HEARING HELD IN PUBLIC

Professional Conduct Committee
Initial Hearing

26-28 October 2026

Name:	MACLEAVY, Christine Anne
Registration number:	10829
Case number:	CAS-213059-F6G9C2

General Dental Council:	Peta-Louise Bagott of Counsel Instructed by Rashidah Conroy of IHLPS
Registrant:	Present Unrepresented

Outcome:	Fitness to Practise Not Impaired. Case Concluded

Committee members:	Kerry McKevitt (Lay) (Chair) James Maughan (Dentist) Stephanie Carter (DCP)
Legal adviser:	Alastair McFarlane
Committee Secretary:	Paul Carson

The Charge (as amended)

That, being registered as a Dental Therapist:

Dental Nurse A

1. *On 26 March 2022, during a training course you facilitated and/or allowed dental nurse A to administer:*
    a. *Local anaesthetic;*
    b. *Inferior dental blocks.*

2. *On 27 March 2022, during a training course you facilitated and/or allowed dental nurse A to administer:*
    a. *Local anaesthetic;*
    b. *Inferior dental blocks.*

3. *On 10 April 2022, during a training course you facilitated and/or allowed dental nurse A to administer:*
    a. *Local anaesthetic;*
    b. *Inferior dental blocks.*

4. *In respect of allegation 1, 2, and 3, you facilitated and/or allowed dental nurse A to work outside of their scope of practice.*

5. *In respect of allegation 4, you put:*
    a. *The safety of A at risk;*
    b. *The safety of the recipient(s) of the local anaesthetic and/or inferior dental block administered by A at risk.*

Dental Nurse B

6. *On 26 March 2022, during a training course you facilitated and/or allowed dental nurse B to administer:*
    a. *Local anaesthetic;*
    b. *Inferior dental blocks.*

7. *On 27 March 2022, during a training course you facilitated and/or allowed dental nurse B to administer:*
    a. *Local anaesthetic;*
    b. *Inferior dental blocks.*

8. *On 10 April 2022, during a training course you facilitated and/or allowed dental nurse B to administer:*
    a. *Local anaesthetic;*
    b. *Inferior dental blocks.*

9. *In respect of allegation 6, 7 and 8, you facilitated and/or allowed dental nurse B to work outside of their scope of practice.*

10. *In respect of allegation 9, you put:*
    a. *The safety of B at risk;*
    b. *The safety of the recipient(s) of the local anaesthetic and/or inferior dental block administered by B at risk.*

Indemnity

11. *Between 15 February 2020 and 6 March 2021, you delivered clinical training as a supervisor/course tutor without any, or any sufficient, indemnity insurance cover.*

12. *In respect of allegation 11, you put the safety of:*
    a. *The course participants being supervised / taught by you at risk;*
    b. *The safety of the recipient(s) of the local anaesthetic and/or inferior dental block administered by the course participants at risk.*

And, by reason of the matters set out above, your fitness to practice as a Dental Therapist is impaired by reason of your misconduct.

Miss Macleavy,

1. The allegations against you relate to clinical training you provided in 2022 in your role as a dental therapist, during which you facilitated or allowed two dental nurses (Dental Nurses "A" and "B") to administer local anaesthetic beyond their Scope of Practice. It is also alleged that you delivered clinical training between February 2020 and March 2021 without appropriate indemnity arrangements.

Procedural progress

2. At the outset of the hearing, Ms Bagott, on behalf of the General Dental Council (GDC), made an application under Rule 18 of the General Dental Council (Fitness to Practise) Rules 2006 to amend charge 9, so that the pleaded reference to "allegation 8, 9 and 10" would instead refer to "6, 7 and 8".

3. The application was unopposed by you.

4. The Committee accepted the advice of the Legal Adviser. It was satisfied that the proposed amendment related to a self-evident typographical error and would not alter the substance of the allegation. As the amendment would be confined to correcting an obvious error in relation to underlying matters which you already admit, the Committee was satisfied that no injustice or unfairness would be caused to you. The Committee therefore agreed to amend charge 9.

5. You then proceeded to enter formal admissions to the entirety of the Charge.

6. Having regard to your status as a legally unrepresented registrant, the Committee considered whether to accept your blanket admissions or whether it should proceed to conduct a factual inquiry before finding the charges, or any of them, proved. The Committee noted that your admissions had already been clearly and unequivocally expressed in your detailed written responses to the allegations and you confirmed orally to the Committee that your position remained as set out in those written responses. This is not a case where there is any substantial factual dispute. You accept what is alleged against you but explain (which is not contested by the GDC) that you genuinely did not understand at the time that what you were doing was in contravention of the GDC's standards.

7. The Committee was therefore satisfied that your admissions were clear and unequivocal and that no factual inquiry would be necessary. Accordingly, the Committee found charges 1-12 proved by admission and proceeded to Stage two of its procedure. In light of the entirety of the Charge being found proved by admission, the witnesses which the GDC intended to call as part of a factual inquiry were stood down and their statements taken as read. These statements included the report dated 20 April 2026 from Dr Igoe BDS, instructed on behalf of the GDC for his expert opinion.

Stage Two

8. At this stage of the proceedings, the role of the Committee is to determine whether the facts admitted and found proved amount to misconduct and, if so, whether your fitness to practise as a dental therapist is currently impaired by reason of that misconduct. If the Committee finds current impairment, it must then decide on what

action, if any, to take in respect of your registration.

Factual background

9. You first registered with the GDC as a Dental Therapist in 1979 and have worked extensively over a long practising career in community dentistry, treating both adult and child patients. You have also taught at the Eastman Dental Institute, where you developed expertise in teaching local anaesthetic techniques.

10. Over the past approximately 20 years, you established a training and coaching business alongside your clinical work in which you offered practical training to other dental professionals, particularly overseas qualified dental hygienists seeking registration with the GDC. The training you provided included courses titled "Confidence with Local Anaesthetic – Hands On" and "Local Anaesthetic Practical Masterclass".

11. You had experience of assisting overseas qualified practitioners becoming registered with the GDC as dental hygienists as part of what was known as an "adaptation period", during which they would be required to demonstrate their competence in certain procedures (such as administering inferior dental nerve blocks) through supervised clinical experience and the completion of practical logbooks.

12. In early 2022, you provided local anaesthetic training to overseas qualified dental hygienists seeking UK registration. Two participants on this training, Dental Nurses A and B, were qualified dental hygienists in Poland but were only registered with the GDC as dental nurses at the time. They attended your training course on 26-27 March and 10 April 2022. On each of these dates they administered local anaesthetic under your supervision, including inferior dental blocks. You provided them with course documentation confirming the completion of these supervised injections and you signed their clinical logbooks.

13. Although Dental Nurses A and B were qualified overseas as dental hygienists, their GDC registration as dental nurses did not permit them to administer local anaesthetic or inferior dental blocks in the UK. The GDC had only registered them under the title of dental nurse and therefore only authorised them to carry out such procedures which were within the Scope of Practice of a dental nurse. The administering of local anaesthetic, including inferior dental nerve blocks, is confined to the Scope of Practice of GDC registered dental hygienists, dental therapists and dentists.

14. You explained, as is not disputed by the GDC, that you had believed that Dental Nurses A and B were undertaking practical training to demonstrate their competence for UK registration and that this was permissible as part of the GDC's registration processes. You explained that what you had done was consistent with your previous experience of assisting overseas qualified practitioners as part of an adaptation period. You stated that you had sought guidance from the GDC and believed at the time that you were acting appropriately. However, you now accept that you should have sought greater clarification following legislative changes to the GDC's registration processes, where adaptation periods had already been phased out.

15. Following the GDC's investigation into this matter, you explained that you now check the specific title(s) under which each course participant is registered with the GDC to ensure that any practical local anaesthetic training you provide is within their Scope of Practice.

16. In respect of the adequacy of your indemnity arrangements for six separate training sessions which you had delivered between 15 February 2020 and 6 March 2021, you explained that this situation arose because you had stepped down from clinical practice at around the beginning of the COVID-19 pandemic in early 2020 but intended to continue teaching. You explained that you had reduced your professional indemnity subscription because you had ceased clinical practice. You explained that you had not appreciated that the clinical indemnity you had previously held remained necessary for the practical teaching activities which you were continuing to undertake.

17. When this issue was identified as part of the GDC's investigation, you contacted your indemnity provider to arrange retrospective cover. Your explanation for your lack of adequate indemnity arrangements at the time and the steps you have taken to rectify this are not disputed by the GDC.

18. Over a career spanning some 47 years you have no other fitness to practise history.

Submissions

19. Ms Bagott submitted that the facts found proved amount to misconduct. As to the question of impairment, she submitted that if the Committee were to find that your fitness to practise is currently impaired a reprimand would be the appropriate outcome given the absence of any evidence of any ongoing risk to the public.

20. In your submissions, you accepted that the facts in this case amount to misconduct. Although you did not realise at the time that you were acting in breach of professional standards, you accept responsibility for those breaches and you accept that they are sufficiently serious to meet the threshold for misconduct.

21. You submitted that your fitness to practise is not currently impaired. You referred to your longstanding professional experience and your otherwise unblemished record. You referred to your commitment to teaching and patientcare. You referred to the remedial steps you had taken to ensure that there is no risk of repetition and to the absence of any further concerns.

22. You relied on your written reflections and supporting testimonials. You stated that you had reflected upon and learned from this experience and that you do not consider that you pose any ongoing risk to the public. If the Committee were to find that your fitness to practise is impaired, you submitted that a reprimand would be the appropriate outcome.

23. The Committee had regard to the GDC's *Fitness to Practise: Guidance for the practice committees* (January 2026). The Committee accepted the advice of the Legal Adviser.

24. In reaching its decision, the Committee considered the admitted facts, the written and oral submissions, Dr Igoe's expert evidence, your reflective statements, supporting testimonials and the other documentary evidence before it.

Misconduct

25. Misconduct requires a serious departure from expected professional standards.

26. On three separate dates, you had facilitated or allowed Dental Nurses A and B to administer local anaesthetic, including inferior dental blocks, outside their Scope of Practice. In the Committee's judgment, these were serious breaches of fundamental professional standards. As a highly experienced dental therapist and the clinical course tutor, you had a professional responsibility to ensure that those undertaking the clinical procedures were appropriately registered and authorised to do so.

27. The Committee accepted Dr Igoe's evidence that the administration of local anaesthetic, particularly inferior dental blocks, carries inherent serious clinical risks, including the risk of nerve injury. By permitting the procedures to be undertaken outside the Scope of Practice authorised by the GDC, you exposed those receiving the treatment to avoidable risk. You also exposed Dental Nurses A and B themselves to avoidable risk. The Committee accepted Dr Igoe's opinion that your conduct fell far below the standard expected.

28. The Committee considered that the repeated nature of this conduct further increases its seriousness. It was conduct which involved two participants over three training dates. This was not an isolated breach of fundamental professional standards but was sustained and repeated.

29. The fact that you genuinely assumed at the time that it was permissible for Dental Nurses A and B to carry out the procedures in pursuit of GDC registration as a dental hygienist does not alter the question of misconduct. It does not alter the seriousness of the breaches or the fundamental importance of those standards.

30. In relation to the indemnity matter, this too represented a serious breach of fundamental professional standards in the Committee's judgment. Adequate indemnity is a fundamental requirement of the profession. Although you had retired from clinical practice you were still supervising clinical procedures as part of the training which you were continuing to deliver. It was your professional responsibility to have ensured that you continued to maintain adequate indemnity arrangements.

31. In the Committee's judgment, there have been clear (albeit unintentional) breaches of Standards 1.7, 1.8, 7.1, 8.1 and 9.1 of the Standards for the Dental Team (September 2013). These include the requirement to put patients' interests and safety first, to ensure appropriate arrangements for compensation and to maintain public trust in the profession.

32. Whilst not at the highest end of the spectrum of seriousness in the Committee's view, these breaches are sufficiently serious to amount to misconduct given the fundamental importance of the standards which were breached, the fact they were breached on more than one occasion and the risks of harm which arose from both your lack of adequate indemnity and your facilitating or allowing the two dental nurses to administer local anaesthetic beyond the scope of their GDC registration.

Impairment

33. In assessing whether your fitness to practise as a dental therapist is currently impaired by reason of your misconduct, the Committee had regard to whether your

misconduct is remediable, whether it had been remedied and the risk of repetition. The Committee also had regard to the wider public interest, which includes the need to maintain public confidence in the dental profession and to uphold and declare proper standards of conduct and behaviour.

34. The Committee considered that the failings identified in this case are capable of remedy. This is not a case where your clinical skills or competency are in question. Neither is it a case where you had deliberately breached or flouted regulatory requirements. Rather, you had failed to understand and apply correctly the GDC's Scope of Practice when providing clinical training and supervision to overseas qualified practitioners. You also failed to check that your revised indemnity arrangements remained adequate for the clinical teaching work which you continued to undertake.

35. The Committee was satisfied that you demonstrate insight into your misconduct. You had admitted the allegations from the outset. You accepted that you should have acted differently and, in the Committee's view, express genuine regret for your actions. You have been entirely candid with the GDC and with the Committee. You have fully engaged in these proceedings and you have looked at matters with a self-critical eye. You fully accept responsibility for your actions and accept that you should have examined the regulatory requirements more closely. The Committee accepted your explanation that you had genuinely misunderstood those regulatory requirements and had not appreciated at the time that your conduct was in breach of GDC standards. Your explanation had not been challenged by the GDC.

36. You have also taken practical steps to address the failings. You had ceased providing the training in question to overseas qualified practitioners who were registered with the GDC only under the title of dental nurse. You had also introduced checks to verify the specific title(s) under which each prospective course participant was registered with the GDC. You now understand that GDC registration as a dental nurse does not authorise the administration of local anaesthetic, even if the practitioner holds a relevant overseas qualification and is seeking GDC registration as a dental hygienist.

37. In relation to indemnity, the Committee noted that you had contacted your indemnity provider and had arranged retrospective cover once this matter was brought to your attention. The Committee was satisfied from your reflective statements and from your answers to committee questions that you understand the importance of maintaining appropriate cover before undertaking further clinical or teaching activities.

38. The Committee had regard to your lengthy professional career and your otherwise unblemished record. The Committee also noted that you had continued to practise unrestricted pending this hearing without any further concerns being raised. The Committee was satisfied that you have adequately reflected upon and addressed the underlying causes of your misconduct. You have taken sufficient remedial steps. The Committee was satisfied that you show genuine insight and that the likelihood of repetition is low.

39. In those circumstances, the Committee determined that your fitness to practise is not currently impaired on public protection grounds.

40. The Committee next considered whether a finding of impairment is necessary to maintain wider public confidence in the profession and to uphold proper professional standards. The Committee recognised that allowing dental nurses to undertake procedures outside their Scope of Practice and of delivering clinical training without appropriate indemnity arrangements has the potential to undermine public confidence, particularly where you were responsible for supervising and educating others. However, in context, your actions were the result of a genuine misunderstanding and were motivated by a genuine intention to assist overseas qualified practitioners in developing their skills for the purposes of obtaining UK registration.

41. Your full engagement in these proceedings, your full admissions to all the factual allegations and your self-critical reflection and acceptance of professional responsibility are also relevant considerations when considering the wider public interest. The passage of time since the index events, along with an otherwise unblemished career spanning some 47 years are also relevant.

42. Having regard to all circumstances, the Committee determined that a finding of impairment is not required on wider public interest grounds. An informed member of the public, aware both of the seriousness of your failings and of your subsequent insight and remediation, would not be troubled by a finding that your fitness to practise is no longer impaired.

43. Accordingly, the Committee determined that your fitness to practise as a dental therapist is not currently impaired.

44. That concludes the case.