

## PUBLIC HEARING

### Professional Conduct Committee Initial Hearing

16 to 25 June 2025

**Name:** SHARMA, Ranjna

**Registration number:** 70911

**Case number:** CAS- 179147

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**General Dental Council:** Lydia Barnfather, Counsel.  
Instructed by Ervin Gjoleka, Capsticks.

**Registrant:** Present  
Represented by Matthew McDonagh, Counsel.  
Instructed by Sophie Payne of Gordons.

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**Fitness to practise:** Impaired by reason of misconduct  
and caution

**Outcome:** Erased with Immediate Suspension

**Immediate order:** Immediate suspension

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**Committee members:** Martin Isherwood (Chair) (DCP)  
Jeannett Martin (Lay)  
Robin Barber (Dentist)

**Legal adviser:** Gerrard Coll

**Committee Secretary:** Paul Carson

Miss Sharma,

1. This case concerns allegations of creating false patient records, fraudulent claiming against the NHS between 2012 and 2016 in relation to sedation treatment which was never provided and your related caution for fraud by abuse of position in 2019.
2. At the outset of the hearing, Miss Barnfather, for the General Dental Council (GDC), applied under Rule 18 of the General Dental Council (Fitness to Practise) Rules 2006 for the Charge contained in the notification of hearing to be amended so that the footer pleads misconduct “in relation to head of charges 3-7” (rather than only head of charges 3-6). The application was unopposed by Mr McDonagh on your behalf.
3. The Committee having accepted the advice of the Legal Adviser on its powers to amend the charge was satisfied that no injustice would be caused to either party in allowing the amendment and therefore acceded to the GDC’s application. The charge, as amended, reads as follows:

Ranjna Sharma, a dentist, Diploma in General Dental Practice (UK) 1997 BDS University of Birmingham 1995 is summoned to appear before the Professional Conduct Committee on 16 June 2025 for an inquiry into the following charge:

### **The Charge**

The hearing will be held to consider the following charge against you:

“That, being a registered dentist,

1. Between April 2012 and June 2016 you were the owner and Principal of Practice 1 (identified in Schedule A<sup>1</sup> below) providing general dental treatment including sedation under the provisions of the National Health Service (‘NHS’).
2. You provided care and treatment to the patients identified in Schedule A
3. You caused or permitted claims to be made in your name for sedation as set out in Schedule B<sup>2</sup>.

### **Claims for treatment which had not been provided**

4. In respect of the following claims, you caused or permitted a claim to be made for sedation when sedation had not been provided:
  - (a) Patient 1 and Claim1;
  - (b) Patient 2 and
    - (i) Claim 2;
    - (ii) Claim 3;
  - (c) Patient 3 and
    - (i) Claim 4;

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<sup>1</sup> Schedule A is a private document that cannot be disclosed.

<sup>2</sup> Schedule B is a private document that cannot be disclosed.

- (ii) Claim 5;
- (d) Patient 4 and Claim 6;
- (e) Patient 5 and Claim 7;
- (f) Patient 6 and
  - (i) Claim 8;
  - (ii) Claim 9;
  - (iii) Claim 10;
- (g) Patient 7 and
  - (i) Claim 13;
  - (ii) Claim 14;
  - (iii) Claim 17;
- (h) Patient 8 and Claim 20;
- (i) Patient 9 and Claim 21;
- (j) Patient 10 and Claim 22;
- (k) Patient 11 and Claim 23;
- (l) Patient 12 and Claim 24;
- (m) Patient 13 and
  - (i) Claim 26;
  - (ii) Claim 27;
- (n) Patient 14 and Claim 28;
- (o) Patient 15 and Claim 29;
- (p) Patient 16 and Claim 30;
- (q) Patient 17 and Claim 31;
- (r) Patient 18 and Claim 32;
- (s) Patient 19 and Claim 37.

**False entries**

5. In respect of the following patients, you created a record indicating sedation treatment had been provided when it had not:
- (a) Patient 1 and 29 March 2014 (Claim 1);
  - (b) Patient 2 and,
    - (i) 29 March 2014 (Claim 2);
    - (ii) 14 March 2015 (Claim 3);
  - (c) Patient 3 and 24 January 2015 (Claim 5);
  - (d) Patient 4 and 2 July 2015 (Claim 6);
  - (e) Patient 5 and 23 January 2016 (Claim 7);
  - (f) Patient 6 and,

- (i) 29 February 2012 (Claim 8);
  - (ii) 29 March 2014 (Claim 9);
  - (iii) 31 January 2015 (Claim 10);
  - (g) Patient 7 and
    - (i) 26 March 2014 (Claim 13);
    - (ii) 15 May 2014 (Claim 14);
  - (h) Patient 8 and 20 February 2014 (Claim 20);
  - (i) Patient 9 and 10 April 2014 (Claim 21);
  - (j) Patient 10 and 24 February 2014 (Claim 22);
  - (k) Patient 11 and 27 February 2014 (Claim 23);
  - (l) Patient 12 and 16 October 2012 (Claim 24);
  - (m) Patient 13 and,
    - (i) 6 March 2014 (Claim 26);
    - (ii) 28 February 2015 (Claim 27);
  - (n) Patient 14 and 31 January 2015 (Claim 28);
  - (o) Patient 15 and 27 February 2014 (Claim 29);
  - (p) Patient 16 and 29 March 2014 (Claim 30)
  - (q) Patient 17 and 31 January 2015 (Claim 31);
  - (r) Patient 18 and 29 March 2014 (Claim 32);
  - (s) Patient 19 and 12 May 2014 (Claim 37).
6. Your conduct as set out above at paragraph 4 was:
- (a) misleading;
  - (b) dishonest in that it was done with the intention of obtaining remuneration to which you knew you were not entitled.
7. Your conduct as set out above at paragraph 5 was:
- (a) misleading;
  - (b) dishonest in that you knew the record to be false.

**Caution**

8. On 19 February 2019, a caution for Fraud by Abuse of Position contrary to the Fraud Act 2006 was administered to you by West Midlands Police and accepted.

And that, by reason of the facts alleged, your fitness to practise is impaired by reason of your Misconduct (AMENDED TO READ: in relation to head of charges 3-7) and/or your Caution (in relation to head of charge 8).”

4. You proceeded to admit all of the charges against you save for charges 4(c)(i), 4(d)-(e), 4(g)(iii) and 5(d)-(e). The Committee accepted your admissions and commenced its factual inquiry into the outstanding charges.

5. The Committee received witness statements from:
  - Ms T. Harvey, Senior Commissioning Manager at the NHS;
  - Ms T. Spragg, Fraud Manager at the NHS; and
  - Gulshana Abdullah, a paralegal at Capsticks who act for the GDC.
6. The Committee heard oral evidence from you and from Mr Julian Scott BDS FFGDP(UK) MPhil, instructed by the GDC for an expert opinion.
7. The Committee heard the submissions made by Miss Barnfather on behalf of the GDC and those made on your behalf by Mr McDonagh.
8. The Committee accepted the advice of the Legal Adviser.
9. The burden is on the GDC to prove each outstanding charge on the balance of probabilities.

Findings 23 June 2025

10. You graduated in 1995 with a Bachelor of Dental Surgery from the University of Birmingham and you obtained a Post Graduate Certificate in Education for Health Professionals from there in 2013. In 2021 you obtained a master's degree in Facial Aesthetics from Ulster University, where you are an Honorary Teaching Fellow.
11. You have also held roles as a Dental Practice Advisor from July 2011 to March 2012, a Foundation Trainer and Enhanced Trainer between August 2002 and August 2016, an Accredited Coach and Mentor for your local Deanery between October 2013 and April 2016 and as a Licensed Trainer in Prevention for Primary Care Commissioning from June 2013 to August 2016.
12. You have a background primarily in General Dental Practice with a special interest in Sedation, Orthodontics and Facial Aesthetics.
13. Between May 2001 and December 2021 you were the Practice Owner and Principal of the dental practice which is the subject of the Charges (the 'Practice'). The Practice provided general dentistry, sedation and orthodontic work on the NHS in addition to providing private care.
14. In 2012 you began submitting false claims to the NHS for sedation services which had never been provided, with each false claim carrying a value of approximately £130.
15. The patients in question were your friends or family who were genuinely receiving NHS dental care at the Practice but not the sedation services for which you had submitted the false claims. You were providing dental care to them for free by not asking them to pay to the Practice the charges which would otherwise have been due for the NHS band of treatment which they were receiving. In your evidence to the Committee, you stated that, for cultural reasons, you felt it would have been deemed disrespectful to have asked them for payment.
16. In your evidence to the Committee, you stated that you cannot recall your thought processes relating to why you started to submit the false claims but indicated that a desire to offset the cost of providing dental care to your friends and family for free may

have been a factor and that this had at least served as a justification in your mind. You were also falling behind on your sedation targets as part of your NHS contract after a sedation trained nurse left the Practice and indicated that this too may have been a factor.

17. You carried out the false claiming in conjunction with your Practice Manager (the 'Practice Manager') with whom you had developed a close relationship of trust. She, along with other practice staff, had unrestricted access to login details and would have been able to amend records and submit claims to the NHS in your own name.
18. So that the patient records would withstand scrutiny in respect of the claims, you created detailed and comprehensive false clinical notes for each patient. These included both computer and paper records, such as signed consent forms for the fictitious sedation treatment. As stated at paragraph 9 of your witness statement dated 2 June 2025: *'As part of this process, I added pre-operative sedation information which included completing the information required in the proforma template either by ticking boxes, answering yes or no to questions and adding free text details. This information tended to include confirming whether alternative techniques had been discussed, escort information and post-sedation advice. I also added false intra-operative sedation information and often recorded [the Practice Manager] as the nurse present. Other information included blood pressure recordings and the type and quantity of sedative given. I would also record post-operative advice alleged to have been relayed to the patient. I would sometimes complete a paper sedation log sheet if it was within the paperwork.'*
19. Your false claiming for sedation services continued until at least the spring of 2015.
20. On 18 April 2016, having received legal advice, you contacted the NHS to arrange a meeting with Ms Harvey on 22 April 2022 when you admitted to her your fraudulent claiming. There was evidence before the Committee that a business associate, the Practice Manager's partner and a patient for whom you had submitted false claims, had threatened to report your false claiming for sedation services unless you transferred certain business assets to him. On 26 April 2016 he did report to the NHS that you had asked him to sign consent forms for his sedation at the Practice on occasions when sedation had not been provided to him and that he understood you were claiming for sedation for other friends and family when it had not been provided.
21. As part of your referral to the NHS you commissioned an external audit of your false claims between 2012 and 2015. That audit identified the value of the fraudulent claims to be in the region of £5,000. The NHS accepted this figure, which you repaid with interest. A criminal investigation into your false claiming culminated in you receiving and accepting a caution from the Police on 19 February 2019 for Fraud by Abuse of Position contrary to the Fraud Act 2006.
22. The Charges which are in dispute before the Committee are confined to four false claims: Claim 4 (charge 4(c)(i)), Claim 6 (charges 4(d) and 5(d)), Claim 7 (charges 4(e) and 5(e)) and Claim 17 (charge 4(g)(iii)).
23. It was not in dispute that these claims were inappropriate in that they were claims for sedation treatment which had not been provided. What was in dispute was whether you had caused or permitted such claims to be made and, in respect of Claims 6 and 7,

whether you had also created a false record indicating sedation treatment had been provided when it had not.

24. You do not recall the detail of the claims and denied these charges on the basis that there are no corresponding false clinical notes or paper records to support claims 4 and 17 and only limited false notes and records for claims 6 and 7. This would be inconsistent with your method of working when submitting false claims, where you had created detailed and comprehensive false notes and records so that such claims would withstand scrutiny. In addition claims 6, 7 and 17 were submitted after Spring 2015 when you had ceased making false claims. Your evidence was that the claims 4, 6, 7 and 17 appeared to have been submitted in error and in any event without your knowledge or permission. You also suggested at points during your oral evidence that the Practice Manager and/or a dental therapist at the Practice might have made the claims maliciously under your name.
25. In deciding these outstanding charges, the Committee accepted that the passage of years is likely to have greatly impaired your recollection. The Committee also acknowledged that, whether or not you are correct, you might genuinely believe your false claiming to have ceased in the Spring of 2015 and therefore do not accept that you could have caused or permitted any false claims beyond that time. Accordingly, contrary to Miss Barnfather's characterisation of your "unsatisfactory recall", the Committee did not regard you to have been deliberately evasive or equivocal in your oral evidence. Your lack of recall is consistent with the passage of time and the mental strain which the various protracted criminal and regulatory proceedings is likely to have had on you.
26. The Committee noted that there is no clear advantage to you in denying these charges, as the gravamen of the case against you is already reflected in the charges which you already admit and which have been found proved.
27. In respect of each of the contested claims, the Committee considered there to be four plausible explanations:
- the claim was submitted in error by you as honest mistake;
  - the claim was submitted by you as an act of fraud to claim for sedation services which had not been provided;
  - the claim was submitted in error by the Practice Manager (using your login details) as an honest mistake;
  - the claim was submitted by the Practice Manager (using your login details) as an act of fraud to claim for sedation services which had not been provided.
28. Whilst all practice staff had access to your login details, the Committee considered the suggestion that any of the claims might have been submitted maliciously by the dental therapist using your login details to be implausible. There was no evidence in support of this nor was there any clear basis on which it could properly be suggested that she would have had any motive to have engaged in such malicious activity.

#### Claim 4

29. This claim related to an appointment on 8 March 2014 for Patient 3, a close family member. The treatment provided to him at this appointment was a scale and polish and

the application of fluoride varnish. A claim for sedation services (with no corresponding records) was made but it is inherently unlikely that sedation would have been appropriate for such treatment. Sedation was not in fact provided to the patient and the claim was therefore inappropriate.

30. The Committee considered whether the claim could have been made in error by accidentally selecting conscious sedation in the Software of Excellence (SoE) computer records. The Committee concluded that this would be extremely unlikely. Mr Scott's uncontested evidence was that not only would the conscious sedation option need to be individually selected in one screen on SoE but another screen would then need to be accessed in order to specifically claim for sedation. This claim could not therefore have been made as a result of accidentally clicking on the wrong option. The claim was made deliberately and was made during a period when you were making false claims for sedation services, including in relation to Patient 3.
31. What sets this claim apart from the other false claims, however, is the complete absence of any corresponding false clinical notes or paper records to support the claim. The claim is inconsistent with your pattern of fraudulent claiming whereby you would create detailed and comprehensive false records to withstand scrutiny. The Committee could not therefore be satisfied that it is more likely than not that you had caused or permitted this claim to be made in the knowledge that it was false.
32. The Committee determined that it is at least equally likely that the Practice Manager might have falsely made the claim on this occasion without your knowledge. There might have become an established practice where she routinely created a claim for sedation when friends and family attended for treatment and where, on this occasion, you were unaware of the false claim and so did not create any corresponding false records to support it.

Charge 4(c)(i) is therefore not proved in so far as it alleges that you knew the claim to be false.

33. The Committee, however, determined that you did cause or permit the claim to be made by virtue of having shared your login details with the Practice Manager and other staff - and having authorised them to make records and submit claims in your name. Sharing your login details in this way presented serious data protection issues and meant that claims were being submitted to the NHS in your name even if you had not personally completed the declaration in Part 9 of the electronic version of the FP17 used to record the treatment and claim from the NHS. The Committee accepted Mr Scott's uncontested opinion that you as the Performer needed to make the declaration yourself and submit the form in the same way that it would only be appropriate for you to physically sign and date that declaration if the paper version were to be used.
34. The Committee accepted the advice of the Legal Adviser that, as a matter of law, the phrase 'cause or permit' is wide enough to encompass false claims which you had inappropriately allowed to be made by others in your name even if you were not yourself aware that the claim was false. To that extent, charge 4(c)(i) is found proved.

#### Claim 6

35. This claim related to an appointment on 2 July 2015 in respect of Patient 4, a friend. The appointment related to a full case assessment when tooth whitening was

discussed and when the patient was referred to the dental therapist for a scale and polish. A computer record was made of "INJ, Sedation by Injection" but sedation would not in fact have been provided and there are no other records in support of sedation. As with Claim 4, the Committee determined that this claim was unlikely to be the result of a genuine mistake. The claim had been made deliberately.

36. The Committee determined that whether you had made the claim yourself or the Practice Manager on your behalf, it is more likely than not that you would have been aware that the claim was false and that a false clinical record was made under your login in support of the claim. Whilst that record was only brief, unlike earlier far more detailed false records created by you, it would have been sufficient for the purposes of giving the impression that sedation had been administered. The Committee noted that Miss Barnfather submitted that you might not have had time to have made as detailed false records as was your previous practice. Alternatively, she submitted that you might have considered that detailed false records were no longer necessary given that your fraud in relation to sedation services had gone undetected by the NHS over a period of years at this point. The Committee was unable to come to a definite view about this due to a lack of clear supporting evidence.
37. Accordingly, the Committee found charge 4(d) and 5(d) proved in that you caused or permitted a claim for sedation to be made which you knew to be false and made a false supporting record in the clinical notes.

#### Claim 7

38. This claim related to an appointment on 23 January 2016 in relation to Patient 5 where a loose crown at UR1 was re-fixed. A computer record was made of "INJ, Sedation by Injection" but sedation would not in fact have been provided and there are no other records in support of sedation being provided. Again, the Committee determined that this claim was unlikely to be the result of a genuine mistake. The claim had been made deliberately.
39. The Committee determined that whether you had made the claim yourself or the Practice Manager on your behalf, it is more likely than not that you would have been aware that the claim was false and that a false clinical record was made under your login in support of the claim. Whilst that record was only brief, unlike earlier far more detailed false records created by you, it would have been sufficient for the purposes of giving the impression that sedation had been administered. The Committee noted that Miss Barnfather submitted that you might not have had time to have made as detailed false records as was your previous practice. Alternatively, she submitted that you might have considered that detailed false records were no longer necessary given that your fraud in relation to sedation services had gone undetected by the NHS over a period of years at this point. The Committee was unable to come to a definite view about this due to a lack of clear supporting evidence.
40. Accordingly, the Committee found charge 4(e) and 5(e) proved in that you caused or permitted a claim for sedation to be made which you knew to be false and made a false supporting record in the clinical notes.

#### Claim 17

41. This claim related to a course of treatment commencing on 23 November 2015 and concluding on 28 January 2016 in respect of Patient 7, a close family member. The records indicate that the patient was scheduled for sedation in relation to the extraction of a tooth, but you suggested he would have attended the appointment without an escort and so sedation could not be administered on the day. In this regard, it was acknowledged by Mr Scott that the sedation claim could have been made in error by forgetting to untick the sedation option from the clinical record and that, but for the previous false claims for sedation in respect of this patient, he would have assumed there to have been a genuine mistake.
42. The Committee gave careful consideration to whether there had been a genuine mistake in submitting the claim for sedation and determined that this is unlikely. It is more likely that you had caused or permitted the claim to be made in the knowledge that it was false. You had caused or permitted other false claims to be made in respect of this patient. In the absence of any earlier false claims, it might be assumed that the current claim was simply the result of a genuine mistake. However, this was the latest in a series of false claims for this patient relating to sedation services which had not been provided. The Committee noted from the clinical records that the patient had previously had an extraction without sedation and that when he allegedly attended without an escort as part of the current course of treatment his tooth was again extracted without sedation being administered. There is no record in the clinical notes explaining why sedation had been planned but was not in the event administered. If it had genuinely been the intention to administer sedation to the patient then it is more likely than not that a record would have been made explaining that it was not possible to administer sedation as the patient had attended the appointment without an escort.
43. Accordingly, the Committee determined that you caused or permitted this claim to be made in the knowledge that it was false and therefore finds charge 4(g)(iii) proved on that basis.
44. Accordingly, charges 1-8 were found proved by way of admission save for charges 4(c)(i), 4(d)-(e), 4(g)(iii) and 5(d)-(e) which were found proved following the factual inquiry. For the purposes of charges 6 and 7, the Committee found that these matters were misleading and dishonest. In respect of charge 4(c)(i), whilst it was not proved that you knew the claim to be false, your conduct in respect of that charge was still misleading and dishonest in that you knowingly allowed others to use your login details for the purposes of false claims in your name.
45. We move to Stage Two.

Stage Two 25 June 2025

46. Between 2012 and 2016 you caused or permitted 26 false claims to be submitted to the NHS for sedation services in relation to 19 patients who were your friends and family. The value of your fraud amounted to approximately £5,000 (including several additional false claims which were not particularised in the charge). You routinely created detailed and comprehensive false clinical notes, including signed consent forms and pre and post operative information to make your false claims appear genuine. These false clinical records were so convincing that they initially caused even the GDC's own expert witness to be misled into assuming that some of the claims were genuine.

47. You ceased submitting false claims to the NHS in January 2016. You were subsequently 'blackmailed' by a business associate who was aware of your false claiming and his threats caused you to pre-emptively admit your false claims to the NHS in April 2016. There followed an investigation by the NHS Counter Fraud Authority and a criminal prosecution which ultimately culminated in you receiving and accepting a caution on 19 February 2019 for Fraud by Abuse of Position contrary to the Fraud Act 2006.
48. Although you had initially agreed with the NHS that the total value of your fraud was £5,239.93, which you repaid with interest, you subsequently claimed through your lawyers in the criminal proceedings that the actual value was in fact confined to approximately £397.50. This culminated in a decision being made to issue you with a caution rather than to proceed to trial in the Crown Court.
49. In the early stages of the GDC's investigation into your fitness to practise you again claimed through your lawyers that the actual value of your fraud was in fact confined to approximately £397.50 but now accept it to have been in the region of £5,000.00.
50. The Committee had careful regard to your oral evidence at this stage of the proceedings and to your comprehensive remediation bundle.
51. The Committee heard the submissions made by both Counsel.
52. Miss Barnfather submitted that the facts found proved amount to misconduct, that your fitness to practise is currently impaired and that the only appropriate outcome in this case is that of erasure.
53. Mr McDonagh stated that he takes no issue with the conduct admitted and found proved in this case being found to amount to serious professional misconduct and current impairment. He confined his submission to the question of sanction. By reference to the passage of time and to the reflection and remediation which you have undertaken over those 10 years, he submitted that a period of suspension with a review, rather than erasure, would be the appropriate outcome in this case.
54. The Committee accepted the advice of the Legal Adviser.
55. The Committee had regard to the *Guidance for the Practice Committees, including Indicative Sanctions Guidance* (October 2016, last revised December 2020) (the 'ISG').

### Decision

56. The first consideration for the Committee was whether the facts found proved in relation to heads of charge 3-7 amount to misconduct. Misconduct in this context refers to a serious departure from the standards reasonably expected of a dental professional. It can be characterised as conduct which would be regarded by fellow members of the profession as 'deplorable'.
57. In deciding the question of misconduct, the Committee had regard to the following principles from the GDC's *Standards for the Dental Team* (September 2013):

1.3 be honest and act with integrity;

1.7 put patients interests first before your own;

4.1 make and keep contemporaneous complete and accurate patient records;

9.1 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.

58. In the Committee's judgment, both your fraudulent claiming against the NHS and your falsification of clinical records breaches these principles to an exceptionally high degree. You violated the trust that was placed in you not only by the NHS and the profession, but also the patients who were your friends and family. You extensively falsified their clinical records and you exploited their clinical care and treatment for the purposes of fraudulently claiming against the public purse for your own financial gain. The false records you created included consent forms purporting to bear the handwritten signature of the patient. You recorded detailed false clinical entries relating to the administration and dosage of the injected sedation medicine and always recorded that the patient had experienced no adverse effects. This falsification of the clinical records put each patient in question at a possible risk of harm, as it meant that any subsequent treating practitioner reading the notes would have been misled into assessing that the medicine and dosage had been safely administered without any adverse effect when in fact no sedation procedure had even taken place.
59. In your oral evidence to the Committee it transpired that even now, some ten years later, you still had not informed all of the patients that their clinical records had been falsified by you and that you had used the treatment you were providing to them to fraudulently claim from the NHS.
60. The Committee determined, as was not in dispute, that the facts found proved are serious as to amount to misconduct.

### Impairment

61. The next consideration for the Committee was whether your fitness to practise as a dentist is currently impaired by reason of misconduct and/or your caution.
62. In assessing whether your fitness to practise is impaired by reason of 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 uphold and declare appropriate standards of conduct and behaviour.
63. Your misconduct involved dishonesty which was pre-meditated and sustained over a period of approximately four years. It involved a sophisticated and carefully planned fraud against the NHS with careful steps taken by you to falsify clinical records in order to avoid the risk of being caught. Dishonesty by its nature is extremely difficult to remedy, as it goes to your character. The Committee noted that you only self-referred yourself to the NHS because your business associate was threatening to report your fraud and you therefore self-reported pre-emptively. The fact that you approached the NHS to admit to your fraud was therefore not an indication of any insight, remorse or reflection on your part. Rather, it was an entirely self-serving and strategic step to give the impression of reflection and remorse when in fact you knew you had no other choice but to admit your fraud.

64. A striking feature of your evidence to the Committee was your lack of any meaningful reflection on the impact of your dishonesty on both patient safety and the public interest. Your evidence was instead self-centered and purely introspective, where you discussed at considerable length (and often evasively in response to the clear questions which were repeatedly put to you) the impact these proceedings have had on you and your sense of being a victim in relation to your own dishonest claiming and the consequences which you face as a result. You made references to “an abusive system” which transpired to be in reference to the terms of your various NHS contracts, which you felt were not sufficiently remunerative even though you had negotiated the terms of those contracts. You suggested that your dishonest claims only came about because you were prompted by the Practice Manager to exploit the system in this way. You stated that you were “aggrieved” by these fitness to practise proceedings and suggested that the GDC was somehow at fault for prosecuting cases of dishonesty against its registrants, effectively complaining that it was too strict in its application of professional standards and that it should instead show a higher degree of tolerance towards dentists or other dental professionals who have behaved in a way which is fraudulent or dishonest.
65. You also gave conflicting statements relating to whether there is any public benefit to the fitness to practise proceedings against you, with your overall evidence on this point being that these proceedings serve no purpose either to you or the public. You stated that, whatever the outcome of these proceedings, nothing is going to change you. Albeit in other parts of your evidence you frankly acknowledged that you still have more work to be done.
66. In response to questions from the Chair this morning, you did not fully accept that you were in any event under a duty to have reported your dishonesty. Strikingly, you also stated that if you were aware of another dentist acting dishonestly you would seek to raise it with them directly for them to reflect upon, rather than report it to the GDC where they might face the consequence of erasure. The Committee noted that this was in stark contrast to a basic professional obligation on all registrants to report such matters to the GDC.
67. The Committee accepted from your evidence that there is genuine remorse and that you show developing insight into your dishonesty. It is clear also that the various criminal and regulatory proceedings to which you have been subject over the past 10 years have inevitably and regrettably placed you under considerable mental strain. It is through no fault of your own that these proceedings have taken so long and it is commendable that you have continued to work throughout that period, providing much needed treatment to many patients, including vulnerable patients. You have also continued to develop yourself professionally through postgraduate study and teaching and you have continued to hold advisory roles within the NHS. No concerns have been raised regarding you during this period and you have no other adverse fitness to practise history. The Committee noted and was reassured by the consistently positive workplace supervisor reports regarding you. The Committee observed with regret that you appear to be a hard-working, highly skilled and highly intelligent practitioner who has committed her life to the practice of dentistry and who continues to contribute greatly to the profession.
68. In the Committee’s judgment you have not fully remedied your misconduct. Your insight is still developing and much of your remediation and reflective practice appears to have

been undertaken only over recent months in anticipation of this hearing, rather than being consistently distributed over the past 10 years.

69. Whilst the Committee considers it practically unlikely that you would repeat your misconduct, you have not provided any meaningful evidence of remediation showing the steps you have taken to prevent a repetition. Indeed, were you to act in a way which was dishonest again your own answers to the Chair's questions indicate that you would not report this to the GDC in the same way that you would be reluctant to report any acts dishonesty committed by another registrant.
70. Having regard to all the circumstances, the Committee determined that your fitness to practise as a dentist is currently impaired by reason of misconduct. A finding of misconduct is necessary to uphold and declare appropriate standards of conduct and behaviour given the seriousness of your dishonest claiming against the NHS over a period of years. Such conduct clearly brings the profession into disrepute and public confidence in the profession and its regulation would be seriously undermined if no finding of impairment were to be made.
71. For the same reasons in relation to the statutory grounds of misconduct, the Committee determined that your fitness to practise as a dentist is also impaired by reason of your related caution.

### Sanction

72. The purpose of a sanction is not to be punitive, although it may have that effect, but to protect the public and the wider public interest. In deciding on sanction, the Committee had regard to the aggravating and mitigating factors present in this case.
73. The aggravating factors include: (i) a risk of harm to patients by falsifying their clinical records; (ii) dishonesty which was pre-meditated and sustained over a period of years; (iii) financial gain by fraudulently claiming against the public purse; (iv) attempts to cover up wrong doing by extensively falsifying patient records; (v) a breach of trust placed in you by the NHS and your patients; (vi) your misconduct was sustained and repeated over a period of years; (vii) blatant or wilful disregard of the role of the GDC and the systems regulating the profession; and (viii) only developing insight.
74. In mitigation, the Committee recognised that: (i) you are of previous good character with no other fitness to practise history; (ii) there is evidence of good conduct since the events in question, with no other concerns being raised against you, whilst working under supervised practice, and steps to continue to develop yourself professionally; (iii) there is evidence of genuine remorse and insight (albeit still developing); (iv) remedial steps including relevant and targeted Continuing Professional Development activity on ethics and professional boundaries; and (v) the passage of time since the events in question.
75. The Committee considered sanction in ascending order of severity.
76. To conclude this case with no further action or a reprimand would be wholly inappropriate in the Committee's judgment, given the seriousness of your misconduct. No further action or a reprimand would be insufficient to mark your misconduct and to

meet the public interest in this case.

77. The Committee next considered whether to direct that your registration be made subject to your compliance with conditions for a period of up to 36 months, with or without a review. The Committee determined that no conditions could be formulated which would be measurable, workable and proportionate given the nature of your misconduct and its seriousness. Conditions of practice could not address your sustained dishonesty in the course of your professional practice and would in any event be insufficient to mark its seriousness.

78. The Committee next considered whether to direct that your registration be suspended for a period of up to 12 months, with or without a review. In considering whether a period of suspension would be sufficient, the Committee also had regard to the ultimate sanction of erasure.

79. The Committee had regard to paragraph 59 of Appendix A to the ISG, which indicates the following types of dishonesty as capable of being *'highly damaging to the dental professional's fitness to practise and to public confidence in the profession'*:

- defrauding an employer or contracting body, e.g. submitting fraudulent NHS claims;
- falsifying and/or improperly amending patient records;
- Premeditated, systematic or longstanding deception.

80. The Committee had regard to paragraph 62 of Appendix A, which indicates that: *'dishonesty that is persistent and/or covered up, is likely to result in erasure'*.

81. The Committee had regard to the factors indicated in support of suspension and erasure and paragraphs 6.28 and 6.34 of the ISG respectively.

82. This was not an easy decision for the Committee to make given your remorse and your skills and achievements as a dentist. The Committee determined that your misconduct and criminal offending are too serious for a period of suspension to be sufficient to maintain public confidence in the profession. You had engaged in a calculated scheme of dishonesty over a period of years to fraudulently claim from the NHS for your own financial gain by submitting false claims for high value treatment which was never provided by extensively and routinely falsifying patient records in order to avoid detection. You do not show sufficient insight into your dishonesty and the importance of the role of the GDC in upholding and declaring professional standards. You have engaged in conduct which is fundamentally incompatible with remaining on the Register and demonstrate a professional attitudinal problem which is inconsistent with the high ethical standards of the profession. In the Committee's judgment, erasure is the only appropriate outcome in this case.

83. Accordingly, the Committee directs that the name of Ranjna SHARMA (70911) be erased from the Register.

84. The Committee now invites submissions on the question of an immediate order.

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85. Miss Barnfather applied for an immediate order of suspension under section 30(1) of the Dentists Act 1984.
86. Mr McDonagh submitted that an immediate order is not necessary in this case given that, among other things, you have been working without restriction for the past 10 years.
87. The Committee accepted the advice of the Legal Adviser.
88. The Committee determined that an interim order of suspension is otherwise in the public interest. Whilst you have been practising without restriction for the past 10 years, it is only now at this substantive hearing that the Committee has been able to make findings of fact and to assess your level of insight and remediation. It would be inconsistent with the determination the Committee has reached not to make an immediate order.
89. The effect of this immediate order is that your registration is now suspended. Unless you exercise your right of appeal your name shall be erased from the Register upon the expiry of the 28-day appeal period. Should you exercise your right of appeal, this immediate order shall remain in force pending the disposal of the appeal.
90. That concludes this determination.