge 1, you asked patients to sign a form which sought to waive their rights of redress in relation to treatment conducted by you.

5. Your conduct in relation to charge 3 was:

a) Misleading; and/or
b) Dishonest.

And that by reasons of the matters alleged above, your fitness to practise is impaired by reason of misconduct."

Ms Tranter,

1. This is a Professional Conduct Committee hearing in respect of a case brought against you by the General Dental Council (GDC). The charge relates to your alleged conduct from 7 May 2024 to 25 September 2024, whilst working at a beauty salon (Clinic A).

2. The hearing commenced on Monday, 27 July 2026 and is being conducted remotely with all participants attending via Microsoft Teams video-link.

3. You are representing yourself at these proceedings. The Case Presenter for the GDC is Ms Lucy Sweetland, Counsel.

The preliminary stage

4. At the outset of the hearing, the individual allegations at heads of charge 1 to 5 were put to you for your responses. You denied all the allegations.

5. The hearing then moved to the fact-finding stage (Stage One), which commenced with Ms Sweetland's opening submissions made on behalf of the GDC.

Summary of the GDC's opening submissions

6. In opening the case for the GDC, Ms Sweetland submitted that this hearing concerns an allegation of misconduct against you, a Dental Nurse, who first registered with the Council in 2015. She submitted that the charge broadly relates to your work at Clinic A from early May 2024.

7. Ms Sweetland outlined the evidence relied upon by the GDC in bringing this case, namely: the referrals made to the Council regarding your alleged conduct, documentation exhibited by Ms Hannah Smith, a Caseworker in the GDC's Fitness to Practise department, and the evidence of Ms Modupe Kemi Ajayi, a Dental Hygienist, who is the Council's expert witness. At the request of the GDC, Ms Ajayi prepared a report in respect of the matters being considered at this hearing.

8. Ms Sweetland told the Committee that the GDC received an initial referral on 5 July 2024 from an anonymous informant (Informant 1), who alleged that you were *"Offering illegal tooth whitening procedures…Revealed by posts on Facebook"*. This was in reference to your work at Clinic A. A second referral was received by the GDC on 23 July 2024, also from an anonymous informant (Informant 2), who raised concerns that you were providing tooth whitening services at another beauty salon. However, Ms Sweetland submitted that the focus of this case is on your work at Clinic A.

9. Ms Sweetland stated that Informant 1 remained in contact with the GDC Casework Team during the Council's investigation and provided further information. Ms Sweetland explained that the GDC Caseworker, Ms Smith, was involved in the preparation of this case, and that she provided a witness statement for this hearing. Ms Smith exhibited with her statement the referrals made to the GDC by Informant 1 and Informant 2, other supporting evidence, and copies of your correspondence with the Council regarding the concerns raised.

10. With reference to the GDC's evidence, Ms Sweetland addressed each of the allegations set out in the charge. In respect of head of charge 1, which alleges that for a period of time you worked outside your scope of practice as a Dental Nurse by providing teeth whitening treatment (referred to interchangeably in the evidence as 'tooth whitening treatment'), Ms Sweetland drew the Committee's attention to several screenshots of Clinic A's social media posts. It was advertised in the posts that you were providing 'teeth whitening' services at the clinic.

11. In addition, Ms Sweetland stated that you were notified of the GDC's concerns on 25 September 2024 and you telephoned the Council that same day. She referred the Committee to a 'Record of Telephone Call' dated 25 September 2024 of a conversation between you and Ms Smith. It was Ms Sweetland's submission that, in essence, you did not deny providing tooth whitening services. The Record of Telephone Call states that you told Ms Smith that you had called the GDC prior to starting the tooth whitening treatment and that you were assured that it was okay for you to provide tooth whitening, as long as the product you were using did not contain peroxide.

12. Ms Sweetland further invited the Committee to take into account an email from a customer of the clinic dated 24 February 2025, provided as a supportive testimonial during the GDC's investigation. The customer stated in the email that on 6 June 2024 she received teeth whitening at Clinic A conducted by you.

13. Ms Sweetland asked the Committee to have regard to the GDC's Scope of Practice guidance (September 2013), as included in the exhibits provided by Ms Smith. Ms Sweetland also referred to the Council's online guidance specifically relating to tooth whitening. She submitted that these pieces of guidance make clear that tooth whitening is outside the scope of practice of a Dental Nurse, and that it can only be undertaken by Dentists or certain categories of Dental Care Professional on prescription of a Dentist.

14. In relation to what you said you were told by the GDC about being able to provide tooth whitening, if the product you were using did not contain peroxide, Ms Sweetland submitted that there are no details regarding when that conversation took place, by what means or who you spoke to. She submitted that it was implausible that you would have been given such advice in light of the GDC's Scope of Practice guidance, which has been in effect since September 2013, and the separate guidance issued by the Council specifically in relation to tooth whitening.

15. With regard to head of charge 2, which alleges you did not hold adequate indemnity insurance in respect of providing teeth whitening treatment, Ms Sweetland drew the Committee's attention to two follow-up emails you sent to the GDC on 25 September 2024, following its requests for evidence of your indemnity insurance, information about the tooth whitening product and how it was used. You also provided a copy of the certificate you obtained for completing what was described as a 'teeth whitening accredited course'. The certificate bestowed on you the title of "Certified Teeth Whitening Technician".

16. Ms Sweetland submitted that you were responsive to the GDC and provided information whenever requested, however, the material you provided did not allay the Council's concerns. She submitted that there was a lack of uncertainty about the tooth whitening product information you provided and whether it could pose a risk to the public. Furthermore, there was a concern that the evidence of indemnity you provided did not list tooth whitening as a service you could provide. It was Ms Sweetland's submission, with reference to Ms Ajayi's expert report, that no indemnity could have insured you in any event, given that the provision of tooth whitening is outside your scope of practice as a Dental Nurse.

17. Addressing the allegation at head of charge 3, which alleges that for a period of time, you allowed yourself to be referred to as a *"teeth whitening specialist"* on the social media page of Clinic A, Ms Sweetland highlighted a number of the social media posts. In particular, the posts stating, *"Meet Zoe Our teeth whitening specialist…" alongside information that you were a "…fully qualified gdc registered dental nurse with over 10 years experience".* It was the GDC's case that you knew about the social media posts and did nothing to ensure that they were taken down.

18. In relation to head of charge 4, which alleges that when providing the teeth whitening treatment, you asked patients to sign a form which sought to waive their rights of redress in relation to treatment conducted by you, Ms Sweetland drew to the Committee's attention 'Client Consultation Form'. This form, which was said to have been provided by you to clients who attended for teeth whitening, includes a disclaimer, which the GDC maintained sought to ask them to waive their rights of redress. It was Ms Sweetland's submission that asking clients to sign such a disclaimer was a

clear breach of the GDC's professional standards, as registrants must make sure that patients can claim redress or compensation if something goes wrong.

19. Heads of charge 5(a) and 5(b) allege that your conduct in allowing yourself to be referred to as a *"teeth whitening specialist"* on the social media page of Clinic A was misleading and/or dishonest. Ms Sweetland submitted that the Committee would only need to determine these allegations if it found proved on the balance of probabilities that you did allow yourself to be referred to as a "teeth whitening specialist" by Clinic A on its social media. It was the GDC's case that *"teeth whitening specialist"* is neither a recognised title nor qualification. Furthermore, Ms Sweetland submitted that you had only completed the teeth whitening course you attended on 7 May 2024. She stated that on any view, the use of the title *"teeth whitening specialist"* to refer to you on Clinic A's social medial page was misleading.

20. In relation to the allegation of dishonesty, Ms Sweetland referred to the relevant test for dishonesty as set out in the case of *Ivey v Genting Casinos (UK) Ltd t/a Crockfords* [2017] UKSC 67 ('*Ivey*'). She submitted that, if it is found proved that you allowed yourself to be referred to as a *"teeth whitening specialist"* on Clinic A's social media page, the Committee would need to consider what your state of mind was at the material time. It was the GDC's case that you must have known that you could not in any way claim to be a specialist in tooth whitening, and that your motive could only have been to encourage business for Clinic A, which was being run by a family member and for your own benefit, given that you were being paid for the services you were providing. Ms Sweetland submitted, with reference to the test in *Ivey*, that this was conduct that would be regarded as dishonest by the standards of ordinary decent people.

Decision on the admissibility of hearsay evidence – 27 July 2026

21. In receiving evidence from the GDC, the Committee took into account Ms Sweetland's submission that Ms Smith, the GDC Caseworker who provided a witness statement for this hearing, would not be in attendance to give oral evidence. In the circumstances, Ms Smith's witness statement would be regarded as hearsay evidence.

22. Ms Sweetland told the Committee that the GDC had not intended to call Ms Smith to give oral evidence, and that prior to this hearing, the Council sought confirmation from you as to whether you required Ms Smith to attend. You indicated to the GDC that you did not need Ms Smith to give oral evidence.

23. In reaching its decision on whether to accept Ms Smith's witness statement into evidence, the Committee accepted the advice of the Legal Adviser, who referred it to Rules 57(1) and 57(2) of the GDC (Fitness to Practise) Rules 2006, which states as follows:

> *57(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.*

57(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.

24. The Legal Adviser also referred the Committee to the relevant factors to be considered in deciding whether to admit hearsay evidence, as set out in the case of *Thorneycroft v Nursing and Midwifery Council* [2014] EWHC 1565 (Admin) ('*Thorneycroft*').

25. It was the decision of the Committee, having considered its discretion to admit evidence under Rule 57, and having considered the relevant factors from Thorneycroft, that it was fair in all the circumstances to admit Ms Smith's witness statement with its exhibits into evidence.

26. In reaching its decision, the Committee took into account that the main purpose of Ms Smith's evidence was to produce the exhibits appended to her witness statement. It took into account that a copy of Ms Smith witness statement and the exhibits were provided to you in advance of the hearing. Also, you confirmed to the GDC that you did not require Ms Smith to attend to give oral evidence. Taking all these aspects into account, the Committee was satisfied that it should exercise its discretion under Rule 57. It was satisfied that Ms Smith's witness statement and exhibits would be helpful to it, and that it would be in the interests of justice for her evidence to be considered. The Committee noted that you raised no objection to the admission of her written evidence and the accompanying documents.

Decision on the admissibility of late evidence – 27 July 2026

27. The Committee next determined whether it should accept a piece of late evidence put forward by the GDC. The evidence in question was email correspondence between the GDC's Legal Team and IT Team regarding the publication of the Council's online guidance in relation to tooth whitening.

28. Ms Sweetland told the Committee that in her expert report, Ms Ajayi had provided a link to the relevant GDC webpage setting out its guidance on tooth whitening. It was understood that Ms Ajayi had accessed the webpage on 13 July 2025 for the purpose of preparing her report. Ms Sweetland stated that the GDC had wanted to establish whether the online guidance on tooth whitening accessed by Ms Ajayi in July 2025 was the same guidance that was online at the material time of the allegations in this case. Accordingly, the GDC's instructing solicitor had contacted by email the team that runs the GDC website, who were able to provide the dates of the various revisions to that online guidance, and they also attached to their email in response a copy of the guidance as it would have appeared online in 2024.

29. It was Ms Sweetland's submission that there had been no material change to the GDC's online guidance on tooth whitening between 2024 and July 2025, so there was no impact on the GDC's case or Ms Ajayi's conclusions in her report. In light of this, Ms Sweetland submitted that, although the evidence in question was being put forward by the GDC at a late stage, it could be received without prejudice and that it was in the interests of justice for the Committee to receive it.

30. You stated that you had no objection to this late evidence being received by the Committee.

31. The Committee accepted the advice of the Legal Adviser that the admission of the late evidence was a matter for the Committee taking into account its discretion under Rule 57.

32. The Committee decided to exercise its discretion to admit the late evidence. It considered that it would be helpful and fair to know what the relevant guidance was at the time of the allegations. The Committee also took into account that you raised no objection to the evidence being admitted, despite the late stage. A copy of the relevant online guidance was also provided to Ms Ajayi for her consideration.

Summary of the evidence up to 28 July 2026

33. The evidence received by the Committee from the GDC was both documentary and oral. The documentary evidence initially comprised:

- The witness statement of Hannah Smith dated 15 July 2025 with exhibits.
- The expert report of Ms Ajayi dated 13 August 2025
- The email exchange regarding the 'Website Information Publication' including the version of the GDC's online guidance on tooth whitening that was published at the time of the allegations.

34. In addition, the Committee heard oral evidence from the GDC's expert witness, Ms Ajayi, who gave her opinion on the alleged matters in this case.

35. The Committee also received evidence from you in the form of oral evidence. You addressed each of the allegations and other associated factual matters, including under cross-examination and in answer to questions from the Committee.

Decision on the admissibility of further late evidence – 29 July 2026

36. During your cross-examination on the allegation at head of charge 2, which relates to the issue of your indemnity at the material time, you stated that after receiving your policy documents and noting that tooth whitening was not listed within them, you had contacted the indemnity provider. You told the Committee that you were advised at that time that tooth whitening fell under the heading *"Advanced Beauty Treatments"* which was listed on the insurance policy.

37. Following the conclusion of your oral evidence, the hearing adjourned and you were given the opportunity to see if you could obtain further information in relation to your indemnity cover at the time of the allegations.

38. You were able to contact the indemnity company, and you were provided with a document titled 'Letter of Confirmation (Teeth Brightening).pdf'. This document is headed *"Confirmation of Medical Malpractice Cover" (Medical Malpractice; Public and Product Liability)* and it indicates that you were insured to provide "Cosmetic Teeth Brightening" over the period 20 May 2024 to 19 May 2025. In seeking to formally introduce the document into evidence, you submitted that it was a certificate of evidence for indemnity that covered tooth whitening.

39. The GDC also sought to admit further evidence it had obtained. This was in the form of a production statement dated 29 July 2026 from Rosie Geddes, Presentation Lawyer with the GDC's In-house Legal Presentation Services. Ms Sweetland explained that this further evidence was in relation to information on the GDC's website about circumstances in which telephone calls to the Council are recorded and how long any recordings are retained. This evidence was obtained by the GDC in response to your oral evidence that you had telephoned the GDC for advice prior to undertaking the teeth whitening course.

40. Prior to considering both applications to admit late evidence, the one made by you and the other made by the GDC, the Committee accepted the advice of the Legal Adviser, who highlighted that neither party had objected to the admission of the evidence in question. The Legal Adviser referred the Committee to its discretion to admit evidence under Rule 57(2), if it was considered helpful and in the interests of justice to do so.

41. In reaching its decision, the Committee took into account that both you and Ms Sweetland had had the opportunity to see the evidence that you were respectively seeking to admit, and that neither party had raised any objection. It was the conclusion of the Committee, taking into account the submissions that had been made about the nature of the late evidence, that it would be helpful and in the interests of justice for it to receive it. It considered that this would be fair to both parties, particularly to you, as an unrepresented registrant.

42. In agreeing to accept both pieces of evidence, the Committee took into account that the GDC was effectively re-opening its case in order to provide its late evidence, but it was satisfied that nothing turned on this issue in all the circumstances.

43. Accordingly, in addition to the evidence outlined at paragraphs 33 to 35 above, the Committee had before it:

- The production statement of Rose Geddes dated 29 July 2026 producing as an exhibit a copy of the GDC's Privacy Notice (Last updated 7 May 2026).

- The 'Letter of Confirmation (Teeth Brightening).pdf'. provided by you as confirmation of your indemnity cover to provide tooth whitening at the material time of the allegations.

The Committee's Findings of Fact – 30 July 2026

44. The Committee considered all the evidence presented to it, both documentary and oral. It took account of the closing submissions on the alleged facts made by Ms Sweetland on behalf of the GDC and by you.

45. The Committee accepted the advice of the Legal Adviser in relation to the burden and standard of proof, how to approach the evidence, and the legal principles and guidance applicable to its decision-making, including the test for dishonesty as set out in the case of *Ivey*.

46. The Committee considered each of head of charge separately, bearing in mind that the burden of proof rests with the GDC, and that the standard of proof is the civil standard, that is, the

balance of probabilities. The Committee has had to determine whether it was more likely than not that the alleged matters occurred.

47. The Committee's findings are as follows:

1.	*On or around 7 May 2024 to on or around 25 September 2024, you worked outside of your scope of practice by providing teeth whitening treatment;* **Found proved.** In reaching its decision, the Committee was content, on the basis of the evidence provided by the GDC, that you provided teeth whitening treatment to clients over this period of time. The Committee had before it information provided by the Council including telephone logs and email correspondence from you in relation to your provision of teeth whitening. It also received a number of screenshots of Clinic A's social media posts advertising you as providing teeth whitening services. The Committee also noted that you stated yourself at this hearing that you were providing teeth whitening treatment at the material time, although only to your friends and family. The Committee next considered whether, factually, you worked outside your scope of practice as a Dental Nurse by providing teeth whitening treatment. It took into account the GDC's Scope of Practice guidance (September 2013), which was drawn to its attention by the Council's expert witness, Ms Ajayi. The Committee noted that the Scope of Practice guidance lists the treatments that each dental professional can undertake, provided they are trained, competent and indemnified. The Scope of Practice also lists further treatments that each dental professional can undertake with additional skills. The Committee noted that the scopes of practice for Dental Hygienists, Dental Therapists and Clinical Dental Technicians state that additional skills that these categories of registrants might develop includes "tooth whitening to the prescription of a dentist". However, there is no reference to tooth whitening at all under the scope of practice for a Dental Nurse, either as a main or additional skill. It was the view of the Committee, having considered the Scope of Practice guidance, that where a registrant can possibly and legitimately undertake tooth whitening treatment, it is explicitly stated. The Committee considered that this is confirmed in the GDC's guidance specifically related to tooth whitening, also referred to by Ms Ajayi. The Committee had before it a copy of this guidance, as available at the material time, and it is clearly stated within it that "*If you have seen your dentist and they have prescribed tooth whitening treatment, they will either carry it out themselves, or a registered dental hygienist, dental therapist or clinical dental technician can provide the treatment on the dentist's prescription. No other types of dental professional can safely offer this treatment…".* Accordingly, the Committee was satisfied on the balance of probabilities that this allegation at head of charge 1 is proved. In making this finding, the Committee focused purely on the factual allegation itself, namely that over the period of question you worked outside your scope of practice by providing teeth whitening treatment. However, it did have regard to your

	evidence that you had contacted the GDC for advice prior to undertaking your teeth whitening course to enquire whether you were permitted to carry out teeth whitening as a Dental Nurse. The Committee took into account that this issue was central to your defence of a number of the allegations in this case. It was your evidence that you were advised by someone at the GDC that, as long as the product you intended to use did not contain peroxide, you could carry out the teeth whitening. You also told the Committee that you had sought advice from the provider of the teeth whitening course and a dentist with whom you were working at the time, and that they gave similar advice to the GDC. The Committee found that you were consistent in maintaining that you had sought advice before commencing your teeth whitening course and the teeth whitening treatment, including from the GDC, and it accepted your account that you had made contact with the GDC. The Committee considered from your oral evidence that, at the time, you were unclear whether you could provide tooth whitening treatment as a Dental Nurse and so you sought clarity on the issue. However, taking into account that the advice you said you received from the GDC is wholly inconsistent with the Scope of Practice guidance and the GDC's guidance on tooth whitening, which have been effective from 2013 and 2019 respectively, the Committee could not conclude that you were advised that you could carry out tooth whitening as a Dental Nurse. When considering this issue, the Committee took into account that there is no independent evidence in relation to the advice you said you received. This includes no evidence of the telephone calls you said you made to the GDC or the email you said you sent to someone at the Council to confirm the ingredients contained within the tooth whitening product you intended to use. Whilst the Committee remained mindful that the burden of proof rests with the GDC in these proceedings, it noted that you were given the opportunity to see if you could retrieve this email that you said you had sent to the GDC, but you were not able to do so. In any event, as factually determined by the Committee, the undertaking of tooth whitening is clearly outside your scope of practice, and it is on this basis alone that this allegation is found proved.
2.	*You did not hold adequate indemnity insurance in respect of providing teeth whitening treatment as described in charge 1;* **Found not proved.** The Committee first considered the evidence provided by you in respect of your indemnity. It noted that the original certificate of indemnity that you submitted to the GDC at the investigation stage of this case, did not expressly list tooth whitening or teeth whitening as a treatment covered by the insurance policy. Following further enquiries made by you with the indemnity provider during the course of this hearing, you placed before the Committee an additional insurance document, namely the 'Letter of Confirmation (Teeth Brightening).pdf'. You considered that this additional document was evidence that you had adequate indemnity at the material time to provide tooth whitening services. You also told the Committee that you were referred to that particular indemnity company by the provider of your teeth whitening course.

	The GDC's position was that neither document indemnified you for the provision of tooth whitening treatment. It was highlighted that the additional insurance document referred to "Cosmetic Teeth Brightening" and not tooth whitening. However, the Committee received no evidence from the GDC regarding any difference between cosmetic teeth brightening and tooth whitening. In view of this, it was the conclusion of the Committee that it could not be said one way or another whether the indemnity policy you had at the time would have covered you if a claim had been made. The Committee next considered the evidence of Ms Ajayi that, even if you did have adequate indemnity, your working outside of your scope of practice would have rendered any insurance policy null and void. In giving her oral evidence, Ms Ajayi acknowledged that she is not an expert in insurance. However, she maintained her position regarding the validity of any insurance policy in the circumstances, and she referred the Committee to the relevant GDC Standards for the Dental Team (September 2013) ('the GDC Standards and the GDC's Guidance on professional indemnity, as set out in her report. In reaching its decision, the Committee had regard to the GDC Standards and to the guidance referred to by Ms Ajayi. Whilst it noted the general guidance that registrants must be indemnified to cover their scopes of practice, it could see no clear information regarding the impact on any indemnity policy should a registrant work outside scope. Furthermore, the Committee took into account that the insurance documents you provided do not link the provision of the insurance to your registration as a Dental Nurse. In all the circumstances, having considered the evidence, the Committee was not satisfied that the GDC discharged its burden of proof in relation to this allegation. It was not satisfied that the GDC proved that the indemnity cover you had in place at the time was inadequate or invalidated. Accordingly, head of charge 2 is found not proved.
3.	*On or around 7 May 2024 to on or around 25 September 2024, you allowed yourself to be referred to as a "teeth whitening specialist" on the social media page of Clinic A;* **Found proved.** The Committee had before it a number of screenshots of Clinic A's social media page in which you were referred to as a *"teeth whitening specialist"*. The GDC's case was that you were aware of this reference and you did not take any steps to ensure that the posts were taken down. You told the Committee that you had no responsibility for Clinic A's social media. However, when you became aware that you were being referred to as a *"teeth whitening specialist"*, you asked the owner of the clinic, who is a close relative, to either amend or remove the post. The Committee accepted your evidence that you had no responsibility for placing the posts in question on Clinic A's social media page. It noted that in an email to the GDC dated 13 January 2025, you stated that *"…the social media and advertising that is completely out of my hands".* The Committee also found that

	you were clear and consistent in your evidence that you asked for the posts to be amended or taken down. However, in finding this allegation at head of charge 3 proved, the Committee concluded that the efforts you did make in trying to ensure that you were no longer referred to as a *"teeth whitening specialist"* were not sufficient. The post remained online for a period of time after you became aware of it, and you stated in your oral evidence that you did not follow up your request, although you accepted that you should have done so. In all the circumstances, the Committee was satisfied on the balance of probabilities that for the period of time in question, you allowed yourself to be referred to as a *"teeth whitening specialist"* on the social media page of Clinic A. In making its finding, the Committee accepted Ms Ajayi's evidence that 'specialist' in the regulatory context refers to those on the GDC's Specialist List on which only Dentists are currently included. It was the finding of the Committee that you did not do enough to ensure that you were not being referred to as a specialist, and accordingly this allegation is proved.
4.	*When providing the treatment described in charge 1, you asked patients to sign a form which sought to waive their rights of redress in relation to treatment conducted by you.* **Found proved.** The Committee had before it a copy of the 'Client Consultation Form' relied upon by the GDC in support of this allegation. The Committee was satisfied from the evidence presented by the Council that you asked patients to sign the form in question. It had before it an email dated 25 September 2024 which was sent by you to the GDC enclosing information including a copy of the form. You stated in the email, *"Please find attached all documentation that I give to all my clients…".* The Committee noted the disclaimer at the bottom of the Client Consultation Form, which states that *"By accepting the terms of service, I acknowledge assuming all risks associated with the treatment and explicitly waive any liability or legal action against Zoe Tranter. It's important to note that Zoe Tranter is not a dental expert".* It was your evidence that all the forms you gave to your clients were provided to you by the provider of your teeth whitening course. You stated that you queried this disclaimer with the course provider and specifically asked whether it meant that any patients you treated 'did not have a leg to stand on' and you were told that this was not the case. You stated that the course provider also told you that all the forms you were given had been checked over and that they were legitimate. You said that it was explained to you that the disclaimer was to highlight that you were not a dentist and therefore could not carry out dental assessments, meaning that the patient would have had to have had a dental check up before any teeth whitening treatment. You stated that in light of the fact that you only treated friends and family you knew that they had had dental check ups before seeing you for tooth whitening. Whilst the Committee noted your explanation about what you were advised and what you understood by the disclaimer at the material time, it considered the wording of it to be clear. The Committee was satisfied that the Client Consultation Form that you were asking patients to sign was a document which sought to waive their rights of redress in relation to treatment conducted by you. The Committee

	noted your oral evidence that looking at the form now, you can work it out, but at the time you just accepted what the course provider had assured you. In all the circumstances the Committee was satisfied that this allegation is proved on the balance of probabilities.
5(a).	*Your conduct in relation to charge 3 was:* *Misleading* **Found proved.** This finding is in relation to your conduct in having allowed yourself to be referred to as a *"teeth whitening specialist"* on Clinic A's social media page, as found proved at head of charge 3. The Committee bore in mind the ordinary meaning of the word 'misleading', which is to give the wrong idea or impression by some act or omission. It also took into account that something can be objectively misleading, that is, without intention, and that it is not necessary for anyone to have actually been misled by the action or omission. The Committee was satisfied on the balance of probabilities that allowing yourself to be referred to as a *"teeth whitening specialist"* on Clinic A's social media page was conduct that was misleading. It considered that the reference implied that you were trained and qualified to the level of a specialist in that treatment area, when this was not the case. The Committee noted Ms Ajayi's evidence that tooth whitening is not a specialism within the GDC's Specialist List. In any event, the extent of your training in tooth whitening was a one-day course that you completed on 7 May 2024. Therefore, in the Committee's view, you were not a specialist in any context. Accordingly, it found this head of charge proved.
5(b).	*Your conduct in relation to charge 3 was:* *Dishonest* **Found not proved.** This finding is in relation to your conduct in having allowed yourself to be referred to as a *"teeth whitening specialist"* on Clinic A's social media page, as found proved at head of charge 3. The Committee applied the test for dishonesty, as set out in the case of *Ivey.* It first considered the actual state of your knowledge or belief as to the facts in relation to you being referred to as a *"teeth whitening specialist"* on Clinic A's social media page. The Committee accepted your evidence that you had had no responsibility for the clinic's social media page. It also accepted your account that, when you became aware of the issue, you had queried the reference to you being a specialist and asked the clinic owner to arrange for it to be amended or taken down. Whilst the Committee considered that, subsequently, you did not take sufficient steps to ensure that the reference had been amended or taken down, it was satisfied that your genuine expectation was that your request would be actioned.

	It was the view of the Committee that, although you did not complete your obligation to ensure that the social media posts were corrected or removed, and therefore allowed the reference to remain, ordinary decent people would not regard your conduct as dishonest in all the circumstances. The Committee took into account that such people would be aware that you were not directly responsible for the clinic's social media page, that you had asked for the information about you to be changed, and that you believed that it would be changed. Accordingly, the Committee found this head of charge not proved.

48. The hearing now moves to Stage Two.

Resumed Hearing (11 November 2026)

49. This is the resumed substantive hearing of the Professional Conduct Committee ('the Committee') in the matter of Ms Zoe Natasha Tranter.

50. At Stage 1 of the proceedings, the Committee found proved charges 1, 3, 4, and 5(a), and found charges 2 and 5(b) not proved.

51. You attended the hearing and were unrepresented, representing yourself. Miss Victoria Shehadeh appeared on behalf of the General Dental Council ('the GDC').

Submissions

52. Miss Shehadeh addressed the Committee on the matters of misconduct, impairment, and sanction, referring the Committee to the relevant statutory framework, professional standards, and the GDC's *Guidance for the Practice Committees*.

53. Miss Shehadeh referred the Committee to the definition of misconduct set out in *Roylance v General Medical Council (No 2)* [2000] 1 AC 311 and to *Meadow v General Medical Council* [2006] EWCA Civ 1390, which describes misconduct as conduct that would be regarded as deplorable by fellow practitioners.

54. In relation to the findings of fact and the relevant standards, Miss Shehadeh submitted:

55. In respect of Charge 1, the expert evidence was that providing tooth whitening treatment fell far below the standard expected, as it is not permitted within a dental nurse's scope of practice, placing patients at risk of harm and breaching elements of Standard 7 of the *Standards for the Dental Team*;

56. In respect of Charge 3 and Charge 5(a), the expert evidence confirmed that the title of 'specialist' is protected and restricted to dentists on the specialist lists. Referring to yourself as a 'teeth whitening specialist' on Clinic A's social media misled the public into believing that they were receiving a higher standard of care, breaching Standards 1.3.3 and 9.1; and

57. In respect of Charge 4, the expert evidence was clear that requiring patients to sign a waiver form purporting to exclude rights of redress was a serious matter falling far below expected standards, representing an attempt to undermine the protections available to patients to seek financial compensation in the event of harm, in breach of Standard 1.8 and principles running across the Standards. Miss Shehadeh submitted that the fact that no patients suffered actual harm is not a mitigating factor, as the risk of harm was real.

58. On the issue of current impairment, Miss Shehadeh submitted that your fitness to practise is currently impaired on both public protection and public interest grounds. In terms of public

protection, she submitted that acting outside your scope of practice carries an inherent risk of harm to patients due to the lack of sufficient training and clinical protections. She submitted that there is limited insight, no evidence of reflection, no targeted training undertaken, and a lack of understanding of the impact of your actions on the public.

59. In relation to the public interest, Miss Shehadeh submitted that the guidance specifically identifies acting outside scope of practice as a matter engaging the public interest. She submitted that the public must be able to trust in the profession and in the information provided to them, and that fully informed members of the public would be shocked and have their trust undermined if no finding of impairment were made.

60. Miss Shehadeh referred to the principles in *Cohen v General Medical Council* [2008] EWHC 581 (Admin), submitting that while the conduct is capable of remediation, there is no evidence that any steps have been taken to remediate, and there remains a risk of repetition given your lack of insight. She also referred to the test set out by Dame Janet Smith in the Fifth Report of the Shipman Inquiry, submitting that you had put patients at risk of harm, brought the profession into disrepute, and breached fundamental tenets of the profession by placing financial gain or career development above patient safety.

61. On the question of sanction, Miss Shehadeh submitted that proportionality must be the guiding principle, weighing the aggravating and mitigating factors. She noted as mitigating factors your lack of previous fitness to practise history, your 10-year unblemished career, and the testimonial from your current employer.

62. Miss Shehadeh referred to the available sanctions in ascending order in accordance with the guidance. She submitted that taking no further action would not be appropriate, as the guidance makes clear this is reserved for rare circumstances, which do not apply here. A reprimand would not restrict your practice or address the public protection concerns. Imposing conditions of practice would be unworkable and would achieve very little, as the concerns do not relate to your clinical competence or skills as a dental nurse, but to your deliberate decision to act outside your scope of practice.

63. Miss Shehadeh submitted that the appropriate and proportionate sanction is a suspension for a period of 6 to 9 months, with a review before expiry to give you the opportunity to demonstrate remediation and insight to a reviewing panel. She submitted that erasure would be wholly disproportionate.

64. You made oral submissions on your own behalf and confirmed that you had no further documentary evidence to provide to the Committee.

65. You stated that you accept the Committee's findings and take full responsibility for what happened. You maintained that you had contacted the GDC prior to undertaking any treatment and had been advised that you were permitted to carry out tooth whitening, and you felt that you had sought all available advice before enrolling on or completing any training courses.

66. You explained the significant impact that a suspension would have on your family, both personally and financially. [PRIVATE].

67. [PRIVATE]. You noted that these proceedings have been ongoing for two years, and you questioned why, if your conduct presented such a serious risk to the public, the GDC had not taken action to stop you from working prior to this hearing.

68. You made it completely clear that you understand what you did was wrong, and you gave your assurance that you will not repeat this conduct. You also submitted that the stress of

the process has had a big impact on you and you would not want to go through it again.

69. You relied upon a testimonial provided by your current employer, confirming that your employer is fully aware of these proceedings and that you are attending this hearing today.

70. You stated that your Continuing Professional Development (CPD) is fully up to date, and you outlined recent CPD courses you have completed, including safeguarding, infection control, legal and ethical issues, and data protection, which you considered highly relevant to this case. You explained that following your legal and ethics training, you sat down with your manager to go over your scope of practice, and you now have a thorough understanding of the limits of your scope as a dental nurse.

71. The Committee heard and accepted the advice of the Legal Adviser.

Decision on misconduct

72. In considering whether the facts found proved amount to misconduct, the Committee considered the charges both individually and cumulatively. The Committee had regard to the statutory framework, the *Standards for the Dental Team*, and the relevant case law, including *Roylance v General Medical Council (No 2)* [2000] 1 AC 311 and *Meadow v General Medical Council* [2006] EWCA Civ 1390. The Committee reminded itself that misconduct must be serious and represents conduct that falls far short of the standards expected of a registered dental professional, such as would be regarded as deplorable by fellow practitioners.

73. In relation to Charge 1, the Committee found proved that you offered and provided tooth whitening treatment to patients. Tooth whitening is a form of dentistry that falls outside the scope of practice of a registered dental nurse. The GDC's *Scope of Practice* guidance and specific guidance on tooth whitening are clear and unambiguous: dental nurses are not trained, qualified, or legally permitted to undertake tooth whitening treatment. By offering and carrying out this clinical treatment, you acted outside your scope of practice and placed patients at risk of harm. The Committee considered that working outside one's scope of practice is inherently serious and breaches fundamental professional standards, including Standard 7.2 of the *Standards for the Dental Team*, which requires dental professionals to work within their knowledge, skills, professional competence, and abilities.

74. In relation to Charges 3 and 5(a), the Committee found proved that you described yourself on social media as a 'teeth whitening specialist'. The title of 'specialist' is protected under GDC regulations and is reserved exclusively for dentists who are entered on the GDC's specialist lists. Describing yourself as a specialist when you were registered as a dental nurse was inaccurate and had the clear potential to mislead members of the public as to your professional qualifications and status. The Committee considered this to be a serious departure from the standards expected of a dental professional.

75. In relation to Charge 4, the Committee found proved that you required patients to sign a waiver form purporting to exclude their rights of redress in the event of harm. Requiring patients to waive their legal and regulatory rights of redress is improper and contrary to the fundamental duty to put patients' interests first.

76. The Committee concluded that your actions, both individually and cumulatively, fell far short of what would be proper in the circumstances. Your conduct involved serious failures to adhere to the limits of your scope of practice, misleading advertising to the public, and an improper attempt to restrict patient rights. The Committee was satisfied that your conduct

was serious and amounted to professional misconduct that would be considered unacceptable by fellow members of the profession.

Decision on current impairment

77. The Committee next considered whether your fitness to practise is currently impaired by reason of the misconduct found proved. The Committee reminded itself that the question for its determination is whether your fitness to practise is impaired today, rather than whether you were impaired at the time of the conduct. The Committee took into account your past conduct, together with all the information before it regarding your insight, remorse, remediation, reflection, and the likelihood of repetition. The Committee exercised its own independent judgment, applying the relevant statutory framework, the principles established in case law, and the GDC's *Guidance for the Practice Committees, including Indicative Sanctions Guidance*.

78. The Committee had regard to paragraph 248 of the GDC guidance, which identifies practising outside scope of practice as an example of conduct where the public interest will weigh heavily and which may amount to impairment on public interest grounds where there has been a serious failure to meet the standards required. The Committee also had regard to paragraph 250 of the guidance, which confirms that a Practice Committee may make a finding of impairment solely on the grounds of the public interest in appropriate cases. In considering both public protection and the wider public interest, the Committee had regard to the principles set out in *Cohen v General Medical Council [2008] EWHC 581 (Admin)* and the overarching objectives of regulatory proceedings, including the protection of the public, the maintenance of public confidence in the dental profession, and the upholding of proper professional standards and conduct.

79. In assessing the risk to the public, the Committee considered that acting outside your scope of practice by offering and providing tooth whitening treatment carries an inherent risk of harm, as dental nurses are not trained, qualified, or permitted to undertake such treatment. The Committee also had regard to the seriousness of your conduct in misleading the public by describing yourself as a 'teeth whitening specialist' on social media, and in requiring patients to sign a waiver form that purported to exclude their rights of redress if harm occurred. While the Committee noted that no actual harm to any patient was established on the evidence, your actions created a real risk of harm and represented serious departures from fundamental professional standards.

80. In considering whether that risk remains ongoing, the Committee took into account the information presented on your behalf. You attended the hearing and engaged fully with the regulatory process. You expressed remorse, accepted the Committee's findings, and took responsibility for your actions, giving your assurance that you would not repeat this conduct. You have been a registered dental nurse for approximately ten years with an unblemished professional record and no previous fitness to practise history. The Committee took into account the positive testimonial from your current employer, which confirmed that you were open and transparent about these proceedings when recruited, that you have practised strictly within your scope of practice, and that no concerns have arisen regarding your conduct, clinical judgement, or adherence to standards. The Committee also noted that you have kept your CPD up to date, including courses on legal and ethical issues and data protection, and that you undertook a reflective discussion on your scope of practice with your practice manager.

81. The Committee considered that your evidence throughout these proceedings demonstrated some insight and remorse for your actions. The Committee considered that the proceedings

have had a profound impact upon you, that you have shown a clear understanding that you must not work outside your scope of practice, and that the risk of repetition is low and does not justify a finding of current impairment on public protection grounds. The Committee was satisfied that your fitness to practise is not currently impaired on public protection grounds.

82. The Committee then considered whether a finding of current impairment is required in the wider public interest. Your conduct involved serious and multi-faceted departures from the standards expected of a registered dental care professional, including performing unauthorised clinical treatment outside your scope of practice, misleading the public through the misuse of a protected specialist title, and seeking to restrict patients' rights of redress through a waiver document. The Committee considered that, notwithstanding your expressions of remorse, your unblemished career, and the absence of actual harm, the serious nature of the misconduct and the limited evidence of formal remediation meant that public confidence in the dental profession, and in the GDC as its regulator, would be significantly undermined if a finding of current impairment were not made. The Committee therefore concluded that your fitness to practise is currently impaired on public interest grounds.

Decision and reasons on sanction

83. Having found that your fitness to practise is currently impaired on public interest grounds, the Committee went on to consider what sanction, if any, to impose on your registration. The Committee took into account the submissions made by Miss Shehadeh on behalf of the GDC and your own submissions.

84. In reaching its decision, the Committee applied the principle of proportionality, seeking to impose the least restrictive sanction necessary to satisfy the public interest. It carefully balanced the protection of the public, the maintenance of public confidence in the dental profession, and the upholding of proper professional standards with your own interests. The Committee had regard to the GDC's *Guidance for the Practice Committees*, in particular that the purpose of a sanction is not to punish a registrant, although it may have a punitive effect, and that sanctions must be considered in ascending order of seriousness. The Committee also bore in mind that, once an appropriate sanction is identified, it must consider whether the next most restrictive sanction would be excessive or disproportionate.

85. The Committee first balanced the mitigating and aggravating factors present in this case.

86. The Committee identified the following mitigating factors:

- You have an unblemished record with no previous fitness to practise history over approximately ten years of practice as a registered dental nurse;
- The conduct was an isolated course of conduct and has not been repeated;
- You have demonstrated some insight, remorse, apologised, and accepted responsibility for your actions;
- You have demonstrated subsequent good conduct, continuing to work strictly within your scope of practice;
- You have kept your CPD up to date and engaged in reflective discussions on scope of practice with your practice manager; and
- You provided a supportive testimonial from your current employer, confirming your good conduct and transparency.

87. The Committee identified the following aggravating factors:

- Your misconduct involved a deliberate decision to offer and provide treatment outside your scope of practice;
- You misused a protected specialist title on social media, which had the potential to mislead the public;
- Your actions demonstrated a disregard for the GDC's standards and scope of practice guidance; and
- The conduct occurred over a period of time.

88. The Committee considered the sanctions available to it in ascending order of seriousness.

89. The Committee first considered whether to take no action. The Committee concluded that taking no action would be inappropriate and inadequate given the seriousness of the misconduct and the finding of current impairment on public interest grounds. Taking no action would fail to mark the seriousness of your conduct, uphold professional standards, or maintain public confidence in the dental profession and its regulation.

90. The Committee next considered whether to impose a reprimand. The Committee had regard to the Guidance, which sets out the factors that may indicate that a reprimand is suitable. The Committee considered that although your conduct was serious enough to warrant a finding of impairment on public interest grounds, there was no evidence that you pose any current risk of harm to the public, the incident was isolated to a single course of conduct and has not been repeated, you have genuinely expressed remorse and accepted full responsibility, and you have taken corrective steps and maintained an unblemished regulatory record. A reprimand is a formal sanction and a matter of published public record that marks professional disapproval. The Committee considered that a reprimand would send a clear message to you, the profession, and the public, that working outside your scope of practice and misusing protected titles by allowing yourself to be referred to as a 'specialist' on the clinic's social media page, is unacceptable, thereby satisfying the public interest without unnecessarily restricting your ability to practise where no public protection concerns exist.

91. Before deciding that a reprimand was the appropriate sanction, the Committee considered whether conditions of practice were required. The Committee concluded that an order of conditions would be neither workable nor appropriate in this case. The concerns in your case did not arise from clinical incompetence or a remediable deficiency in dental nursing practice, but from a decision to provide a treatment that fell entirely outside your permitted scope of practice. Imposing a condition that you must not provide tooth whitening or act outside your scope of practice would merely require you to abide by professional obligations with which you are already legally bound to comply.

92. The Committee also considered the sanction of suspension, which was sought by the GDC. The Committee had regard to paragraph 277 of the Guidance. It noted that there was no evidence of repeated behaviour, no deep-seated attitudinal or personality issues, and no ongoing risk to patient safety. The Committee determined that imposing a suspension would be disproportionate, excessive, and punitive in the circumstances of this case, where a lesser sanction was sufficient to mark the seriousness of the conduct and satisfy the public interest.

93. Accordingly, the Committee determined that a reprimand sufficiently reflects the seriousness of the misconduct. It is satisfied that this sanction addresses public interest considerations, maintains trust and confidence in the profession, and upholds proper professional standards. The Committee is confident that a well-informed member of the public would regard a reprimand as a suitable and proportionate response.

94. The reprimand will be publicly recorded as the outcome of this case and will appear alongside your name on the GDC register for a period of 12 months. The Committee considers this sufficient to mark the misconduct as a serious departure from expected professional standards, which must not be repeated.

95. The reprimand will form part of your fitness to practise history and may be disclosed to prospective employers or registration authorities in other jurisdictions.

96. You will receive written confirmation of this decision.

97. That concludes your case.