PART-PRIVATE HEARING

Professional Conduct Committee
Initial Hearing

17 to 24 November 2025

Name:	CAIRNS, Michael James Rowley
Registration number:	277814
Case number:	CAS-205876-M5P7P2

General Dental Council:	Kathryn Hughes, Counsel Instructed by Rochelle Williams, IHLPS
Registrant:	Present Represented by Matthew McDonagh, Counsel Instructed by Duncan Mawby, BTO Solicitors

---

Outcome:	Facts not proved, case concluded – fitness to practise not impaired

---

Committee members:	Jane Everitt	(Chair, Lay Member)
	Jonathan Farmer	(Dentist Member)
	Leeann Sadler	(Dental Care Professional Member)
Legal Adviser:	Kenneth Hamer	
Committee Secretary:	Lola Bird	

CAIRNS, Michael James Rowley, a dentist, BDS Queen's University of Belfast 2018 is summoned to appear before the Professional Conduct Committee on 17 November 2025 for an inquiry into the following charge:

The Charge

"That being a registered dentist:

1. *On 11 October 2022, you commenced providing treatment to Patient A, namely irrigation of sockets, without providing local anaesthetic, when Patient A had not refused local anaesthetic and had not consented to proceeding without it.*

2. *On 11 October 2022, you continued to provide treatment to Patient A, despite her withdrawing her consent to the treatment, and her communicating her withdrawal of consent by:*

   a. *Saying "no"*

   b. *Saying "stop"*

   c. *Raising her hand, as advised to do if she wanted to stop the treatment*

   d. *Grabbing your hand with which you were performing the treatment*

AND that by reason of the matters alleged above, your fitness to practice is impaired by reason of misconduct."

Mr Cairns,

1. This is a Professional Conduct Committee hearing in relation to a case brought against you by the General Dental Council (GDC). The charge relates to your treatment of one patient, Patient A, at an appointment on 11 October 2022.

2. This hearing was scheduled to begin on 17 November 2025, but due to issues with witness availability, the Committee granted adjournments on 17 and 18 November 2025, with the hearing formally commencing on 19 November 2025. The hearing is being conducted remotely by Microsoft Teams video-link.

3. You are represented at these proceedings by Mr Matthew McDonagh, Counsel. The Case Presenter for the GDC is Ms Kathryn Hughes, Counsel.

Summary of the case background

4. At the material time, Patient A was a regular patient at the practice where you worked ('the Practice') and you had been her regular dentist for a number of years.

5. In her opening submissions, Ms Hughes told the Committee that the factual allegations in this case emanate from an appointment that Patient A attended with you on 11 October 2022. Ms Hughes stated that the Committee would hear in due course from Patient A, and also from

Witness 1, Patient A's friend and carer, who attended the Practice with her on the day in question. Both Patient A and Witness 1 provided witness statements for the purpose of this hearing.

6. On 11 October 2022, Patient A attended to see you for an emergency appointment, as she thought she had an infection following the extraction of teeth between August and October 2022. The extractions were undertaken at another dental practice.

7. Whilst Patient A was accompanied to the appointment with you on 11 October 2022 by Witness 1, during treatment it was only Patient A, you, and the dental nurse who was assisting you (Witness 2), who were present in the room. Ms Hughes drew the Committee's attention to Patient A's witness statement dated 6 September 2024 and stated that it was Patient A's written account of the appointment that formed the basis of the alleged facts.

8. Ms Hughes further told the Committee that following the appointment on 11 October 2022, Patient A made several media posts about you, and about what she said her experience had been at the appointment. Ms Hughes asked the Committee to note Patient A's written evidence that she had been shocked about what happened and that she wanted others to know about it, although the social media posts were later taken down by Patient A.

9. Ms Hughes also highlighted that on 12 October 2022, Patient A had called the police. They visited her address on 14 October 2022, after having attended the Practice. Patient A also contacted the GDC and her local MP and MSP regarding the alleged incident, with those reports prepared on her behalf by Witness 1. Patient A's complaint to the GDC is dated 13 October 2022.

10. Patient A, and Witness 1 on her behalf, also made several complaints in writing to the Practice. You responded to Patient A's complaint by way of a letter dated 16 November 2022, in which you denied all the allegations.

11. Ms Hughes told the Committee that in addition to hearing from Patient A and Witness 1, it would also hear from the expert witness to be called by the GDC, Mr Balraj Dhami, General Dental Practitioner. Ms Hughes referred to Mr Dhami's opinion, as set out in his expert report dated 31 May 2024, that if Patient A's account is accepted, your actions in providing treatment to her without consent and/or when consent had been withdrawn, fell far below the expected GDC Standards. However, if your account is accepted, then Mr Dhami stated that he would find no failure in the care provided.

Evidence

12. The documentary evidence received by the Committee from the GDC was as follows:

- The witness statement of Patient A dated 6 September 2024, along with associated exhibits, which included copies of her written complaints about her treatment and copies of her social media posts.

- The witness statement of Witness 1 dated 5 September 2024, along with associated exhibits, including copies of his correspondence with the Practice on Patient A's behalf.

- The clinical records of Patient A from the Practice.

- The expert report prepared by Mr Dhami dated 31 May 2024.

13. In addition, the Committee heard oral evidence from Patient A, Witness 1 and Mr Dhami.

14. The Committee heard parts of Patient A's evidence in private under Rule 53 of the *GDC (Fitness to Practise) Rules 2006* ('the Rules'). This was to preserve her anonymity and right to confidentiality during wider discussions relating to her private life. None of the detail relating to those wider personal matters has been included in this determination.

15. The documentary evidence provided to the Committee as part of your case in response to the allegations comprised:

- Your witness statement dated 2 October 2024, along with your CV.

- The witness statement of Witness 2 dated 6 March 2024. Witness 2 is the dental nurse who assisted you at the appointment on 11 October 2022.

- The police response and police notebook entry in relation to their visit to Patient A's address on 14 October 2022.

- A testimonial from Witness 3, who was the owner of the Practice at the material time, dated 17 September 2024.

- Five other testimonials; four from dental colleagues who worked with you at the Practice and one who knew of you in their professional capacity as a Dental Practice Advisor for the NHS.

16. You gave oral evidence to the Committee, as did Witness 2 and Witness 3.

The Committee's Findings of Fact – 24 November 2025

17. The Committee considered all the evidence presented to it, both oral and documentary. It took account of the closing submissions made in relation to the alleged facts by Ms Hughes on behalf of the GDC and by Mr McDonagh on your behalf.

18. The Committee accepted the advice of the Legal Adviser in relation to the burden and standard of proof, the need to treat the alleged facts separately, the wording of the allegations, and the approach to be taken in relation to the evidence.

19. The Committee bore in mind that the burden of proof rests with the GDC and that the standard of proof is the civil standard, that is, whether the alleged facts are proved on the balance of probabilities. The Committee took into account the advice of the Legal Adviser regarding the standard of proof, during which he referred to the case of *Re H* [1996] AC 53, in particular that:

> *"When assessing the probabilities the court will have in mind as a factor, to whatever extent is appropriate in the particular case, that the more serious the allegation the less likely it is that the event occurred and hence, the stronger should be the evidence before the court concludes that the allegation is established on the balance of probability. …. [T]his does not mean that where a serious allegation is in issue the standard of proof required is higher. It means only that the inherent probability or improbability of an event is itself a matter to be taken into account when weighing the probabilities and deciding whether, on balance, the event occurred. The more improbable the event, the stronger must be the evidence that it did occur before, on the balance of probability, its occurrence will be established."*

20. A more recent iteration of these principles was in *Byrne v General Medical Council* [2021] EWHC 2237 (Admin) at paragraph 22 where Morris J said:

> (1) There is only one civil standard of proof in all civil cases, and that is proof that the fact in issue more probably occurred than not.
>
> (2) There is no heightened civil standard of proof in particular classes of case. In particular, it is not correct that the more serious the nature of the allegation made, the higher the standard of proof required.
>
> (3) The inherent probability or improbability of an event is a matter which can be taken into account when weighing the probabilities and in deciding whether the event occurred. Where an event is inherently improbable, it may take better evidence to persuade the judge that it has happened. That goes to the quality of the evidence.
>
> (4) However, it does not follow, as a rule of law, that the more serious the allegation, the less likely it is to have occurred. So, whilst the court may take account of inherent probabilities, there is no logical or necessary connection between seriousness and probability. Thus, it is not the case that 'the more serious the allegation the more cogent the evidence needs to prove it'.

21. The Committee considered each of the factual allegations separately and made the following findings:

1.	*On 11 October 2022, you commenced providing treatment to Patient A, namely irrigation of sockets, without providing local anaesthetic, when Patient A had not refused local anaesthetic and had not consented to proceeding without it.* **Found not proved.**

It was not disputed in this case that you commenced providing treatment to Patient A, namely irrigation of sockets, without providing local anaesthetic. The issue for the Committee to determine was whether Patient A consented to proceeding with the treatment without local anaesthetic.

The Committee noted that you and Patient A provided conflicting accounts as to what happened at the appointment on 11 October 2022. In the giving of her account, Patient A stated that she did not consent to proceeding with the treatment without local anaesthetic. Your evidence was that she did consent to do so.

In considering these differing recollections, the Committee took account of what contemporaneous documents exist. It noted that it had before it the clinical records of Patient A's appointment with you on 11 October 2022. Further, the Committee had regard to Patient A's letter of complaint to the GDC dated 13 October 2022, which was two days after the appointment in question. Also before the Committee was the information relating to the visit made by the police to Patient A on 14 October 2022.

The Committee noted that Patient A disputed the accuracy of some of the clinical records, including the record made of the appointment on 11 October 2022. However, the Committee was not satisfied that any of the clinical records were falsified or that they were misleading in any way. The Committee heard oral evidence from Mr Dhami, who stated that the clinical records for Patient A's appointment on 11 October 2022 were, in his view, generally consistent with the level of detail he had observed in relation to the records made in respect of your previous appointments with her. Mr Dhami stated that there was nothing about the record of 11 October 2022 that stood out to him. He told the Committee that there had been no evidence before him to indicate that the clinical records had been voided or altered, although he did state that one would need to look at the metadata to confirm any changes.

The Committee also took into account that it was not the GDC's case that the clinical records are false, just that they are incomplete. In this regard, you accepted in your oral evidence that, in hindsight, you could have recorded more detail, particularly around the issue of regaining consent for continuing the treatment, which is a matter relevant to head of charge 2d below. Witness 2 also noted the absence of certain details, which she considered, in hindsight, should have been recorded. However, both you and Witness 2 were consistent in stating that the information that was recorded is an accurate reflection of what happened at the appointment on 11 October 2022.

With regard to the police information provided, the Committee took into account that this is hearsay evidence. However, it is evidence supplied by a person in authority, namely the police officer who attended Patient A's address on 14 October 2022 and spoke to her. The officer completed a notebook which is a text entry. Whilst the Committee noted that Patient A disputed aspects of the information provided by the police, it also took into account her evidence that she did sign the police officer's notebook in which the officer made a record of their conversation.

	It was the conclusion of the Committee, having had regard to the clinical records of 11 October 2022 and to the police information in relation to 14 October 2022, that these pieces of evidence could be relied upon as contemporaneous and accurate. In reaching its decision in relation to this head of charge, the Committee considered all the identified contemporaneous documents, including Patient A's letter of complaint to the GDC, together with the other evidence it received. The Committee was satisfied from the evidence that Patient A was offered local anaesthetic at the appointment on 11 October 2022. It had regard to the clinical records in respect of the appointment in which the offer of local anaesthetic is noted. Furthermore, whilst Patient A did not refer to the offer in her letter of complaint to the GDC, she did state in her witness statement *"The Registrant then said that I would need to have anaesthetic in order to have the treatment done…"* The Committee noted the expert evidence of Mr Dhami, as set out in his report, that *"…dentists can and do routinely irrigate sockets and pack materials into sockets without LA, and therefore the use of LA is not mandatory for such a treatment, but LA should still be offered for patient comfort*." Your evidence, which was supported by the evidence of Witness 2, was that it was part of your usual practice to offer local anaesthetic prior to irrigating sockets, as this is what you had been trained to do. Both you and Witness 2 noted that patients can find the procedure painful. The Committee considered this evidence about your usual practice further supported the offer of local anaesthetic to Patient A. Having been satisfied that local anaesthetic was offered to Patient A, the Committee went on to consider the evidence in relation to her response to that offer. It was Patient A's evidence that she accepted the offer of local anaesthetic, and therefore it had been her expectation that local anaesthetic would be given prior to the treatment commencing. She stated in her witness statement *"I did say yes and I said Michael, just be careful where you are putting the needle because I have a lot of nerve damage".* The Committee considered that Patient A was consistent in stating in her witness statement and oral evidence that she did not decline to have local anaesthetic for the treatment. However, it found that there were inconsistencies in her version of events, when it compared her witness statement to her near contemporaneous letter of complaint to the GDC. The Committee noted that Patient A stated in her letter to the GDC *"No local anaesthetic had been given or offered"*, which is contrary to what she stated in her witness statement. The Committee also took into account that Patient A was questioned in cross-examination about another matter, which does not form part of the charge, but appears to be raised in her witness statement as a concern. This was Patient A's written evidence that, at the outset of the appointment, you had put your gloved right hand into her mouth to feel her gums while she was still standing up. Patient A did not include this concern in her letter to the GDC. Patient A's friend, Witness 1, confirmed that he had typed up Patient A's letter to the GDC 'in the words that she used'. Witness 1 told the Committee that Patient A wrote the letter out in her handwriting, and he typed it up. He stated that he was therefore confident that the letter to the GDC had contained everything Patient A had wanted to say.

	In addition, when considering Patient A's recollection of the appointment on 11 October 2022, the Committee took into account that when the police visited her address on 14 October 2022, she signed a 'text entry' in the attending police officer's notebook stating that she had declined local anaesthetic. The Committee had regard to the signed entry which is set out as follows: *"States she was assaulted however on review she declined local anasthetic and this made this has hurt her. Dentist has no touched her or any assault taken place*" [*Sic*]. The police officer who dealt with the incident noted that no crime was raised from Patient A's disclosure to them. The Committee considered your evidence in relation to this allegation at head of charge 1. Your evidence was that Patient A declined your offer of anaesthetic, and you respected her wishes. In your witness statement you stated *that "I explained to [Patient A] that it was possible to proceed without local anaesthetic, although it might be more uncomfortable without it…."*. You told the Committee in your oral evidence that Patient A had declined local anaesthetic because of the nerve damage she said she had. The Committee found that your account is corroborated by the contemporaneous clinical records of the appointment, in which it is stated "*Offered pt LA for todays treat but was told to be careful as nerve supply damaged and gets worked up with LA. Explained we can do it without and pt happy to do that LA admin was more for comfort and without may be a bit more tender for a few seconds or so as irrigate sockets…"*. The Committee also noted that this record accords with Witness 2's recollection, as set out in her witness statement that *"…Patient A was offered local anaesthetic ("LA") by Michael but that she declined, stating that she had nerve damage after the extractions…"*. It was the view of the Committee, having considered your evidence and the evidence of Patient A in the context of all the other information provided, including the contemporaneous documentation, that your account was more credible and reliable. In preferring your evidence, the Committee considered what was more probable in the circumstances. It took into account that you were Patient A's regular dentist at the time, and that the clinical records show that you had seen her on multiple occasions prior to 11 October 2022, when local anaesthetic was offered to and accepted by her for extractions and fillings. The Committee further had regard to the evidence in the previous clinical records, which indicated that you had shown care and compassion to Patient A when she discussed her personal circumstances with you. Furthermore, the Committee took into account your good character, with no evidence of any complaints before or since the appointment on 11 October 2022, and the positive testimonials tendered on your behalf, including from Witness 3 who was the owner of the Practice. These testimonials attest to your professionalism, accurate record taking and kind and caring nature. It was the conclusion of the Committee, having weighed the evidence, that it was inherently improbable that you ignored Patient A's request for local anaesthetic, which was the GDC's case. The Committee concluded on the evidence that Patient A refused your offer of local anaesthetic. It was further satisfied that she consented to proceeding with the treatment without it. In making this finding, the

	Committee noted the evidence that Patient A sat back in the dental chair and opened her mouth, indicating that treatment could begin. In all the circumstances, the Committee found this allegation at head of charge 1 not proved.
2a.	*On 11 October 2022, you continued to provide treatment to Patient A, despite her withdrawing her consent to the treatment, and her communicating her withdrawal of consent by:* *a. Saying "no"* **Found not proved.** For the reasons set out below.
2b.	*On 11 October 2022, you continued to provide treatment to Patient A, despite her withdrawing her consent to the treatment, and her communicating her withdrawal of consent by:* *b. Saying "stop"* **Found not proved.** The Committee noted that head of charge 2 (both the stem and the sub-particulars) relates to an alleged withdrawal of consent by Patient A by communicating in one of four ways and you continuing treatment. Prior to considering the individual heads of charge 2a, 2b, 2c and 2d, the Committee had regard to Mr Dhami's opinion in relation to the issue of consent, which is set out in his report as follows: *"The GDC standards are very clear that patients have the right to withdraw consent at any time, and should they do so, the dentist should respect their decision and wishes…* *Consent can be withdrawn by either the patient vocalizing this to the dentist or through their actions to indicate treatment should be stopped…* *When consent is withdrawn, the dentist had a duty to stop treatment, discuss why consent may be being withdrawn and gain consent again for any further treatment…"* The Committee considered heads of charge 2a and 2b separately but made the same finding in respect of each allegation based on the same evidence. Patient A stated in her witness statement that during the treatment on 11 October 2022, *"I screamed at him "No" and "Stop" on numerous occasions…"*. She stated that she said *"Stop"* over 10 times, but you did not stop.

	Both you and Witness 2 denied that Patient A said *"no"* or *"stop"* during the treatment. In your oral evidence, when these allegations at 2a and 2b were put to you in questioning, you categorically denied them. Witness 2 stated in her witness statement that she had no recollection of Patient A screaming or saying *"no"* or *"stop"*. Witness 2 stated that had any of this taken place she would have remembered it. She stated that *"If [Patient A] had screamed or even just said "no" or "stop" I would have had concerns about her agreement to proceed and I would have intervened to stop the procedure if Michael had not already done so"*. Witness 2 stated that following the appointment she accompanied Patient A out of the surgery door and up the stairs to the reception. Patient A indicated that everything was fine. She did not appear to be upset or unhappy. In balancing Patient A's evidence with your evidence and that of Witness 2, the Committee took into account the other evidence before it. This included the 'text entry' in the police notebook which Patient A signed to say that there had been no assault as she had initially alleged. The Committee also heard evidence from Witness 3, who was the owner of the Practice at the material time. He told the Committee that, had anything untoward happened at Patient A's appointment on 11 October 2022, it would have been brought to his attention or to the attention of the Practice Manager, in line with the Practice's standard procedures. Witness 3 also stated that he would have expected Witness 2 to raise any concerns about Patient A with you at the time, which would have been in line with her training and the expectations of her as a GDC registrant. It was the view of the Committee, having considered the evidence, that it would have been inconceivable that Witness 2 would not have intervened or taken some action in a situation where Patient A said that she was repeatedly screaming *"no"* and *"stop"*. Furthermore, the Committee considered that it was inherently improbable, bearing in mind your previous caring and compassionate interactions with Patient A and the evidence of your good character, that you would have ignored Patient A if she had screamed *"no"* and *"stop"* on numerous occasions during the treatment. The Committee was not satisfied, on the balance of probabilities, that heads of charge 2a and 2b are proved.
2c.	*On 11 October 2022, you continued to provide treatment to Patient A, despite her withdrawing her consent to the treatment, and her communicating her withdrawal of consent by:* *c. Raising her hand, as advised to do if she wanted to stop the treatment* **Found not proved.** There was some discussion during the evidence about which hand Patient A was said to have raised. You told the Committee that you always advise your patients

	to raise their left hand if treatment becomes uncomfortable and they want you to stop. You said that this was because you routinely stand on the right side, and so raising the right hand might hit you while you are working. You also said that the dental nurse, in this case, Witness 2, would stand on the left side and so raising a left hand would have assisted in alerting her if your attention was focused on working in the patient's mouth. It was your evidence, however, that in the circumstances of Patient A's appointment, you would have seen had she raised a hand. Patient A's evidence was that she raised her right hand and not her left hand for the reason she set out in her witness statement, and because, she said, that is what she was advised to do. She stated that *"I kept screaming and putting my right hand up because that's what I was told to do if I wanted treatment to stop but he just ignored this…".* Patient A further stated that she had tried to grab your hand which had the needle in it to try and pull it out. You stated that Patient A did not raise either hand at any point during the treatment, but you recalled that it was a few seconds after treatment had begun that she *"…suddenly sat up in the chair with a jolt, at the same time grabbing at my hand holding the irrigating syringe".* You stated that when this happened you stepped back from Patient A for safety reasons and you explained to her that it was important that she did not try to grab your hand because of the risk of a sharps' injury. Witness 2 recalled in her witness statement that you had advised Patient A to raise her hand if she wanted you to stop the procedure at any point. Witness 2 also recalled that *"…less than 30 seconds after we had started…"* Patient A *"suddenly sat up in the dental chair and grabbed at Michael's hand holding the syringe"*. With regard to the raising of a hand, Witness 2 could not recall specifically whether Patient A had raised her right hand during the treatment, as Patient A said she did. Witness 2 did state, however, that had she been alerted to any further concerns by Patient A she would have intervened to stop the treatment if you had not already done so. Witness 2 stated in her witness statement that after the procedure had restarted at no time did Patient A raise her hand or indicate in any other way that she wanted to stop. Witness 2 said that she had no concerns about Patient A giving consent for the procedure to continue. Whilst the Committee had regard to the other evidence provided in considering this issue of the raising of a hand, it noted that the only mention of the matter prior to this hearing was in Patient A's witness statement prepared for these proceedings. The Committee found no reference to the raising of a hand in Patient A's letter of complaint to the GDC, which was written two days after the appointment, or in other correspondence composed by her, including her social media posts. In the light of this, the Committee was not satisfied, on balance, that Patient A communicated her withdrawal of consent to the treatment by raising a hand. In reaching its decision, the Committee took into account that the other person in the room at the time, Witness 2, did not recall any issues of concern other than the grabbing of the syringe, which is recorded in the clinical records. The Committee considered it inherently improbable that both you and Witness 2 would have ignored the raising of a hand by Patient A, particularly given the evidence of your

	caring interactions with Patient A in the past and the evidence of your good character. Therefore, the finding of the Committee is that this allegation is not proved.
2d.	*On 11 October 2022, you continued to provide treatment to Patient A, despite her withdrawing her consent to the treatment, and her communicating her withdrawal of consent by:* *d. Grabbing your hand with which you were performing the treatment* **Found not proved.** The Committee took into account that it is not disputed that Patient A grabbed at your hand. Patient A stated in her evidence that she grabbed your hand holding the irrigating syringe, both you and Witness 2 recall Patient A attempting to do so, and the incident is mentioned in the clinical records. What is in issue is whether you continued to provide treatment to Patient A after this without her consent. You agreed in your oral evidence that Patient A's sitting up in the dental chair and grabbing the syringe was a clear indication that she wanted the treatment to stop at that point. It was your evidence that you did stop and that you stepped back from Patient A for safety reasons. You stated that you explained to her that it was important that she did not try to grab your hand because of the risk of a sharps' injury. You stated that you also explained to Patient A the importance of irrigating the dry socket, although the procedure could cause her some discomfort. It was your evidence, as outlined in your witness statement that *"I recall that [Patient A] then sat back in the chair after which I asked her if she was happy to continue with the treatment. She advised that she was content to continue so I continued with the irrigation to completion. The remainder of the treatment was uneventful and there was no further indication that [Patient A] wanted me to stop the treatment…"*, although you noted that she appeared to suffer some further discomfort as was expected. Patient A stated in her witness statement that *"I have been asked whether the Registrant stood away from me and the dental chair at any point during the treatment. I confirm the Registrant did not step back away from me or the dental chair nor did he pull his hand with the needle away".* In reaching its decision, the Committee again considered the other evidence before it, including Witness 2's evidence. She stated in her witness statement that when Patient A sat up suddenly and grabbed at your hand, you were able to move the syringe away to avoid injury to the patient. Witness 2 stated regarding your responses to the situation that *"I stopped aspirating and we both immediately stepped back from the dental chair".* Witness 2 recalled your explanation to Patient A about the potential for injury from grabbing at the syringe, and that after the incident you asked Patient A if she was *"ok to proceed"*. Witness 2 stated that she could not recall what Patient A said in reply, but she remembered that Patient A indicated that she was content to go ahead. Witness 2 stated that she recalled when you asked Patient A if it was okay for you to proceed, Patient A laid back in the chair and opened her mouth.

	The Committee also had regard to the contemporaneous clinical records for the appointment on 11 October 2022. It noted that whilst the incident involving the grabbing of the syringe is recorded, there is no record indicating that you regained Patient A's consent to continue with the treatment. The absence of such a record was an issue also recognised by the GDC's expert witness, Mr Dhami. You accepted in your oral evidence that, in hindsight, you should have made a record to show that Patient A has re-consented to continuing with the treatment. However, you were adamant that you verbally sought consent before continuing. In preferring your evidence, the Committee noted that Witness 2's account corroborates your own. It also considered how likely it would have been, given the care and compassion that you had shown to Patient A in the past, the evidence of your good character and the positive testimonial evidence that you would have continued with the treatment against Patient A's wishes. The Committee noted that this would have constituted an assault, and the conclusion of the police, after they had spoken to Patient A following the alleged incident was that there was no evidence of an assault. In all the circumstances, the Committee was not satisfied that this allegation at 2d is proved.

22. In accordance with Rule 19(13) of the Rules, as the Committee has determined that none of the alleged facts have been proved against you, your fitness to practise as a dentist is not impaired.

23. That concludes this determination.