

GENERAL DENTAL COUNCIL

AND

GWYER, David Anthony J
[Registration number: 176457]

NOTICE OF INQUIRY

SUBSTANTIVE HEARING

An inquiry conducted by the Professional Conduct Committee opened on 10 June 2024 and concluded part-heard on 27 June, 5 – 6 September 2024, 19 September 2024, and 24 – 25 September 2024, 30 - 31 December 2024, 7,8,9 January 2025, 21 February, 4, 5, 12 - 13 March 2025 and 23 – 25 June 2025. The hearing will resume on 8 September 2025.

Please note that this hearing will be conducted remotely by video conference.

The heads of charge contained within this sheet are current at the date of publication. They are subject to amendments at any time before or during the hearing. For the final charge, findings of fact and determination against the registrant, please visit the Recent Decisions page at <https://www.dentalhearings.org/hearings-and-decisions/decisions> after this hearing has finished.

Committee members:	Susan Stevens	(Dentist) (Chair)
	Jane Jones	(Lay)
	Jessica Hanger	(DCP)

Legal Adviser:	Alain Gogarty
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CHARGE

GWYER, David Anthony J, a dentist, BDS University of Wales 2009 is summoned to appear before the Professional Conduct Committee on 10 June 2024 for an inquiry into the following charge:

The Charge

“The Council alleges that you, David Gwyer, a registered dentist:

1. At all material times you were working at Practice 1 and / or Practice 2, and provided treatment to the patients listed within the allegations below.

Patient 1

2. On or between 25 September 2017 and 12 March 2018 you failed to maintain an adequate standard of care for Patient 1 in that you:
 - a. Did not consider, adequately or at all:
 - i. the patient's occlusion and lack of lower posterior teeth on the prognosis of the restorations provided;
 - ii. the amount of bone present prior to placing a second implant at the site of the UL2 on 11 January 2018;
 - b. Did not plan, adequately or at all, the positioning of the implant(s) at the site(s) of the UL1 and / or UL2;
 - c. [withdrawn]
 - d. Did not update the treatment plan prior to further surgery on 11 January 2018, to take account of a change of care on 30 October 2017;
 - e. Did not inform the patient on 25 September 2017 of the prognosis of the implant treatment in light of his periodontal status;
 - f. Inappropriately placed a narrow implant at the UL1 site on 19 October 2017;
 - g. Did not inform the patient on 25 September 2017 and / or 19 October 2017 of the increased risk of failure by placing implants immediately into extraction sockets;
 - h. Did not plan to undertake guided bone regeneration (“GBR”) on or before 11 January 2018;
 - i. Did not inform the patient that pig pericardium was to be used in the treatment carried out on 05 March 2018;
 - j. [withdrawn]
3. Your conduct at 2(a)(i) and / or 2(a)(ii) and / or 2(b) and / or 2(f) and / or 2(h) increased the risk of implant failure.

4. As a result of your conduct at 2(d) and / or 2(e) and / or 2(g) and / or 2(i), you failed to obtain the patient's valid consent for treatment.
5. As a result of your conduct at 2(b) above, the patient was subjected to further surgery on 11 January 2018 and / or 05 March 2018.
6. On or between 25 September 2017 and 05 March 2018 you failed to maintain an adequate standard of record keeping for Patient 1 in that you:
 - a. Did not formulate and / or retain a written treatment plan for care provided on 11 January 2018;
 - b. [withdrawn]
 - c. Did not make any or any adequate record of the site at which surgery was undertaken on 11 January 2018 and / or 05 March 2018.
7. [withdrawn]
8. [withdrawn]

Patient 2

9. On or between 16 May 2017 and 30 January 2018 you failed to maintain an adequate standard of care for Patient 2 in that you:
 - a. [withdrawn]
 - b. [withdrawn]
 - c. Did not carry out an adequate assessment prior to placing implants on 23 June 2017 and / or 23 January 2018;
 - d. Did not treat the patient's periodontal disease prior to placing implants on 23 June 2017;
 - e. [withdrawn]
 - f. Did not inform the patient of the prognosis of implants, in light of ongoing periodontal disease;
 - g. [withdrawn]
10. As a result of your conduct at 9(f), you failed to obtain the patient's valid consent for treatment.
11. Your conduct at 9(c) and / or 9(d) above, contributed to the failure of the treatment.

12. [withdrawn]
13. [withdrawn]
14. On or between 19 June 2016 and 29 May 2018 you failed to maintain an adequate standard of record keeping for Patient 2 in that you did not:
 - a. Make an adequate record of the assessment undertaken on 16 May 2017;
 - b. Make any or any adequate record of the patient's medical history.

Patient 3

15. On or between 30 March 2017 and 25 September 2017 you failed to maintain an adequate standard of care for Patient 3 in that you did not take any or any adequate medical history.
16. On or between 30 March 2017 and 19 October 2017 you failed to maintain an adequate standard of radiographic practice for Patient 3 in that you:
 - a. Did not take any or any adequate pre-treatment radiographs of the upper right side;
 - b. Did not report on the undated periapical ("PA") radiographs of the UL1 and / or UL3;
17. On or between 30 March 2017 and 29 March 2018 you failed to maintain an adequate standard of record keeping for Patient 3 in that you did not make any or any adequate record of:
 - a. The patient's presenting dental status on 30 March 2017;
 - b. Any assessments carried out prior to placing the implants at UL3 and / or UR2 on 28 April 2017;
 - c. The extraction of the UL1 on or around 28 April 2017;
 - d. The plan and / or placement and / or review of two implants, placed on 28 April 2017 and reviewed on 05 May 2017;
 - e. The patient's medical history between 30 March 2017 and 25 September 2017.
18. Your conduct at 17(d) above was:
 - a. Misleading;
 - b. [withdrawn]

Patient 4

19. On or between 31 October 2017 and 10 April 2018 you failed to maintain an adequate standard of care for Patient 4 in that you:
 - a. Did not take any, or any adequate, medical history;
 - b. Did not carry out any, or any adequate, BPE on 31 October 2017;

- c. Did not correct the angle / position of the osteotomy hole prior to placing the implant on 09 January 2018.
- 20. As a result of your conduct at 19(c) above, there was an increased risk of damage to the UL3.
- 21. On or between 31 October 2017 and 10 April 2018 you failed to maintain an adequate standard of record keeping for Patient 4 in that you did not:
 - a. Make any or any adequate record of the patient's presenting dental status on 31 October 2017;
 - b. Make any or any adequate record of the patient's medical history.

Patient 5

- 22. On or between 13 October 2016 and 07 July 2017 you failed to maintain an adequate standard of care for Patient 5 in that you:
 - a. [withdrawn]
 - b. Did not carry out any, or any adequate, pre-operative investigations to assess bone width or the extent of the maxillary sinus prior to placing implants on 15 November 2016;
 - c. [withdrawn]
 - d. Did not discuss, adequately or at all, the risks and / or benefits of treatment carried out on 15 November 2016;
 - e. Did not provide any or any adequate written treatment plan on 13 October 2016;
 - f. Did not inform the patient of the increased risk of failure by placing implants immediately into extraction sockets, on or before 13 October 2016;
 - g. Did not carry out any, or any adequate, planning prior to carrying out surgical investigation of the implant at the site of the UL5, on 07 July 2017;
 - h. Did not inform the patient of the risk of displacing the UL5 implant into the sinus on or before 07 July 2017;
 - i. Were unable to address the displacement of the UL5 on 07 July 2017, which resulted in a referral.
- 23. Your conduct at 22(b), contributed to the failure of the implants placed at UR2 and / or UL2 and / or UL5.
- 24. As a result of your conduct at 22(d) and / or 22(e) and / or 22(f) and / or 22(h), you failed to obtain the patient's valid consent for treatment.
- 25. Your conduct at 22(g) and / or 22(i) resulted in the need for further surgery on or around 26 July 2017.

26. [withdrawn]

Patient 6

27. On or between 16 November 2017 and 03 April 2018 you failed to maintain an adequate standard of care for Patient 6 in that you:
- a. [withdrawn]
 - b. Did not address, adequately or at all, the presence of long-standing periodontal disease;
 - c. Did not carry out an adequate examination and / or assessment on 16 November 2017;
 - d. Did not provide a written treatment plan on 16 November 2017;
28. As a result of your conduct at 27(c) you failed to diagnose and / or treat caries present at the LL3 and / or UL7 and / or UL6.
29. Your conduct at 27(c) and / or 28 above, resulted in:
- a. the patient suffering from pain and infection;
 - b. the need for the patient to take antibiotics.
30. As a result of your conduct at 27(d), you failed to obtain the patient's valid consent.
31. On or between 15 November 2011 and 03 April 2018 you failed to maintain an adequate standard of radiographic practice in that you did not take any, or any adequate, radiographs when required.
32. [withdrawn]
33. On 13 February 2018 you submitted, or caused to be submitted, a claim for treatment that had not been provided.
34. Your conduct at 33 above was:
- a. Misleading;
 - b. [withdrawn]

Patient 7

35. On or between 11 February 2014 and 20 March 2018 you failed to maintain an adequate standard of care for Patient 7 in that you:
- a. Did not take any, or any adequate, medical history;
 - b. Did not undertake any or any adequate caries risk assessments on:
 - i. [withdrawn]
 - ii. 26 June 2017;
 - iii. 20 February 2018.
 - c. [withdrawn]

- d. Did not diagnose and / or treat caries present in the patient's URE MO and / or URD DO and / or LRE OL and / or ULD DO and / or ULE MO on 20 February 2018;
 - e. Did not take any, or any adequate, bitewing radiographs.
36. On or between 11 February 2014 and 20 February 2018 you failed to maintain an adequate standard of record keeping for Patient 7 in that you:
- a. Did not make any or any adequate record of assessments carried out on 26 June 2017 and / or 20 February 2018;
 - b. Did not make any or any adequate record of the patient's medical history;
 - c. Did not chart, adequately or at all, cavities present on 20 February 2018;
 - d. Inaccurately recorded 'Dentition all sound' on 10 April 2017 and / or 26 June 2017 and / or 20 February 2018.

Patient 8

37. On or between 09 May 2017 and 06 March 2018 you failed to maintain an adequate standard of care for Patient 8 in that you:
- a. Did not carry out any, or any adequate, examination and / or assessment prior to placing implants on 403 October 2017;
 - b. [withdrawn]
 - c. Did not inform the patient of the increased risk of failure by placing implants immediately into extraction sockets, on or before 403 October 2017;
 - d. Did not take any or any adequate medical history on 403 October 2017 and / or 08 January 2018 and / or 23 January 2018;
 - e. Did not inform the patient that pig pericardium and / or human allogenic bone was to be implanted on 20 February 2018;
 - f. Did not remove the failed implant at the site of the UL3 on 08 January 2018;
 - g. Did not replace the failed implant at the site of the UL3 on 23 January 2018;
 - h. [withdrawn]
38. Your conduct at 37(a) above, resulted in the failure of the UL3.
39. As a result of your conduct at 37(c) and / or 37(e) above, you failed to obtain the patient's valid consent for treatment.

40. Your conduct at 37(f) and / or 37(g) above, subjected the patient to further unnecessary operative procedures.
41. On or around 18 September 2017 you failed to maintain an adequate standard of radiographic practice for Patient 8 in that you did not report, adequately or at all, on the PA radiograph.
42. On or between 13 October 2017 and 23 January 2018 you failed to maintain an adequate standard of record keeping for Patient 8 in that you did not:
 - a. Record any or any adequate updated medical history on:
 - i. 13 October 2017;
 - ii. 08 January 2018;
 - iii. 23 January 2018.

Patient 9

43. On or between 05 July 2016 and 17 July 2017 you failed to maintain an adequate standard of care for Patient 9 in that you:
 - a. [withdrawn]
 - b. Did not provide any or any adequate treatment to improve oral hygiene prior to commencing implant treatment on 24 January 2017;
 - c. Did not remove all of the periodontally involved teeth prior to placing implants;
 - d. Did not adequately position the implant at the site of the UR2 on 24 January 2017;
 - e. [withdrawn]
44. Your conduct at 43(b) and / or 43(c) and / or 43(d) increased the risk of and / or contributed to implant failure.
45. On or between 05 July 2016 and 05 September 2017 you failed to maintain an adequate standard of record keeping for Patient 9 in that you:
 - a. Did not record any or any adequate medical history;
 - b. [withdrawn]
 - c. Inaccurately recorded that the implant at the UL5 had been removed with college forceps on 05 September 2017.

Patient 10

46. On or around 01 November 2016 you failed to maintain an adequate standard of care for Patient 10 in that you did not assess, adequately or at all, the buccal bone prior to surgery.

- 47. Your conduct at 46 above, resulted in the removal of the implant at UR1 due to poor aesthetics.
- 48. On or between 18 June 2015 and 14 November 2017 you failed to maintain an adequate standard of record keeping for Patient 10 in that you did not:
 - a. [withdrawn]
 - b. Record any or any adequate updated medical history on or between 18 June 2015 and 14 November 2017;
 - c. Make an adequate record of the risks of the:
 - i. Extraction and immediate implant at the UR1 carried out on 24 July 2017;
 - ii. Soft tissue procedure proposed on 01 November 2016.

Patient 11

- 49. On or between 27 March 2013 and 29 March 2018 you failed to maintain an adequate standard of care for Patient 11 in that you:
 - a. [withdrawn]
 - b. [withdrawn]
 - c. Did not provide any or any adequate oral hygiene instruction.
- 50. Between 21 November 2017 and 29 March 2018 you failed to maintain an adequate standard of radiographic practice in that you did not take any, or any adequate, bitewing radiographs when required.
- 51. Between 21 November 2017 and 29 March 2018 you failed to maintain an adequate standard of record keeping for Patient 11 in that you did not:
 - a. Make any or any adequate record of the patient's medical history;
 - b. Record that alternative treatment options and / or risks and benefits had been provided to the patient for treatment(s) carried out on 30 November 2017;
- 52. [withdrawn]
- 53. [withdrawn]

Patient 12

- 54. On or around 11 December 2017 you failed to maintain an adequate standard of care for Patient 12 in that you did not:
 - a. Take any or any adequate medical history;
 - b. Carry out an adequate examination;

- c. [withdrawn]
- 55. On or between 16 July 2014 and 11 December 2017 you failed to maintain an adequate standard of radiographic practice for Patient 12 n that you did not take any, or any adequate, radiographs when required.
- 56. Your conduct at 54(b) and / or 55 above resulted in the progression of dental caries.
- 57. On or between 23 May 2017 and 11 December 2017 you failed to maintain an adequate standard of record keeping for Patient 12 in that you:
 - a. Did not make any, or any adequate, record of the patient's medical history;
 - b. [withdrawn]
 - c. Incorrectly recorded 'Dentition all sound' on 11 December 2017.
- 58. [withdrawn]

Patient 13

- 59. On or between 12 September 2017 and 18 January 2018 you failed to maintain an adequate standard of care for Patient 13 in that you:
 - a. Did not take or update any or any adequate medical history;
 - b. Did not carry out any or any adequate BPE on 12 September 2017.
- 60. On or around 12 September 2017 you failed to maintain an adequate standard of radiographic practice for Patient 13 in that you did not take any, or any adequate, radiographs when required.
- 61. On or between 12 September 2017 and 14 December 2017 you failed to maintain an adequate standard of record keeping for Patient 13 in that you did not make any, or any adequate, record of:
 - a. The appointment on 14 December 2017;
 - b. The patient's adverse response on being given anaesthetic on 14 December 2017;
 - c. The assessment of the patient's periodontal status on 12 September 2017.

Patient 14

- 62. On or between 20 March 2017 and 16 June 2017 you failed to maintain an adequate standard of care for Patient 14 in that you:
 - a. Did not take any, or any adequate, medical history on:
 - i. 20 March 2017;
 - ii. 06 April 2017;
 - iii. 02 June 2017.

- b. Did not undertake any, or any adequate, clinical evaluation of the sites where implants were to be placed on 06 April 2017 and / or 02 June 2017;
 - c. Did not assess, adequately or at all, the amount of bone present prior to placing an implant at the sites of the LR2 and LL3 on 06 April 2017 and / or 02 June 2017;
 - d. Did not discuss with the patient, adequately or at all, the risks and benefits of treatment carried out on:
 - i. 06 April 2017;
 - ii. [withdrawn].
 - e. Did not discuss with the patient, adequately or at all, the prognosis of implant treatment;
 - f. Did not inform the patient on 20 March 2017 of the increased risk of failure by placing implants immediately into extraction sockets;
 - g. Did not correctly position the implants on 06 April 2017;
 - h. [withdrawn]
63. Your conduct at 62(b) and / or 62(c) and / or 62(g) above, caused the implants to fail.
64. As a result of your conduct at 62(d) and / or 62(e) and / or 62(f) above, you failed to obtain the patient's valid consent for treatment.
65. On or around 03 February 2016 you failed to maintain an adequate standard of radiographic practice for Patient 14 in that you did not:
- a. [withdrawn]
 - b. Retake PA radiographs which were of insufficient diagnostic value.
66. As a result of your conduct at 62(b) above you did not ascertain the appropriate length or positioning of implants placed on 06 April 2017.
67. On or between 20 March 2017 and 16 June 2017 you failed to maintain an adequate standard of record keeping for Patient 14 in that you did not:
- a. Make any, or any adequate, record of the rationale for using IV sedation on 06 April 2017;
 - b. Formulate and / or retain a written treatment plan for treatment carried out on 02 June 2017;
 - c. Make any, or any adequate, record of the details of the surgery undertaken on 02 June 2017;
 - d. Make any or any adequate record of the patient's medical history on:
 - i. 20 March 2017;

- ii. 06 April 2017;
- iii. 02 June 2017.
- e. [withdrawn]

Patient 15

- 68. On or between 22 February 2017 and 15 March 2017 you failed to maintain an adequate standard of care for Patient 15 in that you:
 - a. Did not take any, or any adequate medical history prior to placing implants on 15 March 2017;
 - b. Did not undertake any, or any adequate clinical evaluation of the site of the UL1 prior to placement on 15 March 2017;
 - c. Inappropriately placed a narrow implant at the site of the UL1 on 15 March 2017;
 - d. Did not discuss, adequately or at all:
 - i. the risks and benefits of treatment carried out on 15 March 2017;
 - ii. the increased risk of failure by placing implants immediately into extraction sockets.
- 69. [withdrawn]
- 70. As a result of your conduct at 68(d)(i) and / or 68(d)(ii) above, you failed to obtain the patient's valid consent for treatment.
- 71. On or between 15 March 2017 and 22 November 2017 you did not maintain an adequate standard of radiographic practice for Patient 15 in that you did not:
 - a. Report, adequately or at all, on PA radiographs taken:
 - i. On 15 March 2017 intra-operatively;
 - ii. On 22 November 2017.
- 72. On or around 15 March 2017 you failed to maintain an adequate standard of record keeping for Patient 15 in that you did not:
 - a. Formulate and / or retain a written treatment plan for treatment carried out on 15 March 2017;
 - b. Make any, or any adequate, record of the patient's medical history.

Patient 16

- 73. On 30 October 2017 you failed to maintain an adequate standard of care for Patient 16 in that you left the patient in the care of a dentist and / or dental nurse who were not trained in sedation.

74. Your conduct at 73 above exposed the patient to an increased risk of harm.

And by virtue of those matters set out above your fitness to practise is impaired by reason of your misconduct and / or deficient professional performance.”