

HEARING HELD IN PUBLIC**Professional Conduct Committee
Initial Hearing****27 January to 14 February 2025****Name:** ANDERSON, Kyle Peter O'Neil**Registration number:** 255922**Case number:** CAS-202005

General Dental Council: Lydia Barnfather, counsel
Instructed by Ervin Gjoleka, Capsticks solicitors**Registrant:** Not present
Not represented

Fitness to practise: Impaired by reason of misconduct**Outcome:** Erased with Immediate Suspension**Duration:** N/A**Immediate order:** Immediate suspension order

Committee members: Helen Goulding (Lay) (Chair)
Anjana Varshani (Dentist)
Victoria Hewson (Dental Care Professional)**Legal adviser:** Melanie Swinnerton (save for 12 February 2025)
Judith Walker (12 February 2025 only)**Committee Secretary:** Gareth Llewellyn

Determination on preliminary matters – 27 January 2025

1. This is a hearing before the Professional Conduct Committee (PCC). The hearing is being held remotely using Microsoft Teams in line with the Dental Professionals Hearings Service's current practice.
2. Mr Anderson is not present and is not represented in his absence. Lydia Barnfather of counsel, instructed by Ervin Gjoleka of Capsticks solicitors, appears for the GDC.

The charge

3. The charge that Mr Anderson faces at this hearing, as amended as set out below, reads as follows:

"That, being a registered Dental Care Professional,

CE Referral 1:

1. *Between 21 September 2021 and 30 September 2022 you were in practise at Practice 1 (identified in Schedule A).*
2. *You provided care and treatment to the patients identified in Schedule A.*
3. *You caused or permitted claims to be made in the name of Dentist 1 (identified in Schedule A) under the provisions of the National Health Service ('NHS') as set out in Schedule B.*

Patient 1

4. *You caused or permitted a claim to be made in the name of Dentist 1 in respect of treatment provided to Patient 1 on 15 June 2022 which included the provision of local anaesthetic.*
5. *You recorded in the patient's clinical records on 15 June 2022 that Patient 1 had been referred to you by Dentist 1 when they had not.*
6. *Your claim was inappropriate in that:*
 - (a) Dentist 1 had not examined Patient 1;*
 - (b) Dentist 1 had not referred Patient 1 to you;*
 - (c) Dentist 1 had not prescribed local anaesthetic.*
7. *You recorded providing tooth whitening under private contract to Patient 1 on 29 June 2022.*
8. *You ought not to have provided Patient 1 with tooth whitening in the absence of an appropriate prescription.*

Patient 2

9. *You caused or permitted a claim to be made in the name of Dentist 1 in respect of treatment provided to Patient 2 on 20 July 2022.*

10. *You failed to maintain any, or any adequate, clinical records of the treatment provided on 20 July 2022.*

11. *Your claim was inappropriate in that:*

- (a) Dentist 1 had not examined Patient 2;*
- (b) Dentist 1 had not referred Patient 2 to you.*

Patient 3

12. *You recorded providing tooth whitening to Patient 3 under private contract on 21 July 2022.*

13. *You ought not to have provided Patient 3 with tooth whitening in the absence of an appropriate prescription.*

Patient 4

14. *You caused or permitted a claim to be made in the name of Dentist 1 in respect of treatment provided to Patient 4 on 6 September 2022.*

15. *Your claim was inappropriate in that:*

- (a) Dentist 1 had not examined Patient 4;*
- (b) Dentist 1 had not referred Patient 4 to you.*

Patient 5

16. *You caused or permitted a claim to be made in the name of Dentist 1 in respect of treatment provided to Patient 5 on 30 August 2022 which included the provision of topical fluoride.*

17. *Your claim was inappropriate in that:*

- (a) Dentist 1 had not examined Patient 5;*
- (b) Dentist 1 had not referred Patient 5 to you;*
- (c) Dentist 1 had not prescribed topical fluoride.*

Patient 6

18. *You caused or permitted a claim to be made in the name of Dentist 1 in respect of treatment provided to Patient 6 on 28 July 2022.*

19. *Your claim was inappropriate in that:*

- (a) Dentist 1 had not examined Patient 6;*
- (b) Dentist 1 had not referred Patient 6 to you.*

Patient 7

20. *You caused or permitted a claim to be made in the name of Dentist 1 in respect of treatment provided to Patient 7 on 9 August 2022.*

21. *You failed to maintain any, or any adequate, clinical records of the treatment provided on 9 August 2022.*

22. *Your claim was inappropriate in that:*

- (a) Dentist 1 had not examined Patient 7;*
- (b) Dentist 1 had not referred Patient 7 to you.*

Patient 8

23. *You caused or permitted a claim to be made in the name of Dentist 1 in respect of treatment provided to Patient 8 on 16 August 2022.*

24. *Your claim was inappropriate in that:*

- (a) Dentist 1 had not examined Patient 8;*
- (b) Dentist 1 had not referred Patient 8 to you.*

25. *You recorded providing Patient 8 with a bite raising appliance under private contract on 25 August 2022.*

26. *You ought not to have provided a bite raising appliance to Patient 8 as it was outside your Scope of Practice .*

Patient 9

27. *You recorded providing tooth whitening to Patient 9 under private contract on 30 August 2022.*

28. *You ought not to have provided Patient 9 with tooth whitening in the absence of an appropriate prescription.*

Patient 10

29. *You caused or permitted a claim to be made in the name of Dentist 1 in respect of treatment provided to Patient 10 on 24 March 2022 which included the provision of topical fluoride.*

30. *Your claim was inappropriate in that:*

- (a) Dentist 1 had not examined Patient 10;*
- (b) Dentist 1 had not referred Patient 10 to you;*
- (c) Dentist 1 had not prescribed topical fluoride;*
- (d) Topical fluoride was not provided as claimed.*

Patient 11

31. *You caused or permitted a claim to be made in the name of Dentist 1 in respect of treatment provided to Patient 11 on 24 November 2021.*

32. *Your claim was inappropriate in that:*

- (a) Dentist 1 had not examined Patient 11;*



(b) Dentist 1 had not referred Patient 11 to you.

33. *You caused or permitted a claim or claims to be made in the name of Dentist 1 in respect of treatment provided to Patient 11:*

(a) between 27 January 2022 and 16 March 2022 including the provision of topical fluoride;

(b) on 16 June 2022.

34. *[withdrawn].*

35. *Your claim or claims were inappropriate in that:*

(a) Dentist 1 had not referred Patient 11 to you

(b) Dentist 1 had not prescribed topical fluoride;

(c) Topical fluoride was not provided as claimed.

Patient 12

36. *You caused or permitted a claim to be made in the name of Dentist 1 in respect of treatment provided to Patient 12 on 23 August 2022 including the provision of topical fluoride.*

37. *Your claim was inappropriate in that:*

(a) Dentist 1 had not examined Patient 12;

(b) Dentist 1 had not referred Patient 12 to you;

(c) Dentist 1 had not prescribed topical fluoride;

(d) Topical fluoride was not provided as claimed.

Patient 13

38. *You caused or permitted a claim to be made in the name of Dentist 1 in respect of treatment provided to Patient 13 between 12 April 2022 and 16 June 2022 including the provision of topical fluoride.*

39. *Your claim was inappropriate in that:*

(a) Dentist 1 had not prescribed topical fluoride;

(b) Topical fluoride was not provided as claimed.

Patient 14

40. *You caused or permitted a claim to be made in the name of Dentist 1 in respect of treatment provided to Patient 14 on 28 July 2022 including the provision of topical fluoride.*

41. *Your claim was inappropriate in that:*

(a) Dentist 1 had not prescribed topical fluoride;

(b) Topical fluoride was not provided as claimed.

Patient 15

42. *You caused or permitted a claim to be made in the name of Dentist 1 in respect of treatment provided to Patient 15 on 9 August 2022.*
43. *You failed to maintain any, or any adequate records, of the treatment provided on 9 August 2022.*
44. *Your claim was inappropriate in that:*
- (a) Dentist 1 had not examined Patient 15;*
 - (b) Dentist 1 had not referred Patient 15 to you.*

Patient 16

45. *You caused or permitted a claim to be made in the name of Dentist 1 in respect of treatment provided to Patient 16 on 30 August 2022 including the provision of topical fluoride.*
46. *You failed to maintain any, or any adequate, records of the treatment provided on 30 August 2022.*
47. *Your claim was inappropriate in that:*
- (a) Dentist 1 had not examined Patient 16;*
 - (b) Dentist 1 had not referred Patient 16 to you;*
 - (c) Dentist 1 had not prescribed topical fluoride.*

Patient 17

48. *You caused or permitted a claim or claims to be made in the name of Dentist 1 in respect of treatment provided to Patient 17:*
- (a) between 1 June 2022 and 16 June 2022;*
 - (b) on 10 August 2022 including the provision of topical fluoride.*
49. *You failed to maintain any, or any adequate, records of the treatment provided between 1 June 2022 and 16 June 2022.*
50. *Your claim or claims were inappropriate in that:*
- (a) Dentist 1 had not examined Patient 17;*
 - (b) Dentist 1 had not referred Patient 17 to you;*
 - (c) Dentist 1 had not prescribed topical fluoride;*
 - (d) Topical fluoride was not provided as claimed.*

Patient 20

51. *You caused or permitted a claim to be made in the name of Dentist 1 in respect of treatment provided to Patient 20 on 12 August 2022.*

52. *You failed to maintain any, or any adequate, records of the treatment provided on 12 August 2022.*

53. *Your claim was inappropriate in that:*

- (a) Dentist 1 had not examined Patient 20;*
- (b) Dentist 1 had not referred Patient 20 to you.*

Patient 22

54. *You caused or permitted a claim to be made in the name of Dentist 1 in respect of treatment provided to Patient 22 on 8 August 2022.*

55. *You failed to maintain any, or any adequate, records of the treatment provided on 8 August 2022.*

56. *Your claim was inappropriate in that:*

- (a) Dentist 1 had not examined Patient 22;*
- (b) Dentist 1 had not referred Patient 22 to you.*

Patient 23

57. *You caused or permitted a claim or claims to be made in the name of Dentist 1 in respect of treatment provided to Patient 23:*

- (a) on 21 December 2021 including the provision of local anaesthetic;*
- (b) on 14 March 2022 including the provision of topical fluoride;*
- (c) on 8 August 2022 including the provision of local anaesthetic.*

58. *You recorded in the patient's records on 21 December 2021 and/or 9 August 2022 that Patient 23 had been referred to you by Dentist 1 when they had not.*

59. *You failed to maintain any, or any adequate, records of the treatment provided on 14 March 2022.*

60. *Your claim or claims were inappropriate in that:*

- (a) Dentist 1 had not examined Patient 23;*
- (b) Dentist 1 had not referred Patient 23 to you;*
- (c) Dentist 1 had not prescribed topical fluoride and/ or local anaesthetic;*
- (d) Topical fluoride was not provided as claimed.*

Patient 26

61. *You caused or permitted a claim to be made in the name of Dentist 1 in respect of treatment provided to Patient 26 on 8 June 2022 including the provision of topical fluoride.*

62. *You recorded in the patient's records on 8 June 2022 that Patient 26 had been referred to you by Dentist 1 when they had not.*

63. *Your claim was inappropriate in that:*

- (a) Dentist 1 had not examined Patient 26;*
- (b) Dentist 1 had not referred Patient 26 to you;*
- (c) Dentist 1 had not prescribed topical fluoride;*
- (d) Topical fluoride was not provided as claimed.*

Patient 27

64. *You caused or permitted a claim to be made in the name of Dentist 1 in respect of treatment provided to Patient 27 on 21 September 2021.*

65. *Your claim was inappropriate in that:*

- (a) Dentist 1 had not examined Patient 27;*
- (b) Dentist 1 had not referred Patient 27 to you.*

Patient 28

66. *You caused or permitted a claim to be made in the name of Dentist 1 in respect of treatment provided to Patient 28 on 11 January 2022.*

67. *Your claim was inappropriate in that:*

- (a) Dentist 1 had not examined Patient 28;*
- (b) Dentist 1 had not referred Patient 28 to you.*

Dishonesty

68. *Your conduct in recording Patients 1, 23 and/or 26 had been referred to you by Dentist 1 when they had not was:*

- (a) misleading;*
- (b) dishonest in that you knew the record to be false.*

69. *Your conduct in causing or permitting claims to be made in name of Dentist 1 as set out above in respect of Patients 1, 2, 4, 5, 6, 7, 8, 10, 11, 12, 13, 14, 15, 16, 17, 20, 22, 23, 26, 27 and/or 28 was:*

- (a) misleading;*
- (b) dishonest in that it was done with the intention of obtaining additional remuneration to which you knew you were not entitled.*

CE Referral 2:

70. [withdrawn].

71. *You provided care and treatment under private contract to Patient 29 (as referred to in Schedule 1 below) between about 19 July 2022 and 15 September 2022 including:*

- (a) composite bonding;*
- (b) tooth whitening.*

72. *You ought not to have provided Patient 29 with tooth whitening in the absence of an appropriate prescription.*

73. *You failed to maintain records at Practice 1 of:*

- (a) the care and treatment provided to Patient 29;*
- (b) payment of approximately £2,000 made to you by Patient 29.*

74. *Your conduct as set out above at 73(a) and/or 73(b) was:*

- (a) misleading;*
- (b) dishonest in that:*

- (i) you sought to conceal the provision of treatment and/or payment from Patient 29 from Practice 1;*
- (ii) you sought to obtain additional remuneration to which you knew you were not entitled.*

75. *Whilst subject to conditions imposed on 21 November 2022 by the Interim Orders Committee, including the requirement for a workplace reporter, on 12 December 2022 you undertook work as a Dental Therapist at Practice 2.*

76. *You provided care and treatment to Patient 29 including the repair of composite bonding.*

77. *You informed your workplace supervisor that the treatment provided to Patient 29 was under guarantee from Practice 1 and you would charge Practice 1 for the cost of the appointment.*

78. *You failed to retain records at Practice 2 (as referred to in Schedule 1 below) of the care and treatment provided to Patient 29.*

79. *Your comments as set out above at 77 were:*

- (a) misleading;*
- (b) dishonest in that you knew them to be untrue.*

And that, by reason of the facts alleged, your fitness to practise is impaired by reason of your misconduct.”

Service of notice of hearing

4. At the outset of the hearing on 27 January 2025 Ms Barnfather on behalf of the GDC submitted that service of notice of this hearing has been properly effected in accordance with Rules 13 and 65 of the General Dental Council (Fitness to Practise) Rules 2006 ('the Rules'). On 11 December 2024 a notice of hearing was sent to the address that Mr Anderson has registered with the GDC, setting out the date and time of this hearing, as well as the fact that the hearing would be conducted remotely. The notice was sent using the Royal Mail's Special Delivery service. The Royal Mail's Track and Trace service records that the notice was delivered on the afternoon of the following day, namely 12 December 2024. Copies of the notice were also sent by first class post and email to Mr Anderson, as well as to his legal representatives, namely the Medical and Dental Defence Union of Scotland (MDDUS).
5. The Committee accepted the advice of the Legal Adviser. The Committee determined that service of the notice of this hearing has been properly effected in accordance with the Rules.

Proceeding in absence

6. The Committee then went on to consider whether to exercise its discretion to proceed in the absence of Mr Anderson in accordance with Rule 54 of the Rules. Ms Barnfather invited the Committee to proceed in the absence of Mr Anderson on the basis that Mr Anderson has expressly and voluntarily absented himself from the hearing, that an adjournment would serve no purpose, and that proceeding in his absence would ensure fairness to the GDC and its witnesses as well as meeting the public interest in an expeditious consideration of the case.
7. The Committee accepted the advice provided by the Legal Adviser. The Committee was mindful that its discretion to conduct a hearing in the absence of a registrant should be exercised with the utmost care and caution. After careful consideration the Committee determined that it would be fair and appropriate to proceed in Mr Anderson's absence. The Committee noted that in their email of 19 December 2024 Mr Anderson's legal representatives, namely the MDDUS, stated that they have been instructed not to represent Mr Anderson in any substantive way at this hearing. The Committee also noted from that email that Mr Anderson's legal representatives stated that Mr Anderson will not be in attendance at this hearing or be represented, and that he is aware that the Committee may determine to proceed in his absence. The Committee finds that Mr Anderson has deliberately and voluntarily absented himself from this hearing, and that an adjournment, which has not been sought, would be unlikely to secure his attendance. The Committee considers that no unfairness would be caused to Mr Anderson by the Committee proceeding in his absence. The Committee was also mindful of the public interest in the expeditious consideration of this case, as well the need to ensure fairness to the GDC and the witnesses whom it intends to call to give evidence.

Amendment to charge

8. At the outset of the hearing Ms Barnfather applied to amend the charge pursuant to Rule 18 of the Rules. Ms Barnfather invited the Committee to amend the charge by way of withdrawing head of charge 70. The Committee, having accepted the advice of the Legal Adviser, determined to accede to the application on the basis that it was fair and appropriate for the amendment to be made, and that no injustice would be caused to Mr Anderson by acceding to the application. The schedule of charge was duly amended, and was then read in the terms set out above.

Further amendment to charge

9. At the close of the GDC's evidence Ms Barnfather applied to amend the charge once more pursuant to Rule 18. Ms Barnfather invited the Committee to amend the charge by way of withdrawing head of charge 34. The Committee, having accepted the advice of the Legal Adviser, determined to accede to the application on the basis that it was fair and appropriate for the amendment to be made, and that no injustice would be caused to Mr Anderson by acceding to the application. The schedule of charge was duly amended.

Findings of fact – 13 February 2025**Background to the case and summary of allegations**

10. The allegations giving rise to this hearing arise out of Mr Anderson's care and treatment of a number of patients whilst working as a self-employed dental therapist. Mr Anderson worked at a dental practice in Scotland which is referred to for the purposes of these proceedings as Practice 1. Practice 1 provided NHS and private treatment. There are also a number of allegations relating to a specific patient, who is referred to as Patient 29. For some of the allegations relating to this particular patient, Mr Anderson was practising at a second practice in Scotland, which is referred to as Practice 2.

11. The GDC brings allegations which fall into five broad categories.

NHS claims and associated conduct

12. First, it is alleged that Mr Anderson made claims for NHS treatment for 21 patients that were inappropriate, in that those patients had not been examined or referred by the dentist who worked at the practice, who is referred to as Dentist 1, in whose name the claims were made. The GDC contends that such alleged conduct was contrary to the prevailing NHS regulations which required a dental therapist to work to a dentist's prescription, with the dentist being required to have examined the patient, to have formulated a treatment plan, and to then have referred the patient to a dental therapist for the provision of the prescribed treatment. A claim for treatment was only permitted to be made by a dentist whose name was included on a local health board's dental list, which provides for an NHS list number. The 21 patients in question are, namely, Patients 1, 2, 4, 5, 6, 7, 8, 10, 11, 12, 13, 14, 15, 16, 17, 20, 22, 23, 26, 27 and 28. The particulars of these allegations appear at heads of charge 4 to 67. The GDC further contends at head of charge 69 that such conduct was misleading, and was also dishonest, in that Mr Anderson sought to obtain additional remuneration to which he knew he was not entitled.
13. In addition, the GDC also alleges that, of these 21 patients, Mr Anderson claimed for anaesthetic or fluoride for a number of these patients in the absence of a prescription from a dentist. The GDC contends that, of these, there are eight patients in respect of whom Mr Anderson also added a claim for the provision of topical fluoride, with there being no record of fluoride having been provided. These eight patients are, namely Patient 10, 11, 12, 13, 14, 17, 23 and 26. These additional allegations appear at the relevant points within the overall range of heads of charge 4 to 67. The GDC again contends at head of charge 69 that such conduct was misleading, and was also dishonest, in that Mr Anderson sought to obtain additional remuneration to which he knew he was not entitled.
14. The GDC also contends that, in respect of three of the 21 patients referred to above, namely Patients 1, 23 and 26, Mr Anderson recorded in the relevant patient records that those patients had been referred to him by Dentist 1 when that was not in fact the case. These additional allegations appear at the relevant points within the overall range of heads of charge 4 to 67. The GDC alleges at head of charge 68 that this represents conduct that was misleading, and was also dishonest, in that Mr Anderson knew that his records to that effect were false.

Scope of Practice

15. Second, the GDC alleges that Mr Anderson provided tooth whitening treatment on a private basis to four patients outside of his scope of practise as a dental therapist, in that the treatment was provided without the prescription of a dentist. These four patients are, namely, Patients 1, 3, 9 and 29. It is also alleged that Mr Anderson provided a bite raising appliance (BRA) privately to another patient, namely Patient 8, and that such treatment falls outside of the *Scope of Practice* of a dental therapist. These allegations appear at the relevant points within the overall range of heads of charge 4 to 67.

Record-keeping

16. Third, the GDC further alleges that Mr Anderson failed to maintain an adequate standard of record-keeping in respect of nine patients, namely Patients 2, 7, 15, 16, 17, 20, 22, 23 and 29.

'Unofficial' treatment

17. Fourth, the GDC alleges that, in respect of one particular patient, namely Patient 29, Mr Anderson concealed his private treatment of her and the payments that she made. Mr Anderson's care and treatment of Patient 29 is already the subject of record-keeping and scope of practice allegations as summarised above. The GDC also alleges that, having failed to make a record of his treatment of Patient 29, which included tooth whitening without a prescription and composite bonding, and having not made a record of the monetary payment that Patient 29 made, Mr Anderson acted in a misleading manner, and acted dishonestly in an attempt to conceal the treatment and the payment and in an attempt to obtain additional remuneration. These allegations are set out at heads of charge 71 to 74.

Representations to workplace reporter

18. Fifth, the GDC further alleges that Mr Anderson dishonestly made false representations to the workplace reporter appointed under the terms of an interim conditions of practice order to which his registration was subject. The workplace reporter was based at a second practice, Practice 2, at which Mr Anderson undertook work as a dental therapist, including treatment of Patient 29. The alleged false representation was, namely, that Patient 29's treatment was under guarantee from Practice 1 and would be refunded by Practice 1. The GDC alleges that this statement was misleading and dishonest.

Evidence

19. The Committee has been provided with documentary material in relation to the heads of charge that Mr Anderson faces. This material includes:
- The witness statements and documentary exhibits of the following witnesses:
 - Dentist 1, a dentist at Practice 1;
 - Witness A, a claims manager with Practice 1;
 - Witness B, a clinical director with Practice 1;
 - Witness C, an area manager with Practice 1;
 - Witness D, the director of dentistry for the local NHS area;
 - Witness E, a senior dental adviser for NHS National Services Scotland;
 - Witness F, an associate director of service delivery for NHS National Services Scotland;
 - Witness G, a registrations manager with the GDC;
 - Witness H, the practice owner of Practice 2, who was also Mr Anderson's workplace reporter, otherwise known as workplace supervisor;
 - Witness I, a caseworker with the GDC;
 - Witness J, the practice manager of Practice 1;
 - Patient 29.
 - The expert reports of the two GDC expert witnesses in this case, namely Dr Jennifer Ward and Dr Julian Scott;
 - The records of the patients referred to above;
 - Audit of claims data spreadsheet, compiled and produced by Dentist 1;
 - A raw data spreadsheet from the NHS Scottish Dental Practice Board (SDPB) relating to the claims for payment.
20. The Committee heard oral evidence from Witness C, Witness J, Dentist 1 and Dr Julian Scott.

Committee's findings of fact

21. The Committee has taken into account all the evidence presented to it, both written and oral. As Mr Anderson was neither present nor represented at this hearing, none of the witness evidence, including the expert evidence from Mr Scott, was subject to the challenge of cross-examination. However, the Committee, mindful of its role as a Committee of inquiry with a duty to ensure the fairness of these proceedings, did question the three witnesses of fact. The Committee had no questions for Dr Scott after hearing his evidence-in-chief and after carefully considering his written evidence. It has considered the submissions made by Ms Barnfather on behalf of the GDC. The Committee has had regard to the GDC's *Guidance for the Practice Committees, including Indicative Sanctions Guidance* (October 2016, updated December 2020).
22. The Committee has accepted the advice of the Legal Adviser concerning its powers and the principles to which it should have regard. The Committee is mindful that the burden of proof lies with the GDC, and has considered the heads of charge against the civil standard of proof, that is to say, the balance of probabilities. The Committee has considered each head of charge separately, although some of its findings will be announced together.
23. I will now announce the Committee's findings in relation to each head of charge:

1.	<p><i>Between 21 September 2021 and 30 September 2022 you were in practise at Practice 1 (identified in Schedule A).</i></p> <p>Proved</p>
	<p>The Committee finds the facts alleged at head of charge 1 proved.</p> <p>The Committee accepts the documentary evidence presented to it, including the witness statement of Witness A, as well as the evidence of Witness C, who exhibits a copy of Mr Anderson's licence agreement relating to his work at the practice. This evidence demonstrates that Mr Anderson worked as a dental therapist at the practice which is referred to for the purposes of these proceedings as Practice 1 between the dates specified at this head of charge. The Committee does however note that Mr Anderson was suspended from his role at Practice 1 with effect from 13 September 2022, meaning that Mr Anderson did not work at the practice from that date until the last date specified at this head of charge, namely 30 September 2022. The Committee considers that this observation does not make any material change to its finding at this head of charge.</p> <p>The Committee therefore finds the facts alleged at head of charge 1 proved.</p>
2.	<p><i>You provided care and treatment to the patients identified in Schedule A.</i></p> <p>Proved</p>
	<p>The Committee finds the facts alleged at head of charge 2 proved.</p> <p>The Committee is satisfied from the documentary evidence presented to it that Mr Anderson provided care and treatment to the patients set out at Schedule A. This includes the records of the patients themselves, NHS claims data and the reports of the two expert witnesses. Both experts had been provided with the patient records, and based their opinions on these records. The Committee also notes that Mr Anderson provided care and treatment to another patient, who is referred to as Patient 29, but that that patient is not referred to at</p>

	<p>Schedule A. The Committee notes that, notwithstanding that patient's omission from Schedule A, the GDC has raised heads of charge in respect of his care and treatment of Patient 29. The Committee considers that this observation does not make any material change to its finding at this head of charge.</p> <p>The Committee therefore finds the facts alleged at head of charge 2 proved.</p>
3.	<p><i>You caused or permitted claims to be made in the name of Dentist 1 (identified in Schedule A) under the provisions of the National Health Service ('NHS') as set out in Schedule B.</i></p> <p>Proved</p>
	<p>The Committee finds the facts alleged at head of charge 3 proved.</p> <p>The claims set out at Schedule B concern 21 patients, namely Patient 1, 2, 4, 5, 6, 7, 8, 10, 11, 12, 13, 14, 15, 16, 17, 20, 22, 23, 26, 27 and 28. The schedule sets out the start and end dates of treatment, the fee for the service, the fee claimed by Mr Anderson, the patient's exemption status, and the excess fee claimed by Mr Anderson, which is the difference between the fee for the service and the fee claimed by Mr Anderson.</p> <p>The claims for payment were made pursuant to The National Health Service (General Dental Services) (Scotland) Regulations 2010 ('the NHS regulations'). The Committee has had particular regard to section 33 of these NHS regulations. This section reads as follows:</p> <p><i>'A dentist may in the provision of general dental services arrange for care and treatment to be given by dental care professionals in accordance with the provisions of the Dentists Act 1984, and any regulations made under it and shall ensure that such care and treatment is properly completed'.</i></p> <p>It is mindful that Mr Anderson is not present and is not represented in his absence, and has not called his own evidence.</p> <p>The Committee has carefully analysed the documentary evidence presented to it. It has had particular regard to the raw data presented to it as Exhibit 9, which comprises a spreadsheet compiled by the NHS Scottish Dental Practice Board (SDPB) and which sets out a number of claims for payment made in the name of Dentist 1, including those giving rise to the heads of charge raised against Mr Anderson. The Committee also had particular regard to the audit of claims data spreadsheet collated by Dentist 1, and exhibited at the hearing as Exhibit 10. This documentary evidence is credible because it originated from an audit by Dentist 1 and identifies the claims that were made in Dentist 1's name for the patients in question.</p> <p>The Committee has also had regard to the expert evidence of Julian Scott, who sets out the claims data derived from both of those documentary exhibits. In relation to this head of charge and the other heads of charge to which his evidence pertains, the Committee has taken particular care to consider the expert evidence of Dr Scott. The Committee noted that Dr Scott accepted that he had no direct professional experience of working in Scotland, whether in private or NHS practice. However, the Committee finds that Dr Scott is an experienced expert in matters of probity and that he has confirmed that he is fully aware of his responsibilities to the Committee. The Committee therefore</p>

	<p>found that he was fully competent and able to assist the Committee with his opinion on the correct interpretation of the NHS regulations referred to above.</p> <p>Witness C states in her witness statement that many of the claims were submitted by Mr Anderson under Dentist 1's NHS dental performers' list number. These were in respect of items of treatment carried out by Mr Anderson. The Committee also had regard to the witness statement and documentary exhibits of Witness A, which further refers to the claims data that had been gathered.</p> <p>The Committee therefore finds the facts alleged at head of charge 3 proved.</p>
Patient 1	
4.	<p><i>You caused or permitted a claim to be made in the name of Dentist 1 in respect of treatment provided to Patient 1 on 15 June 2022 which included the provision of local anaesthetic.</i></p> <p>Not proved</p>
	<p>The Committee finds the facts alleged at head of charge 4 not proved.</p> <p>Although the Committee could see evidence for a claim submitted by Mr Anderson on 15 June 2022, this claim did not specify the provision of local anaesthetic. The Committee notes the expert evidence of Dr Scott, in particular, that such a claim could not in any event have been made under the NHS regulations, with no item code being available for local anaesthetic.</p> <p>The Committee had regard to the patient records for Patient 1. These records demonstrate that Mr Anderson recorded that he provided treatment to the patient in question on the date specified, namely 15 June 2022. However, these records include a reference to Mr Anderson not providing local anaesthetic on the date in question.</p> <p>The Committee finds that the GDC has not demonstrated to the standard required that Mr Anderson made, or could have made, the claim alleged. The Committee therefore finds the facts alleged at head of charge 4 not proved.</p>
5.	<p><i>You recorded in the patient's clinical records on 15 June 2022 that Patient 1 had been referred to you by Dentist 1 when they had not.</i></p> <p>Proved</p>
	<p>The Committee finds the facts alleged at head of charge 5 proved.</p> <p>The Committee again had regard to the patient records for Patient 1. It notes that Mr Anderson recorded on 15 June 2022 that the patient had been referred by Dentist 1. However, the Committee notes that the patient's previous appointment was over two years earlier with another practitioner and no dentist had recorded a referral around the date in question. The Committee infers that Dentist 1 had not referred Patient 1 to Mr Anderson, contrary to Mr Anderson's record.</p>

	<p>The Committee also had regard to the audit of claims data in which Dentist 1 states that he had not in fact seen, or therefore referred, the patient as recorded by Mr Anderson. The Committee accepts Dentist 1's evidence in this regard. It is satisfied of the veracity of Dentist 1's audit of claims data, as it has taken care to assure itself that it is consistent with the raw claims data referred to above, namely the spreadsheet compiled by the SDPB which sets out a number of claims for payment made in the name of Dentist 1. The Committee noted that Dentist 1 was assisted with preparing the audit of claims data by Witness B and Witness F as part of the practice's internal investigation. In the Committee's judgement this wider input provides further reassurance as to the accuracy of the audit of claims data. The Committee has also had regard to the fact that the GDC's expert witness, namely Dr Scott, has also considered the same data, and has not identified any discrepancy in the audit of claims data.</p> <p>The Committee therefore finds the facts alleged at head of charge 5 proved.</p>
6.	<i>Your claim was inappropriate in that:</i>
6. (a)	<p><i>Dentist 1 had not examined Patient 1;</i></p> <p>Proved</p>
6. (b)	<p><i>Dentist 1 had not referred Patient 1 to you;</i></p> <p>Proved</p>
	<p>The Committee finds the facts alleged at heads of charge 6 (a) and 6 (b) proved.</p> <p>In his written evidence Witness E refers to the NHS regulations. Dr Scott also refers to these NHS regulations in his expert evidence. The Committee understands from this evidence that dental therapists at the time were not permitted to make claims under the NHS regulations, and that they should be working to the prescription of a dentist who had examined the patient and had formed a treatment plan before referring the patient to them.</p> <p>The Committee has found above that Patient 1 had not been examined or referred by Dentist 1. The Committee accepted the expert opinion of Dr Scott that Mr Anderson's claim was, in the circumstances, inappropriate. The Committee considers that it was not appropriate for Mr Anderson to claim for treatment that he should not have provided.</p> <p>Accordingly, the Committee finds the facts alleged at heads of charge 6 (a) and 6 (b) proved.</p>
6. (c)	<p><i>Dentist 1 had not prescribed local anaesthetic.</i></p> <p>Not proved</p>
	<p>The Committee finds the facts alleged at head of charge 6 (c) not proved.</p> <p>As the Committee found head of charge 4 not proved on the basis that Mr Anderson did not use local anaesthetic, and could not have claimed for it, it follows that head of charge 6 (c), founded as it is on the contention that Mr Anderson did so, falls away and is not proved.</p>

7.	<p><i>You recorded providing tooth whitening under private contract to Patient 1 on 29 June 2022.</i></p> <p>Not proved</p>
	<p>The Committee finds the facts alleged at head of charge 7 not proved.</p> <p>The Committee notes that Mr Anderson did not specifically record on 29 June 2022 that the tooth whitening treatment was provided under private contract. The Committee notes that the entry made in the patient's financial transaction history on 29 June 2022 to the effect that the treatment was being provided on a private basis was made by an individual other than Mr Anderson. In addition, the Committee noted that the patient records elsewhere refer to the treatment being provided under NHS arrangements.</p> <p>The Committee also notes that there is no entry in Patient 1's notes to suggest that the patient was being seen on a 'direct access' basis, which the Committee understands is the same as providing treatment under private contract.</p> <p>As Mr Anderson did not specifically record on 29 June 2022 that the tooth whitening treatment was provided under private contract, the Committee considers that the GDC has not adduced sufficient evidence in support of this charge.</p> <p>The Committee therefore finds the facts alleged at head of charge 7 not proved.</p>
8.	<p><i>You ought not to have provided Patient 1 with tooth whitening in the absence of an appropriate prescription.</i></p> <p>Proved</p>
	<p>The Committee finds the facts alleged at head of charge 8 proved.</p> <p>The Committee notes that Mr Anderson recorded in Patient 1's records that he provided tooth whitening treatment to the patient on that date, and that Patient 1 made payment for that treatment. The Committee accepted as credible the oral evidence of Dentist 1 that he did not refer this or any other relevant patient for tooth whitening and had not made a prescription for such treatment. The Committee finds that, based on this evidence, Mr Anderson did indeed provide tooth whitening treatment to Patient 1 without a prescription from a dentist.</p> <p>Having determined that Mr Anderson did, as a matter of fact, provide Patient 1 with tooth whitening treatment, it then considered whether he was entitled to do so.</p> <p>The Committee again had regard to the written evidence of Witness E in relation to the relevant NHS regulations. Dr Scott also refers to these NHS regulations in his expert evidence. The Committee understands from this evidence that dental therapists at the time were not permitted to make claims under the NHS regulations, and that they should be working to the prescription of a dentist who had examined the patient and had formed a treatment plan before referring the patient to them.</p>

	<p>The Committee has been provided with a copy of the GDC's <i>Tooth Whitening Position Statement</i> (July 2016) in place at the material times, which states that tooth whitening must only be provided on the prescription of a dentist. The Committee also had regard to the GDC's <i>Scope of Practice</i> (2013) which also set out that tooth whitening can only be provided by a dental therapist on the prescription of a dentist. The Committee also had regard to a copy of Mr Anderson's licence agreement as exhibited by Witness C. It states that, '<i>in providing dental care and treatment at the dental centre, the therapist shall not undertake whitening unless under the prescription of a qualified and indemnified dentist who is engaged by the company</i>'. The Committee also had regard to the evidence of Witness B, who similarly states that a dental therapist can only provide tooth whitening treatment on a dentist's prescription.</p> <p>The Committee accepts the expert evidence of Dr Scott and Dr Ward that Mr Anderson provided tooth whitening treatment when he ought not to have done so, as he did so without the prescription of a dentist.</p> <p>Therefore, the Committee finds the facts alleged at head of charge 8 proved.</p>
Patient 2	
9.	<p><i>You caused or permitted a claim to be made in the name of Dentist 1 in respect of treatment provided to Patient 2 on 20 July 2022.</i></p> <p>Proved</p>
	<p>The Committee finds the facts alleged at head of charge 9 proved.</p> <p>The Committee had regard to the audit of claims data which demonstrates that a claim was made in Dentist 1's name in respect of treatment provided to Patient 2, who was a new patient, on 20 July 2022, including an extensive clinical examination. The evidence of Dentist 1 as set out in his audit of claims data is that he had not seen Patient 2. The Committee considered that it was reasonable to infer that Dentist 1 had therefore not examined or referred the patient or provided the treatment in question. Dentist 1 notes that, nonetheless, a claim for treatment was made in his name.</p> <p>The Committee accepts Dentist 1's evidence in this regard. It is satisfied of the veracity of Dentist 1's audit of claims data, as it has taken care to assure itself that it is consistent with the raw claims data referred to above, namely the spreadsheet compiled by the SDPB which sets out a number of claims for payment made in the name of Dentist 1. The Committee noted that Dentist 1 was assisted with preparing the audit of claims data by Witness B and Witness F as part of the practice's internal investigation. In the Committee's judgement this wider input provides further reassurance as to the accuracy of the audit of claims data. The Committee has also had regard to the fact that the GDC's expert witness, namely Dr Scott, has also considered the same data, and has not identified any discrepancy in the audit of claims data.</p> <p>The Committee also had regard to the patient's records, which demonstrate that Mr Anderson recorded that he conducted an extensive clinical examination on the date in question, namely 20 July 2022. The patient records also record that a fee was applied to the treatment recorded on that date. The Committee notes from the patient records that Mr Anderson made this entry.</p>

	<p>Accordingly, the Committee finds that Mr Anderson caused or permitted the claim to be made in Dentist 1's name.</p> <p>For these reasons, the Committee finds the facts alleged at head of charge 9 proved.</p>
10.	<p><i>You failed to maintain any, or any adequate, clinical records of the treatment provided on 20 July 2022.</i></p> <p>Proved</p>
	<p>The Committee finds the facts alleged at head of charge 10 proved.</p> <p>The Committee notes from Mr Anderson's records of the treatment that he provided to Patient 2 as set out in the patient's records that on 20 July 2022 he recorded that he provided an extensive clinical examination to Patient 2.</p> <p>The Committee specifically accepts the expert evidence of Dr Ward that Mr Anderson was under a duty to maintain an adequate standard of record-keeping, particularly by reference to the Faculty of General Dental Practitioners guidance on <i>Clinical examination and record-keeping</i> ('FGDP guidance'), and that he failed to do so. The Committee also notes Dr Ward's reference to the GDC's <i>Standards for the Dental Team</i> (September 2013) and in particular standard 4.1, which requires a registrant to make and keep contemporaneous, complete and accurate patient records. The Committee considers that the entries that Mr Anderson made in the patient's records were basic in nature, and were in many cases generated by the computer software in use.</p> <p>The Committee has also had regard to the evidence of Witness C, who exhibits a copy of Mr Anderson's licence agreement relating to his work at the practice. The agreement requires that a dental therapist '<i>shall maintain full and accurate books and records of treatment provided and fees due</i>'.</p> <p>The Committee therefore finds the facts alleged at head of charge 10 proved.</p>
11.	<p><i>Your claim was inappropriate in that:</i></p>
11. (a)	<p><i>Dentist 1 had not examined Patient 2;</i></p> <p>Proved</p>
11. (b)	<p><i>Dentist 1 had not referred Patient 2 to you.</i></p> <p>Proved</p>
	<p>The Committee finds the facts alleged at heads of charge 11 (a) and 11 (b) proved.</p> <p>As set out in respect of heads of charge 6 (a) and 6 (b), in his written evidence Witness E refers to the NHS regulations. Dr Scott also refers to these NHS regulations in his expert evidence. The Committee understands from this evidence that dental therapists at the time were not permitted to make claims under the NHS regulations, and that they should be working to the prescription of a dentist who had examined the patient and had formed a treatment plan before referring the patient to them.</p>

	<p>The Committee has found above that Patient 2 had not been examined or referred by Dentist 1. The Committee accepted the expert opinion of Dr Scott that Mr Anderson's claim was, in the circumstances, inappropriate. The Committee considers that it was not appropriate for Mr Anderson to claim for treatment that he should not have provided.</p> <p>The Committee therefore finds the facts alleged at heads of charge 11 (a) and 11 (b) proved.</p>
Patient 3	
12.	<p><i>You recorded providing tooth whitening to Patient 3 under private contract on 21 July 2022.</i></p> <p>Not proved</p>
	<p>The Committee finds the facts alleged at head of charge 12 not proved.</p> <p>The Committee had regard to Patient 3's records. These records record that impressions were taken for tooth whitening trays on the date in question, namely 21 July 2022. The records state that the tooth whitening itself, including the fitting of the tooth whitening trays that had been provided on 21 July 2022, was not provided until a later date, namely 8 August 2022. The Committee considers that the provision of impressions for tooth whitening is part of tooth whitening treatment. The Committee notes that both expert witnesses, namely Dr Scott and Dr Ward, are similarly cognisant of the tooth whitening treatment taking place over more than one appointment.</p> <p>The Committee also notes that there is an entry made by Mr Anderson in the patient's financial transaction history setting out that a fee was applied on a private basis, but that entry was made on 8 August 2022. The Committee considers that this financial transaction history is an integral part of the patient's records. Whilst there is therefore an entry in the patient's records that the tooth whitening treatment was under private contract, that entry was not made on the date alleged at this head of charge, namely 21 July 2022, and was instead made some weeks later on 8 August 2022.</p> <p>The Committee notes that, on 19 July 2022, which was two days before Mr Anderson commenced tooth whitening treatment, Mr Anderson recorded in the patient's notes that the patient was being seen on a direct access basis. The Committee understands that a patient being seen on a direct access basis is synonymous with being seen under private contract arrangements, and that direct access arrangements are not available on the NHS. However, the records for 19 July 2022 do not mention tooth whitening, and the Committee was not able to infer that the specific treatment in question, namely tooth whitening, was provided under direct access.</p> <p>As Mr Anderson did not specifically record on 21 July 2022 that the tooth whitening treatment was provided under private contract, the Committee considers that the GDC has not adduced sufficient evidence in support of this charge.</p> <p>The Committee therefore finds the facts alleged at head of charge 12 not proved.</p>

13.	<p><i>You ought not to have provided Patient 3 with tooth whitening in the absence of an appropriate prescription.</i></p> <p>Proved</p>
	<p>The Committee finds the facts alleged at head of charge 13 proved.</p> <p>The Committee noted at head of charge 12 above that Mr Anderson commenced tooth whitening treatment on 21 July 2022, with the fitting of the tooth whitening trays taking place on 8 August 2022. The Committee also noted the oral evidence of Dentist 1 that he did not refer this or any other relevant patient for tooth whitening and had not made a prescription for such treatment. The Committee finds that, based on this evidence, Mr Anderson did indeed provide tooth whitening treatment to Patient 3 without a prescription from a dentist.</p> <p>Having determined that Mr Anderson did, as a matter of fact, provide Patient 3 with tooth whitening treatment, it then considered whether he was entitled to do so.</p> <p>As set out at head of charge 8, the Committee has been provided with a copy of the GDC's <i>Tooth Whitening Position Statement</i> (July 2016) in place at the material times, which states that tooth whitening must only be provided on the prescription of a dentist. The Committee also had regard to the GDC's <i>Scope of Practice</i> (2013) which also set out that tooth whitening can only be provided by a dental therapist on the prescription of a dentist. The Committee also had regard to a copy of Mr Anderson's licence agreement as exhibited by Witness C. It states that, '<i>in providing dental care and treatment at the dental centre, the therapist shall not undertake whitening unless under the prescription of a qualified and indemnified dentist who is engaged by the company</i>'. The Committee also had regard to the evidence of Witness B, who similarly states that a dental therapist can only provide tooth whitening treatment on a dentist's prescription.</p> <p>The Committee accepts the expert evidence of Dr Scott and Dr Ward that Mr Anderson provided tooth whitening treatment when he ought not to have done so, as he did so without the prescription of a dentist.</p> <p>The Committee therefore finds the facts alleged at head of charge 13 proved.</p>
Patient 4	
14.	<p><i>You caused or permitted a claim to be made in the name of Dentist 1 in respect of treatment provided to Patient 4 on 6 September 2022.</i></p> <p>Proved</p>
	<p>The Committee finds the facts alleged at head of charge 14 proved.</p> <p>The Committee had regard to the audit of claims data which demonstrates that a claim was made in Dentist 1's name in respect of treatment provided to Patient 4 on 6 September 2022, more particularly an extensive clinical examination. The evidence of Dentist 1 as set out in his audit of claims data is that he had not seen Patient 4. The Committee considered that it was reasonable to infer that Dentist 1 had therefore not examined or referred the</p>

	<p>patient or provided the treatment in question. The Committee notes that Dentist 1's evidence is that, nonetheless, a claim for treatment was made in his name. Indeed, the evidence presented to the Committee is that Dentist 1 was not working at the practice on the day in question.</p> <p>The Committee accepts Dentist 1's evidence in this regard. It is satisfied of the veracity of Dentist 1's audit of claims data, as it has taken care to assure itself that it is consistent with the raw claims data referred to above, namely the spreadsheet compiled by the SDPB which sets out a number of claims for payment made in the name of Dentist 1. The Committee noted that Dentist 1 was assisted with preparing the audit of claims data by Witness B and Witness F as part of the practice's internal investigation. In the Committee's judgement this wider input provides further reassurance as to the accuracy of the audit of claims data. The Committee has also had regard to the fact that the GDC's expert witness, namely Dr Scott, has also considered the same data, and has not identified any discrepancy in the audit of claims data.</p> <p>The Committee also had regard to the patient's records, which demonstrate that Mr Anderson recorded that he conducted an extensive clinical examination on the date in question, namely 6 September 2022. The patient records also record that a fee was applied to the treatment recorded on that date. The Committee notes from the patient records that Mr Anderson made this entry.</p> <p>Accordingly, the Committee finds that Mr Anderson caused or permitted the claim to be made in Dentist 1's name.</p> <p>For these reasons, the Committee finds the facts alleged at head of charge 14 proved.</p>
15.	<i>Your claim was inappropriate in that:</i>
15. (a)	<p><i>Dentist 1 had not examined Patient 4;</i></p> <p>Proved</p>
15. (b)	<p><i>Dentist 1 had not referred Patient 4 to you.</i></p> <p>Proved</p>
	<p>The Committee finds the facts alleged at heads of charge 15 (a) and 15 (b) proved.</p> <p>As set out above in respect of earlier heads of charge, in his written evidence Witness E refers to the NHS regulations. Dr Scott also refers to these NHS regulations in his expert evidence. The Committee understands from this evidence that dental therapists at the time were not permitted to make claims under the NHS regulations, and that they should be working to the prescription of a dentist who had examined the patient and had formed a treatment plan before referring the patient to them.</p> <p>The Committee has found above that Patient 4 had not been examined or referred by Dentist 1. The Committee accepted the expert opinion of Dr Scott that Mr Anderson's claim was, in the circumstances, inappropriate. The Committee considers that it was not appropriate for Mr Anderson to claim for treatment that he should not have provided.</p>

	The Committee therefore finds the facts alleged at heads of charge 15 (a) and 15 (b) proved.
Patient 5	
16.	<p><i>You caused or permitted a claim to be made in the name of Dentist 1 in respect of treatment provided to Patient 5 on 30 August 2022 which included the provision of topical fluoride.</i></p> <p>Proved</p>
	<p>The Committee finds the facts alleged at head of charge 16 proved.</p> <p>The Committee had regard to the audit of claims data which demonstrates that a claim was made in Dentist 1's name in respect of treatment which was provided to Patient 5 on 30 August 2022, including an extensive clinical examination and topical fluoride. The evidence of Dentist 1 as set out in his audit of claims data is that he had not seen Patient 5. The Committee considered that it was reasonable to infer that Dentist 1 had therefore not examined or referred the patient or provided the treatment in question. The Committee notes that Dentist 1's evidence is that, nonetheless, a claim for treatment was made in his name.</p> <p>The Committee accepts Dentist 1's evidence in this regard. It is satisfied of the veracity of Dentist 1's audit of claims data, as it has taken care to assure itself that it is consistent with the raw claims data referred to above, namely the spreadsheet compiled by the SDPB which sets out a number of claims for payment made in the name of Dentist 1. The Committee noted that Dentist 1 was assisted with preparing the audit of claims data by Witness B and Witness F as part of the practice's internal investigation. In the Committee's judgement this wider input provides further reassurance as to the accuracy of the audit of claims data. The Committee has also had regard to the fact that the GDC's expert witness, namely Dr Scott, has also considered the same data, and has not identified any discrepancy in the audit of claims data.</p> <p>The Committee also had regard to the patient's records, which demonstrate that Mr Anderson recorded that he provided treatment on the date in question, namely 30 August 2022, including an extensive clinical examination and topical fluoride. The patient records also record that a fee was applied to the treatment recorded on that date. The Committee notes from the patient records that Mr Anderson made this entry.</p> <p>Accordingly, the Committee finds that Mr Anderson caused or permitted the claim to be made in Dentist 1's name.</p> <p>The Committee finds the facts alleged at head of charge 16 proved.</p>
17.	<i>Your claim was inappropriate in that:</i>
17. (a)	<p><i>Dentist 1 had not examined Patient 5;</i></p> <p>Proved</p>
17. (b)	<p><i>Dentist 1 had not referred Patient 5 to you;</i></p> <p>Proved</p>

	<p>The Committee finds the facts alleged at heads of charge 17 (a) and 17 (b) proved.</p> <p>As set out above in respect of earlier heads of charge, in his written evidence Witness E refers to the NHS regulations. Dr Scott also refers to these NHS regulations in his expert evidence. The Committee understands from this evidence that dental therapists at the time were not permitted to make claims under the NHS regulations, and that they should be working to the prescription of a dentist who had examined the patient and had formed a treatment plan before referring the patient to them.</p> <p>The Committee has found above that Patient 5 had not been examined or referred by Dentist 1. The Committee accepted the expert opinion of Dr Scott that Mr Anderson's claim was, in the circumstances, inappropriate. The Committee considers that it was not appropriate for Mr Anderson to claim for treatment that he should not have provided.</p> <p>The Committee therefore finds the facts alleged at heads of charge 17 (a) and 17 (b) proved.</p>
17. (c)	<p><i>Dentist 1 had not prescribed topical fluoride.</i></p> <p>Proved</p>
	<p>The Committee finds the facts alleged at heads of charge 17 (c) proved.</p> <p>As set out above in respect of earlier heads of charge, in his written evidence Witness E refers to the NHS regulations. Dr Scott also refers to these NHS regulations in his expert evidence. The Committee understands from this evidence that dental therapists at the time were not permitted to make claims under the NHS regulations, and that they should be working to the prescription of a dentist who had examined the patient and had formed a treatment plan before referring the patient to them.</p> <p>The Committee has found above that Patient 5 had not been examined or referred by Dentist 1, and for the avoidance of doubt the Committee considers that this also means that the treatment was provided without a prescription. The Committee accepted the expert opinion of Dr Scott that Mr Anderson's claim was, in the circumstances, inappropriate. The Committee considers that it was not appropriate for Mr Anderson to claim for treatment that he should not have provided.</p> <p>The Committee therefore finds the facts alleged at head of charge 17 (c) proved.</p>
Patient 6	
18.	<p><i>You caused or permitted a claim to be made in the name of Dentist 1 in respect of treatment provided to Patient 6 on 28 July 2022.</i></p> <p>Proved</p>

	<p>The Committee finds the facts alleged at head of charge 18 proved.</p> <p>The Committee had regard to the audit of claims data which demonstrates that a claim was made in Dentist 1's name in respect of treatment which was provided to Patient 6 on 28 July 2022, including composite filling treatment. The evidence of Dentist 1 as set out in his audit of claims data is that he had not seen Patient 6. The Committee considered that it was reasonable to infer that Dentist 1 had therefore not examined or referred the patient or provided the treatment in question. The Committee notes that Dentist 1's evidence is that, nonetheless, a claim for treatment was made in his name. Indeed, the evidence presented to the Committee is that Dentist 1 was not working at the practice on the day in question.</p> <p>The Committee accepts Dentist 1's evidence in this regard. It is satisfied of the veracity of Dentist 1's audit of claims data, as it has taken care to assure itself that it is consistent with the raw claims data referred to above, namely the spreadsheet compiled by the SDPB which sets out a number of claims for payment made in the name of Dentist 1. The Committee noted that Dentist 1 was assisted with preparing the audit of claims data by Witness B and Witness F as part of the practice's internal investigation. In the Committee's judgement this wider input provides further reassurance as to the accuracy of the audit of claims data. The Committee has also had regard to the fact that the GDC's expert witness, namely Dr Scott, has also considered the same data, and has not identified any discrepancy in the audit of claims data.</p> <p>The Committee also had regard to the patient's records, which demonstrate that Mr Anderson provided treatment on the date in question, namely 28 July 2022, including composite filling treatment. The patient records also record that a fee was applied to the treatment recorded on that date. The Committee notes from the patient records that Mr Anderson made this entry.</p> <p>Accordingly, the Committee finds that Mr Anderson caused or permitted the claim to be made in Dentist 1's name.</p> <p>The Committee therefore finds the facts alleged at head of charge 18 proved.</p>
19.	<i>Your claim was inappropriate in that:</i>
19. (a)	<p><i>Dentist 1 had not examined Patient 6;</i></p> <p>Proved</p>
19. (b)	<p><i>Dentist 1 had not referred Patient 6 to you.</i></p> <p>Proved</p>
	<p>The Committee finds the facts alleged at heads of charge 19 (a) and 19 (b) proved.</p> <p>As set out above in respect of earlier heads of charge, in his written evidence Witness E refers to the NHS regulations. Dr Scott also refers to these NHS regulations in his expert evidence. The Committee understands from this evidence that dental therapists at the time were not permitted to make claims under the NHS regulations, and that they should be working to the prescription of a dentist who had examined the patient and had formed a treatment plan before referring the patient to them.</p>

	<p>The Committee again notes from Dr Scott's evidence that, whilst dental therapists can see patients on a 'direct access' basis, there are no provisions under the NHS regulations for a dental therapist to open a course of treatment or to make an NHS claim. The Committee notes that in the patient's notes Mr Anderson recorded on 28 July 2022 that the patient in question was a direct access patient. Therefore, there should not have been a claim made on the NHS.</p> <p>The Committee has found above that Patient 6 had not been examined or referred by Dentist 1. The Committee accepted the expert opinion of Dr Scott that Mr Anderson's claim was, in the circumstances, inappropriate. The Committee considers that it was not appropriate for Mr Anderson to claim for treatment that he should not have provided.</p> <p>The Committee therefore finds the facts alleged at heads of charge 19 (a) and 19 (b) proved.</p>
Patient 7	
20.	<p><i>You caused or permitted a claim to be made in the name of Dentist 1 in respect of treatment provided to Patient 7 on 9 August 2022.</i></p> <p>Proved</p>
	<p>The Committee finds the facts alleged at head of charge 20 proved.</p> <p>The Committee had regard to the audit of claims data which demonstrates that a claim was made in Dentist 1's name in respect of treatment which was provided to Patient 7 on 9 August 2022, including an extensive clinical examination. The evidence of Dentist 1 as set out in his audit of claims data is that he had not seen Patient 7. The Committee considered that it was reasonable to infer that Dentist 1 had therefore not examined or referred the patient or provided the treatment in question. The Committee notes that Dentist 1's evidence is that, nonetheless, a claim for treatment was made in his name. Indeed, the evidence presented to the Committee is that Dentist 1 was not working at the practice on the day in question.</p> <p>The Committee accepts Dentist 1's evidence in this regard. It is satisfied of the veracity of Dentist 1's audit of claims data, as it has taken care to assure itself that it is consistent with the raw claims data referred to above, namely the spreadsheet compiled by the SDPB which sets out a number of claims for payment made in the name of Dentist 1. The Committee noted that Dentist 1 was assisted with preparing the audit of claims data by Witness B and Witness F as part of the practice's internal investigation. In the Committee's judgement this wider input provides further reassurance as to the accuracy of the audit of claims data. The Committee has also had regard to the fact that the GDC's expert witness, namely Dr Scott, has also considered the same data, and has not identified any discrepancy in the audit of claims data.</p> <p>The Committee also had regard to the patient's records, which demonstrate that Mr Anderson recorded that he provided treatment on the date in question, namely 9 August 2022, including an extensive clinical examination. The patient records also record that a fee was applied to the treatment recorded on that</p>

	<p>date. The Committee notes from the patient records that Mr Anderson made this entry.</p> <p>Accordingly, the Committee finds that Mr Anderson caused or permitted the claim to be made in Dentist 1's name.</p> <p>The Committee therefore finds the facts alleged at head of charge 20 proved.</p>
21.	<p><i>You failed to maintain any, or any adequate, clinical records of the treatment provided on 9 August 2022.</i></p> <p>Proved</p>
	<p>The Committee finds the facts alleged at head of charge 21 proved.</p> <p>The Committee notes from Mr Anderson's records of the treatment that he provided to Patient 7 as set out in the patient's records that on 9 August 2022 he recorded that he provided an extensive clinical examination to Patient 7.</p> <p>The Committee specifically accepts the expert evidence of Dr Ward that Mr Anderson was under a duty to maintain an adequate standard of record-keeping, particularly by reference to the Faculty of General Dental Practitioners guidance on <i>Clinical examination and record-keeping</i> ('FGDP guidance'), and that he failed to do so. The Committee also notes Dr Ward's reference to the GDC's <i>Standards for the Dental Team</i> (September 2013) and in particular standard 4.1, which requires a registrant to make and keep contemporaneous, complete and accurate patient records. The Committee considers that the entries that Mr Anderson made in the patient's records were basic in nature, and were in many cases generated by the computer software in use.</p> <p>The Committee has also had regard to the evidence of Witness C, who exhibits a copy of Mr Anderson's licence agreement relating to his work at the practice. The agreement requires that a dental therapist '<i>shall maintain full and accurate books and records of treatment provided and fees due</i>'.</p> <p>The Committee therefore finds the facts alleged at head of charge 21 proved.</p>
22.	<p><i>Your claim was inappropriate in that:</i></p>
22. (a)	<p><i>Dentist 1 had not examined Patient 7;</i></p> <p>Proved</p>
22. (b)	<p><i>Dentist 1 had not referred Patient 7 to you.</i></p> <p>Proved</p>
	<p>The Committee finds the facts alleged at heads of charge 22 (a) and 22 (b) proved.</p> <p>As set out above in respect of earlier heads of charge, in his written evidence Witness E refers to the NHS regulations. Dr Scott also refers to these NHS regulations in his expert evidence. The Committee understands from this evidence that dental therapists at the time were not permitted to make claims under the NHS regulations, and that they should be working to the prescription</p>

	<p>of a dentist who had examined the patient and had formed a treatment plan before referring the patient to them.</p> <p>The Committee has found above that Patient 7 had not been examined or referred by Dentist 1. The Committee accepted the expert opinion of Dr Scott that Mr Anderson's claim was, in the circumstances, inappropriate. The Committee considers that it was not appropriate for Mr Anderson to claim for treatment that he should not have provided.</p> <p>The Committee therefore finds the facts alleged at heads of charge 22 (a) and 22 (b) proved.</p>
Patient 8	
23.	<p><i>You caused or permitted a claim to be made in the name of Dentist 1 in respect of treatment provided to Patient 8 on 16 August 2022.</i></p> <p>Proved</p>
	<p>The Committee finds the facts alleged at head of charge 23 proved.</p> <p>The Committee had regard to the audit of claims data which demonstrates that a claim was made in Dentist 1's name in respect of treatment provided to Patient 8 on 16 August 2022, including fillings. The evidence of Dentist 1 as set out in his audit of claims data is that he had not seen Patient 8. The Committee considered that it was reasonable to infer that Dentist 1 had therefore not examined or referred the patient or provided the treatment in question. The Committee notes that Dentist 1's evidence is that, nonetheless, a claim for treatment was made in his name.</p> <p>The Committee accepts Dentist 1's evidence in this regard. It is satisfied of the veracity of Dentist 1's audit of claims data, as it has taken care to assure itself that it is consistent with the raw claims data referred to above, namely the spreadsheet compiled by the SDPB which sets out a number of claims for payment made in the name of Dentist 1. The Committee noted that Dentist 1 was assisted with preparing the audit of claims data by Witness B and Witness F as part of the practice's internal investigation. In the Committee's judgement this wider input provides further reassurance as to the accuracy of the audit of claims data. The Committee has also had regard to the fact that the GDC's expert witness, namely Dr Scott, has also considered the same data, and has not identified any discrepancy in the audit of claims data.</p> <p>The Committee also had regard to the patient's records, which demonstrate that Mr Anderson recorded that he provided treatment on the date in question, namely 16 August 2022, including fillings. The patient records also record that a fee was applied to the treatment recorded on that date. The Committee notes from the patient records that Mr Anderson made this entry.</p> <p>Accordingly, the Committee finds that Mr Anderson caused or permitted the claim to be made in Dentist 1's name.</p> <p>The Committee therefore finds the facts alleged at head of charge 23 proved.</p>
24.	<p><i>Your claim was inappropriate in that:</i></p>

24. (a)	<p><i>Dentist 1 had not examined Patient 8;</i></p> <p>Proved</p>
24. (b)	<p><i>Dentist 1 had not referred Patient 8 to you.</i></p> <p>Proved</p>
	<p>The Committee finds the facts alleged at heads of charge 24 (a) and 24 (b) proved.</p> <p>As set out above in respect of earlier heads of charge, in his written evidence Witness E refers to the NHS regulations. Dr Scott also refers to these NHS regulations in his expert evidence. The Committee understands from this evidence that dental therapists at the time were not permitted to make claims under the NHS regulations, and that they should be working to the prescription of a dentist who had examined the patient and had formed a treatment plan before referring the patient to them.</p> <p>The Committee again notes from Dr Scott's evidence that, whilst dental therapists can see patients on a 'direct access' basis, there are no provisions under the NHS regulations for a dental therapist to open a course of treatment or to make an NHS claim. The Committee notes that in the patient's notes Mr Anderson recorded on 16 August 2022 that the patient in question was a direct access patient. Therefore, there should not have been a claim made on the NHS.</p> <p>The Committee has found above that Patient 8 had not been examined or referred by Dentist 1. The Committee accepted the expert opinion of Dr Scott that Mr Anderson's claim was, in the circumstances, inappropriate. The Committee considers that it was not appropriate for Mr Anderson to claim for treatment that he should not have provided.</p> <p>The Committee therefore finds the facts alleged at heads of charge 24 (a) and 24 (b) proved.</p>
25.	<p><i>You recorded providing Patient 8 with a bite raising appliance under private contract on 25 August 2022.</i></p> <p>Proved</p>
	<p>The Committee finds the facts alleged at head of charge 25 proved.</p> <p>The Committee had regard to Patient 8's records. These records record that Mr Anderson provided a bite-raising appliance under private contract to Patient 8 on 25 August 2022. This entry is made in the patient's financial transaction history, which the Committee considers is an integral part of the patient's records.</p> <p>The Committee therefore finds the facts alleged at head of charge 25 proved.</p>
26.	<p><i>You ought not to have provided a bite raising appliance to Patient 8 as it was outside your Scope of Practice .</i></p>

	Proved
	<p>The Committee finds the facts alleged at head of charge 26 proved.</p> <p>The Committee had regard to Patient 8's records. These records record that Mr Anderson provide a bite-raising appliance to Patient 8 on 25 August 2022. The Committee relies on this contemporaneous documentary evidence, and finds that as a matter of fact Mr Anderson did indeed provide a bite-raising appliance.</p> <p>Having determined that Mr Anderson did, as a matter of fact, provide Patient 8 with a bite-raising appliance, it then considered whether he was entitled to do so.</p> <p>The Committee had regard to the GDC's <i>Scope of Practice</i> (2013) which does not permit a dental therapist to provide a bite-raising appliance. The Committee also had regard to the evidence of Witness B, who similarly states that a dental therapist is not entitled to provide a bite-raising appliance. The Committee also notes the view of the two expert witnesses, namely Dr Scott and Dr Ward, that a dental therapist is not entitled to provide a bite-raising appliance to a patient.</p> <p>The Committee finds that Mr Anderson ought not to have provided a bite-raising appliance to Patient 8. It therefore finds the facts alleged at head of charge 26 proved.</p>
Patient 9	
27.	<p><i>You recorded providing tooth whitening to Patient 9 under private contract on 30 August 2022.</i></p> <p>Proved</p>
	<p>The Committee finds the facts alleged at head of charge 27 proved.</p> <p>The Committee had regard to Patient 9's records. These records record that Mr Anderson provided tooth whitening treatment to Patient 9 on 30 August 2022. This entry is made in the patient's financial transaction history, which the Committee considers is an integral part of the patient's records.</p> <p>The Committee therefore finds the facts alleged at head of charge 27 proved.</p>
28.	<p><i>You ought not to have provided Patient 9 with tooth whitening in the absence of an appropriate prescription.</i></p> <p>Proved</p>
	<p>The Committee finds the facts alleged at head of charge 28 proved.</p> <p>The Committee notes that Mr Anderson recorded in Patient 9's records that he provided tooth whitening treatment to Patient 9. The Committee accepted as credible the oral evidence of Dentist 1 that he did not refer this or any other relevant patient for tooth whitening and had not made a prescription for such treatment. The Committee finds that, based on this evidence, Mr Anderson did</p>

	<p>indeed provide tooth whitening treatment to Patient 9 without a prescription from a dentist.</p> <p>Having determined that Mr Anderson did, as a matter of fact, provide Patient 9 with tooth whitening treatment, it then considered whether he was entitled to do so.</p> <p>As set out above, the Committee has been provided with a copy of the GDC's <i>Tooth Whitening Position Statement</i> (July 2016) in place at the material times, which states that tooth whitening must only be provided on the prescription of a dentist. The Committee also had regard to the GDC's <i>Scope of Practice</i> (2013) which also set out that tooth whitening can only be provided by a dental therapist on the prescription of a dentist. The Committee also had regard to a copy of Mr Anderson's licence agreement as exhibited by Witness C. It states that, '<i>in providing dental care and treatment at the dental centre, the therapist shall not undertake whitening unless under the prescription of a qualified and indemnified dentist who is engaged by the company</i>'. The Committee also had regard to the evidence of Witness B, who similarly states that a dental therapist can only provide tooth whitening treatment on a dentist's prescription.</p> <p>The Committee accepts the expert evidence of Dr Scott and Dr Ward that Mr Anderson provided tooth whitening treatment when he ought not to have done so, as he did so without the prescription of a dentist.</p> <p>The Committee therefore finds the facts alleged at head of charge 28 proved.</p>
Patient 10	
29.	<p><i>You caused or permitted a claim to be made in the name of Dentist 1 in respect of treatment provided to Patient 10 on 24 March 2022 which included the provision of topical fluoride.</i></p> <p>Proved</p>
	<p>The Committee finds the facts alleged at head of charge 29 proved.</p> <p>The Committee had regard to the audit of claims data which demonstrates that a claim was made in Dentist 1's name in respect of treatment provided to Patient 10 on 24 March 2022, including a scale and polish and the provision of topical fluoride. The evidence of Dentist 1 as set out in his audit of claims data is that he had not seen Patient 10. The Committee considered that it was reasonable to infer that Dentist 1 had therefore not examined or referred the patient or provided the treatment in question. The Committee notes that Dentist 1's evidence is that, nonetheless, a claim for treatment was made in his name.</p> <p>The Committee accepts Dentist 1's evidence in this regard. It is satisfied of the veracity of Dentist 1's audit of claims data, as it has taken care to assure itself that it is consistent with the raw claims data referred to above, namely the spreadsheet compiled by the SDPB which sets out a number of claims for payment made in the name of Dentist 1. The Committee noted that Dentist 1 was assisted with preparing the audit of claims data by Witness B and Witness F as part of the practice's internal investigation. In the Committee's judgement this wider input provides further reassurance as to the accuracy of the audit of claims data. The Committee has also had regard to the fact that the GDC's</p>

	<p>expert witness, namely Dr Scott, has also considered the same data, and has not identified any discrepancy in the audit of claims data.</p> <p>The Committee finds credible and accepts the written evidence of Witness F in relation to this particular patient. Witness F's evidence is that the claim for treatment was accepted on the date in question, namely 24 March 2022, but that the claim for topical fluoride was refused. This further demonstrates that Mr Anderson had indeed caused or permitted a claim to be made for topical fluoride.</p> <p>The Committee also had regard to the patient's records, which demonstrate that Mr Anderson recorded that he provided treatment on the date in question, namely 24 March 2022, including topical fluoride. The patient records also record that a fee was applied to the treatment recorded on that date. The Committee notes from the patient records that Mr Anderson made this entry.</p> <p>Accordingly, the Committee finds that Mr Anderson caused or permitted the claim to be made in Dentist 1's name.</p> <p>The Committee finds the facts alleged at head of charge 29 proved.</p>
30.	<i>Your claim was inappropriate in that:</i>
30. (a)	<p><i>Dentist 1 had not examined Patient 10;</i></p> <p>Proved</p>
30. (b)	<p><i>Dentist 1 had not referred Patient 10 to you;</i></p> <p>Proved</p>
	<p>The Committee finds the facts alleged at heads of charge 30 (a) and 30 (b) proved.</p> <p>As set out above in respect of earlier heads of charge, in his written evidence Witness E refers to the NHS regulations. Dr Scott also refers to these NHS regulations in his expert evidence. The Committee understands from this evidence that dental therapists at the time were not permitted to make claims under the NHS regulations, and that they should be working to the prescription of a dentist who had examined the patient and had formed a treatment plan before referring the patient to them.</p> <p>The Committee again notes from Dr Scott's evidence that, whilst dental therapists can see patients on a 'direct access' basis, there are no provisions under the NHS regulations for a dental therapist to open a course of treatment or to make an NHS claim. The Committee notes that in the patient's notes Mr Anderson recorded on 24 November 2021 that the patient in question was a direct access patient. Therefore, there should not have been a claim made on the NHS.</p> <p>The Committee has found above that Patient 10 had not been examined or referred by Dentist 1. The Committee accepted the expert opinion of Dr Scott that Mr Anderson's claim was, in the circumstances, inappropriate. The Committee considers that it was not appropriate for Mr Anderson to claim for treatment that he should not have provided.</p>

	The Committee therefore finds the facts alleged at heads of charge 30 (a) and 30 (b) proved.
30. (c)	<p><i>Dentist 1 had not prescribed topical fluoride;</i></p> <p>Proved</p>
	<p>The Committee finds the facts alleged at head of charge 30 (c) proved.</p> <p>As set out above in respect of earlier heads of charge, in his written evidence Witness E refers to the NHS regulations. Dr Scott also refers to these NHS regulations in his expert evidence. The Committee understands from this evidence that dental therapists at the time were not permitted to make claims under the NHS regulations, and that they should be working to the prescription of a dentist who had examined the patient and had formed a treatment plan before referring the patient to them.</p> <p>The Committee again notes from Dr Scott's evidence that, whilst dental therapists can see patients on a 'direct access' basis, there are no provisions under the NHS regulations for a dental therapist to open a course of treatment or to make an NHS claim.</p> <p>The Committee has found above that Patient 10 had not been examined or referred by Dentist 1, and for the avoidance of doubt the Committee considers that this also means that the treatment was provided without a prescription. The Committee accepted the expert opinion of Dr Scott that Mr Anderson's claim was, in the circumstances, inappropriate. The Committee considers that it was not appropriate for Mr Anderson to claim for treatment that he should not have provided.</p> <p>The Committee therefore finds the facts alleged at head of charge 30 (c) proved.</p>
30. (d)	<p><i>Topical fluoride was not provided as claimed.</i></p> <p>Not proved</p>
	<p>The Committee finds the facts alleged at head of charge 30 (d) not proved.</p> <p>The Committee has found above that Mr Anderson caused or permitted a claim to be made for topical fluoride. The Committee had regard to the patient's records, which demonstrate that Mr Anderson recorded that he provided treatment on the date in question, namely 24 March 2022, including topical fluoride. The Committee notes that this was a single entry beneath the patient's clinical charting, and the Committee notes that there are no references to the provision of topical fluoride in the narrative notes.</p> <p>The Committee accepts the expert evidence of Dr Scott that topical fluoride should ordinarily be provided over three appointments, unless the patient has an exceptional medical or dental condition which would make the provision at just one appointment appropriate. The Committee found no indication in the patient's records that the treatment was provided at more than one appointment. However, given the lack of detailed narrative in the patient's records, it is possible that the treatment was provided on 24 March 2022 only.</p>

	Having considered this evidence, the Committee does not consider that the evidence presented to it is sufficient to demonstrate that Mr Anderson did not provide the topical fluoride as claimed. As the Committee considers that the GDC has not adduced sufficient evidence in support of this head of charge, the Committee finds the facts alleged at head of charge 30 (d) not proved.
Patient 11	
31.	<p><i>You caused or permitted a claim to be made in the name of Dentist 1 in respect of treatment provided to Patient 11 on 24 November 2021.</i></p> <p>Proved</p>
	<p>The Committee finds the facts alleged at head of charge 31 proved.</p> <p>The Committee had regard to the audit of claims data which demonstrates that a claim was made in Dentist 1's name in respect of treatment provided to Patient 11 on 24 November 2021, including a scale and polish and a full case assessment. The evidence of Dentist 1 as set out in his audit of claims data is that he had not at that time seen Patient 11. The Committee considered that it was reasonable to infer that Dentist 1 had therefore not examined or referred the patient or provided the treatment in question. The Committee notes that Dentist 1's evidence is that, nonetheless, a claim for treatment was made in his name.</p> <p>The Committee accepts Dentist 1's evidence in this regard. It is satisfied of the veracity of Dentist 1's audit of claims data, as it has taken care to assure itself that it is consistent with the raw claims data referred to above, namely the spreadsheet compiled by the SDPB which sets out a number of claims for payment made in the name of Dentist 1. The Committee noted that Dentist 1 was assisted with preparing the audit of claims data by Witness B and Witness F as part of the practice's internal investigation. In the Committee's judgement this wider input provides further reassurance as to the accuracy of the audit of claims data. The Committee has also had regard to the fact that the GDC's expert witness, namely Dr Scott, has also considered the same data, and has not identified any discrepancy in the audit of claims data.</p> <p>The Committee also had regard to the patient's records, which demonstrate that Mr Anderson recorded that he provided treatment on the date in question, namely 24 November 2021, including a scale and polish and a full case assessment. The patient records also record that a fee was applied to the treatment recorded on that date. The Committee notes from the patient records that Mr Anderson made this entry.</p> <p>Accordingly, the Committee finds that Mr Anderson caused or permitted the claim to be made in Dentist 1's name.</p> <p>The Committee therefore finds the facts alleged at head of charge 31 proved.</p>
32.	<i>Your claim was inappropriate in that:</i>
32. (a)	<p><i>Dentist 1 had not examined Patient 11;</i></p> <p>Not proved</p>

32. (b)	<p><i>Dentist 1 had not referred Patient 11 to you.</i></p> <p>Not proved</p>
	<p>The Committee finds the facts alleged at heads of charge 32 (a) and 32 (b) not proved.</p> <p>As set out above in respect of earlier heads of charge, in his written evidence Witness E refers to the NHS regulations. Dr Scott also refers to these NHS regulations in his expert evidence. The Committee understands from this evidence that dental therapists at the time were not permitted to make claims under the NHS regulations, and that they should be working to the prescription of a dentist who had examined the patient and had formed a treatment plan before referring the patient to them.</p> <p>The Committee again notes from Dr Scott's evidence that, whilst dental therapists can see patients on a 'direct access' basis, there are no provisions under the NHS regulations for a dental therapist to open a course of treatment or to make an NHS claim.</p> <p>The Committee notes that a referral to Mr Anderson for periodontal treatment had been made by a dentist other than Dentist 1 some months previously on 15 April 2021, with the resulting appointments with Mr Anderson taking place on a number of occasions in June and July 2021. A further appointment then took place on 27 September 2021 in relation to restorations, in respect of which treatment no claim was made. There is then reference to the patient's appointment with the dentist on 25 October 2021, and no mention of a referral to Mr Anderson. Three days later, on 28 October 2021, Mr Anderson recorded that he saw the patient as part of the patient's ongoing periodontal treatment. There are then appointments with the dentist with no reference to a referral to the dental therapist. Mr Anderson then saw the patient on 24 November 2021.</p> <p>The Committee considers that the treatment that Mr Anderson provided, which includes the scale and polish and full case examination, was done following a dentist's examination and referral of the patient, albeit not Dentist 1. Accordingly, the Committee found that the claim was not inappropriate.</p> <p>The Committee therefore finds the facts alleged at heads of charge 32 (a) and 32 (b) not proved.</p>
33.	<p><i>You caused or permitted a claim or claims to be made in the name of Dentist 1 in respect of treatment provided to Patient 11:</i></p>
33. (a)	<p><i>between 27 January 2022 and 16 March 2022 including the provision of topical fluoride;</i></p> <p>Proved</p>
	<p>The Committee finds the facts alleged at head of charge 33 (a) proved.</p> <p>The Committee had regard to the audit of claims data which demonstrates that a claim was made in Dentist 1's name in respect of treatment provided to Patient 11 with a date of acceptance of 27 January 2022 and a date of completion of 16 March 2022, including topical fluoride. The evidence of Dentist 1 as set out in his audit of claims data is that he had seen Patient 11 but did</p>

	<p>not prescribe the treatment in question. The Committee notes that Dentist 1's evidence is that, nonetheless, a claim for treatment was made in his name.</p> <p>The Committee accepts Dentist 1's evidence in this regard. It is satisfied of the veracity of Dentist 1's audit of claims data, as it has taken care to assure itself that it is consistent with the raw claims data referred to above, namely the spreadsheet compiled by the SDPB which sets out a number of claims for payment made in the name of Dentist 1. The Committee noted that Dentist 1 was assisted with preparing the audit of claims data by Witness B and Witness F as part of the practice's internal investigation. In the Committee's judgement this wider input provides further reassurance as to the accuracy of the audit of claims data. The Committee has also had regard to the fact that the GDC's expert witness, namely Dr Scott, has also considered the same data, and has not identified any discrepancy in the audit of claims data.</p> <p>The Committee also had regard to the patient's records, which demonstrate that Mr Anderson recorded that he provided treatment on 16 March 2022, including the provision of topical fluoride. The Committee noted that Mr Anderson recorded in the patient's records that Patient 11 had in fact been referred to him by Dentist 1 for periodontal treatment. However, the Committee found that it preferred the evidence of Dentist 1 that there was no referral, noting that Dentist 1's oral evidence was clear, sworn, and was consistent with his written and documentary evidence to which a statement of truth was attached. The patient records also record that a fee was applied to the treatment recorded on that date. The Committee notes from the patient records that Mr Anderson made this entry.</p> <p>Accordingly, the Committee finds that Mr Anderson caused or permitted the claim to be made in Dentist 1's name.</p> <p>The Committee therefore finds the facts alleged at head of charge 33 (a) proved.</p>
33. (b)	<p><i>on 16 June 2022.</i></p> <p>Proved</p>
	<p>The Committee finds the facts alleged at head of charge 33 (b) proved.</p> <p>The Committee had regard to the audit of claims data which demonstrates that a claim was made in Dentist 1's name in respect of treatment provided to Patient 11 on 16 June 2022, including periodontal treatment and intensive instruction. The evidence of Dentist 1 as set out in his audit of claims data is that he had seen Patient 11 but did not prescribe the treatment in question. The Committee notes that Dentist 1's evidence is that, nonetheless, a claim for treatment was made in his name. The Committee accepts Dentist 1's evidence in this regard.</p> <p>The Committee notes that there is a discrepancy between the audit of claims data as referred to above, and the raw claims data, namely the spreadsheet compiled by the SDPB which sets out a number of claims for payment made in the name of Dentist 1, which records a full case assessment.</p> <p>However, having noted this discrepancy, the Committee also had regard to the patient's records, which demonstrate that Mr Anderson recorded that he provided treatment on 16 June 2022, including periodontal treatment and</p>

	<p>intensive instruction. The patient records also record that a fee was applied to the treatment recorded on that date. The Committee notes from the patient records that Mr Anderson made this entry.</p> <p>Accordingly, the Committee finds that Mr Anderson caused or permitted the claim to be made in Dentist 1's name.</p> <p>The Committee therefore finds the facts alleged at head of charge 33 (b) proved.</p>
34.	[withdrawn]
35.	<i>Your claim or claims were inappropriate in that:</i>
35. (a)	<p><i>Dentist 1 had not referred Patient 11 to you</i></p> <p>Proved</p>
35. (b)	<p><i>Dentist 1 had not prescribed topical fluoride;</i></p> <p>Proved</p>
	<p>The Committee finds the facts alleged at heads of charge 35 (a) and 35 (b) proved.</p> <p>As set out above in respect of earlier heads of charge, in his written evidence Witness E refers to the NHS regulations. Dr Scott also refers to these NHS regulations in his expert evidence. The Committee understands from this evidence that dental therapists at the time were not permitted to make claims under the NHS regulations, and that they should be working to the prescription of a dentist who had examined the patient and had formed a treatment plan before referring the patient to them.</p> <p>The Committee again notes from Dr Scott's evidence that, whilst dental therapists can see patients on a 'direct access' basis, there are no provisions under the NHS regulations for a dental therapist to open a course of treatment or to make an NHS claim.</p> <p>The Committee has found above that Patient 11 had not been referred by Dentist 1, and had not had topical fluoride prescribed by him. The Committee accepted the expert opinion of Dr Scott that Mr Anderson's claims were, in the circumstances, inappropriate. The Committee considers that it was not appropriate for Mr Anderson to claim for treatment that he should not have provided.</p> <p>The Committee therefore finds the facts alleged at heads of charge 35 (a) and 35 (b) proved.</p>
35. (c)	<p><i>Topical fluoride was not provided as claimed.</i></p> <p>Not proved</p>
	<p>The Committee finds the facts alleged at head of charge 35 (c) not proved.</p> <p>The Committee has found above that Mr Anderson caused or permitted a claim to be made for topical fluoride. The Committee had regard to the patient's</p>

	<p>records, which demonstrate that Mr Anderson recorded that he provided treatment on the date in question, namely 16 March 2022, including topical fluoride. The Committee notes that this was a single entry beneath the patient's clinical charting, and the Committee notes that there are no references to the provision of topical fluoride in the narrative notes.</p> <p>The Committee accepts the expert evidence of Dr Scott that topical fluoride should ordinarily be provided over three appointments, unless the patient has an exceptional medical or dental condition which would make the provision at just one appointment appropriate. The Committee found no indication in the patient's records that the treatment was provided at more than one appointment. However, given the lack of detailed narrative in the patient's records, it is possible that the treatment was provided on 16 March 2022 only.</p> <p>Having considered this evidence, the Committee does not consider that the evidence presented to it is sufficient to demonstrate that Mr Anderson did not provide the topical fluoride as claimed. As the Committee considers that the GDC has not adduced sufficient evidence in support of this head of charge, the Committee finds the facts alleged at head of charge 35 (c) not proved.</p>
Patient 12	
36.	<p><i>You caused or permitted a claim to be made in the name of Dentist 1 in respect of treatment provided to Patient 12 on 23 August 2022 including the provision of topical fluoride.</i></p> <p>Proved</p>
	<p>The Committee finds the facts alleged at head of charge 36 proved.</p> <p>The Committee had regard to the audit of claims data which demonstrates that a claim was made in Dentist 1's name in respect of treatment provided to Patient 12 on 23 August 2022, including the provision of topical fluoride. The evidence of Dentist 1 as set out in his audit of claims data is that he had not seen Patient 12. The Committee considered that it was reasonable to infer that Dentist 1 had therefore not examined or referred the patient or provided the treatment in question. The Committee notes that Dentist 1's evidence is that, nonetheless, a claim for treatment was made in his name.</p> <p>The Committee accepts Dentist 1's evidence in this regard. It is satisfied of the veracity of Dentist 1's audit of claims data, as it has taken care to assure itself that it is consistent with the raw claims data referred to above, namely the spreadsheet compiled by the SDPB which sets out a number of claims for payment made in the name of Dentist 1. The Committee noted that Dentist 1 was assisted with preparing the audit of claims data by Witness B and Witness F as part of the practice's internal investigation. In the Committee's judgement this wider input provides further reassurance as to the accuracy of the audit of claims data. The Committee has also had regard to the fact that the GDC's expert witness, namely Dr Scott, has also considered the same data, and has not identified any discrepancy in the audit of claims data.</p> <p>The Committee also had regard to the patient's records, which demonstrate that Mr Anderson recorded that he provided treatment on the date in question, namely 23 August 2022, including the provision of topical fluoride. The patient records also record that a fee was applied to the treatment recorded on that</p>

	<p>date. The Committee notes from the patient records that Mr Anderson made this entry.</p> <p>Accordingly, the Committee finds that Mr Anderson caused or permitted the claim to be made in Dentist 1's name.</p> <p>The Committee therefore finds the facts alleged at head of charge 36 proved.</p>
37.	<i>Your claim was inappropriate in that:</i>
37. (a)	<p><i>Dentist 1 had not examined Patient 12;</i></p> <p>Proved</p>
37. (b)	<p><i>Dentist 1 had not referred Patient 12 to you;</i></p> <p>Proved</p>
	<p>The Committee finds the facts alleged at heads of charge 37 (a) and 37 (b) proved.</p> <p>As set out above in respect of earlier heads of charge, in his written evidence Witness E refers to the NHS regulations. Dr Scott also refers to these NHS regulations in his expert evidence. The Committee understands from this evidence that dental therapists at the time were not permitted to make claims under the NHS regulations, and that they should be working to the prescription of a dentist who had examined the patient and had formed a treatment plan before referring the patient to them.</p> <p>The Committee has found above that Patient 12 had not been examined or referred by Dentist 1. The Committee accepted the expert opinion of Dr Scott that Mr Anderson's claim was, in the circumstances, inappropriate. The Committee considers that it was not appropriate for Mr Anderson to claim for treatment that he should not have provided.</p> <p>The Committee therefore finds the facts alleged at heads of charge 37 (a) and 37 (b) proved.</p>
37. (c)	<p><i>Dentist 1 had not prescribed topical fluoride;</i></p> <p>Proved</p>
	<p>The Committee finds the facts alleged at head of charge 37 (c) proved.</p> <p>As set out above in respect of earlier heads of charge, in his written evidence Witness E refers to the NHS regulations. Dr Scott also refers to these NHS regulations in his expert evidence. The Committee understands from this evidence that dental therapists at the time were not permitted to make claims under the NHS regulations, and that they should be working to the prescription of a dentist who had examined the patient and had formed a treatment plan before referring the patient to them.</p> <p>The Committee has found above that Patient 12 had not been examined or referred by Dentist 1, and for the avoidance of doubt the Committee considers that this also means that the treatment was provided without a prescription.</p>

	<p>The Committee accepted the expert opinion of Dr Scott that Mr Anderson's claim was, in the circumstances, inappropriate. The Committee considers that it was not appropriate for Mr Anderson to claim for treatment that he should not have provided.</p> <p>The Committee therefore finds the facts alleged at head of charge 37 (c) proved.</p>
37. (d)	<p><i>Topical fluoride was not provided as claimed.</i></p> <p>Not proved</p>
	<p>The Committee finds the facts alleged at head of charge 37 (d) not proved.</p> <p>The Committee has found above that Mr Anderson caused or permitted a claim to be made for topical fluoride. The Committee had regard to the patient's records, which demonstrate that Mr Anderson recorded that he provided treatment on the date in question, namely 23 August 2022, including topical fluoride. The Committee notes that this was a single entry beneath the patient's clinical charting, and the Committee notes that there are no references to the provision of topical fluoride in the narrative notes.</p> <p>The Committee accepts the expert evidence of Dr Scott that topical fluoride should ordinarily be provided over three appointments, unless the patient has an exceptional medical or dental condition which would make the provision at just one appointment appropriate. The Committee found no indication in the patient's records that the treatment was provided at more than one appointment. However, given the lack of detailed narrative in the patient's records, it is possible that the treatment was provided on 23 August 2022 only.</p> <p>Having considered this evidence, the Committee does not consider that the evidence presented to it is sufficient to demonstrate that Mr Anderson did not provide the topical fluoride as claimed. As the Committee considers that the GDC has not adduced sufficient evidence in support of this head of charge, the Committee finds the facts alleged at head of charge 37 (d) not proved.</p>
Patient 13	
38.	<p><i>You caused or permitted a claim to be made in the name of Dentist 1 in respect of treatment provided to Patient 13 between 12 April 2022 and 16 June 2022 including the provision of topical fluoride.</i></p> <p>Proved</p>
	<p>The Committee finds the facts alleged at head of charge 38 proved.</p> <p>The Committee had regard to the audit of claims data which demonstrates that a claim was made in Dentist 1's name in respect of treatment provided to Patient 13 with a date of acceptance of 12 April 2022 and a date of completion of 16 June 2022, including the provision of topical fluoride. The evidence of Dentist 1 as set out in his audit of claims data is that he had seen Patient 13 before the claim in question, including on 24 February 2022, but did not prescribe the treatment in question. The Committee notes that Dentist 1's evidence is that, nonetheless, a claim for treatment was made in his name.</p>

	<p>The Committee accepts Dentist 1's evidence in this regard. It is satisfied of the veracity of Dentist 1's audit of claims data, as it has taken care to assure itself that it is consistent with the raw claims data referred to above, namely the spreadsheet compiled by the SDPB which sets out a number of claims for payment made in the name of Dentist 1. The Committee noted that Dentist 1 was assisted with preparing the audit of claims data by Witness B and Witness F as part of the practice's internal investigation. In the Committee's judgement this wider input provides further reassurance as to the accuracy of the audit of claims data. The Committee has also had regard to the fact that the GDC's expert witness, namely Dr Scott, has also considered the same data, and has not identified any discrepancy in the audit of claims data.</p> <p>The Committee also had regard to the patient's records, which demonstrate that Mr Anderson recorded that he provided treatment on 9 June 2022, including the provision of topical fluoride. The patient records also record that a fee was applied to the treatment recorded on that date. The Committee notes from the patient records that Mr Anderson made this entry.</p> <p>Accordingly, the Committee finds that Mr Anderson caused or permitted the claim to be made in Dentist 1's name.</p> <p>The Committee therefore finds the facts alleged at head of charge 38 proved.</p>
39.	<i>Your claim was inappropriate in that:</i>
39. (a)	<p><i>Dentist 1 had not prescribed topical fluoride;</i></p> <p>Proved</p>
	<p>The Committee finds the facts alleged at head of charge 39 (a) proved.</p> <p>As set out above in respect of earlier heads of charge, in his written evidence Witness E refers to the NHS regulations. Dr Scott also refers to these NHS regulations in his expert evidence. The Committee understands from this evidence that dental therapists at the time were not permitted to make claims under the NHS regulations, and that they should be working to the prescription of a dentist who had examined the patient and had formed a treatment plan before referring the patient to them.</p> <p>The Committee has found above that Patient 13 had been examined by Dentist 1 on 24 February 2022 and referred for further treatment, but that the referral was not for the provision of topical fluoride. The Committee has also found above that Dentist 1 did not prescribe topical fluoride. The Committee accepted the expert opinion of Dr Scott that Mr Anderson's claim was, in the circumstances, inappropriate. The Committee considers that it was not appropriate for Mr Anderson to claim for treatment that he should not have provided.</p> <p>The Committee therefore finds the facts alleged at head of charge 39 (a) proved.</p>
39. (b)	<p><i>Topical fluoride was not provided as claimed.</i></p> <p>Not proved</p>

	<p>The Committee finds the facts alleged at head of charge 39 (b) not proved.</p> <p>The Committee has found above that Mr Anderson caused or permitted a claim to be made for topical fluoride. The Committee had regard to the patient's records, which demonstrate that Mr Anderson recorded that he provided treatment on the date in question, namely 9 June 2022, including topical fluoride. The Committee notes that this was a single entry beneath the patient's clinical charting, and the Committee notes that there are no references to the provision of topical fluoride in the narrative notes.</p> <p>The Committee accepts the expert evidence of Dr Scott that topical fluoride should ordinarily be provided over three appointments, unless the patient has an exceptional medical or dental condition which would make the provision at just one appointment appropriate. The Committee found no indication in the patient's records that the treatment was provided at more than one appointment. However, given the lack of detailed narrative in the patient's records, it is possible that the treatment was provided on 9 June 2022 only.</p> <p>Having considered this evidence, the Committee does not consider that the evidence presented to it is sufficient to demonstrate that Mr Anderson did not provide the topical fluoride as claimed. As the Committee considers that the GDC has not adduced sufficient evidence in support of this head of charge, the Committee finds the facts alleged at head of charge 39 (b) not proved.</p>
Patient 14	
40.	<p><i>You caused or permitted a claim to be made in the name of Dentist 1 in respect of treatment provided to Patient 14 on 28 July 2022 including the provision of topical fluoride.</i></p> <p>Proved</p>
	<p>The Committee finds the facts alleged at head of charge 40 proved.</p> <p>The Committee had regard to the audit of claims data which demonstrates that a claim was made in Dentist 1's name in respect of treatment provided to Patient 14 on 28 July 2022, including the provision of topical fluoride. The evidence of Dentist 1 as set out in his audit of claims data is that he had seen the patient, but did not make a prescription for the provision of topical fluoride. The Committee notes that Dentist 1's evidence is that, nonetheless, a claim for treatment was made in his name.</p> <p>The Committee accepts Dentist 1's evidence in this regard. It is satisfied of the veracity of Dentist 1's audit of claims data, as it has taken care to assure itself that it is consistent with the raw claims data referred to above, namely the spreadsheet compiled by the SDPB which sets out a number of claims for payment made in the name of Dentist 1. The Committee noted that Dentist 1 was assisted with preparing the audit of claims data by Witness B and Witness F as part of the practice's internal investigation. In the Committee's judgement this wider input provides further reassurance as to the accuracy of the audit of claims data. The Committee has also had regard to the fact that the GDC's expert witness, namely Dr Scott, has also considered the same data, and has not identified any discrepancy in the audit of claims data.</p>

	<p>The Committee also had regard to the patient's records, which demonstrate that Mr Anderson recorded that he provided treatment on the date in question, namely 28 July 2022, including the provision of topical fluoride. The patient records also record that a fee was applied to the treatment recorded on that date. The Committee notes from the patient records that Mr Anderson made this entry.</p> <p>Accordingly, the Committee finds that Mr Anderson caused or permitted the claim to be made in Dentist 1's name.</p> <p>The Committee therefore finds the facts alleged at head of charge 40 proved.</p>
41.	<i>Your claim was inappropriate in that:</i>
41. (a)	<p><i>Dentist 1 had not prescribed topical fluoride;</i></p> <p>Proved</p>
	<p>The Committee finds the facts alleged at head of charge 41 (a) proved.</p> <p>As set out above in respect of earlier heads of charge, in his written evidence Witness E refers to the NHS regulations. Dr Scott also refers to these NHS regulations in his expert evidence. The Committee understands from this evidence that dental therapists at the time were not permitted to make claims under the NHS regulations, and that they should be working to the prescription of a dentist who had examined the patient and had formed a treatment plan before referring the patient to them.</p> <p>The Committee has found above that Patient 14 had been seen by Dentist 1, but that Dentist 1 had not made a prescription for the provision of topical fluoride. The Committee accepted the expert opinion of Dr Scott that Mr Anderson's claim was, in the circumstances, inappropriate. The Committee considers that it was not appropriate for Mr Anderson to claim for treatment that he should not have provided.</p> <p>The Committee therefore finds the facts alleged at head of charge 41 (a) proved.</p>
41. (b)	<p><i>Topical fluoride was not provided as claimed.</i></p> <p>Not proved</p>
	<p>The Committee finds the facts alleged at head of charge 41 (b) not proved.</p> <p>The Committee has found above that Mr Anderson caused or permitted a claim to be made for topical fluoride. The Committee had regard to the patient's records, which demonstrate that Mr Anderson recorded that he provided treatment on the date in question, namely 28 July 2022, including topical fluoride. The Committee notes that this was a single entry beneath the patient's clinical charting, and the Committee notes that there are no references to the provision of topical fluoride in the narrative notes.</p> <p>The Committee accepts the expert evidence of Dr Scott that topical fluoride should ordinarily be provided over three appointments, unless the patient has an exceptional medical or dental condition which would make the provision at</p>

	<p>just one appointment appropriate. The Committee found no indication in the patient's records that the treatment was provided at more than one appointment. However, given the lack of detailed narrative in the patient's records, it is possible that the treatment was provided on 28 July 2022 only.</p> <p>Having considered this evidence, the Committee does not consider that the evidence presented to it is sufficient to demonstrate that Mr Anderson did not provide the topical fluoride as claimed. As the Committee considers that the GDC has not adduced sufficient evidence in support of this head of charge, the Committee finds the facts alleged at head of charge 41 (b) not proved.</p>
Patient 15	
42.	<p><i>You caused or permitted a claim to be made in the name of Dentist 1 in respect of treatment provided to Patient 15 on 9 August 2022.</i></p> <p>Proved</p>
	<p>The Committee finds the facts alleged at head of charge 42 proved.</p> <p>The Committee had regard to the audit of claims data which demonstrates that a claim was made in Dentist 1's name in respect of treatment provided to Patient 15 on 9 August 2022, including an extensive clinical examination. The evidence of Dentist 1 as set out in his audit of claims data is that he had not seen Patient 15. The Committee considered that it was reasonable to infer that Dentist 1 had therefore not examined or referred the patient or provided the treatment in question. The Committee notes that Dentist 1's evidence is that, nonetheless, a claim for treatment was made in his name. Indeed, the evidence presented to the Committee is that Dentist 1 was not working at the practice on the day in question.</p> <p>The Committee accepts Dentist 1's evidence in this regard. It is satisfied of the veracity of Dentist 1's audit of claims data, as it has taken care to assure itself that it is consistent with the raw claims data referred to above, namely the spreadsheet compiled by the SDPB which sets out a number of claims for payment made in the name of Dentist 1. The Committee noted that Dentist 1 was assisted with preparing the audit of claims data by Witness B and Witness F as part of the practice's internal investigation. In the Committee's judgement this wider input provides further reassurance as to the accuracy of the audit of claims data. The Committee has also had regard to the fact that the GDC's expert witness, namely Dr Scott, has also considered the same data, and has not identified any discrepancy in the audit of claims data.</p> <p>The Committee also had regard to the patient's records, which demonstrate that Mr Anderson recorded that he provided treatment on the date in question, namely 9 August 2022, consisting of an extensive clinical examination. The patient records also record that a fee was applied to the treatment recorded on that date. The Committee notes from the patient records that Mr Anderson made this entry.</p> <p>Accordingly, the Committee finds that Mr Anderson caused or permitted the claim to be made in Dentist 1's name.</p> <p>The Committee therefore finds the facts alleged at head of charge 42 proved.</p>

43.	<p><i>You failed to maintain any, or any adequate records, of the treatment provided on 9 August 2022.</i></p> <p>Proved</p>
	<p>The Committee finds the facts alleged at head of charge 43 proved.</p> <p>The Committee notes from Mr Anderson's records of the treatment that he provided to Patient 15, as set out in the patient's records, that on 9 August 2022 he recorded that he provided an extensive clinical examination to Patient 15.</p> <p>The Committee specifically accepts the expert evidence of Dr Ward that Mr Anderson was under a duty to maintain an adequate standard of record-keeping, particularly by reference to the Faculty of General Dental Practitioners guidance on <i>Clinical examination and record-keeping</i> ('FGDP guidance'), and that he failed to do so. The Committee also notes Dr Ward's reference to the GDC's <i>Standards for the Dental Team</i> (September 2013) and in particular standard 4.1, which requires a registrant to make and keep contemporaneous, complete and accurate patient records. The Committee considers that the entries that Mr Anderson made in the patient's records were basic in nature, and were in many cases generated by the computer software in use. The Committee notes that Dr Scott is similarly critical of the inadequacy of the records. The Committee notes that there are no notes in the narrative within the patient records setting out detail about the extensive clinical examination.</p> <p>The Committee has also had regard to the evidence of Witness C, who exhibits a copy of Mr Anderson's licence agreement relating to his work at the practice. The agreement requires that a dental therapist '<i>shall maintain full and accurate books and records of treatment provided and fees due</i>'.</p> <p>The Committee therefore finds the facts alleged at head of charge 43 proved.</p>
44.	<p><i>Your claim was inappropriate in that:</i></p>
44. (a)	<p><i>Dentist 1 had not examined Patient 15;</i></p> <p>Proved</p>
44. (b)	<p><i>Dentist 1 had not referred Patient 15 to you.</i></p> <p>Proved</p>
	<p>The Committee finds the facts alleged at heads of charge 44 (a) and 44 (b) proved.</p> <p>As set out above in respect of earlier heads of charge, in his written evidence Witness E refers to the NHS regulations. Dr Scott also refers to these NHS regulations in his expert evidence. The Committee understands from this evidence that dental therapists at the time were not permitted to make claims under the NHS regulations, and that they should be working to the prescription of a dentist who had examined the patient and had formed a treatment plan before referring the patient to them.</p> <p>The Committee has found above that Patient 15 had not been examined or referred by Dentist 1. The Committee accepted the expert opinion of Dr Scott</p>

	<p>that Mr Anderson's claim was, in the circumstances, inappropriate. The Committee considers that it was not appropriate for Mr Anderson to claim for treatment that he should not have provided.</p> <p>The Committee therefore finds the facts alleged at heads of charge 44 (a) and 44 (b) proved.</p>
Patient 16	
45.	<p><i>You caused or permitted a claim to be made in the name of Dentist 1 in respect of treatment provided to Patient 16 on 30 August 2022 including the provision of topical fluoride.</i></p> <p>Proved</p>
	<p>The Committee finds the facts alleged at head of charge 45 proved.</p> <p>The Committee had regard to the audit of claims data which demonstrates that a claim was made in Dentist 1's name in respect of treatment provided to Patient 16 on 30 August 2022, including the provision of topical fluoride. The evidence of Dentist 1 as set out in his audit of claims data is that he had not seen Patient 16. The Committee considered that it was reasonable to infer that Dentist 1 had therefore not examined or referred the patient or provided the treatment in question. The Committee further infers that this means that Dentist 1 did not make a prescription for the provision of topical fluoride. The Committee notes that Dentist 1's evidence is that, nonetheless, a claim for treatment was made in his name.</p> <p>The Committee accepts Dentist 1's evidence in this regard. It is satisfied of the veracity of Dentist 1's audit of claims data, as it has taken care to assure itself that it is consistent with the raw claims data referred to above, namely the spreadsheet compiled by the SDPB which sets out a number of claims for payment made in the name of Dentist 1. The Committee noted that Dentist 1 was assisted with preparing the audit of claims data by Witness B and Witness F as part of the practice's internal investigation. In the Committee's judgement this wider input provides further reassurance as to the accuracy of the audit of claims data. The Committee has also had regard to the fact that the GDC's expert witness, namely Dr Scott, has also considered the same data, and has not identified any discrepancy in the audit of claims data.</p> <p>The Committee also had regard to the patient's records, which demonstrate that Mr Anderson recorded that he provided treatment on the date in question, namely 30 August 2022, including the provision of topical fluoride. The patient records also record that a fee was applied to the treatment recorded on that date. The Committee notes from the patient records that Mr Anderson made this entry.</p> <p>Accordingly, the Committee finds that Mr Anderson caused or permitted the claim to be made in Dentist 1's name.</p> <p>The Committee therefore finds the facts alleged at head of charge 45 proved.</p>
46.	<p><i>You failed to maintain any, or any adequate, records of the treatment provided on 30 August 2022.</i></p>

	Proved
	<p>The Committee finds the facts alleged at head of charge 46 proved.</p> <p>The Committee notes from Mr Anderson's records of the treatment that he provided to Patient 16, as set out in the patient's records, that on 30 August 2022 he recorded that he provided an extensive clinical examination and topical fluoride to Patient 16.</p> <p>The Committee specifically accepts the expert evidence of Dr Ward that Mr Anderson was under a duty to maintain an adequate standard of record-keeping, particularly by reference to the Faculty of General Dental Practitioners guidance on <i>Clinical examination and record-keeping</i> ('FGDP guidance'), and that he failed to do so. The Committee also notes Dr Ward's reference to the GDC's <i>Standards for the Dental Team</i> (September 2013) and in particular standard 4.1, which requires a registrant to make and keep contemporaneous, complete and accurate patient records. The Committee considers that the entries that Mr Anderson made in the patient's records were basic in nature, and were in many cases generated by the computer software in use. The Committee notes that Dr Scott is similarly critical of the inadequacy of the records. The Committee notes that there are no notes in the narrative within the patient records setting out detail about the extensive clinical examination or provision of topical fluoride.</p> <p>The Committee has also had regard to the evidence of Witness C, who exhibits a copy of Mr Anderson's licence agreement relating to his work at the practice. The agreement requires that a dental therapist '<i>shall maintain full and accurate books and records of treatment provided and fees due</i>'.</p> <p>The Committee therefore finds the facts alleged at head of charge 46 proved.</p>
47.	<i>Your claim was inappropriate in that:</i>
47. (a)	<p><i>Dentist 1 had not examined Patient 16;</i></p> <p>Proved</p>
47. (b)	<p><i>Dentist 1 had not referred Patient 16 to you;</i></p> <p>Proved</p>
	<p>The Committee finds the facts alleged at heads of charge 47 (a) and 47 (b) proved.</p> <p>As set out above in respect of earlier heads of charge, in his written evidence Witness E refers to the NHS regulations. Dr Scott also refers to these NHS regulations in his expert evidence. The Committee understands from this evidence that dental therapists at the time were not permitted to make claims under the NHS regulations, and that they should be working to the prescription of a dentist who had examined the patient and had formed a treatment plan before referring the patient to them.</p> <p>The Committee has found above that Patient 16 had not been examined or referred by Dentist 1. The Committee accepted the expert opinion of Dr Scott that Mr Anderson's claim was, in the circumstances, inappropriate. The</p>

	<p>Committee considers that it was not appropriate for Mr Anderson to claim for treatment that he should not have provided.</p> <p>The Committee therefore finds the facts alleged at heads of charge 47 (a) and 47 (b) proved.</p>
47. (c)	<p><i>Dentist 1 had not prescribed topical fluoride.</i></p> <p>Proved</p>
	<p>The Committee finds the facts alleged at head of charge 47 (c) proved.</p> <p>As set out above in respect of earlier heads of charge, in his written evidence Witness E refers to the NHS regulations. Dr Scott also refers to these NHS regulations in his expert evidence. The Committee understands from this evidence that dental therapists at the time were not permitted to make claims under the NHS regulations, and that they should be working to the prescription of a dentist who had examined the patient and had formed a treatment plan before referring the patient to them.</p> <p>The Committee has found above that Patient 16 had not been examined or referred by Dentist 1, and again for the avoidance of doubt the Committee considers that this also means that the treatment was provided without a prescription. The Committee accepted the expert opinion of Dr Scott that Mr Anderson's claim was, in the circumstances, inappropriate. The Committee considers that it was not appropriate for Mr Anderson to claim for treatment that he should not have provided.</p> <p>The Committee therefore finds the facts alleged at head of charge 47 (c) proved.</p>
Patient 17	
48.	<p><i>You caused or permitted a claim or claims to be made in the name of Dentist 1 in respect of treatment provided to Patient 17:</i></p>
48. (a)	<p><i>between 1 June 2022 and 16 June 2022;</i></p> <p>Proved</p>
	<p>The Committee finds the facts alleged at head of charge 48 (a) proved.</p> <p>The Committee had regard to the audit of claims data which demonstrates that a claim was made in Dentist 1's name in respect of treatment provided to Patient 17 with a date of acceptance of 1 June 2022 and a date of completion of 16 June 2022, including a scale and polish. The evidence of Dentist 1 as set out in his audit of claims data is that he had not seen Patient 17. The Committee considered that it was reasonable to infer that Dentist 1 had therefore not examined or referred the patient or provided the treatment in question. The Committee notes that Dentist 1's evidence is that, nonetheless, a claim for treatment was made in his name.</p> <p>The Committee accepts Dentist 1's evidence in this regard. It is satisfied of the veracity of Dentist 1's audit of claims data, as it has taken care to assure itself that it is consistent with the raw claims data referred to above, namely the</p>

	<p>spreadsheet compiled by the SDPB which sets out a number of claims for payment made in the name of Dentist 1. The Committee noted that Dentist 1 was assisted with preparing the audit of claims data by Witness B and Witness F as part of the practice's internal investigation. In the Committee's judgement this wider input provides further reassurance as to the accuracy of the audit of claims data. The Committee has also had regard to the fact that the GDC's expert witness, namely Dr Scott, has also considered the same data, and has not identified any discrepancy in the audit of claims data.</p> <p>The Committee also had regard to the patient's records, which demonstrate that Mr Anderson recorded that he provided treatment on the date in question, namely 1 June 2022, including a scale and polish. The patient records also record that a fee was applied to the treatment recorded on that date. The Committee notes from the patient records that Mr Anderson made this entry.</p> <p>Accordingly, the Committee finds that Mr Anderson caused or permitted the claim to be made in Dentist 1's name.</p> <p>The Committee therefore finds the facts alleged at head of charge 48 (a) proved.</p>
48. (b)	<p><i>on 10 August 2022 including the provision of topical fluoride.</i></p> <p>Proved</p>
	<p>The Committee finds the facts alleged at head of charge 48 (b) proved.</p> <p>The Committee had regard to the audit of claims data which demonstrates that a claim was made in Dentist 1's name in respect of treatment provided to Patient 17 on 10 August 2022, including the provision of topical fluoride. The evidence of Dentist 1 as set out in his audit of claims data is that he had not seen Patient 17. The Committee considered that it was reasonable to infer that Dentist 1 had therefore not examined or referred the patient or provided the treatment in question. The Committee also noted that Dentist 1 recorded in his audit of claims data that he did not prescribe topical fluoride. The Committee notes that Dentist 1's evidence is that, nonetheless, a claim for treatment was made in his name. Indeed, the evidence presented to the Committee is that Dentist 1 was not working at the practice on the day in question.</p> <p>The Committee accepts Dentist 1's evidence in this regard. The Committee noted that the claim does not appear in the raw claims data referred to above, namely the spreadsheet compiled by the SDPB which sets out a number of claims for payment made in the name of Dentist 1. It notes that in his evidence Witness F explains that the claim is missing from the raw data for legitimate reasons, as the claim was rejected. The Committee noted that Dentist 1 was assisted with preparing the audit of claims data by Witness B and Witness F as part of the practice's internal investigation. In the Committee's judgement this wider input provides further reassurance as to the accuracy of the audit of claims data. The Committee has also had regard to the fact that the GDC's expert witness, namely Dr Scott, has also considered the same data, and has not identified any discrepancy in the audit of claims data.</p> <p>The Committee also had regard to the patient's records, which demonstrate that Mr Anderson recorded that he provided treatment on the date in question, namely 10 August 2022, including the provision of topical fluoride. The patient records also record that a fee was applied to the treatment recorded on that</p>

	<p>date. The Committee notes from the patient records that Mr Anderson made this entry.</p> <p>Accordingly, the Committee finds that Mr Anderson caused or permitted the claim to be made in Dentist 1's name.</p> <p>The Committee therefore finds the facts alleged at head of charge 48 (b) proved.</p>
49.	<p><i>You failed to maintain any, or any adequate, records of the treatment provided between 1 June 2022 and 16 June 2022.</i></p> <p>Proved</p>
	<p>The Committee finds the facts alleged at head of charge 49 proved.</p> <p>The Committee notes from Mr Anderson's records of the treatment that he provided to Patient 17, as set out in the patient's records, that on 1 June 2022 he recorded that he provided a scale and polish to Patient 17.</p> <p>The Committee specifically accepts the expert evidence of Dr Ward that Mr Anderson was under a duty to maintain an adequate standard of record-keeping, particularly by reference to the Faculty of General Dental Practitioners guidance on <i>Clinical examination and record-keeping</i> ('FGDP guidance'), and that he failed to do so. The Committee also notes Dr Ward's reference to the GDC's <i>Standards for the Dental Team</i> (September 2013) and in particular standard 4.1, which requires a registrant to make and keep contemporaneous, complete and accurate patient records. The Committee considers that the entries that Mr Anderson made in the patient's records were basic in nature, and were in many cases generated by the computer software in use. The Committee notes that Dr Scott is similarly critical of the inadequacy of the records. The Committee notes that there are no notes in the narrative within the patient records setting out detail about the scale and polish.</p> <p>The Committee has also had regard to the evidence of Witness C, who exhibits a copy of Mr Anderson's licence agreement relating to his work at the practice. The agreement requires that a dental therapist '<i>shall maintain full and accurate books and records of treatment provided and fees due</i>'.</p> <p>The Committee therefore finds the facts alleged at head of charge 49 proved.</p>
50.	<p><i>Your claim or claims were inappropriate in that:</i></p>
50. (a)	<p><i>Dentist 1 had not examined Patient 17;</i></p> <p>Proved</p>
50. (b)	<p><i>Dentist 1 had not referred Patient 17 to you;</i></p> <p>Proved</p>
	<p>The Committee finds the facts alleged at heads of charge 50 (a) and 50 (b) proved.</p>

	<p>As set out above in respect of earlier heads of charge, in his written evidence Witness E refers to the NHS regulations. Dr Scott also refers to these NHS regulations in his expert evidence. The Committee understands from this evidence that dental therapists at the time were not permitted to make claims under the NHS regulations, and that they should be working to the prescription of a dentist who had examined the patient and had formed a treatment plan before referring the patient to them.</p> <p>The Committee has found above that Patient 17 had not been examined or referred by Dentist 1. The Committee accepted the expert opinion of Dr Scott that Mr Anderson's claims were, in the circumstances, inappropriate. The Committee considers that it was not appropriate for Mr Anderson to claim for treatment that he should not have provided.</p> <p>The Committee therefore finds the facts alleged at heads of charge 50 (a) and 50 (b) proved.</p>
50. (c)	<p><i>Dentist 1 had not prescribed topical fluoride;</i></p> <p>Proved</p>
	<p>The Committee finds the facts alleged at head of charge 50 (c) proved.</p> <p>As set out above in respect of earlier heads of charge, in his written evidence Witness E refers to the NHS regulations. Dr Scott also refers to these NHS regulations in his expert evidence. The Committee understands from this evidence that dental therapists at the time were not permitted to make claims under the NHS regulations, and that they should be working to the prescription of a dentist who had examined the patient and had formed a treatment plan before referring the patient to them.</p> <p>The Committee has found above that Dentist 1 had not prescribed topical fluoride. The Committee accepted the expert opinion of Dr Scott that Mr Anderson's claim was, in the circumstances, inappropriate. The Committee considers that it was not appropriate for Mr Anderson to claim for treatment that he should not have provided.</p> <p>The Committee therefore finds the facts alleged at head of charge 50 (c) proved.</p>
50. (d)	<p><i>Topical fluoride was not provided as claimed.</i></p> <p>Not proved</p>
	<p>The Committee finds the facts alleged at head of charge 50 (d) not proved.</p> <p>The Committee has found above that Mr Anderson caused or permitted a claim to be made for topical fluoride. The Committee had regard to the patient's records, which demonstrate that Mr Anderson recorded that he provided treatment on the date in question, namely 10 August 2022, including topical fluoride. The Committee notes that this was a single entry beneath the patient's clinical charting, and the Committee notes that there are no references to the provision of topical fluoride in the narrative notes.</p>

	<p>The Committee accepts the expert evidence of Dr Scott that topical fluoride should ordinarily be provided over three appointments, unless the patient has an exceptional medical or dental condition which would make the provision at just one appointment appropriate. The Committee found no indication in the patient's records that the treatment was provided at more than one appointment. However, given the lack of detailed narrative in the patient's records, it is possible that the treatment was provided on 10 August 2022 only.</p> <p>Having considered this evidence, the Committee does not consider that the evidence presented to it is sufficient to demonstrate that Mr Anderson did not provide the topical fluoride as claimed. As the Committee considers that the GDC has not adduced sufficient evidence in support of this head of charge, the Committee finds the facts alleged at head of charge 50 (d) not proved.</p>
Patient 20	
51.	<p><i>You caused or permitted a claim to be made in the name of Dentist 1 in respect of treatment provided to Patient 20 on 12 August 2022.</i></p> <p>Proved</p>
	<p>The Committee finds the facts alleged at head of charge 51 proved.</p> <p>The Committee had regard to the audit of claims data which demonstrates that a claim was made in Dentist 1's name in respect of treatment provided to Patient 20 on 12 August 2022, namely an extensive clinical examination and colour photographs. The evidence of Dentist 1 as set out in his audit of claims data is that he had not seen Patient 20. The Committee considered that it was reasonable to infer that Dentist 1 had therefore not examined or referred the patient or provided the treatment in question. The Committee notes that Dentist 1's evidence is that, nonetheless, a claim for treatment was made in his name. Indeed, the evidence presented to the Committee is that Dentist 1 was not working at the practice on the day in question.</p> <p>The Committee accepts Dentist 1's evidence in this regard. It is satisfied of the veracity of Dentist 1's audit of claims data, as it has taken care to assure itself that it is consistent with the raw claims data referred to above, namely the spreadsheet compiled by the SDPB which sets out a number of claims for payment made in the name of Dentist 1. The Committee noted that Dentist 1 was assisted with preparing the audit of claims data by Witness B and Witness F as part of the practice's internal investigation. In the Committee's judgement this wider input provides further reassurance as to the accuracy of the audit of claims data. The Committee has also had regard to the fact that the GDC's expert witness, namely Dr Scott, has also considered the same data, and has not identified any discrepancy in the audit of claims data.</p> <p>The Committee also had regard to the patient's records, which demonstrate that Mr Anderson recorded that he provided treatment on the date in question, namely 20 August 2022, consisting of an extensive clinical examination and colour photographs. The patient records also record that a fee was applied to the treatment recorded on that date. The Committee notes from the patient records that Mr Anderson made this entry.</p> <p>Accordingly, the Committee finds that Mr Anderson caused or permitted the claim to be made in Dentist 1's name.</p>

	The Committee therefore finds the facts alleged at head of charge 51 proved.
52.	<p><i>You failed to maintain any, or any adequate, records of the treatment provided on 12 August 2022.</i></p> <p>Proved</p>
	<p>The Committee finds the facts alleged at head of charge 52 proved.</p> <p>The Committee notes from Mr Anderson's records of the treatment that he provided to Patient 20, as set out in the patient's records, that on 12 August 2022 he recorded that he provided an extensive clinical examination and colour photographs to Patient 20.</p> <p>The Committee specifically accepts the expert evidence of Dr Ward that Mr Anderson was under a duty to maintain an adequate standard of record-keeping, particularly by reference to the Faculty of General Dental Practitioners guidance on <i>Clinical examination and record-keeping</i> ('FGDP guidance'), and that he failed to do so. The Committee also notes Dr Ward's reference to the GDC's <i>Standards for the Dental Team</i> (September 2013) and in particular standard 4.1, which requires a registrant to make and keep contemporaneous, complete and accurate patient records. The Committee considers that the entries that Mr Anderson made in the patient's records were basic in nature, and were in many cases generated by the computer software in use. The Committee notes that Dr Scott is similarly critical of the inadequacy of the records. The Committee notes that there are no notes in the narrative within the patient records setting out detail about the extensive clinical examination.</p> <p>The Committee has also had regard to the evidence of Witness C, who exhibits a copy of Mr Anderson's licence agreement relating to his work at the practice. The agreement requires that a dental therapist '<i>shall maintain full and accurate books and records of treatment provided and fees due</i>'.</p> <p>The Committee therefore finds the facts alleged at head of charge 52 proved.</p>
53.	<i>Your claim was inappropriate in that:</i>
53. (a)	<p><i>Dentist 1 had not examined Patient 20;</i></p> <p>Proved</p>
53. (b)	<p><i>Dentist 1 had not referred Patient 20 to you.</i></p> <p>Proved</p>
	<p>The Committee finds the facts alleged at heads of charge 53 (a) and 53 (b) proved.</p> <p>As set out above in respect of earlier heads of charge, in his written evidence Witness E refers to the NHS regulations. Dr Scott also refers to these NHS regulations in his expert evidence. The Committee understands from this evidence that dental therapists at the time were not permitted to make claims under the NHS regulations, and that they should be working to the prescription</p>

	<p>of a dentist who had examined the patient and had formed a treatment plan before referring the patient to them.</p> <p>The Committee has found above that Patient 20 had not been examined or referred by Dentist 1. The Committee accepted the expert opinion of Dr Scott that Mr Anderson's claims were, in the circumstances, inappropriate. The Committee considers that it was not appropriate for Mr Anderson to claim for treatment that he should not have provided.</p> <p>The Committee therefore finds the facts alleged at heads of charge 53 (a) and 53 (b) proved.</p>
Patient 22	
54.	<p><i>You caused or permitted a claim to be made in the name of Dentist 1 in respect of treatment provided to Patient 22 on 8 August 2022.</i></p> <p>Proved</p>
	<p>The Committee finds the facts alleged at head of charge 54 proved.</p> <p>The Committee had regard to the audit of claims data which demonstrates that a claim was made in Dentist 1's name in respect of treatment provided to Patient 22 on 8 August 2022, including an extensive clinical examination and colour photographs. The evidence of Dentist 1 as set out in his audit of claims data is that he had not seen Patient 22. The Committee considered that it was reasonable to infer that Dentist 1 had therefore not examined or referred the patient or provided the treatment in question. The Committee notes that Dentist 1's evidence is that, nonetheless, a claim for treatment was made in his name. Indeed, the evidence presented to the Committee is that Dentist 1 was not working at the practice on the day in question.</p> <p>The Committee accepts Dentist 1's evidence in this regard. It is satisfied of the veracity of Dentist 1's audit of claims data, as it has taken care to assure itself that it is consistent with the raw claims data referred to above, namely the spreadsheet compiled by the SDPB which sets out a number of claims for payment made in the name of Dentist 1. The Committee noted that Dentist 1 was assisted with preparing the audit of claims data by Witness B and Witness F as part of the practice's internal investigation. In the Committee's judgement this wider input provides further reassurance as to the accuracy of the audit of claims data. The Committee has also had regard to the fact that the GDC's expert witness, namely Dr Scott, has also considered the same data, and has not identified any discrepancy in the audit of claims data.</p> <p>The Committee also had regard to the patient's records, which demonstrate that Mr Anderson recorded that he provided treatment on the date in question, namely 8 August 2022 of an extensive clinical examination. The patient records also record that a fee was applied to the treatment recorded on that date. The Committee notes from the patient records that Mr Anderson made this entry.</p> <p>Accordingly, the Committee finds that Mr Anderson caused or permitted the claim to be made in Dentist 1's name.</p> <p>The Committee therefore finds the facts alleged at head of charge 54 proved.</p>

55.	<p><i>You failed to maintain any, or any adequate, records of the treatment provided on 8 August 2022.</i></p> <p>Proved</p>
	<p>The Committee finds the facts alleged at head of charge 55 proved.</p> <p>The Committee notes from Mr Anderson's records of the treatment that he provided to Patient 22, as set out in the patient's records, that on 12 August 2022 he recorded that he provided an extensive clinical examination to Patient 22.</p> <p>The Committee specifically accepts the expert evidence of Dr Ward that Mr Anderson was under a duty to maintain an adequate standard of record-keeping, particularly by reference to the Faculty of General Dental Practitioners guidance on <i>Clinical examination and record-keeping</i> ('FGDP guidance'), and that he failed to do so. The Committee also notes Dr Ward's reference to the GDC's <i>Standards for the Dental Team</i> (September 2013) and in particular standard 4.1, which requires a registrant to make and keep contemporaneous, complete and accurate patient records. The Committee considers that the entries that Mr Anderson made in the patient's records were basic in nature, and were in many cases generated by the computer software in use. The Committee notes that Dr Scott is similarly critical of the inadequacy of the records. The Committee notes that there are no notes in the narrative within the patient records setting out detail about the extensive clinical examination.</p> <p>The Committee has also had regard to the evidence of Witness C, who exhibits a copy of Mr Anderson's licence agreement relating to his work at the practice. The agreement requires that a dental therapist '<i>shall maintain full and accurate books and records of treatment provided and fees due</i>'.</p> <p>The Committee therefore finds the facts alleged at head of charge 55 proved.</p>
56.	<p><i>Your claim was inappropriate in that:</i></p>
56. (a)	<p><i>Dentist 1 had not examined Patient 22;</i></p> <p>Proved</p>
56. (b)	<p><i>Dentist 1 had not referred Patient 22 to you.</i></p> <p>Proved</p>
	<p>The Committee finds the facts alleged at heads of charge 56 (a) and 56 (b) proved.</p> <p>As set out above in respect of earlier heads of charge, in his written evidence Witness E refers to the NHS regulations. Dr Scott also refers to these NHS regulations in his expert evidence. The Committee understands from this evidence that dental therapists at the time were not permitted to make claims under the NHS regulations, and that they should be working to the prescription of a dentist who had examined the patient and had formed a treatment plan before referring the patient to them.</p>

	<p>The Committee has found above that Patient 22 had not been examined or referred by Dentist 1. The Committee accepted the expert opinion of Dr Scott that Mr Anderson's claims were, in the circumstances, inappropriate. The Committee considers that it was not appropriate for Mr Anderson to claim for treatment that he should not have provided.</p> <p>The Committee therefore finds the facts alleged at heads of charge 56 (a) and 56 (b) proved.</p>
Patient 23	
57.	<i>You caused or permitted a claim or claims to be made in the name of Dentist 1 in respect of treatment provided to Patient 23:</i>
57. (a)	<p><i>on 21 December 2021 including the provision of local anaesthetic;</i></p> <p>Not proved</p>
	<p>The Committee finds the facts alleged at head of charge 57 (a) not proved.</p> <p>Although the Committee could see evidence for a claim submitted by Mr Anderson on 21 December 2021, this claim did not specify the provision of local anaesthetic. The Committee notes the expert evidence of Dr Scott, in particular, that such a claim could not in any event have been made under the NHS regulations, with no item code being available for local anaesthetic.</p> <p>The Committee had regard to the patient records for Patient 23. These records demonstrate that Mr Anderson recorded that he provided treatment to the patient in question on the date specified, namely 21 December 2021. However, these records include a reference to Mr Anderson not providing local anaesthetic on the date in question.</p> <p>The Committee finds that the GDC has not demonstrated to the standard required that Mr Anderson made, or could have made, the claim alleged. The Committee therefore finds the facts alleged at head of charge 57 (a) not proved.</p>
57. (b)	<p><i>on 14 March 2022 including the provision of topical fluoride;</i></p> <p>Proved</p>
	<p>The Committee finds the facts alleged at head of charge 57 (b) proved.</p> <p>The Committee had regard to the audit of claims data which demonstrates that a claim was made in Dentist 1's name in respect of treatment provided to Patient 23 on 14 March 2022, including the provision of topical fluoride. The evidence of Dentist 1 as set out in his audit of claims data is that he had not seen Patient 23. The Committee considered that it was reasonable to infer that Dentist 1 had therefore not examined or referred the patient or provided the treatment in question. The Committee also notes that Dentist 1's evidence is that he did not make a prescription for the provision of topical fluoride. The Committee notes that Dentist 1's evidence is that, nonetheless, a claim for treatment was made in his name.</p> <p>The Committee accepts Dentist 1's evidence in this regard. The Committee noted that the claim does not appear in the raw claims data referred to above,</p>

	<p>namely the spreadsheet compiled by the SDPB which sets out a number of claims for payment made in the name of Dentist 1. It notes that in his evidence Witness F explains that the claim is missing from the raw data for legitimate reasons, as the claim was rejected. The Committee noted that Dentist 1 was assisted with preparing the audit of claims data by Witness B and Witness F as part of the practice's internal investigation. In the Committee's judgement this wider input provides further reassurance as to the accuracy of the audit of claims data. The Committee has also had regard to the fact that the GDC's expert witness, namely Dr Scott, has also considered the same data, and has not identified any discrepancy in the audit of claims data.</p> <p>The Committee also had regard to the patient's records, which demonstrate that Mr Anderson recorded that he provided treatment on the date in question, namely 14 March 2022, including the provision of topical fluoride. The patient records also record that a fee was applied to the treatment recorded on that date. The Committee notes from the patient records that Mr Anderson made this entry.</p> <p>Accordingly, the Committee finds that Mr Anderson caused or permitted the claim to be made in Dentist 1's name.</p> <p>The Committee therefore finds the facts alleged at head of charge 57 (b) proved.</p>
57. (c)	<p><i>on 8 August 2022 including the provision of local anaesthetic.</i></p> <p>Not proved</p>
	<p>The Committee finds the facts alleged at head of charge 57 (c) not proved.</p> <p>Although the Committee could see evidence for a claim submitted by Mr Anderson on 8 August 2022, this claim did not specify the provision of local anaesthetic. The Committee notes the expert evidence of Dr Scott, in particular, that such a claim could not in any event have been made under the NHS regulations, with no item code being available for local anaesthetic.</p> <p>The Committee had regard to the patient records for Patient 23. These records demonstrate that Mr Anderson recorded that he provided treatment to the patient in question on the date specified, namely 8 August 2022. However, these records include a reference to Mr Anderson not providing local anaesthetic on the date in question.</p> <p>The Committee finds that the GDC has not demonstrated to the standard required that Mr Anderson made, or could have made, the claim alleged. The Committee therefore finds the facts alleged at head of charge 57 (c) not proved.</p>
58.	<p><i>You recorded in the patient's records on 21 December 2021 and/or 9 August 2022 that Patient 23 had been referred to you by Dentist 1 when they had not.</i></p> <p>Proved</p>
	<p>The Committee finds the facts alleged at head of charge 58 proved.</p>

	<p>The Committee again had regard to the patient records for Patient 23. It notes that Mr Anderson recorded on 21 December 2021 and 8 August 2022 that the patient had been referred by Dentist 1. The Committee notes that this head of charge refers to the date of 9 August 2022, which in his expert evidence Dr Scott suggested may relate to the date on which some of the patient records were made. However, the Committee notes that the patient's previous appointments were both with Mr Anderson in August 2021 and no dentist had recorded a referral around the dates in question. The Committee infers that Dentist 1 had not referred Patient 23 to Mr Anderson, contrary to Mr Anderson's record. Indeed, the evidence presented to the Committee is that Dentist 1 was not working at the practice on the days in question.</p> <p>The Committee also had regard to the audit of claims data in which Dentist 1 states that he had not in fact seen, or therefore referred, the patient as recorded by Mr Anderson. The Committee accepts Dentist 1's evidence in this regard. It is satisfied of the veracity of Dentist 1's audit of claims data, as it has taken care to assure itself that it is consistent with the raw claims data referred to above, namely the spreadsheet compiled by the SDPB which sets out a number of claims for payment made in the name of Dentist 1. The Committee noted that Dentist 1 was assisted with preparing the audit of claims data by Witness B and Witness F as part of the practice's internal investigation. In the Committee's judgement this wider input provides further reassurance as to the accuracy of the audit of claims data. The Committee has also had regard to the fact that the GDC's expert witness, namely Dr Scott, has also considered the same data, and has not identified any discrepancy in the audit of claims data.</p> <p>The Committee therefore finds the facts alleged at head of charge 58 proved.</p>
59.	<p><i>You failed to maintain any, or any adequate, records of the treatment provided on 14 March 2022.</i></p> <p>Proved</p>
	<p>The Committee finds the facts alleged at head of charge 59 proved.</p> <p>The Committee notes from Mr Anderson's records of the treatment that he provided to Patient 23, as set out in the patient's records, that on 14 March 2022 he recorded that he provided intensive instruction, a scale and polish and topical fluoride to Patient 23.</p> <p>The Committee specifically accepts the expert evidence of Dr Ward that Mr Anderson was under a duty to maintain an adequate standard of record-keeping, particularly by reference to the Faculty of General Dental Practitioners guidance on <i>Clinical examination and record-keeping</i> ('FGDP guidance'), and that he failed to do so. The Committee also notes Dr Ward's reference to the GDC's <i>Standards for the Dental Team</i> (September 2013) and in particular standard 4.1, which requires a registrant to make and keep contemporaneous, complete and accurate patient records. The Committee considers that the entries that Mr Anderson made in the patient's records were basic in nature, and were in many cases generated by the computer software in use. The Committee notes that Dr Scott is similarly critical of the inadequacy of the records. The Committee notes that there are no notes in the narrative within the patient records setting out detail about the treatment, namely intensive instruction, a scale and polish and topical fluoride.</p>

	<p>The Committee has also had regard to the evidence of Witness C, who exhibits a copy of Mr Anderson's licence agreement relating to his work at the practice. The agreement requires that a dental therapist '<i>shall maintain full and accurate books and records of treatment provided and fees due</i>'.</p> <p>The Committee therefore finds the facts alleged at head of charge 59 proved.</p>
60.	<i>Your claim or claims were inappropriate in that:</i>
60. (a)	<p><i>Dentist 1 had not examined Patient 23;</i></p> <p>Proved</p>
60. (b)	<p><i>Dentist 1 had not referred Patient 23 to you;</i></p> <p>Proved</p>
	<p>In approaching this head of charge the Committee reminded itself that it found above at heads of charge 57 (a) and 57 (c) that the GDC had not demonstrated to the standard required that Mr Anderson used and claimed for the use of local anaesthetic. The Committee has therefore confined itself at heads of charge 60 (a), 60 (b), 60 (c) and 60 (d) to consider Mr Anderson's claim for topical fluoride as referred to at head of charge 57 (b).</p> <p>The Committee finds the facts alleged at heads of charge 60 (a) and 60 (b) proved.</p> <p>As set out above in respect of earlier heads of charge, in his written evidence Witness E refers to the NHS regulations. Dr Scott also refers to these NHS regulations in his expert evidence. The Committee understands from this evidence that dental therapists at the time were not permitted to make claims under the NHS regulations, and that they should be working to the prescription of a dentist who had examined the patient and had formed a treatment plan before referring the patient to them.</p> <p>The Committee has found above that Patient 23 had not been examined or referred by Dentist 1. The Committee accepted the expert opinion of Dr Scott that Mr Anderson's claims were, in the circumstances, inappropriate. The Committee considers that it was not appropriate for Mr Anderson to claim for treatment that he should not have provided.</p> <p>The Committee therefore finds the facts alleged at heads of charge 60 (a) and 60 (b) proved.</p>
60. (c)	<p><i>Dentist 1 had not prescribed topical fluoride and/ or local anaesthetic;</i></p> <p>Proved</p>
	<p>The Committee finds the facts alleged at head of charge 60 (c) proved.</p> <p>As set out above in respect of earlier heads of charge, in his written evidence Witness E refers to the NHS regulations. Dr Scott also refers to these NHS regulations in his expert evidence. The Committee understands from this evidence that dental therapists at the time were not permitted to make claims under the NHS regulations, and that they should be working to the prescription</p>

	<p>of a dentist who had examined the patient and had formed a treatment plan before referring the patient to them.</p> <p>The Committee has found above that Dentist 1 had not prescribed topical fluoride. The Committee accepted the expert opinion of Dr Scott that Mr Anderson's claim was, in the circumstances, inappropriate. The Committee considers that it was not appropriate for Mr Anderson to claim for treatment that he should not have provided.</p> <p>The Committee therefore finds the facts alleged at head of charge 60 (c) proved.</p>
60. (d)	<p><i>Topical fluoride was not provided as claimed.</i></p> <p>Not proved</p>
	<p>The Committee finds the facts alleged at head of charge 60 (d) not proved.</p> <p>The Committee has found above that Mr Anderson caused or permitted a claim to be made for topical fluoride. The Committee had regard to the patient's records, which demonstrate that Mr Anderson recorded that he provided treatment on the date in question, namely 14 March 2022, including topical fluoride. The Committee notes that this was a single entry beneath the patient's clinical charting, and the Committee notes that there are no references to the provision of topical fluoride in the narrative notes.</p> <p>The Committee accepts the expert evidence of Dr Scott that topical fluoride should ordinarily be provided over three appointments, unless the patient has an exceptional medical or dental condition which would make the provision at just one appointment appropriate. The Committee found no indication in the patient's records that the treatment was provided at more than one appointment. However, given the lack of detailed narrative in the patient's records, it is possible that the treatment was provided on 14 March 2022 only.</p> <p>Having considered this evidence, the Committee does not consider that the evidence presented to it is sufficient to demonstrate that Mr Anderson did not provide the topical fluoride as claimed. As the Committee considers that the GDC has not adduced sufficient evidence in support of this head of charge, the Committee finds the facts alleged at head of charge 60 (d) not proved.</p>
Patient 26	
61.	<p><i>You caused or permitted a claim to be made in the name of Dentist 1 in respect of treatment provided to Patient 26 on 8 June 2022 including the provision of topical fluoride.</i></p> <p>Proved</p>
	<p>The Committee finds the facts alleged at head of charge 61 proved.</p> <p>The Committee had regard to the audit of claims data which demonstrates that a claim was made in Dentist 1's name in respect of treatment provided to Patient 26 on 8 June 2022, including the provision of topical fluoride. The evidence of Dentist 1 as set out in his audit of claims data is that he had not</p>

	<p>seen Patient 26. The Committee considered that it was reasonable to infer that Dentist 1 had therefore not examined or referred the patient or provided the treatment in question. The Committee also notes that Dentist 1's evidence is that he did not make a prescription for the provision of topical fluoride. The Committee notes that Dentist 1's evidence is that, nonetheless, a claim for treatment was made in his name.</p> <p>The Committee accepts Dentist 1's evidence in this regard. The Committee noted that the claim does not appear in the raw claims data referred to above, namely the spreadsheet compiled by the SDPB which sets out a number of claims for payment made in the name of Dentist 1. It notes that in his evidence Witness F explains that the claim is missing from the raw data for legitimate reasons, as the claim was deleted and did not proceed. The Committee noted that Dentist 1 was assisted with preparing the audit of claims data by Witness B and Witness F as part of the practice's internal investigation. In the Committee's judgement this wider input provides further reassurance as to the accuracy of the audit of claims data. The Committee has also had regard to the fact that the GDC's expert witness, namely Dr Scott, has also considered the same data, and has not identified any discrepancy in the audit of claims data.</p> <p>The Committee also had regard to the patient's records, which demonstrate that Mr Anderson recorded that he provided treatment on the date in question, namely 8 June 2022, including the provision of topical fluoride. The patient records also record that a fee was applied to the treatment recorded on that date. The Committee notes from the patient records that Mr Anderson made this entry.</p> <p>Accordingly, the Committee finds that Mr Anderson caused or permitted the claim to be made in Dentist 1's name.</p> <p>The Committee therefore finds the facts alleged at head of charge 61 proved.</p>
62.	<p><i>You recorded in the patient's records on 8 June 2022 that Patient 26 had been referred to you by Dentist 1 when they had not.</i></p> <p>Proved</p>
	<p>The Committee finds the facts alleged at head of charge 62 proved.</p> <p>The Committee again had regard to the patient records for Patient 26. It notes that Mr Anderson recorded on 8 June 2022 that the patient had been referred by Dentist 1. However, the Committee notes that the patient's previous appointment was with Mr Anderson in March 2022. No dentist had recorded a referral around the dates in question, and the last appointment that the patient had with a dentist was in December 2021. The Committee infers that Dentist 1 had not referred Patient 26 to Mr Anderson, contrary to Mr Anderson's record. Indeed, the evidence presented to the Committee is that Dentist 1 was not working at the practice on the day in question.</p> <p>The Committee also had regard to the audit of claims data in which Dentist 1 states that he had not in fact seen, or therefore referred, the patient as recorded by Mr Anderson. The Committee accepts Dentist 1's evidence in this regard. It is satisfied of the veracity of Dentist 1's audit of claims data, as it has taken care to assure itself that it is consistent with the raw claims data referred to above, namely the spreadsheet compiled by the SDPB which sets out a number of claims for payment made in the name of Dentist 1. The Committee</p>

	<p>noted that Dentist 1 was assisted with preparing the audit of claims data by Witness B and Witness F as part of the practice's internal investigation. In the Committee's judgement this wider input provides further reassurance as to the accuracy of the audit of claims data. The Committee has also had regard to the fact that the GDC's expert witness, namely Dr Scott, has also considered the same data, and has not identified any discrepancy in the audit of claims data.</p> <p>The Committee therefore finds the facts alleged at head of charge 62 proved.</p>
63.	<i>Your claim was inappropriate in that:</i>
63. (a)	<p><i>Dentist 1 had not examined Patient 26;</i></p> <p>Proved</p>
63. (b)	<p><i>Dentist 1 had not referred Patient 26 to you;</i></p> <p>Proved</p>
	<p>The Committee finds the facts alleged at heads of charge 63 (a) and 63 (b) proved.</p> <p>As set out above in respect of earlier heads of charge, in his written evidence Witness E refers to the NHS regulations. Dr Scott also refers to these NHS regulations in his expert evidence. The Committee understands from this evidence that dental therapists at the time were not permitted to make claims under the NHS regulations, and that they should be working to the prescription of a dentist who had examined the patient and had formed a treatment plan before referring the patient to them.</p> <p>The Committee again notes from Dr Scott's evidence that, whilst dental therapists can see patients on a 'direct access' basis, there are no provisions under the NHS regulations for a dental therapist to open a course of treatment or to make an NHS claim.</p> <p>The Committee has found above that Patient 26 had not been examined or referred by Dentist 1. The Committee accepted the expert opinion of Dr Scott that Mr Anderson's claim was, in the circumstances, inappropriate. The Committee considers that it was not appropriate for Mr Anderson to claim for treatment that he should not have provided.</p> <p>The Committee therefore finds the facts alleged at heads of charge 63 (a) and 63 (b) proved.</p>
63. (c)	<p><i>Dentist 1 had not prescribed topical fluoride;</i></p> <p>Proved</p>
	<p>The Committee finds the facts alleged at head of charge 63 (c) proved.</p> <p>As set out above in respect of earlier heads of charge, in his written evidence Witness E refers to the NHS regulations. Dr Scott also refers to these NHS regulations in his expert evidence. The Committee understands from this evidence that dental therapists at the time were not permitted to make claims under the NHS regulations, and that they should be working to the prescription</p>

	<p>of a dentist who had examined the patient and had formed a treatment plan before referring the patient to them.</p> <p>The Committee has found above that Dentist 1 had not examined or referred the patient, and that Dentist 1's evidence is that he did not prescribe the treatment in question. The Committee accepted the expert opinion of Dr Scott that Mr Anderson's claim was, in the circumstances, inappropriate. The Committee considers that it was not appropriate for Mr Anderson to claim for treatment that he should not have provided.</p> <p>The Committee therefore finds the facts alleged at head of charge 63 (c) proved.</p>
63. (d)	<p><i>Topical fluoride was not provided as claimed.</i></p> <p>Not proved</p>
	<p>The Committee finds the facts alleged at head of charge 63 (d) not proved.</p> <p>The Committee has found above that Mr Anderson caused or permitted a claim to be made for topical fluoride. The Committee had regard to the patient's records, which demonstrate that Mr Anderson recorded that he provided treatment on the date in question, namely 8 June 2022, including topical fluoride. The Committee notes that this was a single entry beneath the patient's clinical charting, and the Committee notes that there are no references to the provision of topical fluoride in the narrative notes.</p> <p>The Committee accepts the expert evidence of Dr Scott that topical fluoride should ordinarily be provided over three appointments, unless the patient has an exceptional medical or dental condition which would make the provision at just one appointment appropriate. The Committee found no indication in the patient's records that the treatment was provided at more than one appointment. However, given the lack of detailed narrative in the patient's records, it is possible that the treatment was provided on 8 June 2022 only.</p> <p>Having considered this evidence, the Committee does not consider that the evidence presented to it is sufficient to demonstrate that Mr Anderson did not provide the topical fluoride as claimed. As the Committee considers that the GDC has not adduced sufficient evidence in support of this head of charge, the Committee finds the facts alleged at head of charge 63 (d) not proved.</p>
Patient 27	
64.	<p><i>You caused or permitted a claim to be made in the name of Dentist 1 in respect of treatment provided to Patient 27 on 21 September 2021.</i></p> <p>Proved</p>
	<p>The Committee finds the facts alleged at head of charge 64 proved.</p> <p>The Committee had regard to the audit of claims data which demonstrates that a claim was made in Dentist 1's name in respect of treatment provided to Patient 27 on 21 September 2021, namely composite fillings. The evidence of Dentist 1 as set out in his audit of claims data is that he had not seen Patient</p>

	<p>27. The Committee considered that it was reasonable to infer that Dentist 1 had therefore not examined or referred the patient or provided the treatment in question. The Committee also notes that Dentist 1's evidence is that he did not make a prescription for the treatment. The Committee notes that Dentist 1's evidence is that, nonetheless, a claim for treatment was made in his name. Indeed, the evidence presented to the Committee is that Dentist 1 did not commence practice at the surgery until the following day, namely 22 September 2021.</p> <p>The Committee accepts Dentist 1's evidence in this regard. It is satisfied of the veracity of Dentist 1's audit of claims data, as it has taken care to assure itself that it is consistent with the raw claims data referred to above, namely the spreadsheet compiled by the SDPB which sets out a number of claims for payment made in the name of Dentist 1. The Committee noted that Dentist 1 was assisted with preparing the audit of claims data by Witness B and Witness F as part of the practice's internal investigation. In the Committee's judgement this wider input provides further reassurance as to the accuracy of the audit of claims data. The Committee has also had regard to the fact that the GDC's expert witness, namely Dr Scott, has also considered the same data, and has not identified any discrepancy in the audit of claims data.</p> <p>The Committee also had regard to the patient's records, which demonstrate that Mr Anderson recorded that he provided treatment on the date in question, namely 21 September 2021, namely composite fillings. The patient records also record that a fee was applied to the treatment recorded on that date. The Committee notes from the patient records that Mr Anderson made this entry.</p> <p>Accordingly, the Committee finds that Mr Anderson caused or permitted the claim to be made in Dentist 1's name.</p> <p>The Committee therefore finds the facts alleged at head of charge 64 proved.</p>
65.	<i>Your claim was inappropriate in that:</i>
65. (a)	<p><i>Dentist 1 had not examined Patient 27;</i></p> <p>Proved</p>
65. (b)	<p><i>Dentist 1 had not referred Patient 27 to you.</i></p> <p>Proved</p>
	<p>The Committee finds the facts alleged at heads of charge 65 (a) and 65 (b) proved.</p> <p>As set out above in respect of earlier heads of charge, in his written evidence Witness E refers to the NHS regulations. Dr Scott also refers to these NHS regulations in his expert evidence. The Committee understands from this evidence that dental therapists at the time were not permitted to make claims under the NHS regulations, and that they should be working to the prescription of a dentist who had examined the patient and had formed a treatment plan before referring the patient to them.</p> <p>The Committee again notes from Dr Scott's evidence that, whilst dental therapists can see patients on a 'direct access' basis, there are no provisions under the NHS regulations for a dental therapist to open a course of treatment</p>

	<p>or to make an NHS claim. The Committee notes that in the patient's notes Mr Anderson recorded on 21 September 2021 that the patient in question was a direct access patient. Therefore, there should not have been a claim made on the NHS.</p> <p>The Committee has found above that Patient 27 had not been examined or referred by Dentist 1. Indeed, as the evidence presented to the Committee is that Dentist 1 did not commence practice at the surgery until the following day, namely 22 September 2021, Dentist 1 could not have examined or referred the patient in question. The Committee accepted the expert opinion of Dr Scott that Mr Anderson's claim was, in the circumstances, inappropriate. The Committee considers that it was not appropriate for Mr Anderson to claim for treatment that he should not have provided.</p> <p>The Committee therefore finds the facts alleged at heads of charge 65 (a) and 65 (b) proved.</p>
Patient 28	
66.	<p><i>You caused or permitted a claim to be made in the name of Dentist 1 in respect of treatment provided to Patient 28 on 11 January 2022.</i></p> <p>Proved</p>
	<p>The Committee finds the facts alleged at head of charge 66 proved.</p> <p>The Committee had regard to the audit of claims data which demonstrates that a claim was made in Dentist 1's name in respect of treatment provided to Patient 28 on 11 January 2022, including composite fillings. The evidence of Dentist 1 as set out in his audit of claims data is that he had not seen Patient 28. The Committee considered that it was reasonable to infer that Dentist 1 had therefore not examined or referred the patient or provided the treatment in question. The Committee also notes that Dentist 1's evidence is that he did not make a prescription for the treatment. Indeed, the evidence presented to the Committee is that Dentist 1 was not working at the practice on the day in question. The Committee notes that Dentist 1's evidence is that, nonetheless, a claim for treatment was made in his name.</p> <p>The Committee accepts Dentist 1's evidence in this regard. It is satisfied of the veracity of Dentist 1's audit of claims data, as it has taken care to assure itself that it is consistent with the raw claims data referred to above, namely the spreadsheet compiled by the SDPB which sets out a number of claims for payment made in the name of Dentist 1. The Committee noted that Dentist 1 was assisted with preparing the audit of claims data by Witness B and Witness F as part of the practice's internal investigation. In the Committee's judgement this wider input provides further reassurance as to the accuracy of the audit of claims data. The Committee has also had regard to the fact that the GDC's expert witness, namely Dr Scott, has also considered the same data, and has not identified any discrepancy in the audit of claims data.</p> <p>The Committee also had regard to the patient's records, which demonstrate that Mr Anderson recorded that he provided treatment on the date in question, namely 11 January 2022, including composite fillings. The patient records also record that a fee was applied to the treatment recorded on that date. The Committee notes from the patient records that Mr Anderson made this entry.</p>

	<p>Accordingly, the Committee finds that Mr Anderson caused or permitted the claim to be made in Dentist 1's name.</p> <p>The Committee therefore finds the facts alleged at head of charge 66 proved.</p>
67.	<i>Your claim was inappropriate in that:</i>
67. (a)	<p><i>Dentist 1 had not examined Patient 28;</i></p> <p>Proved</p>
67. (b)	<p><i>Dentist 1 had not referred Patient 28 to you.</i></p> <p>Proved</p>
	<p>The Committee finds the facts alleged at heads of charge 67 (a) and 67 (b) proved.</p> <p>As set out above in respect of earlier heads of charge, in his written evidence Witness E refers to the NHS regulations. Dr Scott also refers to these NHS regulations in his expert evidence. The Committee understands from this evidence that dental therapists at the time were not permitted to make claims under the NHS regulations, and that they should be working to the prescription of a dentist who had examined the patient and had formed a treatment plan before referring the patient to them.</p> <p>The Committee again notes from Dr Scott's evidence that, whilst dental therapists can see patients on a 'direct access' basis, there are no provisions under the NHS regulations for a dental therapist to open a course of treatment or to make an NHS claim. The Committee notes that in the patient's notes Mr Anderson recorded on 11 January 2022 that the patient in question was a direct access patient. Therefore, there should not have been a claim made on the NHS.</p> <p>The Committee has found above that Patient 28 had not been examined or referred by Dentist 1. The Committee accepted the expert opinion of Dr Scott that Mr Anderson's claim was, in the circumstances, inappropriate. The Committee considers that it was not appropriate for Mr Anderson to claim for treatment that he should not have provided.</p> <p>The Committee therefore finds the facts alleged at heads of charge 67 (a) and 67 (b) proved.</p>
Dishonesty	
68.	<i>Your conduct in recording Patients 1, 23 and/or 26 had been referred to you by Dentist 1 when they had not was:</i>
68. (a)	<p><i>misleading;</i></p> <p>Proved</p>

	<p>In considering head of charge 68 (a), as well as head of charge 68 (b), the Committee reminded itself that it found above at heads of charge 5, 58 and 62 that Mr Anderson recorded that, respectively, Patients 1, 23 and 26 had been referred to him by Dentist 1 when they had not in fact been so referred.</p> <p>The Committee finds the facts alleged at head of charge 68 (a) proved. The Committee considers that, by recording that the three patients in question had been referred to him by Dentist 1, anyone reading that record, including a colleague or the patient, would be led to believe that the patients had been referred by Dentist 1 when they had not. The Committee therefore considers that Mr Anderson's conduct was misleading.</p> <p>The Committee therefore finds the facts alleged at head of charge 68 (a) proved.</p>
68. (b)	<p><i>dishonest in that you knew the record to be false.</i></p> <p>Proved</p>
	<p>In approaching this head of charge, as well as heads of charge 69 (b), 74 (b) and 79 (b), the Committee applied the test set out in <i>Ivey v Genting Casinos (UK) Ltd. t/a Crockfords</i> [2017] UKSC 67. The test is that the Committee must decide subjectively the actual state of Mr Anderson's knowledge or belief as to the facts, and must then apply the objective standards of ordinary and decent people to determine whether his conduct was dishonest by those standards.</p> <p>In considering this head of charge 68 (b), the Committee again reminded itself that it found above at heads of charge 5, 58 and 62 that Mr Anderson recorded that, respectively, Patients 1, 23 and 26 had been referred to him by Dentist 1 when they had not. It has also found at the previous head of charge, namely head of charge 68 (a), that such conduct was misleading.</p> <p>The Committee reminded itself that an allegation of dishonesty is one of the most serious that a dental professional can face. It kept in mind when deciding this head of charge that the burden of proof rests entirely on the GDC and that, the more serious the allegation, the less likely it is to have happened and the stronger and more cogent the evidence required to prove it should be.</p> <p>The Committee first of all considered the actual state of Mr Anderson's knowledge or belief as to the facts. The Committee notes that Mr Anderson was an experienced dental therapist, and that the documentary evidence presented to it is that he received specific training on NHS claiming regulations at a time that was relatively recent to the false records that he made.</p> <p>The Committee found on the balance of probabilities that Mr Anderson, an experienced dental therapist, would have been fully aware of the requirements of the NHS regulations concerning claiming. The Committee is satisfied that he would have known that a dental therapist should work under the prescription of a dentist who had examined the patient, formulated a treatment plan and referred that patient.</p> <p>The Committee considers that, in making positive entries in the patients' records, as opposed to omitting information, Mr Anderson knowingly made entries which he knew to be false. Mr Anderson's actions in making false records were not as a result of mere negligence, for instance on a one-off basis, and were instead deliberate and positive acts repeated across three separate</p>

	<p>occasions. The Committee considers that Mr Anderson's knowledge that what he was doing was making false and misleading records is particularly revealed in the case of Patient 27. In that particular case Mr Anderson could not have been in any doubt as to the fact that Dentist 1 had not yet commenced work at the practice, and therefore could not have referred the patient in question.</p> <p>Having considered the actual state of Mr Anderson's knowledge or belief as to the facts, the Committee went on to consider whether his conduct was dishonest by reference to the objective standards of ordinary and decent people. The Committee considers that Mr Anderson's conduct was dishonest by reference to those standards. The Committee finds that an ordinary and decent person would conclude that Mr Anderson acted deliberately in making false records on three separate occasions.</p> <p>The Committee therefore finds the facts alleged at head of charge 68 (b) proved.</p>
69.	<p><i>Your conduct in causing or permitting claims to be made in name of Dentist 1 as set out above in respect of Patients 1, 2, 4, 5, 6, 7, 8, 10, 11, 12, 13, 14, 15, 16, 17, 20, 22, 23, 26, 27 and/or 28 was:</i></p>
69. (a)	<p><i>misleading;</i></p> <p>Proved</p>
	<p>The Committee finds the facts alleged at head of charge 69 (a) proved.</p> <p>In considering head of charge 69 (a), as well as head of charge 69 (b), the Committee reminded itself that, for Patient 1, it found that Mr Anderson had not inappropriately caused or permitted a claim to be made in the name of Dentist 1. Consequently, the patients being considered at these heads of charge are Patients 2, 4, 5, 6, 7, 8, 10, 11, 12, 13, 14, 15, 16, 17, 20, 22, 23, 26, 27 and 28. The Committee also found in respect of some of these patients that the claims were further inappropriate, in that Dentist 1 had also not made a prescription.</p> <p>The Committee finds the facts alleged at head of charge 69 (a) proved. The Committee considers that, by causing or permitting inappropriate claims to be made to the NHS's SDPB in Dentist 1's name, anyone considering those claims, including Practice 1, Dentist 1 and, not least, the NHS's SDPB, would be given the false impression that the claims were appropriate when they were not. The Committee also noted that Dentist 1, in whose names the claims were made, was also misled into making additional payments to Mr Anderson as a result of his false claims. The Committee therefore considers that Mr Anderson's conduct was misleading.</p> <p>The Committee therefore finds the facts alleged at head of charge 69 (a) proved.</p>
69. (b)	<p><i>dishonest in that it was done with the intention of obtaining additional remuneration to which you knew you were not entitled.</i></p> <p>Proved</p>

In approaching this head of charge the Committee again applied the test set out in *Ivey v Genting Casinos (UK) Ltd. t/a Crockfords* [2017] UKSC 67. The test is that the Committee must decide subjectively the actual state of Mr Anderson's knowledge or belief as to the facts, and must then apply the objective standards of ordinary and decent people to determine whether his conduct was dishonest by those standards.

In considering head of charge 69 (a), as well as head of charge 69 (b), the Committee reminded itself that, for Patient 1, it found that Mr Anderson had not inappropriately caused or permitted a claim to be made in the name of Dentist 1. Consequently, the patients being considered at these heads of charge are Patients 2, 4, 5, 6, 7, 8, 10, 11, 12, 13, 14, 15, 16, 17, 20, 22, 23, 26, 27 and 28. The Committee also found in respect of some of these patients that the claims were further inappropriate, in that Dentist 1 had also not made a prescription. The Committee was also found above that such conduct was misleading.

The Committee reminded itself that an allegation of dishonesty is one of the most serious that a dental professional can face. It kept in mind when deciding this head of charge that the burden of proof rests entirely on the GDC and that, the more serious the allegation, the less likely it is to have happened and the stronger and more cogent the evidence required to prove it should be.

The Committee first of all considered the actual state of Mr Anderson's knowledge or belief as to the facts. The Committee notes that Mr Anderson was an experienced dental therapist, and that the documentary evidence presented to it is that he received specific training on NHS claiming regulations at a time that was relatively recent to the false claims that he caused or permitted to be made.

The Committee found on the balance of probabilities that Mr Anderson, an experienced dental therapist, would have been fully aware of the requirements of the NHS regulations concerning claiming. The Committee is satisfied that he would have known that a dental therapist should work under the prescription of a dentist who had examined the patient, formulated a treatment plan and referred that patient.

The Committee considers that, in undertaking positive actions in order to make the claims, as opposed to omitting information, Mr Anderson knowingly made claims which he knew to be false. Mr Anderson's actions in making false claims were not as a result of mere negligence, for instance on a one-off basis, and were instead deliberate and positive acts on a substantial scale on a considerable number of occasions over a protracted period of time. The Committee considers that Mr Anderson did so in order to obtain additional remuneration, above his standard remuneration, to which he knew he was not entitled. Indeed, as set out above, in the instances of Patient 6, 8, 11, 27 and 28, Mr Anderson made claims to the NHS whilst recording that those patients were being seen under 'direct access' arrangements. The Committee considers that Mr Anderson's knowledge that what he was doing was making false and misleading claims is particularly revealed in the case of Patient 27. In that particular case Mr Anderson could not have been in any doubt as to the fact that Dentist 1 had not yet commenced work at the practice, and therefore could not have referred the patient in question.

Having considered the actual state of Mr Anderson's knowledge or belief as to the facts, the Committee went on to consider whether his conduct was dishonest by reference to the objective standards of ordinary and decent

	<p>people. The Committee considers that Mr Anderson's conduct was dishonest by reference to those standards. The Committee finds that an ordinary and decent person would conclude that Mr Anderson acted deliberately in making false claims on numerous occasions in order to obtain significant additional remuneration to which he knew he was not entitled. The Committee notes from the documentary evidence presented to it that the overpayment arising from the value of the claims was a sum in the amount of £9,832.52, with the approximate additional remuneration to Mr Anderson being £4,500 over a 12-month period, which is equivalent to an extra £375 per month.</p> <p>The Committee therefore finds the facts alleged at head of charge 69 (b) proved.</p>
70.	[withdrawn].
Patient 29	
71.	<i>You provided care and treatment under private contract to Patient 29 (as referred to in Schedule 1 below) between about 19 July 2022 and 15 September 2022 including:</i>
71. (a)	<p><i>composite bonding;</i></p> <p>Proved</p>
71. (b)	<p><i>tooth whitening.</i></p> <p>Proved</p>
	<p>The Committee finds the facts alleged at heads of charge 71 (a) and 71 (b) proved.</p> <p>The Committee had regard to the notes that Mr Anderson made of his private treatment of Patient 29, which were provided by Mr Anderson and were not on Practice 2's records system. The Committee is satisfied as to the credibility and provenance of these notes, as an email from Mr Anderson's legal representatives of 8 August 2023 confirms that the notes are Mr Anderson's notes of his care and treatment of Patient 29. In those notes he refers to seeing the patient on a 'direct access' basis. These notes record that Mr Anderson had a consultation with Patient 29 on 13 July 2022 in relation to composite bonding and tooth whitening. In her witness statement Patient 29 states that the appointment took place on 19 July 2022 following her request for composite bonding which she had communicated to him by text message using the Instagram social network. This date of 19 July 2022 is supported by the screenshots of text messages between Patient 29 and Mr Anderson.</p> <p>The next recorded appointment in Mr Anderson's notes was on 9 August 2022. According to Mr Anderson's notes, Patient 29 had impressions taken for tooth whitening and composite bonding. Also on this date Mr Anderson produced an invoice in respect of the tooth whitening and composite bonding treatment, with full payment in the sum of £2,000.00 subsequently being recorded on an receipted invoice dated 10 September 2022. Mr Anderson's name appears as the payee on both invoices. The Committee noted that neither invoice referenced Practice 1.</p>

	<p>In her witness statement Patient 29 states that on 11 August 2022 she attended Mr Anderson's home address to collect a tooth whitening kit, a photograph of which she exhibits to her witness statement. This date instead appears as 12 August 2022 in Patient 29's text message communication. On 14 August 2022 a further text message exchange which demonstrates that the tooth whitening treatment had taken place.</p> <p>In Mr Anderson's notes he recorded that the patient returned on 9 September 2022 and he provided composite bonding treatment to her. This date is consistent with Patient 29's witness statement. The photographs contained in Mr Anderson's notes dated 9 September 2022 demonstrate that the treatment was completed on that date.</p> <p>In his witness statement Witness A states that Patient 29 was not a patient at the practice, and that they had no records for her. However, as a result of a complaint from Patient 29 which led her to contact the practice, the practice became aware of her having attended three appointments with Mr Anderson at the practice. Mr Anderson created those appointments himself using administration sessions within the practice's calendar system, rather than using the practice's usual clinical appointment slots for patient appointments. The Committee is therefore further satisfied that the treatment that Mr Anderson provided to Patient 29 was on a private basis.</p> <p>The Committee considers that this evidence is sufficient to demonstrate that Mr Anderson provided the care and treatment in question under private contract. The Committee therefore finds the facts alleged at heads of charge 71 (a) and 71 (b) proved.</p>
72.	<p><i>You ought not to have provided Patient 29 with tooth whitening in the absence of an appropriate prescription.</i></p> <p>Proved</p>
	<p>The Committee finds the facts alleged at head of charge 72 proved.</p> <p>The Committee has found above at head of charge 71 (b) that Mr Anderson did, as a matter of fact, provide Patient 29 with tooth whitening treatment. It then considered whether he was entitled to do so.</p> <p>As set out above, the Committee has been provided with a copy of the GDC's <i>Tooth Whitening Position Statement</i> (July 2016) in place at the material times, which states that tooth whitening must only be provided on the prescription of a dentist. The Committee also had regard to the GDC's <i>Scope of Practice</i> (2013) which also set out that tooth whitening can only be provided by a dental therapist on the prescription of a dentist. The GDC's <i>Guidance on Direct Access</i> (April 2013) states that tooth whitening can only be provided by a dental therapist on prescription from a dentist following an examination of the patient by a dentist, with the first episode of treatment being provided under the supervision of a dentist if carried out by a dental therapist. The Committee also had regard to a copy of Mr Anderson's licence agreement as exhibited by Witness C. It states that, '<i>in providing dental care and treatment at the dental centre, the therapist shall not undertake whitening unless under the prescription of a qualified and indemnified dentist who is engaged by the company</i>'. The Committee also had regard to the evidence of Witness B, who similarly states that a dental therapist can only provide tooth whitening treatment on a dentist's prescription.</p>

	<p>As set out above, the evidence presented to the Committee is that Patient 29 was not a patient at Practice 1, and had therefore not seen a dentist at the practice. The Committee has also had regard to the content and nature of the text message communications that took place between Patient 29 and Mr Anderson, which further suggest that the arrangement was private in nature and that the treatment was done without a prescription.</p> <p>The Committee accepts the expert evidence of Dr Scott and Dr Ward that Mr Anderson provided tooth whitening treatment when he ought not to have done so, as he did so without the prescription of a dentist.</p> <p>The Committee therefore finds the facts alleged at head of charge 72 proved.</p>
73.	<i>You failed to maintain records at Practice 1 of:</i>
73. (a)	<p><i>the care and treatment provided to Patient 29;</i></p> <p>Proved</p>
	<p>The Committee finds the facts alleged at head of charge 73 (a) proved.</p> <p>The Committee had regard to the notes that Mr Anderson made of his private treatment of Patient 29. The Committee is satisfied as to the credibility and provenance of these notes, as an email from Mr Anderson's legal representatives of 8 August 2022 confirms that the notes are Mr Anderson's notes of his care and treatment of Patient 29. The Committee finds that these were not part of Practice 1's records.</p> <p>In his witness statement Witness A states that Patient 29 was not a patient at the practice, and that they had no records for her. However, as a result of a complaint from Patient 29 which led her to contact the practice, the practice became aware of her having attended three appointments with Mr Anderson at the practice. Mr Anderson created those appointments himself using administration sessions within the practice's calendar system, rather than using the practice's usual clinical appointment slots for patient appointments. The Committee is therefore further satisfied that the treatment that Mr Anderson provided to Patient 29 was on a private basis.</p> <p>The Committee considers that Mr Anderson was under a duty to maintain an adequate standard of record-keeping, particularly by reference to the FGDP guidance, and that he failed to do so. The Committee is again mindful of the GDC's <i>Standards for the Dental Team</i> (September 2013) and in particular standard 4.1, which requires a registrant to make and keep contemporaneous, complete and accurate patient records. The Committee has also had regard to the evidence of Witness C, who exhibits a copy of Mr Anderson's licence agreement relating to his work at the practice. The agreement requires that a dental therapist '<i>shall maintain full and accurate books and records of treatment provided and fees due</i>'.</p> <p>The Committee therefore finds the facts alleged at head of charge 73 (a) proved.</p>
73. (b)	<p><i>payment of approximately £2,000 made to you by Patient 29.</i></p> <p>Proved</p>

	<p>The Committee finds the facts alleged at head of charge 73 (b) proved.</p> <p>The Committee has had regard to the invoice that Mr Anderson sent to Patient 29 in respect of the tooth whitening and composite bonding treatment. Full payment in the sum of £2,000.00 was recorded on the receipted invoice dated 10 September 2022, comprising an advance payment in the amount of £1,000.00 made on 9 August 2022, and a final payment of £1,000.00 made on 10 September 2022. Mr Anderson's name appears as the payee on both invoices.</p> <p>The Committee has also had regard to the text message correspondence that Mr Anderson had with Patient 29. In a message of 21 July 2022 Mr Anderson quoted this same sum of money, namely £2,000.00. Patient 29 enquired as to his preferred method of payment, and she stated that she would bring the sum in cash when she attended at his home address on 12 August 2022.</p> <p>The Committee considers that Mr Anderson was under a duty to maintain an adequate standard of record-keeping, particularly by reference to the FGDP guidance, and that he failed to do so. The Committee again considers financial records to be an integral part of a patient's records. The Committee is again mindful of the GDC's <i>Standards for the Dental Team</i> (September 2013) and in particular standard 4.1, which requires a registrant to make and keep contemporaneous, complete and accurate patient records. The Committee has also had regard to the evidence of Witness C, who exhibits a copy of Mr Anderson's licence agreement relating to his work at the practice. The agreement requires that a dental therapist 'shall maintain full and accurate books and records of treatment provided and fees due'.</p> <p>The Committee therefore finds the facts alleged at head of charge 73 (b) proved.</p>
74.	<i>Your conduct as set out above at 73(a) and/or 73(b) was:</i>
74. (a)	<p><i>misleading;</i></p> <p>Proved</p>
	<p>The Committee finds the facts alleged at head of charge 74 (a) proved.</p> <p>In considering head of charge 74 (a), as well as head of charge 74 (b), the Committee reminded itself that it has found that Mr Anderson failed to maintain records at the practice of his care and treatment to Patient 29 and of the payment of £2,000.00 made to him by Patient 29.</p> <p>The Committee considers that Mr Anderson's conduct was misleading. The practice was given a false impression, namely that the patient was not being treated there when she was in fact being treated unofficially there by Mr Anderson and paying him directly under private arrangements without their knowledge or agreement. In determining that Mr Anderson's conduct was misleading, the Committee is mindful of Mr Anderson's licence agreement as referred to above, as the practice was entitled to believe that Mr Anderson would abide by the requirement that he '<i>maintain full and accurate books and records of treatment provided and fees due</i>'.</p>

	<p>The Committee therefore considers that Mr Anderson's conduct was misleading.</p> <p>Accordingly, the Committee finds the facts alleged at head of charge 74 (a) proved.</p>
74. (b)	<i>dishonest in that:</i>
74. (b) (i)	<p><i>you sought to conceal the provision of treatment and/or payment from Patient 29 from Practice 1;</i></p> <p>Proved</p>
	<p>In approaching this head of charge the Committee again applied the test set out in <i>Ivey v Genting Casinos (UK) Ltd. t/a Crockfords</i> [2017] UKSC 67. The test is that the Committee must decide subjectively the actual state of Mr Anderson's knowledge or belief as to the facts, and must then apply the objective standards of ordinary and decent people to determine whether his conduct was dishonest by those standards.</p> <p>In considering this head of charge, the Committee again reminded itself that it found that Mr Anderson failed to maintain records at the practice of his care and treatment to Patient 29 and of the payment of £2,000.00 made to him by Patient 29. The Committee has also found that such conduct was misleading.</p> <p>The Committee reminded itself that an allegation of dishonesty is one of the most serious that a dental professional can face. It kept in mind when deciding this head of charge that the burden of proof rests entirely on the GDC and that, the more serious the allegation, the less likely it is to have happened and the stronger and more cogent the evidence required to prove it should be.</p> <p>The Committee first of all considered the actual state of Mr Anderson's knowledge or belief as to the facts. The Committee finds that Mr Anderson was aware that he was concealing his treatment of Patient 29. He was proactively advertising his services on his own Instagram social media platform, and was making appointments via that platform. Mr Anderson was also receiving payments directly in a manner which bypassed the practice's records and systems. Mr Anderson was also concealing the appointments from the practice, including creating those appointments himself using administration sessions within the practice's calendar system, rather than using the practice's usual clinical appointment slots for patient appointments. Mr Anderson was also making his own private notes of the treatment that he provided, quite outside of the practice's record-keeping processes and systems. The Committee is again satisfied, as set out above, that Mr Anderson was well aware of the requirements for the provision of care, treatment and fee payment provided at the practice, and that he was concealing those facts from the practice. The concealed manner of Mr Anderson's provision of treatment and taking of payment demonstrates his dishonest state of mind.</p> <p>Having considered the actual state of Mr Anderson's knowledge or belief as to the facts, the Committee went on to consider whether his conduct was dishonest by reference to the objective standards of ordinary and decent people. The Committee considers that Mr Anderson's conduct was dishonest by reference to those standards. The Committee finds that an ordinary and decent person would conclude that Mr Anderson was deliberately concealing</p>

	<p>the fact of his treatment of Patient 29 from the practice in a furtive and dishonest manner.</p> <p>The Committee finds the facts alleged at head of charge 74 (b) (i) proved.</p>
74. (b) (ii)	<p><i>you sought to obtain additional remuneration to which you knew you were not entitled.</i></p> <p>Proved</p>
	<p>In approaching this head of charge the Committee again applied the test set out in <i>Ivey v Genting Casinos (UK) Ltd. t/a Crockfords</i> [2017] UKSC 67. The test is that the Committee must decide subjectively the actual state of Mr Anderson's knowledge or belief as to the facts, and must then apply the objective standards of ordinary and decent people to determine whether his conduct was dishonest by those standards.</p> <p>In considering this head of charge, the Committee again reminded itself that it found that Mr Anderson failed to maintain records at the practice of his care and treatment to Patient 29 and of the payment of £2,000.00 made to him by Patient 29. The Committee has also found that such conduct was misleading.</p> <p>The Committee reminded itself that an allegation of dishonesty is one of the most serious that a dental professional can face. It kept in mind when deciding this head of charge that the burden of proof rests entirely on the GDC and that, the more serious the allegation, the less likely it is to have happened and the stronger and more cogent the evidence required to prove it should be.</p> <p>The Committee first of all considered the actual state of Mr Anderson's knowledge or belief as to the facts. The Committee finds that Mr Anderson was well aware of the requirements for the provision of care and treatment provided at the practice, including how payments were received and processed, by reference to his licence agreement. The Committee finds that Mr Anderson's conduct was dishonest, as he deliberately attempted to conceal the fact of his treatment of Patient 29 from the practice. The Committee finds that his state of mind was that he was well aware that he was obtaining additional remuneration to which he knew he was not entitled, and that this state of mind is demonstrated by Mr Anderson making appointments via the Instagram social media platform, receiving payments directly in a manner which bypassed the practice's records and systems, and concealing the appointments from the practice, including using administration sessions on the practice recording system. Mr Anderson was also making his own private notes of the treatment that he provided, quite outside of the practice's record-keeping processes and systems. The concealed manner of Mr Anderson's procurement of the payments demonstrates his dishonest state of mind.</p> <p>Having considered the actual state of Mr Anderson's knowledge or belief as to the facts, the Committee went on to consider whether his conduct was dishonest by reference to the objective standards of ordinary and decent people. The Committee considers that Mr Anderson's conduct was dishonest by reference to those standards. The Committee finds that an ordinary and decent person would conclude that Mr Anderson was deliberately concealing the fact of the payments that he received from Patient 29 in a furtive and dishonest manner.</p>

	<p>The Committee therefore finds the facts alleged at head of charge 74 (b) (ii) proved.</p>
75.	<p><i>Whilst subject to conditions imposed on 21 November 2022 by the Interim Orders Committee, including the requirement for a workplace reporter, on 12 December 2022 you undertook work as a Dental Therapist at Practice 2.</i></p> <p>Proved</p>
	<p>The Committee finds the facts alleged at head of charge 75 proved.</p> <p>The Committee notes from the evidence presented to it that on 21 November 2022 the Interim Orders Committee (IOC) imposed an interim conditions of practice order on Mr Anderson's registration. One of those conditions was that he have a workplace reporter in place who should sign a log detailing every case where Mr Anderson undertook treatment or advice, confirming he has only worked under the prescription of a dentist.</p> <p>The Committee has had regard to the witness statement of Mr Anderson's workplace reporter, who was the owner of Practice 2, and who is referred to for the purposes of these proceedings at Witness H. Witness H's evidence is that Mr Anderson only worked one day at the practice, namely 12 December 2022, which is the date that is the subject of this head of charge.</p> <p>The Committee therefore finds the facts alleged at head of charge 75 proved.</p>
76.	<p><i>You provided care and treatment to Patient 29 including the repair of composite bonding.</i></p> <p>Proved</p>
	<p>The Committee finds the facts alleged at head of charge 76 proved.</p> <p>The Committee has had regard to the witness evidence of Witness H. Witness H states that she agreed to Mr Anderson seeing the patient on 12 December 2022 at her practice, namely Practice 2, for the repair of composite bonding. The patient records made by Witness H confirm that Patient 29 was seen at the practice for a broken composite bonding, and that a referral was made to Mr Anderson for the repair of the composite filling. Patient 29's witness statement confirms that she attended Practice 2 on that date for the repair of the composite bonding. She confirms that Mr Anderson fixed the bonding.</p> <p>The Committee has also had regard to Mr Anderson's private notes of the treatment that he provided to Patient 29 on 12 December 2022. These notes were made quite separately from the patient records at the practice in which Witness H made her entries as set out above.</p> <p>The Committee considers that this evidence is sufficient to demonstrate that Mr Anderson provided the care and treatment in question. It therefore finds the facts alleged at head of charge 76 proved.</p>
77.	<p><i>You informed your workplace supervisor that the treatment provided to Patient 29 was under guarantee from Practice 1 and you would charge Practice 1 for the cost of the appointment.</i></p>

	<p>Proved</p> <p>The Committee finds the facts alleged at head of charge 77 proved.</p> <p>The Committee notes that the head of charge refers to a 'workplace supervisor', rather than the wording of 'workplace reporter' that was used at head of charge 75. The Committee has treated 'workplace supervisor' and 'workplace reporter' as one and the same for the purposes of these heads of charge.</p> <p>The Committee has had regard to the witness statement of Witness H. In her witness statement Witness H states that Mr Anderson informed her that the treatment provided to Patient 29 was under guarantee from Practice 1, and that he may charge that practice for the cost of the appointment that took place on 12 December 2022.</p> <p>The Committee also notes that there is contemporaneous evidence for Mr Anderson's alleged statement in Witness H's letter to Mr Anderson of 19 December 2022, in which she stated that, prior to 12 December 2022, Mr Anderson stated to her that the work was under guarantee from his previous practice, namely Practice 1. The Committee does however note that in that letter Mr Anderson is reported as having said that he 'may' charge Practice 1, rather than saying he <i>would</i> charge Practice 1 as alleged. The Committee has interpreted the word 'may' to mean that Mr Anderson was permitted to charge Practice 1, as opposed to meaning something that might, or might not, happen.</p> <p>The Committee also notes that in Mr Anderson's private notes of the appointment that took place on 12 December 2022 he recorded that the work was under guarantee, and that there would be no charge if the restoration were to fall out.</p> <p>The Committee considers that the evidence presented to it is sufficient to demonstrate that Mr Anderson informed Witness H that the treatment provided to Patient 29 was under guarantee from Practice 1 and that he would charge Practice 1 for the cost of the appointment.</p> <p>The Committee therefore finds the facts alleged at head of charge 77 proved.</p>
78.	<p><i>You failed to retain records at Practice 2 (as referred to in Schedule 1 below) of the care and treatment provided to Patient 29.</i></p> <p>Proved</p>
	<p>The Committee finds the facts alleged at head of charge 78.</p> <p>The Committee has again had regard to Mr Anderson's private notes of the treatment that he provided to Patient 29 on 12 December 2022. These notes were made quite separately from the patient records at the practice in which Witness H made her entries as set out above.</p> <p>The Committee considers that Mr Anderson was under a duty to maintain an adequate standard of record-keeping, particularly by reference to the FGDP guidance, and that he failed to do so. The Committee is again mindful of the GDC's <i>Standards for the Dental Team</i> (September 2013) and in particular</p>

	<p>standard 4.1, which requires a registrant to make and keep contemporaneous, complete and accurate patient records.</p> <p>The Committee finds the facts alleged at head of charge 78 proved.</p>
79.	<i>Your comments as set out above at 77 were:</i>
79. (a)	<p><i>misleading;</i></p> <p>Proved</p>
	<p>The Committee finds the facts alleged at head of charge 79 (a) proved.</p> <p>The Committee has found above that Mr Anderson informed Witness H that the treatment provided to Patient 29 was under guarantee from Practice 1 and that he would charge Practice 1 for the cost of the appointment.</p> <p>The Committee finds that this statement was misleading. The Committee considers that Witness H was given a false understanding that the treatment was under guarantee from Practice 1 and that he would charge Practice 1 for the cost of the appointment when that was not in fact the case. Witness H was misled into believing that the patient had been a patient of Practice 1, when they were not. It was therefore misleading of Mr Anderson to state that there was recourse available from Practice 1, when in fact Mr Anderson's unofficial treatment of Patient 29 at Practice 1's premises meant that that was not the case.</p> <p>The Committee therefore finds the facts alleged at head of charge 79 (a) proved.</p>
79. (b)	<p><i>dishonest in that you knew them to be untrue.</i></p> <p>Proved</p>
	<p>In approaching this head of charge the Committee again applied the test set out in <i>Ivey v Genting Casinos (UK) Ltd. t/a Crockfords</i> [2017] UKSC 67. The test is that the Committee must decide subjectively the actual state of Mr Anderson's knowledge or belief as to the facts, and must then apply the objective standards of ordinary and decent people to determine whether his conduct was dishonest by those standards.</p> <p>In considering this head of charge, the Committee again reminded itself that it found that Mr Anderson informed Witness H that the treatment provided to Patient 29 was under guarantee from Practice 1 and that he would charge Practice 1 for the cost of the appointment. The Committee has found that these comments were misleading.</p> <p>The Committee reminded itself that an allegation of dishonesty is one of the most serious that a dental professional can face. It kept in mind when deciding this head of charge that the burden of proof rests entirely on the GDC and that, the more serious the allegation, the less likely it is to have happened and the stronger and more cogent the evidence required to prove it should be.</p> <p>The Committee first of all considered the actual state of Mr Anderson's knowledge or belief as to the facts. The Committee finds that Mr Anderson was</p>

	<p>fully aware when communicating with Witness H that he had not provided her with an accurate and full picture of his care and treatment of Patient 29. The Committee considers that Mr Anderson could not possibly have been in any doubt as to the furtive nature of his care and treatment of Patient 29. The Committee considers that Mr Anderson's state of mind is revealed in particular by his letter to Witness H dated 21 December 2022, which the Committee notes was relatively contemporaneous to his state of mind. The Committee notes from that letter that he stated that he <i>'told a different story of events to cover up my own embarrassment that problems had arisen with the bonding that was carried out when I last saw the patient. For whatever reason the bonding has not worked in this case, and I was keen to rectify the problem and restore the patients [sic] smile'</i>. Mr Anderson himself apologised in his letter to Witness H 'for being untruthful'.</p> <p>Mr Anderson knew that he had seen Patient 29 outside of Practice 1's systems, and had taken payment on a private basis. The Committee considers that Mr Anderson could not possibly have believed that the patient was a routine patient of the practice, and had had a guarantee and the other protections afforded by that regular status. The Committee therefore considers that Mr Anderson deliberately made false representations to Witness H.</p> <p>Having considered the actual state of Mr Anderson's knowledge or belief as to the facts, the Committee went on to consider whether his conduct was dishonest by reference to the objective standards of ordinary and decent people. The Committee considers that Mr Anderson's conduct was dishonest by reference to those standards. The Committee finds that an ordinary and decent person would conclude that Mr Anderson had acted dishonestly in making the untruthful comments in question to Witness H.</p> <p>The Committee finds the facts alleged at head of charge 79 (b) proved.</p>
--	---

24. We move to stage two.

Determination on misconduct, impairment and sanction – 14 February 2025

25. Following the handing down of the Committee's findings of fact on 13 February 2025, the hearing proceeded to stage two; that is to say, misconduct, impairment and sanction.

Proceedings at stage two

26. The Committee has considered all the evidence presented to it, both oral and documentary. It has taken into account the submissions made by Ms Barnfather on behalf of the GDC. In its deliberations the Committee has had regard to the GDC's *Guidance for the Practice Committees, including Indicative Sanctions Guidance* (October 2016, updated December 2020). The Committee has accepted the advice of the Legal Adviser concerning its powers and the principles to which it should have regard.

Evidence at stage two

27. The Committee received no further oral or documentary evidence at this second stage of the hearing.

Summary of submissions

28. Ms Barnfather on behalf of the GDC submitted that the facts that the Committee has found proved amount to misconduct. She submitted that Mr Anderson's fitness to practise is

currently impaired by reason of that misconduct, and that a finding of impairment is also required in the wider public interest. Ms Barnfather invited the Committee to impose what she characterised as being the only appropriate sanction, namely erasure from the register.

29. In respect of the requirement at section 32P (2) of the Dentists Act 1984 (as amended) ('the Act') that the Committee shall '*make separate determinations in relation to each title under which that person is registered in the dental care professional register [...]*', Ms Barnfather invited the Committee to arrive at the same determination in respect of each of Mr Anderson's three registered titles, namely dental therapist, dental hygienist and dental nurse. Ms Barnfather invited the Committee to do so on the basis that the issues that arise in this case are relevant to, and impact equally upon, each of those titles.

Fitness to practise history

30. Ms Barnfather addressed the Committee in accordance with Rule 20 (1) (a) of the General Dental Council (Fitness to Practise) Rules 2006 ('the Rules'). Ms Barnfather stated that Mr Anderson has no fitness to practise history with the GDC.

Misconduct

31. The Committee first considered whether the facts that it has found proved constitute misconduct. In considering this and all other matters, the Committee has exercised its own independent judgement.
32. In its deliberations the Committee has had regard to the following paragraphs of the GDC's *Standards for the Dental Team* (September 2013) in place at the time of the incidents giving rise to the facts that the Committee has found proved. These paragraphs state that as a dental care professional:

1.3 *You must be honest and act with integrity.*

1.3.1 *You must justify the trust that patients, the public and your colleagues place in you by always acting honestly and fairly in your dealings with them. This applies to any business or education activities in which you are involved as well as to your professional dealings.*

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

1.7 *You must put patients' interests before your own or those of any colleague, business or organisation.*

1.7.1 *You must always put your patients' interest before any financial, personal or other gain.*

1.9 *You must find out about laws and regulations that affect your work and follow them.*

4.1 *You must make and keep contemporaneous, complete and accurate patient records.*

4.1.1 *You must make and keep complete and accurate patient records [...].*

4.1.4 *You must ensure that all documentation that records your work, including patient records, is clear, legible, accurate, and can be readily understood by others. You must also record the name or initials of the treating clinician.*

6.1 *Work with colleagues in a way that serves the interests of patients.*

6.1.3 *You must treat colleagues fairly in all financial transactions.*

9.1 You must ensure that your conduct, both at work and in your personal life, justifies patients' trust in you and the public's trust in the dental profession.

33. In approaching the question of misconduct, the Committee reminded itself of the facts that it has found proved. These facts may be summarised in the following terms.
34. The Committee's findings of fact relate to Mr Anderson having made NHS claims for patients who had not been examined or referred by a dentist, and in some cases who had not had treatment prescribed by a dentist. The Committee found that such claims were misleading, and were also dishonest, in that Mr Anderson sought to obtain additional remuneration to which he knew he was not entitled. The Committee also found that Mr Anderson acted in a dishonest manner in respect of some of those patients by recording that the patients had been referred when they had not.
35. The Committee has also found that, with respect to one particular patient, namely Patient 29, Mr Anderson acted in a misleading manner. The Committee also found that Mr Anderson acted dishonestly in this regard, as he attempted to conceal both his unofficial treatment of her, as well as the payments that she made directly to him, from Practice 1, and sought to obtain additional remuneration to which he knew he was not entitled.
36. In addition, the Committee found that Mr Anderson dishonestly made false representations to his workplace reporter, who was the owner of Practice 2 at which he undertook work on one occasion, in that he falsely stated that the work that he was doing at that practice for Patient 29 was under guarantee from Practice 1.
37. The Committee also made findings relating to Mr Anderson's clinical practice. The Committee found that, in respect of a number of patients, Mr Anderson worked outside of his scope of practice as a dental therapist by providing tooth whitening treatment without a dentist's prescription, and in one case provided a bite raising appliance. The Committee also found that Mr Anderson failed to maintain an adequate standard of record-keeping in respect of a number of patients.
38. With these proven facts in mind, the Committee then turned to the question of whether those facts amount to misconduct.
39. The Committee has taken note of the opinion of one of the GDC's expert witness, namely Dr Ward, that Mr Anderson's conduct was far below the standards expected of a dental therapist. Dr Ward opined that the record-keeping failures were individually below, but not far below, the standards, but that when viewed cumulatively those record-keeping failures were far below the expected standards. The other expert witness for the GDC, namely Dr Scott, opined that Mr Anderson's conduct in relation to the probity concerns fell far below the standards reasonably to be expected of a dental therapist.
40. The Committee considers that its probity findings, which relate to misleading and dishonest conduct, are very serious. Whilst the Committee is in no doubt as to the seriousness of Mr Anderson's misleading conduct, in addressing the question of misconduct and other matters it has focussed primarily on its findings of dishonest conduct in relation to these matters of probity.
41. The Committee considers that the need to act with honesty is a fundamental tenet of the profession. Mr Anderson's dishonest conduct was sustained over a considerable period of time and across a significant number of patients. Mr Anderson's conduct was premeditated and calculated, and represents systematic and sophisticated deception on a large, and indeed escalating, scale. The evidence presented to the Committee is that Mr Anderson's dishonesty was only forestalled by detection after some months. Furthermore, Mr Anderson's dishonesty was not only repeated and sustained, but was also of different kinds, as summarised above. The Committee considers that Mr Anderson's conduct was liable to

undermine the public's trust and confidence in the profession and in the regulatory process. On a considerable number of occasions, over a significant period of time, and across numerous patient cases, Mr Anderson put his own financial interests before the interests of patients. As a result, the public, including patients and colleagues, were placed at risk of harm.

42. Furthermore, Mr Anderson's clinical actions and failings, particularly in relation to acting outside of his scope of practice and treating patients without examination by, or referral from, a dentist, also put patients at risk of harm. In the Committee's judgement those clinical failings similarly constitute misconduct.
43. Mr Anderson's acts and omissions represent a serious and sustained departure from professional standards. His conduct, and particularly his misleading and dishonest conduct, fell far short of the standards reasonably to be expected of a registered dental professional, and his behaviour would be viewed as deplorable by his fellow practitioners.
44. The Committee has therefore determined, and has had little difficulty in finding, that the facts that it has found proved amount to misconduct.

Impairment

45. The Committee next considered whether Mr Anderson's fitness to practise is currently impaired by reason of the misconduct that it has found. In doing so, the Committee again exercised its own independent judgement.
46. Throughout its deliberations, the Committee has borne in mind that its overarching objective is to protect the public, which includes the protection of patients and the wider public, the maintenance of public confidence in the profession and in the regulatory process, and the declaring and upholding of proper standards of conduct and behaviour.
47. The Committee considers that the findings that it has made in relation to Mr Anderson's clinical misconduct is, in theory, capable of being remedied. Those findings relate to specific and identifiable aspects of his clinical practice. The Committee considers, however, that the misconduct that it has found in relation to Mr Anderson's misleading and dishonest conduct is likely to be considerably more difficult to remediate than his clinical failings, as it might be suggestive of an attitudinal or behavioural failing.
48. The Committee has been provided with very little, if any, evidence to suggest that he has developed any meaningful insight into his misconduct, or that he has taken steps to remedy his failings. The Committee has not drawn any inference from Mr Anderson's absence at this hearing. At the same time, Mr Anderson's lack of participation means that the Committee has not been provided with any meaningful evidence from him as to his reflections upon and remedying of the serious misconduct that has been found. For instance, the Committee has not been provided with any significant reflection or expression of remorse, or any information setting out any learning that he has undertaken, or intends to undertake, in order to address and overcome the misconduct that the Committee has found. The sole indication of any insight is limited to a letter that Mr Anderson wrote to Witness H in which he apologised for putting her in a difficult position and for his dishonest conduct towards her. This letter provides no evidence of any meaningful insight and reflection.
49. Mr Anderson's dishonest conduct, in particular, is highly damaging to his fitness to practise, relating as it does to a serious and sustained departure from a fundamental professional requirement to be honest and act with integrity. The Committee considers that the public is at unwarranted risk of significant harm on account of Mr Anderson's unremediated misconduct. Although the Committee notes that Mr Anderson has no fitness to practise history, in assessing the risk of him repeating his misconduct, it is not satisfied that the conduct is highly unlikely to reoccur. Such a repetition would in the Committee's judgement

place patients, colleagues, employers and public organisations such as the NHS at the risk of harm, including significant financial harm.

50. The Committee therefore finds that Mr Anderson's fitness to practise is currently impaired.
51. The Committee considers that a finding of impairment is also, and undoubtedly, required to maintain public confidence in the profession and to declare and uphold proper professional standards of conduct and behaviour. In the Committee's judgement the public's trust and confidence in the profession, and in the regulatory process, would be significantly undermined if a finding of impairment was not made given the particularly serious nature of Mr Anderson's misconduct. Mr Anderson's actions were liable to have brought the reputation of the profession into considerable disrepute, and relate to a breach of a fundamental tenet of the profession, namely the inherent requirement to act with honesty and integrity. Accordingly, the Committee finds that Mr Anderson's fitness to practise is currently impaired by reason of his misconduct.
52. The Committee is mindful that Mr Anderson holds three titles in the register, namely those of dental therapist, dental hygienist and dental nurse. The Committee noted Ms Barnfather's submissions on this matter as summarised above. In arriving at its determination of current impairment, it does so in respect of each of three titles. The Committee considers that the issues that it has identified in this case, relating as they do in no small part to matters of probity, apply equally to each of those titles.

Sanction

53. The Committee then determined what sanction, if any, is appropriate in light of the findings of facts, misconduct and impairment that it has made. The Committee recognises that the purpose of a sanction is not to be punitive, although it may have such an effect, but is instead imposed to protect patients and safeguard the wider public interests mentioned above.
54. In reaching its decision the Committee has again taken into account the GDC's *Guidance for the Practice Committees, including Indicative Sanctions Guidance* (October 2016, updated December 2020). The Committee has applied the principle of proportionality, balancing the public interest with Mr Anderson's own interests. The Committee has once more exercised its own independent judgement.
55. The Committee has paid careful regard to the mitigating and aggravating factors present in this case.
56. In respect of the mitigating factors that are present, the Committee notes that Mr Anderson has no fitness to practise history, and that he made an apology to Witness H in relation to the untruthful statements he made to her.
57. In terms of aggravating factors, the Committee notes that Mr Anderson placed patients at the risk of harm, and that his dishonesty was premeditated, sustained, and repeated in a number of different aspects of his conduct. His misleading and dishonest conduct entailed a breach of the trust that patients and his colleagues placed in him, and was motivated by the pursuit of financial gain. Mr Anderson has demonstrated a lack of meaningful insight into his misconduct, and has displayed a harmful disregard of the regulations and guidance governing his practice. The Committee has also taken account of his attempts to cover up his wrongdoing in his representations to Witness H, who was the owner of the second practice at which he worked.
58. Having identified the mitigating and aggravating factors present in this case, the Committee then moved on to determine what sanction, if any, would be appropriate in this case.

59. The Committee has considered the range of sanctions available to it, starting with the least restrictive. In the light of its findings, the Committee considers that taking no action, or issuing a reprimand, would be wholly insufficient in the particular circumstances of this case. In the Committee's judgement public trust and confidence in the profession and in the regulatory process would be significantly undermined if no action were taken, or if a reprimand were issued. The Committee also considers that taking no action or issuing a reprimand would not adequately protect the public, and would not be sufficient to declare and uphold proper professional standards of conduct and behaviour.
60. The Committee also considers that a direction of conditional registration would not be sufficient to meet the public protection and public interest considerations engaged in this case. The Committee considers that conditions could not be formulated to deal with the risks that it has identified, and in particular those relating to Mr Anderson's repeated misleading and dishonest conduct. The Committee also considers that, even if conditions could be formulated, a direction of conditional registration would be entirely inadequate to declare and uphold proper professional standards of conduct and behaviour because of the serious nature of Mr Anderson's misconduct.
61. The Committee then went on to consider whether a direction of suspended registration would represent an appropriate and proportionate outcome. After careful consideration the Committee has determined that suspension would not be sufficient to protect the public or meet the public interest considerations that it has identified above.
62. The Committee has found repeated, premeditated, systematic and sustained dishonesty which was manifested in different aspects of Mr Anderson's practice. In the Committee's judgement this dishonesty connotes a deep-seated professional attitudinal problem. Mr Anderson poses an ongoing risk of significant harm to the public. The Committee considers that a period of suspended registration would not be sufficient to protect the public or the wider public interest considerations referred to above in the particularly serious circumstances of this case.
63. In short, Mr Anderson's conduct is fundamentally incompatible with registration. The Committee has therefore determined that the only appropriate and proportionate sanction to impose in the particular circumstances of this case is that of erasure.
64. The Committee hereby directs that Mr Anderson's name be erased from the register.
65. The Committee is again mindful that Mr Anderson holds three titles in the register, namely dental therapist, dental hygienist and dental nurse. The Committee noted Ms Barnfather's submissions on this matter as summarised above. In making its determination on sanction, it does so in respect of each of three titles, as it considers that the issues that it has identified in this case, relating as they do largely to matters of probity, apply equally to each of those titles.

Interim order

66. In accordance with Rule 21 (3) of the Rules and section 36P (10) of the Act the interim order of suspension in place on Mr Anderson's registration is hereby revoked.

Determination on immediate order – 14 February 2025

67. Ms Barnfather on behalf of the GDC submitted that an immediate order of suspension is necessary to protect the public and is otherwise in the public interest.
68. The Committee accepted the advice of the Legal Adviser concerning its powers and the principles to which it should have regard. The Committee has again had regard to the GDC's

Guidance for the Practice Committees, including Indicative Sanctions Guidance (October 2016, updated December 2020).

69. In all the circumstances, the Committee considers that an immediate order of suspension is necessary to protect the public and is otherwise in the public interest. The Committee has determined that, given the risks to the public and the public interest that it has identified, it would not be appropriate to permit Mr Anderson to practise before the substantive direction of erasure takes effect. The Committee considers that an immediate order for suspension is consistent with the findings that it has set out in its foregoing determination.
70. The Committee makes this immediate order of suspension in respect of all three titles against which Mr Anderson's name appears in the register.
71. The effect of the foregoing determination and this immediate order is that Mr Anderson's registration will be suspended from the date on which notice of this decision is deemed to have been served upon him. Unless Mr Anderson exercises his right of appeal, the substantive direction of erasure will be recorded in the register 28 days from the date of deemed service. Should Mr Anderson decide to exercise his right of appeal, this immediate order of suspension will remain in place until the resolution of any appeal.
72. That concludes this case.