

**This determination contains offensive language**

**HEARING PARTLY HEARD IN PRIVATE\***

\*The Committee has made a determination in this case that includes some private information.  
That information has been omitted from the text.

**FLETCHER, Avya**

**Registration No: 142938**

**HEALTH COMMITTEE**

**NOVEMBER 2020**

**Outcome: Erased with Immediate Suspension**

Avya FLETCHER, a dental nurse, Qual- National Certificate NEBDN 1998, was summoned to appear before the Professional Conduct Committee on 9 November 2020 for an inquiry into the following charge:

**Charge (as amended)**

“That being a registered dental care professional: -

1. Between 16 October 2006 and 01 May 2015, you provided Witness F and / or Witness G and/or Witness H with prescription only medication that had not been prescribed to them by any or any appropriate clinician;
2. Between 16 October 2006 and 01 May 2015, you offered to provide Witness G with prescription only medication that had not been prescribed to them by any or any appropriate clinician;
3. AMENDED TO READ: Your conduct at 1 and / or 2 put your colleague’s/colleagues’ health at risk;
4. Between 6 September 2009 and 12 November 2015 you kept confidential patient information in your locker at Hospital 1, without any or any reasonable cause, including:
  - a. A prescription for Botox;
  - b. A set of patient records for a relative, Patient A
5. On or about 7 September 2009 you dispensed a prescription purported to be for your relative, Patient A, when: -
  - a. There was no recorded appointment for Patient A at Hospital 1;
  - b. There were no clinical records in Patient A’s notes supporting the issuing of a prescription.
6. Your conduct at 5a and / or 5b put Patient A’s health at risk.
7. Your conduct at 5a and / or 5b was dishonest in that you knew that the medication had not been properly prescribed as Patient A was not a patient of Hospital 1.
8. AMENDED TO READ: Between 16 October 2006 and 01 May 2015 you failed to maintain appropriate standards of behaviour towards your colleagues at Hospital 1 in that you: -

- a. AMENDED TO READ: Used phrases at work such as including, “slags”, “bitches”, “sly bitches”, “lazy fuckers”, “cunts,” “lanky streak of piss”, “taking the piss”, “cheeky fucker”, “for fuck’s sake”, “fucking nut job” and “not fucking having it” or words to that effect;
  - b. Used language of a sexual nature at work including “how do you like it”, “like it hard”, “sexual positions”, “liked being choked in a sexual way” or words to that effect.
9. Your conduct at 8a and / or 8b was: -
  - a. Inappropriate;
  - b. Unprofessional.
10. AMENDED TO READ: Between 16 October 2006 and 01 May 2015, you failed to treat your colleagues at Hospital 1 with dignity and respect as: -
  - a. In relation to a colleague expressing a wish to kill herself you commented to Witness H “I wish she would just fucking do it”, or used words to that effect;
  - b. You commented, in the presence of Witness H and another, that Witness H “wasn’t a good team member and never did as she was told”, or used words to that effect;
  - c. You told witness D that she was “shit”, would need to start looking for another job as none of the other departments in the Dental Hospital would have her and that she needed “to grow a set of balls” or used words to that effect;
  - d. You called a colleague, in the presence of Witness E and others, “fucking stupid” or used words to that effect.
11. You suffer from an adverse health condition as set out in Schedule 1<sup>1</sup>;
12. From 13 June 2019 to 04 May 2020 you failed to cooperate with an investigation conducted by the General Dental Council in that you did not respond to the GDC correspondence on:-
  - a. 13 June 2019;
  - b. 04 July 2019;
  - c. 30 July 2019,
  - d. 16 October 2019.

And that in consequence of the matters set out above, your fitness to practise is impaired by way of misconduct and/or your adverse health.”

Ms Fletcher was not present and was not represented. On 18 November 2020 the Chairman announced the findings of fact to the Counsel for the GDC:

“Miss Fletcher is a dental nurse. From 16 October 2006 she was employed as a Specialist Dental Nurse in the Oral and Emergency Dental Clinic at Hospital 1 (the “Hospital”). She was promoted on 20 April 2009 to Senior Dental Nurse at the Hospital and resigned her position on 11 November 2015. The allegations against her relate to her allegedly providing colleagues with prescription-only medication, her standard of communication with colleagues, her dispensing a prescription which was not properly prescribed, in circumstances which are alleged to be dishonest, the

---

<sup>1</sup> Please note Schedules are private documents that cannot be disclosed.

storage of confidential patient information in a personal locker without reasonable cause and her alleged adverse health. It is also alleged that she had failed to cooperate with an investigation undertaken by the General Dental Council (GDC) into her fitness to practise.

#### *Service and absence*

Miss Fletcher was neither present nor represented before the Committee at this remote hearing conducted using Microsoft Teams. Miss Udom, on behalf of the GDC, submitted that the notification of hearing had been served on Miss Fletcher in accordance with the requirements of the General Dental Council (Fitness to Practise) Rules 2006 (the “Rules”) and that the hearing should proceed notwithstanding her absence.

The notifications of hearing dated 8 October 2020 were sent to Miss Fletcher at her registered address by Special Delivery and first class post. Royal mail ‘Track and Trace’ records that the Special Delivery items were returned to sender with the envelopes marked “addressee gone away”. The Committee was satisfied that the notifications of hearing contained the required information under Rule 13 of the Rules, including the time the date and venue of this (remote) joined hearing; and that they were served on Miss Fletcher in accordance with the requirements of Rule 65 of the Rules by virtue of their being sent to Miss Fletcher by post.

Copies of the notifications of hearing were also sent to Miss Fletcher by email. The Committee was satisfied that the GDC had made all reasonable efforts to send notification of this hearing to Miss Fletcher. The evidence before the Committee records that Miss Fletcher is aware of the hearing and that she has decided not to attend.

In a telephone attendance note dated 12 October 2020, Chris Evans, the GDC solicitor with conduct of this case, records that he asked Miss Fletcher whether she would be attending the hearing and that she stated “no”. Mr Evans also recorded in the note Miss Fletcher’s position in response to the allegations against her. He advised her that if she did not attend the hearing she would not be able “to put her side of the story”, but that she could write down her account and forward it to him so that this could be put before the Committee. By email sent at 16:50 on 12 October 2020 Miss Fletcher provided a written statement responding to the allegations against her.

The Committee was satisfied that Miss Fletcher was aware of this hearing and that she had voluntarily absented herself. She made no application for a postponement and there was nothing to suggest to the Committee that an adjournment would have made Miss Fletcher’s attendance any more likely at a future date. Having regard to all the circumstances, including Miss Fletcher’s stated intention regarding this hearing and the public interest in the expeditious disposal of proceedings, along with the convenience of the witnesses who had been warned to attend, the Committee determined that it would be fair and in the interests of justice to proceed, notwithstanding the absence of Miss Fletcher. In reaching its decision the Committee noted that the allegations in this case date back to between 2006 and 2015 and that the hearing had previously been postponed.

#### *Procedural progress*

The Committee acceded to an application from Miss Udom under Rule 18 of the Rules to amend the Charge so as to correct minor typographical errors and to refine the timeframes over which matters are alleged to have occurred. The Committee was satisfied that these amendments were appropriate and could be made without prejudice to either party.

The Committee held the hearing entirely in private under Rule 53 of the Rules, as the matters in question are closely related to Miss Fletcher's health and it would have been impractical to move between public and private sessions when hearing the evidence and submissions. However, the Committee will provide part of its determination in public.

On the charges relating to misconduct, the Committee heard evidence from Witness A, Matron at the Hospital; Witness F, a Dental Nurse at the Hospital; Witness G, a Senior Dental Nurse at the Hospital; Witness H, a Dental Therapist who worked at the Hospital as a Specialist Dental Nurse until December 2016; Witness D, a Specialist Dental Nurse at the Hospital; and Witness E, a Dental Nurse at the Hospital.

The Committee also heard evidence from Professor Ian Brook BDS MDS PhD FDSRCS (Eng.), instructed by the GDC for his expert opinion.

The witness statements of Rochelle Williams, paralegal at the GDC, were accepted as written evidence. These were production statements given by Ms Williams in the course of her employment and were accepted by the Committee without the need for her to be called.

The Committee found Witness A to be a credible witness overall. She had no reason to lie or to mislead the Committee.

The Committee found Witnesses D, E, F, G and H to be credible witnesses overall. They were each genuine in their accounts to the Committee. Their oral evidence was essentially consistent with their Witness Statements and with the accounts they had given in 2015 as part of a workplace investigation conducted by their employer.

It appeared to the Committee that it was important to each of the witnesses that they gave their evidence to assist the Committee in its inquiry. Some of the witnesses were visibly distressed or distraught when giving evidence. Although there was a range of personalities, from those who appeared to be confident and resilient to those who were distressed or distraught, they each gave corroborative accounts and they each spoke equally of what they regarded as the inappropriateness and unprofessionalism of Miss Fletcher's behaviour and its effect on them personally.

In her written submissions, Miss Fletcher suggests that she was bullied by the same colleagues who have made the allegations, but this point, which was put to each witness in questioning, was not apparent to the Committee. Each of the witnesses who gave evidence appeared genuine and sincere in their accounts and the Committee generally accepted their testimony.

The Committee found Professor Brook to be an objective and measured expert witness whose experience of working practices in dental hospitals assisted the Committee.

I will now announce the Committee's findings in relation to each head of charge:

|    |   |
|----|---|
| 1. | <p><i>Between 16 October 2006 and 01 May 2015, you provided Witness F and / or Witness G and/or Witness H with prescription only medication that had not been prescribed to them by any or any appropriate clinician;</i></p> <p><b>Proved.</b></p> <p>Witness F's evidence to the Committee was that Miss Fletcher provided her with morphine sulphate (slow release) tablets on one occasion, when she reported that her back was sore. Witness F stated in oral evidence that Miss Fletcher was insistent that she took the tablets: <i>"she said take these, I said no, she said take</i></p> |
|----|---|

|    |  |
|----|--|
|    | <p><i>them.</i>" Witness F said she put the tablets in her mouth because she felt pressured to do so by Miss Fletcher, but spat them out once Miss Fletcher had left.</p> <p>Witness F also stated in evidence to the Committee that Miss Fletcher had not asked her whether she had taken morphine before.</p> <p>Witness F's evidence was consistent in respect of the morphine sulphate (slow release) tablets with the account she had given to her employer when formally interviewed on 23 July 2015 as part of its workplace investigation.</p> <p>Witness G's evidence to the Committee was that, in August or September 2013, Miss Fletcher provided her with diazepam to help with her nerves about flying, as she was to be travelling by aeroplane to go on honeymoon. Witness G's evidence was that Miss Fletcher said, <i>"I've got loads of diazepam I will bring in a strip for you"</i> and that the following day Miss Fletcher provided her with the tablets. Witness G said she did not consume the tablets.</p> <p>Witness H gave evidence to the Committee that Miss Fletcher provided her with tramadol as she was not sleeping very well. Her evidence was that Miss Fletcher was very insistent that she took the tablets. She said, <i>"I didn't take it, I took it off her"</i>. Witness H stated that she does not recall Miss Fletcher asking her if she had taken tramadol before, she told the Committee that Miss Fletcher told her that <i>"it would knock her out"</i>.</p> <p>The Committee accepted the evidence of Witnesses F, G and H that Miss Fletcher had supplied them with the medication in question without a prescription.</p> <p>The Committee accepted the evidence of Professor Brook that morphine sulphate, tramadol and diazepam are prescription-only medications.</p> <p>Accordingly, the Committee found this charge proved.</p> |
| 2. | <p><i>Between 16 October 2006 and 01 May 2015, you offered to provide Witness G with prescription only medication that had not been prescribed to them by any or any appropriate clinician;</i></p> <p><b>Proved.</b></p> <p>Witness G's evidence to the Committee was that Miss Fletcher offered her tramadol on an occasion when she reported that she had a headache. Witness G stated that she declined Miss Fletcher's offer, explaining to her that she did not want to take anything which had not been prescribed to her and that she would instead take paracetamol for her headache. The Committee accepted that evidence.</p> <p>Accordingly, the Committee found this charge proved.</p>   |
| 3. | <p>AMENDED TO READ: <i>Your conduct at 1 and / or 2 put your colleague's/colleagues' health at risk;</i></p> <p><b>Proved in respect of the conduct at 1. Not proved in respect of the conduct at 2.</b></p> <p>The Committee accepted the evidence of Professor Brook as to the risks the use of the medication without an appropriate prescription could have posed to both professional performance and health. In the context of this charge, the Committee</p>  |

|       |  |
|-------|--|
|       | <p>is concerned only with the question of health. Professor Brook stated that a medical history, including known allergies and relevant diagnoses, would need to have been taken by a clinician before the medication could have properly been prescribed, along with an assessment as to the strength of the medication and the need for the medication to be reviewed at a follow-up appointment. The failure to follow these steps put the health of the colleagues at risk.</p> <p>In his report dated 23 April 2020, Professor Brook stated:</p> <p><i>27. Taking a POM without specific prescription from a Dental or Medical practitioner for a diagnosed condition, could result in a person suffering serious adverse response/reactions to the medication and put recipient(s) health at risk.</i></p> <p><i>28. Considering the drugs that were allegedly shared on an occasional basis (Tramadol, Antidepressants, Morphine Sulphate, sleeping tablets and antidepressants unspecified) the risks to the recipient were dependant on their response to the medication. If taken at work there was potential for impairment (with sleeping tablets or morphine sulphate) of the recipients' ability to carry out their clinical duties.</i></p> <p><i>29. Depending on the recipients medical history taking POM not prescribed specifically for them could have resulted in untoward medical consequences for the recipient. Without knowing what other medications the recipients were taking or their medial status it is not possible to comment fully on the potential side effects;</i></p> <p>Professor Brook also referred in oral evidence to the dangers of consuming alcohol with diazepam and observed that Witness G's flight was likely to involve the consumption of alcohol.</p> <p>Accordingly, the Committee found the conduct at 1 proved.</p> <p>In respect of the conduct at 2, the offering of tramadol to Witness G, this had the potential to put Witness G at risk of harm had she taken the prescription medication which had not been prescribed to her. However, the evidence of Witness G was that she did not accept the tramadol from Miss Fletcher. Accordingly, the Committee did not find that Miss Fletcher's conduct at 2 had put Witness G's health at risk.</p> |
| 4.    | <p><i>Between 6 September 2009 and 12 November 2015 you kept confidential patient information in your locker at Hospital 1, without any or any reasonable cause, including:</i></p>  |
| 4. a) | <p><i>A prescription for Botox;</i></p> <p><b>Proved.</b></p> <p>Miss Fletcher resigned her position at the Hospital on 11 November 2015. On 12 November 2015 her locker keys were returned to the Hospital through a third party. Witness A's evidence to the Committee was that she and two colleagues then opened Miss Fletcher's lockers to clear out any belongings, in line with normal practice at the Hospital, as Miss Fletcher had not attended to clear out the lockers herself. The Committee accepted Witness A's evidence that a prescription for Botox for a patient, signed and dated 13 January 2015, was found in one of Miss Fletcher's lockers. The prescription related to an appointment on 26 January 2015 and had not been dispensed. A photograph of the prescription was exhibited</p>   |



|       |   |
|-------|---|
|       | <p>to the Committee in evidence.</p> <p>The Committee accepted Witness A's account and was therefore satisfied that Miss Fletcher had kept a prescription for Botox in her locker.</p> <p>The prescription contained the name, address and date of birth of the patient. The Committee accepted the evidence of Professor Brook that the prescription constituted confidential patient information. The Committee accepted the factual evidence of Witness A and the expert evidence of Professor Brook that there would have been no reasonable cause for Miss Fletcher to have kept the prescription in her locker. Professor Brook's opinion was that there might be circumstances where a dental nurse could reasonably temporarily secure confidential patient information in their locker for the purpose of, for example, using the patient's contact details to contact the patient. However, the confidential patient information should then be immediately returned to the Hospital's filing system (or destroyed if it was simply a label containing the patient's contact details) once the intended action was complete.</p> <p>In the Committee's judgment, there might be circumstances in practice where a member of staff could reasonably store confidential patient information in their locker to keep the documents secure temporarily before returning them to the filing system. There is no evidence of such circumstances arising here, or of the confidential patient information having been placed in the locker as a temporary measure pending the return of the documents to the Hospital's filing system. The Committee noted that the prescription had been written in January of that year, some ten months before.</p> <p>Each of the factual witnesses who gave evidence to the Committee were asked whether there would have been any reason for Miss Fletcher to have kept confidential patient information in her locker. They each stated that they could not identify any reason for this.</p> <p>The Committee could not identify or infer from the evidence any reasonable cause for Miss Fletcher to have had the prescription in her locker.</p> <p>Accordingly, the Committee found this charge proved.</p> |
| 4. b) | <p><i>A set of patient records for a relative, Patient A</i></p> <p><b>Proved.</b></p> <p>Witness A's evidence to the Committee was that a set of patient records for Patient A was also found in Miss Fletcher's locker. A photograph of the set of records was exhibited to the Committee in evidence. The records consist of a file for Patient A containing a prescription dated 7 September 2009. No other clinical records or records making reference to any appointments or attendance at the Hospital were contained in the file.</p> <p>Witness A stated that the records are believed to be those of a relative of Miss Fletcher, [IN PRIVATE]. The Committee was satisfied that the records in question were likely to be those of a relative of Miss Fletcher.</p> <p>The records of a patient would clearly constitute confidential patient information. The records in this case also included Patient A's patient identifier at the Hospital, which could be used to access any of his computer records at the Hospital, if there</p>   |

|       |   |
|-------|---|
|       | <p>were any. The Committee accepted the factual evidence of Witness A and the expert evidence of Professor Brook that there would have been no reasonable cause for Miss Fletcher to have kept the records in her locker.</p> <p>Professor Brook's opinion was that there might be circumstances where a dental nurse could reasonably secure confidential patient information in their locker for the temporary purpose of, for example, using the patient's contact details to contact the patient. However, the confidential patient information should then be immediately returned to the Hospital's filing system (or destroyed if it was simply a label containing the patient's contact details) once the intended action was complete.</p> <p>In the Committee's judgment, there might be circumstances in practice where a member of staff could reasonably put confidential patient information in their locker to keep the documents secure temporarily before returning them to the filing system, but there is no evidence of such circumstances arising or of the confidential patient information having been placed in the locker as a temporary measure pending the return of the documents to the Hospital's filing system.</p> <p>Each of the factual witnesses who gave evidence to the Committee were asked whether there would have been any reason for Miss Fletcher to have kept confidential patient information in her locker. They each stated that they could not identify any reason for this.</p> <p>The Committee could not identify or infer from the evidence any reasonable cause for Miss Fletcher to have had the patient records in her locker.</p> <p>Accordingly, the Committee found this charge proved.</p> |
| 5.    | <p><i>On or about 7 September 2009 you dispensed a prescription purported to be for your relative, Patient A, when: -</i></p>   |
| 5. a) | <p><i>There was no recorded appointment for Patient A at Hospital 1;</i></p> <p><b>Proved.</b></p> <p>The prescription was contained in the records for Patient A which were found in Miss Fletcher's locker. The prescription was dated 7 September 2009 and was for amoxicillin 500mg, metronidazole 200mg and co-codamol 500mg.</p> <p>However, the evidence of Witness A was that she searched the computer records at the Hospital and could find no record of any appointment for Patient A. The set of records for Patient A found in Miss Fletcher's locker comprised only the outer folder and the prescription itself. Witness A stated in evidence that she would have expected any outpatient episode to have been documented in the patient records.</p> <p>The prescription was dispensed and was signed by Miss Fletcher to confirm that she had "Checked" the prescription. Dispensing prescription medication would have been a normal and important part of Miss Fletcher's duties at the time as a Senior Dental Nurse. Witness A confirmed that Miss Fletcher was in work that day and responsible for holding the keys to the "drug cupboard".</p> <p>The Committee was satisfied that Miss Fletcher signed the prescription to confirm that it had been checked. Her signature was the necessary part of the prescribing and dispensing process at the Hospital. By signing the prescription to confirm that</p>  |



|       |   |
|-------|---|
|       | <p>it had been checked, Miss Fletcher played an integral role in the dispensing of the prescription.</p> <p>The Committee accepted that there was no recorded appointment for Patient A at the Hospital. The Committee accepted the evidence of Witness A. She had searched the Hospital's computer system could find no record of any appointment for Patient A. There was no reason for the Committee to doubt the honesty and reliability of her evidence in this regard. There are no paper records for Patient A at the Hospital, other than the folder and the prescription found in Miss Fletcher's locker. There was nothing in the folder or on the prescription recording any appointment for Patient A.</p> <p>Accordingly, the Committee was satisfied that Miss Fletcher had dispensed the prescription purporting to be for Patient A and that there was no recorded appointment for Patient A at the Hospital.</p> |
| 5. b) | <p><i>There were no clinical records in Patient A's notes supporting the issuing of a prescription.</i></p> <p><b>Proved.</b></p> <p>The Committee accepted Witness A's evidence that no other records for Patient A were found in Miss Fletcher's locker. The Committee accepted Witness A's evidence that she searched the Hospital's computer system but could find no clinical records for Patient A supporting the issuing of a prescription or at all: she could find no records of any attendance by him at the Hospital. She was confident in her evidence to the Committee that there were no clinical records supporting the issue of a prescription.</p> <p>Accordingly, the Committee was satisfied that Miss Fletcher dispensed a prescription purporting to be for Patient A when there were no clinical records in Patient A's notes supporting the issuing of a prescription.</p>                                 |
| 6.    | <p><i>Your conduct at 5a and / or 5b put Patient A's health at risk.</i></p> <p><b>Not proved.</b></p> <p>There would self-evidently be patient safety risks in dispensing prescription medication which had not been properly prescribed. However, the Committee could not be satisfied from the evidence that the medications in question were in fact dispensed to Patient A (as opposed, for example, to the prescription in his name being used by Miss Fletcher to provide the medications to herself or others): the prescription was written for Patient A but the Committee could not be satisfied from the evidence that any medication was in fact supplied to him.</p> <p>Accordingly, this charge as pleaded is not proved, as it refers only to Patient A's health being put at risk by the dispensing of the prescription.</p>   |
| 7.    | <p><i>Your conduct at 5a and / or 5b was dishonest in that you knew that the medication had not been properly prescribed as Patient A was not a patient of Hospital 1.</i></p> <p><b>Proved.</b></p> <p>Witness A had searched the Hospital's computer system but could find no record of any appointment for Patient A. If Patient A had an appointment but had failed to attend, that would still have been recorded in his notes. The Committee has found</p>  |

|       |   |
|-------|---|
|       | <p>as a matter of fact there was no appointment for Patient A in support of the prescription and there were no clinical records in his notes supporting the prescription. The Committee finds as fact that Patient A was not a patient at the Hospital.</p> <p>The issue in relation to the question of dishonesty is Miss Fletcher's knowledge when signing the prescription to confirm that it had been checked. In the complete absence of any clinical records whatsoever pertaining to the issuing of the prescription for Patient A, or any appointment for him, and having regard to the fact that his file and the prescription from September 2009 were found in Miss Fletcher's personal locker in November 2015 without there being any reasonable cause for those documents to have been there - and to the fact that Patient A was a relative of Miss Fletcher - the Committee was satisfied on the balance of probabilities that it is more likely than not that Miss Fletcher knew that Patient A was not a patient at the Hospital and that the prescription had not therefore been properly prescribed. Her role as Senior Dental Nurse was to check the prescription before signing it as checker. She signed the prescription. She must have known that there were no clinical records in support of the prescription being issued and that Patient A was not even a patient at the Hospital. Her conduct in those circumstances in signing the prescription would clearly be regarded as dishonest by the ordinary standards of reasonable and honest people.</p> <p>Accordingly, the Committee found this charge proved.</p>                                 |
| 8.    | <p>AMENDED TO READ: <i>Between 16 October 2006 and 01 May 2015 you failed to maintain appropriate standards of behaviour towards your colleagues at Hospital 1 in that you: -</i></p>   |
| 8. a) | <p>AMENDED TO READ: <i>Used phrases at work such as including, "slags", "bitches", "sly bitches", "lazy fuckers", "cunts," "lanky streak of piss", "taking the piss", "cheeky fucker", "for fuck's sake", "fucking nut job" and "not fucking having it" or words to that effect;</i></p> <p><b>Proved.</b></p> <p>When interviewed by her employer as part of the workplace investigation, Miss Fletcher accepted that she had "quite possibly" used the expression "come on you bunch of slags" as a general comment to her colleagues at night. Miss Fletcher also accepted, with hindsight, that the "flirtatious banter" had been unprofessional. There was no admission by her as to any wider use of inappropriate language and phrases.</p> <p>The evidence of each of the factual witnesses who worked with Miss Fletcher was clear and compelling. They each testified that Miss Fletcher would routinely use in the workplace the foul and offensive language of the kind pleaded under this charge. Their oral evidence to the Committee was consistent with their witness statements and with the evidence they had given to their employer in 2015 as part of its workplace investigation. There was nothing to suggest to the Committee that any of the witnesses were embellishing or misrepresenting what they heard and the context in which they heard it. Some of the witnesses appeared embarrassed to repeat to the Committee the words and phrases which they had heard.</p> <p>Witnesses D and H gave evidence that Miss Fletcher used the expression "<i>bunch of slags</i>" when referring to her team, Witness H saying that Miss Fletcher had said</p> |

|       |  |
|-------|--|
|       | <p>that she should be given an employee recognition award <i>“for putting up with you bunch of slags”</i>.</p> <p>Witnesses D, E and H gave evidence that Miss Fletcher referred to colleagues as <i>“bitches”</i> and <i>“sly bitches”</i>.</p> <p>Witness D gave evidence that Miss Fletcher would use the expression <i>“lazy fuckers”</i> when referring to other members of the team.</p> <p>Witness E and H gave evidence that Miss Fletcher would often use the word <i>“cunts”</i>.</p> <p>Witness E gave evidence that Miss Fletcher would always refer to a particular consultant at the Hospital whom she did not like as a <i>“lanky streak of piss”</i>.</p> <p>Witnesses D and G gave evidence that Miss Fletcher would routinely say <i>“taking the piss”</i>.</p> <p>Witness F gave evidence that Miss Fletcher had used the expression <i>“fucking nut job”</i> in reference to a particular patient and that she would routinely use phrases such as <i>“for fuck’s sake”</i> and <i>“cheeky fucker”</i>.</p> <p>Witness H gave evidence that Miss Fletcher would routinely use the phrase <i>“not fucking having it”</i>.</p> <p>It was clear to the Committee from the consistent accounts of numerous witnesses that Miss Fletcher used phrases of the kind pleaded under this charge in the workplace.</p> <p>Having found as fact that the phrases were used, the next consideration for the Committee was whether this amounted to a failure by Miss Fletcher to maintain an appropriate standard of behaviour towards her colleagues.</p> <p>Miss Fletcher, as with any other registered dental professional and indeed employee in a workplace, was clearly under a duty to maintain an appropriate standard of behaviour towards her colleagues. The duty was even more important in Miss Fletcher’s case, owing to her seniority and leadership within the team. She was required to demonstrate role model behaviour. She also had management responsibility within the team. The Committee had regard to the factual evidence of Witness A and to the opinion evidence of Professor Brook as to the appropriate standards which would have been expected of Miss Fletcher at the Hospital. The Committee also had regard to Miss Fletcher’s job description which required her to demonstrate effective leadership and communication within her team.</p> <p>In the Committee’s judgment, it is clear on any view that the language used by Miss Fletcher was wholly inappropriate for the workplace. It was foul language which was offensive, shocking, insulting and humiliating to others. It was language which was used as a matter of routine. It was language which was not appropriate in any working environment, far less a Hospital. As stated by Witness A in evidence, it was language which was not expected from any member of staff but especially a Senior Dental Nurse.</p> <p>Accordingly, the Committee found this charge proved.</p> |
| 8. b) | <p><i>Used language of a sexual nature at work including “how do you like it”, “like it hard”, “sexual positions”, “liked being choked in a sexual way” or words to that</i></p>   |

|       |   |
|-------|---|
|       | <p><i>effect.</i></p> <p><b>Proved.</b></p> <p>Witnesses D and F gave evidence that Miss Fletcher used language of a sexual nature at work. Witness F gave evidence in particular as to overhearing Miss Fletcher use all of the expressions pleaded under this charge at work. Witness D gave evidence of hearing Miss Fletcher referring to liking being choked.</p> <p>The Committee was satisfied that Miss Fletcher's use of such sexual language in the workplace was wholly inappropriate. It had the potential to embarrass or humiliate her colleagues, or otherwise to make them feel uncomfortable.</p> <p>Accordingly, the Committee found this charge proved.</p>  |
| 9.    | <p><i>Your conduct at 8a and / or 8b was: -</i></p>   |
| 9. a) | <p><i>Inappropriate;</i></p> <p><b>Proved.</b></p> <p>The conduct was clearly inappropriate in the Committee's judgment for the reasons already stated. Indeed, the evidence before the Committee from some of the witnesses was that they felt intimidated, embarrassed, awkward and inhibited from taking action. Some witnesses sought to change their working behaviour to avoid listening to such language.</p> <p>Accordingly, the Committee found this charge proved in respect of both 8a and 8b.</p>   |
| 9. b) | <p><i>Unprofessional.</i></p> <p><b>Proved.</b></p> <p>The Committee had regard to the GDC's <i>Standards for the Dental Team</i> (September 2013) (the "Standards"), including:</p> <p>6.1.2 You must treat colleagues fairly and with respect, in all situations and all forms of interaction and communication. You must not bully, harass, or unfairly discriminate against them.</p> <p>6.1.4 You must value and respect the contribution of all team members.</p> <p>9.1.1 You must treat all team members, other colleagues and members of the public fairly, with dignity and in line with the law.</p> <p>9.1.2 You must not make disparaging remarks about another member of the dental team in front of patients...</p> <p>Miss Fletcher was not only a registered dental professional but also the leader of a team. In the Committee's judgment, Miss Fletcher's conduct was clearly unprofessional and inconsistent with the above quoted standards. The Committee bore in mind that some of the matters charged occurred while the previous <i>Standards for Dental Professionals</i> were in effect. In the Committee's view, there is no relevant difference in the broad principles of professional behaviour between those two sets of standards.</p> <p>Accordingly, the Committee found this charge proved in respect of both 8a and 8b.</p> <p>The Committee noted that Miss Fletcher herself acknowledged that flirtatious</p> |

|        |  |
|--------|--|
|        | banter was unprofessional.   |
| 10.    | AMENDED TO READ: <i>Between 16 October 2006 and 01 May 2015, you failed to treat your colleagues at Hospital 1 with dignity and respect as: -</i>  |
| 10. a) | <p><i>In relation to a colleague expressing a wish to kill herself you commented to Witness H “I wish she would just fucking do it”, or used words to that effect;</i></p> <p><b>Proved.</b></p> <p>The Committee accepted the evidence of Witness H that Miss Fletcher had told her that another nurse had sent her a poem and said that she wanted to kill herself and that Miss Fletcher had stated words to the effect of “<i>I wish she would just fucking do it</i>”.</p> <p>This was corroborated also by the evidence of Witness D.</p> <p>The Committee is satisfied, in relation to each of the matters 10(a)-(d), that they amount to a failure to treat colleagues with dignity and respect.</p> <p>Accordingly, the Committee found this charge proved.</p>   |
| 10. b) | <p><i>You commented, in the presence of Witness H and another, that Witness H “wasn’t a good team member and never did as she was told”, or used words to that effect;</i></p> <p><b>Proved.</b></p> <p>The Committee accepted the evidence of Witness H that these words were said and that they had an impact.</p> <p>As the Committee has set out above, it is satisfied that this is a failure to treat colleagues with dignity and respect.</p> <p>Accordingly, the Committee found this charge proved.</p>   |
| 10. c) | <p><i>You told witness D that she was “shit”, would need to start looking for another job as none of the other departments in the Dental Hospital would have her and that she needed “to grow a set of balls” or used words to that effect;</i></p> <p><b>Proved.</b></p> <p>The Committee accepted the evidence of Witness D that these words were said. Witness D’s oral evidence was consistent with her contemporaneous notes and her witness statement. From Witness D’s demeanour when giving evidence, it was clear to the Committee how distressing she found these words and the lasting emotional impact Miss Fletcher’s conduct had had upon her.</p> <p>As the Committee has set out above, it is satisfied that this is a failure to treat colleagues with dignity and respect.</p> <p>Accordingly, the Committee found this charge proved.</p> |
| 10. d) | <p><i>You called a colleague, in the presence of Witness E and others, “fucking stupid” or used words to that effect.</i></p> <p><b>Proved.</b></p> <p>The Committee accepted the evidence of Witnesses C, E and F that Miss Fletcher</p>  |

|        |  |
|--------|--|
|        | <p>used these words when referring to a colleague.</p> <p>As the Committee has set out above, it is satisfied that this is a failure to treat colleagues with dignity and respect.</p> <p>Accordingly, the Committee found this charge proved.</p>   |
| 11.    | <p><i>You suffer from an adverse health condition as set out in Schedule 1;</i></p> <p><b>Proved.</b></p> <p><b>[IN PRIVATE]</b></p> <p>Accordingly, the Committee found this charge proved.</p>   |
| 12.    | <p><i>From 13 June 2019 to 04 May 2020 you failed to cooperate with an investigation conducted by the General Dental Council in that you did not respond to the GDC correspondence on:-</i></p>  |
| 12. a) | <p><i>13 June 2019;</i></p> <p><b>Proved.</b></p>  |
| 12. b) | <p><i>04 July 2019;</i></p> <p><b>Proved.</b></p>  |
| 12. c) | <p><i>30 July 2019,</i></p> <p><b>Proved.</b></p>  |
| 12. d) | <p><i>16 October 2019.</i></p> <p><b>Proved.</b></p> <p>The Committee accepted the witness statement of Ms Williams as to the repeated requests from the GDC for the Miss Fletcher to undergo a health assessment. There is evidence that Miss Fletcher was aware of the correspondence being sent to her and that she engaged with the GDC on other aspects of its investigation. However, she did not respond to the GDC's request that she undergo a health assessment. For example, she responded to the GDC by email on 7 August 2019 but did not deal with the request for a health assessment. Ms Williams confirms in her witness statement that she had searched the GDC's records and that there is no record of any response from Miss Fletcher on this point.</p> <p>The Committee had regard to Standard 9.4 from the Standards:</p> <p>Standard 9.4</p> <p>You must co-operate with any relevant formal or informal inquiry and give full and truthful information</p> <p>9.4.1 If you receive a letter from the GDC in connection with concerns about your fitness to practise, you must respond fully within the time specified in the letter. You should also seek advice from your indemnity provider or professional association.</p> <p>In the Committee's judgment, Miss Fletcher has failed, in breach of the above standard, to cooperate with the GDC's investigation, albeit her non-cooperation is limited to her failure to respond to the requests for her to undergo a health</p> |



|   |
|---|
| assessment. She had replied to certain other correspondence from the GDC.<br>Accordingly, the Committee found charges 12(a)-(d) proved. |
|---|

We move to Stage Two.”

On 20 November 2020 the Chairman announced the determination as follows:

“Miss Udom, for the General Dental Council (GDC), submitted that Miss Fletcher's fitness to practise as a dental nurse is currently impaired by reason of both her misconduct and her adverse health. Miss Udom invited the Committee to determine that, unless impairment is found only on health grounds, erasure is the appropriate sanction in this case.

The Committee took account of all the material before it. It had regard to Miss Udom's written submissions which she supplemented orally. Miss Fletcher was neither present nor represented before the Committee and there was no further submission or evidence from her in respect of this stage of the proceedings.

The Committee accepted the advice of the Legal Adviser.

The Committee had regard to the *Guidance for the Practice Committees, including Indicative Sanctions Guidance* (October 2016) (the “ISG”).

#### *Misconduct*

The Committee first considered whether the facts it had found proved amount to misconduct. Misconduct is a serious departure from the standards reasonably expected of a dental professional. It can be characterised as conduct which fellow members of the profession would regard as “deplorable”.

In deciding whether the facts found proved amount to misconduct the Committee had regard to the following principles from *Standards for Dental Professionals* (May 2005):

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

3.1 Treat information about patients as confidential and only use it for the purposes for which it is given.

6.1 Justify the trust that your patients, the public and your colleagues have in you by always acting honestly and fairly.

6.3 Maintain appropriate standards of personal behaviour in all walks of life so that patients have confidence in you and the public have confidence in the dental profession.

And, for conduct occurring on or after 30 September 2013, the following principles from *Standards for the Dental Team*:

1.3.2 You must make sure you do not bring the profession into disrepute.

1.9.1 You must find out about, and follow, laws and regulations affecting your work. This includes, but is not limited to, those relating to:

- data protection
- employment
- human rights and equality
- ...

4.1.3 You must understand and meet your responsibilities in relation to patient information in line with current legislation. You must follow appropriate national advice on retaining, storing and disposing of patient records.

4.2.1 Confidentiality is central to the relationship and trust between you and your patients. You must keep patient information confidential.

This applies to all the information about patients that you have learnt in your professional role including personal details, medical history, what treatment they are having and how much it costs.

6.1.1 You should ensure that any team you are involved in works together to provide appropriate dental care for your patients.

6.1.2 You must treat colleagues fairly and with respect, in all situations and all forms of interaction and communication...

6.1.4 You must value and respect the contribution of all team members.

9.1.1 You must treat all team members, other colleagues and members of the public fairly, with dignity and in line with the law.

9.1.2 You must not make disparaging remarks about another member of the dental team in front of patients...

9.4.1 If you receive a letter from the GDC in connection with concerns about your fitness to practise, you must respond fully within the time specified in the letter...

Providing prescription-only medication to colleagues (charges 1, 2 and 3). Miss Fletcher provided three of her colleagues with prescription-only medication that had not been prescribed to them:

- a. Witness F was provided with morphine sulphate (slow-release) tablets on one occasion, when Witness F reported that her back was sore. Miss Fletcher was “insistent” that Witness F take the tablets. Witness F felt so pressurised by Miss Fletcher that she put the tablets in her mouth but spat them out once Miss Fletcher had left. Miss Fletcher had made no enquiry with Witness F about whether she had taken morphine sulphate (slow-release) before.
- b. Witness G was provided with a strip of diazepam tablets to help with her anxieties about flying when travelling by aeroplane to go on honeymoon. Miss Fletcher specifically brought these tablets into work for Witness G, having said the previous day that she would do so. Witness G felt pressurised by Miss Fletcher into taking the tablets from her. She accepted the tablets from Miss Fletcher but did not consume them.
- c. Witness H was provided with tramadol tablets to help her sleep. She said that Miss Fletcher was very insistent and she felt pressurised. She does not recall being asked by Miss Fletcher whether she had taken tramadol before. Witness H did not take the tablets.

Miss Fletcher had also offered Witness G tramadol on another occasion, but Witness G declined Miss Fletcher’s offer, stating that she did not want to take anything which had not been prescribed to her and that she would instead take paracetamol for her headache.

The Committee accepted the opinion of Professor Brook that, by providing prescription-only medication to Witnesses F, G and H on the three occasions referred to above, Miss Fletcher put their health at risk. These were strong medicines which needed to be prescribed by an appropriate clinician, following an assessment and examination of each patient. The strength of the dosage which was to be administered would need to be prescribed and there also needed to be a review of the medication at a follow-up appointment.

In addition, the Committee accepted the opinion of Professor Brook that the conduct of Miss Fletcher in providing the prescription-only medication to Witnesses F and H also put patients at risk, as the medication was provided for them to take while at work. The medications had the potential to cause drowsiness and to impair cognitive function. Miss Fletcher was a Senior Dental Nurse at the Hospital. She would have been familiar with the effects each of the medications she was providing to her colleagues and would have known the likely risks involved in the taking of the medication, particularly if the individual in question had never taken that medication before. Miss Fletcher would also have understood the importance of the medication being appropriately prescribed by a clinician.

In the case of Witness G, there was an increased risk to her health because the diazepam was provided to be taken whilst travelling by aeroplane to go on honeymoon, where there was a possibility that alcohol would be consumed with the medication, which would put Witness G at risk of more serious harm.

The Committee considered the context. Miss Fletcher was in a senior position to these three witnesses and their evidence was that Miss Fletcher firmly insisted that they take the tablets. Miss Fletcher had made no enquiry as to whether they had taken the medication before. Miss Fletcher, as the Senior Dental Nurse at the Hospital, had specific knowledge and understanding of the effects of the medications she was providing and of the importance that those medications were properly prescribed. In the Committee's judgement Miss Fletcher's behaviour was irresponsible and she abused her position of authority over her colleagues.

The Committee also considered the vulnerability of those colleagues at the time, with Witness F being particularly vulnerable as she was not mentally or emotionally in a "good place" when Miss Fletcher insisted she take the medication.

The Committee determined that Miss Fletcher's conduct was a serious departure from the standards reasonably expected of her and that the facts found proved under charges 1, 2 and 3 amount to misconduct.

Patient confidentiality (charge 4). Miss Fletcher kept confidential patient information in a personal locker at the Hospital without any reasonable cause. The confidential patient information consisted of a prescription for Botox for a patient, which was dated 13 January 2015; and a set of patient records for Patient A dating from 2009. The confidential patient information was found in Miss Fletcher's locker in November 2015.

The Committee had regard to the factual evidence of each of the witnesses who worked at the Hospital. They could identify no reason why Miss Fletcher would have needed to keep confidential patient information in her locker. The Committee had regard to the expert evidence of Professor Brook that he could identify no reason either why confidential patient information would be stored in a personal locker, save for the temporary storage of the information for a particular purpose, such as to contact the patient. That situation does not apply here.

There were clear policies and systems in place at the Hospital for the proper filing and storage of confidential patient information. The Committee agreed with Professor Brook's opinion that where patient records become lost or untraceable, this has the potential to bring the Hospital into disrepute and could also have impacted on patient care.

Patient confidentiality, which includes the appropriate secure storage and filing of confidential patient information, is a fundamental aspect of clinical practice. Miss Fletcher offers no explanation for why she kept the confidential patient information outside of the Hospital's normal filing systems

for what was apparently a considerable period of time and for which no reasonable cause can be identified and inferred from the evidence. The Committee was satisfied that the facts found proved under charge 4 were serious departures from the standards and that they amount to misconduct.

*The dishonest dispensing of a prescription (charges 5 and 7).* Miss Fletcher signed a prescription purporting to be for Patient A, who was her relative, when Patient A was not a patient at the Hospital and when there were no clinical records in support of the issuing of the prescription. Miss Fletcher had signed to confirm that she had checked the prescription. She would have obtained the medications from the “drugs cupboard”, for which she was the keyholder. There was no recorded appointment for the patient and the Committee found as fact that Miss Fletcher knew that the medication had not been properly prescribed and it found that her conduct in dispensing the prescription was dishonest. This was a serious breach of standards and the Committee was satisfied that the facts found proved under charges 5 and 7 amount to misconduct.

*Miss Fletcher’s standard of communication and behaviour with colleagues (charges 8, 9 and 10).* Miss Fletcher engaged in a course of conduct which was repeated over a period of years. Her use of foul language and expressions in the workplace was shocking and wholly inappropriate for any employee, far less a registered dental professional of Miss Fletcher’s seniority within the dental nursing team at the Hospital. The Committee found that Miss Fletcher’s routine use of foul language in the workplace was offensive, shocking, insulting and humiliating to others. Miss Fletcher also used language of a sexual nature at work which embarrassed her colleagues and made them feel uncomfortable. On a number of occasions Miss Fletcher failed to treat her colleagues with dignity and respect, including by using deeply offensive words to the effect of “/ wish she would just fucking do it” in relation to a colleague expressing a wish to kill herself. The Committee has no hesitation in recognising that Miss Fletcher’s conduct under charges 8, 9 and 10 would be regarded as deplorable by fellow members of the profession and that such conduct was in clear breach of basic standards which apply not only to professional people but to anyone in a workplace, regardless of their seniority.

*The failure to cooperate with the GDC’s investigation (charge 12).* Miss Fletcher failed on four occasions to respond to a request from the GDC that she undergo a health assessment. She responded to the GDC on other matters but not on this important point. Miss Fletcher was under a clear professional duty to cooperate with the GDC’s investigation, as stated under standard 9.4.1 quoted above, and her failure to have done so potentially compromised the ability of the GDC to investigate her fitness to practise and to regulate the profession. The Committee was satisfied that this was a serious failure which amounted to misconduct.

The Committee has found that Miss Fletcher suffers from an adverse health condition. In reaching its decision on misconduct the Committee considered whether this health condition (or its effects) was a contributing factor in her behaviour. The Committee determined from the oral evidence of the factual witnesses that there was no correlation between Miss Fletcher’s health condition and her misconduct. Miss Fletcher’s misconduct was purely behavioural and attitudinal. [IN PRIVATE]

#### *Impairment by reason of adverse health*

The Committee next considered whether Miss Fletcher’s fitness to practise as a dental nurse is currently impaired by reason of her adverse health. The Committee had regard to Miss Fletcher’s own account to the GDC about her health condition and its relevance to her practice as a dental nurse. This was summarised by Miss Udom at paragraph 49 of her written submissions.

[IN PRIVATE]

Accordingly, the Committee determined that Miss Fletcher's fitness to practise is currently impaired by reason of her adverse health.

*Impairment by reason of misconduct*

The Committee next considered whether Miss Fletcher's fitness to practise is also currently impaired by reason of her misconduct. Miss Fletcher has not attended the hearing and there is no evidence before the Committee of any insight or remediation, save for evidence of a limited acknowledgement to her employer in 2015 that she "quite possibly" used the phrase "bunch of slags" and that "flirtatious banter" was unprofessional. Aspects of Miss Fletcher's misconduct, such as her failure to store confidential patient information appropriately, are remediable through reflection, insight and further training on patient confidentiality and data protection. However, there is no evidence that any such remediation has taken place.

Significant aspects of Miss Fletcher's misconduct are attitudinal, such as her inappropriate and unprofessional use of foul language in the workplace with colleagues (sometimes in actual or potential earshot of patients) and her failure to treat colleagues with dignity and respect. They go to her character and in many instances the misconduct in question was repeated over a period of years. The consistent evidence from the witnesses who testified before the Committee was that it was her normal working behaviour at the Hospital. This aspect of her misconduct is very difficult to remedy and there is in any event no evidence of any remediation. Miss Fletcher has, with only limited exceptions, not accepted her misconduct and has shown no remorse nor provided any apology to those affected by it.

In those circumstances, there is a high risk of repetition of the misconduct which the Committee has found in this case. Miss Fletcher's conduct at work put her colleagues at risk of harm through the provision of prescription-only medication and through her deplorable communication and her failure to treat colleagues with dignity and respect. Her conduct had a lasting emotional impact on some of her colleagues, that emotional impact continuing even to this day. Further, her handling of confidential information was improper, her involvement in the dispensing of Patient A's medication was dishonest, and she failed to cooperate with enquiries from her regulatory body. Her conduct had the potential to put patients at risk and to bring the profession into disrepute. In the Committee's judgement honesty, propriety and the obligations of membership of a regulated profession are fundamental tenets of dental nursing. Miss Fletcher's behaviour breached those tenets. There is a real risk of harm to the public, which includes other members of the dental team and patients, should Miss Fletcher be allowed to practise without restriction. In addition, public confidence in the profession would be seriously undermined if no finding of impairment were to be made in this case.

Accordingly, the Committee found that Miss Fletcher's fitness to practise is currently impaired by reason of both her adverse health and her misconduct.

*Sanction*

The purpose of the sanction is not to be punitive, although it may have that effect, but to protect the public and the wider public interest. The Committee considered the aggravating and mitigating features in this case.

The Committee accepted that Miss Fletcher has no adverse fitness to practise history. She resigned from her role as Senior Dental Nurse in response to some of the allegations now found proved by the Committee. This is potentially evidence of steps taken to avoid a repetition. The time frame for Miss Fletcher's misconduct spans 2006-2015 (and 2019 for the separate issue of non-cooperation with the GDC's investigation). There has been a passage of time since Miss Fletcher's



misconduct at the Hospital. The Committee could identify no other mitigating factors. Whilst, as a matter of form, the factors which it has identified can be characterised as mitigation, they lack substance in the Committee's judgment and the Committee attached little weight to them.

The Committee identified the following as aggravating features:

- a. Miss Fletcher caused actual harm or risk of harm to a patient or another. She put her colleagues at risk of harm by providing them with prescription only medication and thereby also indirectly put patients at risk of harm. She indirectly put patients at risk of harm by storing confidential patient information in her personal locker in breach of the Hospital's filing systems. She put her colleagues at risk of harm (and the evidence was that some of them suffered actual emotional or psychological harm) through her standard of communication in the workplace and her failure to treat colleagues with dignity and respect.
- b. Miss Fletcher acted dishonestly in dispensing a prescription. She abused her position of trust as Senior Dental Nurse at the Hospital and as a GDC registrant.
- c. Miss Fletcher's misconduct involved vulnerable colleagues, or were vulnerable because of their mental health and/or their position under her as the Senior Dental Nurse and their team leader.
- d. Miss Fletcher's misconduct was sustained or repeated over a considerable period of time. The evidence in respect of her standard of communication was that this was behaviour in which she would routinely engage.
- e. Miss Fletcher has demonstrated a blatant or wilful disregard of the role of the GDC and the systems regulating the profession.
- f. Miss Fletcher demonstrates a lack of insight into her misconduct, save for limited acknowledgement of the use of a particular inappropriate phrase and that "flirtatious banter" in the workplace is unprofessional.

The Committee considered sanction in ascending order of severity.

To conclude this case with no further action or a reprimand would be wholly inappropriate in the Committee's judgement. First, there is a high risk of repetition and therefore a real risk to patients and colleagues should Miss Fletcher be allowed to practise without any restriction on her registration. Secondly, Miss Fletcher's misconduct is so serious that a more serious sanction than a reprimand would be necessary to declare and uphold appropriate standards of conduct and behaviour.

The Committee next considered whether conditions of practice could be formulated to be workable, measurable and proportionate. In respect of adverse health, there are circumstances where conditions would be appropriate. [IN PRIVATE]. As to Miss Fletcher's misconduct, this case is largely attitudinal and behavioural. Any conditions on Miss Fletcher's registration in this respect would simply require her to comply with the basic standards of behaviour which already apply to her as a dental professional. Moreover, conditions of practice would not be sufficient to mark the seriousness of her misconduct.

In addition, the Committee could not be satisfied that Miss Fletcher would comply with any conditions on her registration owing to her sporadic engagement in these proceedings and her non-cooperation with the GDC investigation.



The next consideration for the Committee was whether to direct that Miss Fletcher's registration be suspended for a period of up to 12 months, with or without a review. The Committee had regard to paragraph 7.28 of the ISG, which provides the following indicative guidance:

Suspension is appropriate for more serious cases and may be appropriate when all or some of the following factors are present (this list is not exhaustive):

- there is evidence of repetition of the behaviour;
- the registrant has not shown insight and/or poses a significant risk of repeating the behaviour;
- patients' interests would be insufficiently protected by a lesser sanction;
- public confidence in the profession would be insufficiently protected by a lesser sanction;
- there is no evidence of harmful deep-seated personality or professional attitudinal problems (which might make erasure the appropriate order).

The first four factors are satisfied in this case. However, the Committee is not of the view that there is no evidence of harmful deep-seated personality or professional attitudinal problems.

In assessing whether suspension would be the appropriate sanction, the Committee also had regard to the indicative guidance at paragraph 7.34 of the ISG:

Erasure will be appropriate when the behaviour is fundamentally incompatible with being a dental professional: any of the following factors, or a combination of them, may point to such a conclusion:

- serious departure(s) from the relevant professional standards;
- where serious harm to patients or other persons has occurred, either deliberately or through incompetence;
- where a continuing risk of serious harm to patients or other persons is identified;
- the abuse of a position of trust ... particularly if involving vulnerable persons;
- ...
- serious dishonesty...
- a persistent lack of insight into the seriousness of actions or their consequences.

In the Committee's judgment, each of these indicative factors arises in this case. In the Committee's judgment Miss Fletcher has demonstrated a shocking and wholly unprofessional pattern of behaviour sustained over a period of years, which has had a serious impact on the wellbeing of her colleagues and which is fundamentally incompatible with continued professional registration. Her misconduct was directly related to her status as a registered dental professional and involved dishonesty and an abuse of trust. The protection of members of the public, public confidence in the profession and the declaring and upholding of proper standards require a direction for erasure. No lesser sanction would be sufficient in this case.

Accordingly, the Committee directs that the name of Avya Fletcher be erased from the register.

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

### **Decision on immediate order**

"The Committee has considered whether to make an order for the immediate suspension of Miss Fletcher's registration. Miss Udom, on behalf of the GDC, submitted that such an order is necessary for the protection of the public. In making that submission she referred to the

Committee's findings, including its view that there is a risk of harm to others. She also submitted that an immediate order was necessary in the wider public interest.

The Committee has considered the submissions made by Miss Udom. It has accepted the advice of the Legal Adviser.

Given the serious nature of Miss Fletcher's adverse health and the misconduct identified, the Committee has concluded that there is a real risk of harm to others were she to practise unrestricted during the 28 day appeal period, or, if an appeal is lodged, until it has been disposed of. Further, immediate action is required to protect public confidence in the profession and the regulator.

In reaching its decision the Committee has taken account of the effect of an immediate order on Miss Fletcher. The Committee noted that Miss Fletcher says that she is not currently practising as a dental nurse and does not intend to return to practice.

In accordance with Section 36U(1) of the Dentists Act 1984 (as amended) the Committee has determined that it is necessary for the protection of the public and is otherwise in the public interest that Miss Fletcher's registration be suspended forthwith.

The effect of this order is that Miss Fletcher's registration will be suspended immediately. Unless Miss Fletcher exercises her right of appeal, the substantive direction of erasure will come into effect 28 days from the date on which notice of this decision is deemed to have been served on her. Should Miss Fletcher exercise her right of appeal, this immediate order for suspension will remain in place until the resolution of any appeal.

That concludes the hearing of Miss Fletcher's case."