

PARTLY HELD IN PRIVATE HEARING
Professional Conduct Committee
Initial Hearing

18 – 20 May 2026

Name: ISAAC, Jeremy David

Registration number: 57508

Case number: CAS-201354-T7C0T9

General Dental Council: Christopher Sykes, Counsel
Instructed by Terry Symon, IHLPS

Registrant: Present
Represented by John Cameron

Fitness to practise: Impaired by reason of conviction

Outcome: Suspension (with a review)

Duration: 12 months

Committee members: Paul Hepworth (Chair and Lay Member)
Estelle Williams (Dentist Member)
Jenna Crookes (Dental Care Professional Member)

Legal adviser: Paul Kilcoyne

Committee Secretary: Kate Anderson

At this hearing the Committee made a determination that includes some private information. That information shall be omitted from any public version of this determination and the document marked to show where private material is removed.

Mr Isaac,

1. This is a Professional Conduct Committee (PCC) inquiry into the facts which formed the basis of the allegation against you that your fitness to practise is impaired by reason of conviction.
2. You were present at the hearing and represented by Mr John Cameron. Mr Christopher Sykes, Counsel, appeared on behalf of the General Dental Council (GDC).
3. The hearing was held remotely on Microsoft Teams.

The Charge

4. The charge in this case is as follows:

That being a registered dentist:

1. *On 16th August 2023, you pleaded guilty and were convicted at Swansea Magistrates' Court of one offence of fraud by false representation, contrary to sections 1 and 2 of the Fraud Act 2006, committed between 1st January 2015 and 30th April 2022.*

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

Preliminary matters

Application for the Hearing to take place in Private

5. At the beginning of the hearing, Mr Sykes made an application for the hearing to take place partly in private pursuant to Rule 53(1) and (2) of the GDC (Fitness to Practise) Rules 2006 (the Rules). Mr Sykes submitted that some of matters at this hearing concerned your health and that these should be referred to in private session to protect your right to private and family life. Mr Cameron supported this application and made no further comments in respect of this application. The Committee heard and accepted the advice of the Legal Adviser as to the provisions of the Rules and the approach it should take to its decision.
6. The Committee bore in mind that, as a starting point, hearings should be conducted in public session. However, having regard to the circumstances of your case, the Committee determined that it was necessary that part of the hearing should be held in private to protect your private and family life. The Committee was satisfied that this outweighed the public interest in open hearings. It therefore acceded to the application.

Your Admissions

7. At the outset of the hearing, Mr Cameron, on your behalf, admitted charge 1. The Committee determined and announced that charge 1 has been found proved in light of your admission, in accordance with Rule 17(4) of the GDC (Fitness to Practise) Rules Order of Council 2006 ('the Rules'). There being no more factual matters to consider, Mr Sykes, on behalf of the GDC, outlined the background to your case.

Background to the case and summary of allegations

8. In opening the case for the GDC, Mr Sykes provided the Committee with oral submissions of the background of this case.
9. Mr Sykes submitted that you qualified as a dentist in 1982 and are the principal dentist and owner at the Practice.
10. Mr Sykes submitted that you have one recorded past instance of misconduct from 9 November 2007. He submitted that this was closed with an unpublished warning and its details are unavailable due to its age.
11. Mr Sykes submitted that in March 2022, the Swansea Bay University Health Board (SBUHB) conducted a routine review of NHS controlled drug prescribing. SBUHB noted that the Practice had a high level of controlled drug prescriptions. On 27 April 2022, SBUHB visited the practice and confirmed its concerns surrounding prescriptions. On 15 July 2022, you made early admissions at an interview with SBUHB that you had been self-prescribing Diazepam. The SBUHB findings were that you did so using the names of patients that you were not treating or had not examined for many years for the prescriptions. Mr Sykes submitted that you asserted in this investigation that he had only self-prescribed for your own use. Mr Sykes submitted that on 25 July 2022, you were suspended from the dental performers' list. Mr Sykes submitted that on 10 November 2022, SBUHB counter fraud investigators interviewed you. You admitted to the fraud, and estimated that your self-prescriptions began around 2015 or 2016. Mr Sykes submitted that on 16 December 2022, the SBUHB Reference Panel revoked your suspension from the dental performers' list and imposed 'Contingent Removal' (akin to conditional registration).
12. Mr Sykes submitted that you reported yourself to the GDC following your initial interview with SBUHB, and apologised unreservedly for what you had done. On 2 September 2022, interim conditions were imposed on your registration by the Interim Orders Committee. Mr Sykes submitted that those conditions were most recently reviewed on 5th May 2026 when the High Court approved their extension. He submitted that you have complied with the conditions throughout.
13. Mr Sykes submitted that on 16 August 2023, you had your first appearance before Swansea Magistrates' Court. You plead guilty to one charge of fraud, committed between 1st January 2015 and 30th April 2022. On 6 September 2023, you were sentenced at Swansea Crown Court to a custodial sentence of 8 months suspended for 12 months. You were also ordered to pay a £10,000 fine and £2,043.22 of costs and compensation. Mr Sykes submitted that the sentencing attracted some press attention.
14. Mr Sykes submitted that various assessments had been made of your health by medical professionals, but that there were no concerns regarding your health in relation to this

investigation. He also submitted that on 10 July 2024, drugs testing confirmed that you were no longer using Diazepam.

Stage 2 of the proceedings

15. Following the admission to the charge, the hearing moved to Stage 2. At Stage 2, the Committee considered whether your conviction meant that your fitness to practise is currently impaired. If it found that your fitness to practise is impaired, it would consider what sanction, if any, should be imposed.

Evidence

16. The evidence provided to the Committee by the GDC was documentary. The documentary evidence comprised of the certificate of conviction, various courts documents, documents relating to the Swansea University Health Board investigation, a report from the NHS counter fraud team, and documents relating to your interim order of conditions.
17. The documentary evidence received by the Committee on your behalf in response to the allegations included reflections, a GP report, a PDP and 15 written testimonials.
18. Furthermore, you gave oral evidence at stage 2 of the hearing.
19. Within your evidence you confirmed that the previous fitness to practise issue from 2007 related to the misuse of the title 'smile specialist' which is not a recognised professional title. You stated that this was an issue relating to the use of new advertisers, and that it was resolved once you were informed that it could not be used.
20. You told the Committee about how you felt when you contacted the DHST (Dental Health Support Trust), and explained how they had supported you in realising what you had done wrong. You told the Committee about the support you have received since the misconduct, [PRIVATE]. You informed the Committee that you feel relieved now that the conduct has been exposed and that your reflection on the matter has been huge.
21. You told the Committee about the reasons behind why you self-prescribed the Diazepam. You informed the Committee that you love dentistry and were doing a lot of public speaking at the time, which brought you great anxiety. You informed the Committee that you would take Diazepam the night before to stop overthinking. You stated that you have received coaching since the misconduct took place, and no longer would use medication as a coping mechanism.
22. You told the Committee that you have spoken to 10 out of the 11 patients whose names were used, and that two of these have provided character testimonials for you, one is your practice manager, and that no one has had any issue with it. You told the Committee that the last patient had moved away and that was the reason why you couldn't contact them.
23. You informed the Committee that you are deeply sorry and ashamed of what you did. You told the Committee that you have accepted all of the punishments that have been given to you. You told the Committee that the matter has had an impact on you and your family, friends, and your

profession. You told the Committee that you hoped you had demonstrated that you are truly devastated by your actions, that you have a network and strategies to prevent any repetition, and that you 100% will never be going through this again.

24. You answered further questions from Mr Sykes in relation to dishonesty and explained your mindset at the time in relation to the self-prescribing and fraud of the NHS. You told the Committee in answering these questions that not a day has gone by where you haven't thought about how stupid it was and that you are very sorry now. You told the Committee that you are 67 and could have retired, however you wanted to proceed with the investigation to maintain confidence in the profession.
25. You answered Mr Cameron's questions surrounding the creation of testimonials.

Submissions

26. Mr Sykes confirmed that given your conviction was proved, misconduct was found and that current impairment could be found based on this ground.
27. Mr Sykes referred to the relevant case law and the GDC guidance, and submitted that impairment can be considered in two parts: the public protection component and the public interest component.
28. In respect of this case, Mr Sykes submitted that you are impaired on the grounds of public interest. He submitted that this was based on the fact that your behaviour involved more than minor dishonesty leading to a serious criminal conviction and that the misuse of patient/staff identities was an abuse of your privileged position. He submitted that the judge had remarked, this was "*a gross breach of trust in relation to your staff and to your patients*". He submitted that this case is so grave that it should not end without a finding of impairment. He submitted that such an outcome would fall short of *'the need to protect the individual patient, and the collective need to maintain confidence in the profession as well as declaring and upholding proper standards of conduct and behaviour of the public in their doctors and that public interest includes amongst other things the protection of patients, maintenance of public confidence in the profession'* as set out in *Cohen v GMC [2008] EWHC 581 (Admin)*.
29. Mr Sykes submitted that it would not uphold either public confidence in the profession or proper professional standards if a finding of impairment was not made. He submitted that this is so notwithstanding any insight and remediation. He therefore invited the PCC to find impairment on grounds of public interest.
30. Mr Sykes lastly addressed the Committee on the matter of sanction. He reminded the committee that it may only pass a sanction if it finds that your fitness to practise is impaired, and submitted that the Committee must consider the range of sanctions available to it, starting with the least restrictive. He submitted that there were mitigating factors that the Committee must consider, but that he would defer to Mr Cameron to present these to the Committee. Mr Sykes submitted that there were aggravating factors to be considered, these being that the behaviour was premeditated and sustained, in that it was planned and carried out over a period of years, and that the behaviour entailed an abuse of trust and position, in that you used your access to staff/patient identities to obtain controlled drugs for yourself. Mr Sykes also submitted that the Committee should also specifically consider the inherent seriousness of any finding of dishonesty.

31. Mr Sykes submitted that a reprimand is only suitable when a case falls on the lower end of the spectrum of seriousness, but submitted that this case plainly does not fall into this category.
32. Mr Sykes next submitted that the council does not support imposing conditions. He submitted that this was not a case involving discrete shortcomings, but involved serious and aggravated dishonesty. He submitted that it therefore calls for a more restrictive sanction to uphold the wider public interest. He submitted that this is apparent from, among other things, the harm evidently done to the reputation of the profession.
33. Mr Sykes submitted that the factors in the Guidance that make suspension appropriate are applicable in this case. However, he submitted that there is evidence of harmful deep-seated personality or professional attitudinal problems, which therefore make erasure the appropriate order. He submitted that you misused the identities of staff and patients to obtain controlled drugs for your own use. You did so over an extended period as part of a fraud against the NHS. Mr Sykes submitted that your conduct was so aggravated that the judge considered it to pass the custodial threshold, notwithstanding your lack of previous convictions. The sentencing remarks summarise the gravity of the offence as well as its damage to the reputation of the profession and public confidence in it. Mr Sykes submitted that your conduct met all of the criteria in the Guidance for erasure, and that no means other than erasure would suffice to maintain confidence in the dental profession.
34. Mr Cameron firstly took the Committee to the definition of fitness to practise and through relevant case law relating to misconduct (although this is a case relating to your conviction). Mr Cameron submitted that what you did by self-prescribing was a gross breach of trust but because there is no definitive list of what would legally constitute misconduct, each case requires to be considered on its own merits; however the judge made it clear in his summing up that this was serious professional misconduct.
35. Mr Cameron submitted that when you sought help you admitted that what you had done was wrong and dishonest, you have shown remorse and contrition for your behaviour; you have been open and honest about what occurred and assisted all enquiries; you have addressed the hurt and upset that your behaviour had on others by apologising to them face to face with sincerity. You have been working under conditions for the last four years and complied implicitly with the requirements of the GDC, the Health Board, the Health Inspectorate Wales. You have accepted without challenge every sanction and requirement made of you and approached all but one of the individuals whose names you used to acquire the diazepam and apologised to them face to face for your behaviour in using their names for prescriptions. Mr Cameron submitted that no evidence has been put forward to demonstrate that you have deep seated attitudinal problems; and that your behaviour since 2022 is to the contrary. He submitted that two of those whose names you used when prescribing have provided you with testimonials for this hearing. Mr Cameron submitted that he collected these testimonials on your behalf so that there was no pressure on anyone to feel forced to respond or give a testimonial.
36. In relation to remediation, Mr Cameron submitted that over the past four years your remediation has been genuine and demonstrable, you have accepted what you did was totally wrong, and done all that you have been able to do to make amends to your profession as well as to the individuals involved.
37. Mr Cameron submitted that although there was dishonesty in writing the prescriptions for patients and taking the medication yourself; the documentation in the NHS Counter Fraud report shows what we might all regard as an amazing admission which must have been due to his mental state, the anxiety and stress that you were suffering. Mr Cameron submitted that

until you contacted the DHST, you had never really considered what he was doing was dishonest or that it was fraudulent. He submitted that the circumstances of this case clearly show that your misconduct was associated with stress related to a medical condition as well as an enormous number of serious events in your professional and personal life over the 7 to 10 year period prior to 2022, which caused you enormous amounts of stress and anxiety as highlighted in the reflection you wrote during the May Day holiday over four years ago.

38. Mr Cameron submitted that you had maintained the professional standards expected until you had your crises between 2015 and 2022, and that you have you have conducted your professional and private life in line with the standards since the intervention of the DHST in 2022. Mr Cameron submitted that you are held in high regard as a highly skilled, competent clinician, as is confirmed by the testimonials in the bundle.
39. Mr Cameron submitted that you have undertaken focused CPD to address the concerns raised by your behaviour, and this is in addition to you completing what was required of you by the Health Board and the 15 days of rehabilitation activity requested by the Court.
40. Mr Cameron submitted that you have shown insight, taken all the remedial steps that were available to you to take, and the Committee can be assured that there is absolutely no risk of repetition. He submitted that you contacted the Dentists' Health Support Trust and during an appropriate interview you admitted your errors and identified and addressed reasons why your self-prescribing had occurred. Mr Cameron submitted that the DHST put in place conditions on your practice to protect patients and also to protect the reputation of the dental profession. You were not permitted to return to work until those matters were all concluded, which they were very quickly. Mr Cameron submitted that you have abided by those conditions for the last four years. He submitted that you have also abided by the GDC's interim conditions. Mr Cameron submitted that your failure to challenge any sanction placed upon you demonstrates quite clearly that you have faced up to the seriousness of what occurred by your self-prescribing and have shown 100% buy in with regard to remediation.
41. Mr Cameron submitted that the Committee should consider that until you self-reported to the Swansea University Health Board on 15 July 2022, that you had been self-prescribing you're your own use, the Board had thought this was a case of poor record keeping. He submitted that your admission should be considered.
42. Mr Cameron submitted that you plead guilty at the magistrates Court to the allegations and again subsequently at the Crown Court. He submitted that the general feeling amongst those involved in the court case was that the penalties imposed were particularly severe, especially if one considers contemporaneous cases that went through the Courts at the same time.
43. Mr Cameron also submitted that the total amount of loss to the NHS was £103.22p, which is small compared to the fine and costs that amounted to £12,043.22 that you had to pay.
44. Mr Cameron submitted that there have been no complaints or fitness to practise issues since your confession in 2022; and that you have been exemplar in your clinical practice during that period and prior to 2015.
45. Mr Cameron therefore submitted that your fitness to practise is not currently impaired as demonstrated by your behaviour since 2022, and submitted that there will be no recurrence as you have put in place all the necessary safeguards to prevent recurrence. He submitted that the burden of proof falls upon the GDC to provide any evidence that it has regarding the registrant's fitness to practise, but that it has not sufficiently proved this.

46. Lastly, Mr Cameron referred to the matter of sanction. Mr Cameron submitted that the appropriate and proportionate action for the Committee to take in relation to this case would be to issue a warning letter to you. Mr Cameron submitted that the letter should advise you of the committee's displeasure regarding your behaviour between 2015 and 2022 when you were unwell. He submitted that it should acknowledge that you have received and accepted severe sanctions including a suspended prison sentence from your conviction at the crown court. Furthermore, and most importantly that you have done everything asked of you to remediate over the last four years. The letter should conclude with a warning that if the GDC is advised of any dishonest behaviour in the future, it will apply immediately for your registration to be suspended whilst it prepares an urgent case to present to the case examiners for them to seek an early conduct committee seeking your permanent erasure from the Dentists Register.
47. The legal adviser clarified with Mr Cameron the sanctions available to the Committee, and Mr Cameron confirmed that he understood a warning letter to be equal to a reprimand by the GDC.

Committee's Decision

48. The Committee has borne in mind that its decisions on impairment and sanction are matters for its own independent judgment. It had regard to the over-arching objective of the GDC, which is: the protection, promotion and maintenance of the health, safety, and well-being of the public; the promotion and maintenance of public confidence in the dental profession; and the promotion and maintenance of proper professional standards and conduct for the members of the dental profession. The Committee had regard to the GDC's Guidance document, *'Fitness to Practise: Guidance for the practice committees'* (6 January 2026) (the GDC's Guidance) and the relevant case law. The Committee also received advice from the Legal Adviser which it accepted.

Impairment

49. The Committee then considered whether your fitness to practise is currently impaired by reason of your conviction on the grounds of the protection of patients and/or is in the wider public interest.
50. The Committee first considered whether your fitness to practise is currently impaired on public protection grounds. The Committee considered that the conduct in this case could be remedied to an extent, but that the matters in this case were of an attitudinal nature and was a serious breach of trust of your patients and colleagues and therefore this was not easily done. It considered the remedial action you have taken. The Committee noted from your evidence that you have spoken face to face with all of the patients and colleagues whose names you used fraudulently in prescriptions (bar one who has moved and you cannot trace), and that they are all aware of your conduct. It noted that since the conduct was discovered, you appear to have consistently admitted to your wrongdoing. It considered the support you have been receiving for over 4 years, and noted that you have a continuing network who can assist you in matters relating to this conduct.
51. The Committee considered the several written reflections provided by you and noted that your insight into your conduct has developed. It was not however satisfied that you had evidenced enough insight in your reflections or your oral evidence into the matter of dishonesty in this

case. The Committee considered that more insight could be developed into the effect of your dishonesty on both patients and colleagues, given that your oral evidence largely referred to your health, fraudulent prescriptions, and subsequent taking of prescription medication. Despite this, the Committee bore in mind that you are on a reflective journey, and whilst your insight may not be fully formed, you have come a long way towards developing full insight into your actions. The Committee was therefore satisfied that the risk of repetition was low in this case, given that the evidence was that there had been no repetition of the conduct and you had shown genuine remorse. The Committee also considered that there was no evidence of actual patient harm in this case.

52. The Committee therefore determined that your fitness to practise was not impaired on public protection grounds.
53. The Committee next considered whether a finding of impaired fitness to practise is required to uphold standards and/or to maintain public confidence in the dental profession. The Committee concluded that your conviction was serious and significant, having been decided by the Crown Court who sentenced you to an 8 month suspended custodial sentence. The Committee considered that your behaviour impacted multiple patients and colleagues, and defrauded the NHS. The Committee considered that your conviction related to a serious breach of trust of both your patients and colleagues and the public's trust in the dental profession. The Committee determined that you had breached standard 9.1, as follows:
- 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
54. The Committee considered that if a finding of impairment was not made, this would undermine public confidence in the dental profession and the GDC as a regulator. The Committee also noted that this conduct was reported in the local media, and whilst this had impacted you, it also had the serious potential to bring the dental profession into disrepute. Therefore, the Committee determined that a finding of impairment is necessary in the wider public interest, to maintain public confidence in the profession and to uphold proper standards of conduct.
55. Accordingly, the Committee has determined that your fitness to practise is currently impaired by reason of your conviction, solely on public interest grounds.

Sanction

56. The Committee next considered what sanction, if any, to impose on your registration. It recognised that the purpose of a sanction is not to be punitive although it may have that effect. The Committee applied the principle of proportionality balancing your interest with the public interest. It also took into account the *GDC's Guidance*.
57. The Committee considered the mitigating and aggravating factors in this case and took into consideration the relevant paragraphs in the *GDC's Guidance* on these matters.
58. The mitigating factors in this case were that:

- Previous good character.
- That there is evidence of good conduct following the incident in question, in that you;
 - i. have complied with GDC interim conditions
 - ii. you have tested negative on drug tests,
 - iii. you have complied with all investigations;
 - iv. there have been no further issues in the past 4 years;
 - v. you made early and full admissions throughout the investigations and court proceedings
- Evidence of remorse, insight and/or apology in that you have spoken with all of the patients and colleagues that you were able to who were affected by your conduct
- Remedial action has been taken
- No evidence of actual harm to patients
- There were several life events taking place during the period in which you fraudulently prescribed yourself diazepam which led to your behaviour [PRIVATE]

59. The aggravating factors in this case were that:

- Misconduct sustained or repeated over a significant period of time- 7/8 years
- Related to 10 patients and 579 tablets
- Abuse of trust/abuse of professional position

60. The Committee has considered the range of sanctions available to it, starting with the least restrictive. In the light of its findings of impairment, the Committee considers that taking no action, or imposing a reprimand, would not be sufficient in the particular circumstances of this case. It determined that it would not satisfy the public interest nor adequately maintain public confidence in the dental profession given the seriousness of the conviction of fraud and your related dishonesty.

61. The Committee next considered whether a direction of conditional registration would be appropriate and proportionate. The Committee considered that workable conditions cannot be formulated that adequately address a conviction case of this nature. The Committee determined that a direction of conditions would be insufficient to uphold proper professional standards of conduct and behaviour, nor would they maintain public trust and confidence in the profession and regulatory process in the particular circumstances of this case.

62. The Committee next considered whether to impose a sanction of suspension on your registration. The Committee considered that your conviction of fraud represented a fundamental departure from the standards expected of a dental professional. The Committee noted the mitigating factors in this case but bore in mind paragraph 255 of the guidance. This states that:

- *'When considering sanction, mitigation should carry less weight where there has been a fundamental and/or serious breach of the Standards'*

63. The Committee considered that the criteria in the Guidance for a suspension were met in this case. It considered that there was evidence of repetition in that the conduct was repeated over a significant period of time (approximately 7 or 8 years). The Committee also considered that

the serious nature of this case required a sanction that would meet the public interest, and that a sanction of suspension would appropriately do so. The Committee took into account that you have provided a developing insight, 4 years have passed since the misconduct with no further issues, and that you have complied with the investigation and admitted to the behaviour throughout. However it determined that to satisfy the public interest, and maintain confidence in the dental profession and its regulator, only a sanction of suspension could proportionality and appropriately mark your conduct.

64. The Committee considered that this case fell on the higher end of the scale of seriousness, given that you received an 8 month suspended sentence from the Crown Court. It was therefore satisfied that 12 months would be an appropriate and proportionate length of suspension to mark the seriousness of your behaviour and allow you to further develop insight, which it has deemed is still at a developing stage. It therefore determined that a review should be conducted at the conclusion of the 12 month suspension, and that the next Committee could be assisted by further updated remediation, reflections, and insight into the impact of your dishonesty on your colleagues, patients and the dental profession.
65. Out of completeness, the Committee considered a direction of erasure. The Committee considered the GDC's guidance and noted that erasure was appropriate when a registrant's behaviour is fundamentally incompatible with continued registration or there is evidence of a deep seated attitudinal problem. The Committee considered that while your conduct was serious, you have worked for the past four years without further incident, and have a developing insight into your conduct. The Committee was satisfied that you conduct did not meet the requirements in the guidance for erasure. It determined that an erasure would be punitive in this case and therefore inappropriate.
66. Unless you exercise your right of appeal, your registration will be suspended for a period of 12 months, starting 28 days from the date that notice of this Committee's direction is deemed to have been served upon you.
67. The Committee now invites submissions from Mr Sykes and from Mr Cameron on your behalf, as to whether an immediate order of suspension should be imposed on your registration to cover the 28-day appeal period, pending the taking effect of its substantive direction for suspension.

Decision on an immediate order

68. The interim order of conditions currently in place on your registration is hereby revoked, given the sanction imposed at this hearing.
69. Mr Sykes made an application for an immediate suspension order to be imposed on your registration under Section 30(1) of the Dentists Act 1984. He referred to the GDC's guidance and invited the Committee to consider the criteria for when an immediate order may be appropriate. He submitted the criteria is met in that an immediate order is required to maintain public confidence in the profession.
70. Mr Cameron submitted that an immediate order is not necessary in this case. He submitted that 28 days would allow you the time to plan appropriately given that you have patients in the middle of treatment and you employ 22 members of staff. He submitted that it was in the

interest of your patients not to impose an immediate order. Mr Cameron submitted that you have worked for the past four years with no issues, and that no impairment had been found in relation to the protection of the public.

71. The Committee accepted the advice of the Legal Adviser, who drew its attention to the relevant guidance contained in the GDC's Fitness to Practise: Guidance for the practice committees (January 2026).
72. The Committee determined that the imposition of an immediate order of suspension was not necessary in this case. The Committee considered that you had been working for the past four years without incident. The Committee considered that it had not made a finding of impairment on public protection grounds, and therefore the public interest and confidence in the profession only needed to be considered. It determined that 28 days of further practise would not impact the public interest any further. The Committee was satisfied that the 12 months suspension is sufficient to satisfy the public confidence and that a further immediate order was not necessary.
73. The Committee therefore determined that the threshold for the imposition of an immediate order was not met and therefore did not impose such an order.
74. Unless you exercise your right of appeal, the substantive direction of suspension will take effect 28 days from the date of deemed service.
75. That concludes this determination.