

HEARING HEARD IN PUBLIC

JENNINGS, Simon James

Registration No: 240853

PROFESSIONAL CONDUCT COMMITTEE

OCTOBER 2019

Outcome: Erased with immediate suspension

Simon James JENNINGS, a dental technician, Qual- National Diploma in Dental Technology Edexcel BTEC 2012, was summoned to appear before the Professional Conduct Committee on 8 October 2019 for an inquiry into the following charge:

Charge (as amended)

“That being a registered dental care professional:

1. From 8 April 2015 to 4 June 2015 you:
 - a. Fitted a denture for patient A,
 - b. Took one or more impressions of patient A's mouth.
2. In respect of allegation 1a. and/or 1b. you have worked beyond your scope of practice.
3. Your actions in relation to allegation 2. were:
 - a. Misleading,
 - b. Dishonest, in that you knew you were acting outside of your Scope of Practice.
4. On 12 January 2018, in advance of appearing before the General Dental Council's (GDC) Interim Orders Committee, you told Counsel instructed by the GDC that you were enrolled on a clinical dental technician training program (for Kent, Surrey and Sussex) at the time you treated patient A.
5. Your actions in relation to allegation 4. were:
 - a. Misleading,
 - b. Dishonest, in that you knew you were not enrolled on a clinical dental technician program (for Kent, Surrey and Sussex) at the time you treated patient A.
6. On 12 January 2018, whilst appearing before a Interim Orders Committee of the General Dental council, you allowed counsel instructed by the General Dental Council to submit that the work that you had undertaken in relation to patient A (as reflected in allegation 1.) was done whilst you were a trainee clinical dental technician.
7. Your actions in relation to allegation 6. Were
 - a. misleading

- b. dishonest, in that you knew you were not enrolled on a clinical dental technician program (for Kent, Surrey and Sussex) at the time you treated patient A.

And that by reason of the matters alleged above, your fitness to practise is impaired by reason of your misconduct.”

On 10 October 2019 Mr Stevens (Counsel for the GDC) made an application under Rule 51(4) to sever the case of Mr Miles from Mr Jennings’ case. The Chairman made the following response:

“Mr Stevens, on behalf of the General Dental Council (GDC), invited this Committee to convene as a preliminary meeting of the Professional Conduct Committee (PCC) under Rule 51(1) of the General Dental Council (Fitness to Practise) Rules Order of Council 2006 (‘the Rules’). Rule 51(1) provides for a Practice Committee to hold a preliminary meeting if *“those persons who are to form the membership of a Practice Committee at the hearing consider that it would assist them in performing their functions.”* Mr Stevens explained that the purpose of the preliminary meeting was to consider an application under Rule 51(4) made by the GDC for this Committee to sever the case of Mr Miles from Mr Jennings’ case (the cases having been originally been joined at an earlier stage of proceedings). This was in view of Mr Jennings’ indication that he was only able to engage in these proceedings by telephone on an intermittent basis. Thus, in order to ensure that both cases could be heard within the time allocated, the GDC invited this Committee to agree to its application to sever the two cases. Mr Brassington, on behalf of Mr Miles, indicated that he agreed with Mr Stevens’ analysis of the Rules and raised no objection to the course of action proposed by the GDC. Mr Jennings, who participated at this hearing via telephone, unrepresented, raised no objection to this Committee holding a preliminary meeting for the purposes of considering the GDC’s application for severance.

The Committee, having regard to the Legal Adviser’s advice, was satisfied that it was appropriate to convene as a preliminary meeting under Rule 51(1) in order to consider the GDC’s application for severance, given the change in circumstances that had arisen relating to Mr Jennings’ intermittent engagement in these proceedings.

Purpose of the preliminary meeting

The purpose of the meeting is to consider an application made by the GDC under Rule 51(4) to sever Mr Miles’ case from Mr Jennings’ case. Mr Stevens explained that although there is no explicit provision within the Rules which deals with an application for severance, it was open to the Committee to deal with such an application under the broad provisions of 51(4). He informed the Committee that it had become apparent at this stage of the proceedings that Mr Jennings’ availability at the hearing was intermittent which threatened to protract matters and thus ran the risk of not being able to complete the cases, if run together, within the time allocated. He submitted that the GDC had now reached the view that in order to ensure that both cases were heard within the time allocated, and to ensure fairness to all parties, it was appropriate to sever the cases. Thus, Mr Miles’ case, who is present and ready to start, would be heard first and then Mr Jennings’ case would be heard next week. Mr Jennings had indicated in his communications with the GDC that he was not available for significant periods for this week and the early part of next week, but he was available all day next Wednesday and for part of the day on Thursday and Friday. He anticipated that both cases could be heard within the time allocated thus allowing both Mr Jennings and Mr Miles to participate in their respective hearings.

Mr Stevens also advised that Mr Jennings had indicated to the GDC that he did not wish to ask questions of Patient A (the complainant in both cases) or any other witnesses who have provided statements for the GDC. Thus, there would be no issue about the GDC's witnesses having to give evidence on more than one occasion. In short, Mr Stevens submitted that there could be no prejudice to Mr Jennings, Mr Miles or the GDC in severing the cases at this stage of the proceedings.

Mr Brassington confirmed that he had no objection to Mr Stevens' application and submitted that in the absence of any prejudice to the parties, it would be appropriate and pragmatic to sever the cases.

Mr Jennings, likewise, raised no objection to Mr Stevens' application. He confirmed that he would be available to participate in the hearing next Wednesday (16 October), via telephone.

The Committee considered the submissions made by the parties. It accepted the advice of the Legal Adviser. Given the indication of Mr Jennings' limited availability for this week of the hearing and the possible delay and disruption to proceedings as a consequence of this situation, the Committee considers that there is a real risk of the hearing of both cases, if they remain joined, not concluding within the time allocated. Accordingly, the Committee is satisfied that it would be appropriate and fair to sever Mr Miles' case from that of Mr Jennings. It has heard that neither Mr Miles nor Mr Jennings object to the proposed severance. The Committee considers that there is no unfairness to either registrant or the GDC in adopting this course of action. For these reasons, the Committee accedes to Mr Stevens' application in accordance with Rule 51 (4)."

On 16 October 2019 the Chairman made the following statement regarding the finding of facts:

"Mr Jennings

This is the Professional Conduct Committee's inquiry into the facts which form the basis of the allegation against you that your fitness to practise is impaired by reason of misconduct.

Preliminary Matters

Your case was initially joined with that of another registrant, Mr Miles and both cases were scheduled to be heard together by this Committee. At the start of the hearing, the Committee made a decision to sever the case so that the allegations against each registrant would now be heard separately. The Committee's decision is contained within a separate determination which was handed down to the parties on Thursday, 10 October 2019.

Amendment of the Charge

Mr Stevens made an application under Rule 18 of the General Dental Council (Fitness to Practise) Rules Order of Council 2006 to amend the charge contained in the notification of hearing in the following terms:

- Replacing references to the patient's initials with 'A' in charges 1(a), 1(b), 4, 5(b), 6 and 7(b);
- Amending head of charge 4 by replacing 'Professional Conduct Committee' with 'Interim Orders Committee'; and

- Amending head of charge 6 by replacing 'Professional Conduct Committee' with 'Interim Orders Committee'.

Mr Stevens submitted that removing the patient's initials from the charge would protect her anonymity in line with the GDC anonymisation policy. He also submitted that in relation to the amendments to charges 4 and 6, it was clear from the evidence served on you that the hearing on 12 January 2018 referred to in those charges was an Interim Orders Committee hearing and not a Professional Conduct Committee hearing. Mr Stevens submitted that the amendments do not materially alter the case you face and therefore there can be no unfairness in making them.

You did not oppose the application.

The Committee accepted the advice of the Legal Adviser. It was satisfied that the amendments would cause no injustice to you. The application to amend was granted.

Admissions

At the start of the hearing you admitted the following charges : 1(a), 1(b); 2 insofar as it relates to 1(a) and 1(b); 4; and 6. The Committee noted these admissions but decided to defer making a formal finding until it had received all of the evidence in this case.

Background

This case concerns your treatment of a patient referred to as Patient A in this hearing between 8 April and 4 June 2015. It is alleged that you treated Patient A by taking one or more impressions of her mouth which resulted in her being fitted with a denture. It is also alleged that as a result of the treatment you provided, you acted beyond the scope of your practice. Whilst you were providing dental care to Patient A you were a registered Dental Technician (DT) and you were required to adhere to the scope which required that you work under the prescription of a dentist except when it was just a repair being undertaken. The scope of practice does not allow you to work independently and the Council alleges that in relation to the treatment you provided to Patient A, you worked independently.

Evidence Received and Assessment of Oral Evidence

Factual Witnesses

By way of factual evidence from the GDC, the Committee received witness statements from Patient A, signed and dated 2 August 2018 and 10 September 2019; Witness 1 signed and dated 21 May 2018; Witness 2 signed and dated 17 July 2018 and from Witness 3 signed and dated 10 August 2018.

The Committee also received copies of Patient A's dental records from the practice where you worked at the time you treated her.

As part of your case, the Committee received your witness statement which was signed and dated 16 October 2019.

Patient A

The Committee did not hear oral evidence from her but noted that her evidence was unchallenged. It accepted her evidence.

Your Oral Evidence

At the commencement of your evidence you were largely consistent with your written witness statement. However, under cross-examination, you made some concessions which added to your credibility and showed a development of an awareness that was not there previously. The Committee noted that you are unrepresented and took that into account when considering your evidence.

The Committee’s Findings of Fact

The Committee has considered all the evidence presented to it, both oral and documentary. It took account of the submissions made by Mr Stevens on behalf of the GDC and those made by you. The Committee heard and accepted the advice of the Legal Adviser. In accordance with that advice it has considered each head of charge separately, bearing 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 matters are found proved on the balance of probabilities. You are not required to prove anything.

In relation to the allegation of dishonesty the Committee was referred to the Supreme Court judgment in the case of *Ivey v Genting Casinos (UK) Ltd t/a Crockfords [2017] UKSC 67* where the test for dishonesty was revisited.

"The test of dishonesty is as set out by Lord Nicholls in Royal Brunei Airlines Sdn Bhd v Tan and by Lord Hoffmann in Barlow Clowes: When dishonesty is in question the fact-finding tribunal must first ascertain (subjectively) the actual state of the individual's knowledge or belief as to the facts. The reasonableness or otherwise of his belief is a matter of evidence (often in practice determinative) going to whether he held the belief, but it is not an additional requirement that his belief must be reasonable; the question is whether it is genuinely held. When once his actual state of mind as to knowledge or belief as to facts is established, the question whether his conduct was honest or dishonest is to be determined by the fact-finder by applying the (objective) standards of ordinary decent people. There is no requirement that the defendant must appreciate that what he has done is, by those standards, dishonest."

The Committee’s findings in relation to each charge are as follows:

1.	From 8 April 2015 to 4 June 2015 you:
1.(a)	Amended to: Fitted a denture for patient A, Admitted and found proved. The Committee found this charge proved based on your admission, Patient A’s evidence and the dental records.
1.(b)	Amended to: Took one or more impressions of patient A’s mouth. Admitted and found proved. The Committee found this charge proved based on your admission, Patient A’s evidence and the dental records.
2.	In respect of allegation 1a. and/or 1b. you have worked beyond your scope of practice. Admitted and found proved. The Committee found this charge proved based on your admission and Patient A’s evidence. In addition, the evidence of extended scope of practice course

	certificates completed by you which were before the Committee confirmed that at the time you treated Patient A you were a registered dental technician. There was nothing in the certificates to suggest that your role had been elevated to that of a CDT.
3.	Your actions in relation to allegation 2. were:
3.(a)	<p>Misleading,</p> <p>Not admitted but found proved.</p> <p>Objectively, the patient was misled because the patient thought you were qualified to provide the treatment to her when you were not. In her witness statement Patient A said:</p> <p style="padding-left: 40px;">“I knew absolutely nothing about Mr Jennings prior to meeting him. Mr Jennings introduced himself, told me his name, and explained he’d be looking after me from now on. I did not object as I assumed that Mr Jennings was suitably qualified and experienced to treat me and provide the denture. Mr Jennings did not give me a description of his role or qualifications at any of my appointments with him.”</p> <p>In your oral evidence you accepted that the patient would have been misled.</p>
3.(b)	<p>Dishonest, in that you knew you were acting outside of your Scope of Practice.</p> <p>Not admitted but found proved.</p> <p>You were a registered dental technician. You completed courses to extend the scope of your practice – occlusal registration and facebow scope of practice; clinical photography scope of practice; and shade taking scope of practice; and impression taking. However, those certificates detail that the courses enabled you, as a dental technician, to work with a dentist or clinical dental technician in a clinic to undertake those procedures.</p> <p>You accepted the evidence of Patient A that you took an impression and fitted a denture unsupervised.</p> <p>In your evidence to the Committee you referred to a letter produced by Health Education Kent, Surrey & Sussex (HE KSS) that was not directly addressed to you nor dated, but was attached to an email dated 7 May 2014 addressed to ‘CDT’ which you claim supported your view that on completion of stand-alone modules in infection control, impression taking and occlusal registration/photography, that an applicant becomes a CDT student. In other evidence to the Committee you accepted that you were not formally enrolled in a CDT training course but that you subsequently enrolled in one in January 2017. Therefore, at the time you treated patient A in April and June 2015 you must have known that you were acting outside the scope of your practice. You treated the patient regardless. The Committee considered therefore that by the standards of ordinary and reasonable people your actions were dishonest.</p>
4.	Amended to: On 12 January 2018, in advance of appearing before the General Dental Council’s (GDC) Interim Orders Committee, you told Counsel instructed by the GDC that you were enrolled on a clinical dental technician training program (for Kent, Surrey and Sussex) at the time you treated patient A.

	<p>Admitted and found proved.</p> <p>The Committee found this charge proved based on your admission and the statement of Witness 2 who was the Counsel for the GDC at the Interim Orders Committee hearing in January 2018. He stated that:</p> <p style="padding-left: 40px;">“I asked Mr Jennings whether he had any documents or submissions to put before the Interim Orders Committee, particularly with regards to his employment status at Smiles Centre. I do not recall the precise wording of his response but from my notes, SJ confirmed that he was employed as a student or trainee Clinical Dental Technician (“CDT”), not as a Dental Technician (“DT”) and that he was enrolled on a Kent, Surrey and Sussex (KSS) CDT training programme, and was so at the time of the complaint.”</p> <p>You accepted that this is what you told Counsel instructed by the GDC. Your evidence to the Committee was that the error resulted from a ‘confusion of words’. However, you also conceded under cross-examination that having enrolled formally on a CDT training programme in January 2017, you were aware that you were not enrolled in such a programme at the time you treated Patient A. You admitted charge 4 as a matter of fact and the Committee having taken into account the evidence of Witness 2, found this charge proved.</p>
5.	Your actions in relation to allegation 4. were:
5.(a)	<p>Misleading,</p> <p>Not admitted but found proved.</p> <p>The Committee referred to the witness statement of Witness 1 who confirmed that you were not enrolled on the course at the relevant time. You accepted under cross-examination that by telling Counsel for the GDC that you were enrolled, your actions were misleading.</p>
5.(b)	<p>Amended to: Dishonest, in that you knew you were not enrolled on a clinical dental technician program (for Kent, Surrey and Sussex) at the time you treated patient A.</p> <p>Not admitted but found proved.</p> <p>At the time you treated Patient A you were not enrolled on a CDT programme. Subsequently, in January 2017, you did enrol on such a programme and were therefore fully aware of the requirements of enrolling on such a programme. The information you gave to Counsel for the GDC in January 2018 was factually incorrect and you knew it was not correct. The Committee considered that ordinary and reasonable people would regard your actions as dishonest.</p>
6.	<p>Amended to: On 12 January 2018, whilst appearing before an Interim Orders Committee of the General Dental Council, you allowed Counsel instructed by the General Dental Council to submit that the work that you had undertaken in relation to patient A (as reflected in allegation 1.) was done whilst you were a trainee clinical dental technician.</p> <p>Admitted and found proved.</p> <p>The Committee noted the evidence of Witness 2, in which he states that on the basis of the information provided and your assurances, the Council took a neutral</p>

	stance at both hearings. The information given to Witness 2 by you was that at the time you treated Patient A you were a trainee CDT. You admitted allowing Counsel to make these submissions to the Interim Orders Committee. On your admission and Witness 2's evidence, the Committee found this charge proved.
7.	Your actions in relation to allegation 6. were
7.(a)	<p>Misleading</p> <p>Not admitted but found proved.</p> <p>You accept allowing Counsel for the GDC to submit to the Interim Orders Committee that at the time you treated Patient A you were a trainee CDT. You were not enrolled on such a programme and therefore your actions were misleading.</p>
7.(b)	<p>Amended to: Dishonest, in that you knew you were not enrolled on a clinical dental technician program (for Kent, Surrey and Sussex) at the time you treated patient A.</p> <p>Not admitted and found not proved.</p> <p>The stem of charge 7 relates to your actions in charge 6. However, the particulars of 7(b) did not support the wording of charge 6.</p>

We move to Stage Two.”

On 18 October 2019 the Chairman announced the determination as follows:

“Mr Jennings

Having announced its decision on the facts, the Committee received submissions from Mr Stevens, on behalf of the General Dental Council (GDC) and from you, in accordance with Rule 20 of the Fitness to Practise Rules 2006. It also received your testimonial bundle and written reflection.

The Committee accepted the advice of the Legal Adviser.

The Committee reminded itself that its decisions on misconduct and impairment are matters for its own independent judgement. There is no burden or standard of proof at this stage of the proceedings. It had regard to the GDC's “Standards for the Dental Team” (September 2013). The Committee was referred to the cases of *Nandi v GMC* [2004] EWHC 2317 (Admin); *Roylance v GMC* [2001] 1 AC 311; *Mallon v GMC* [2007] CSIH 17; *Cohen v GMC* [2008] EWHC 581 (Admin) and *CHRE v NMC & Grant* [2011] EWHC 927 (Admin).

Misconduct

The Committee first considered whether the facts found proved amount to misconduct. You accepted that the facts found proved amounted to misconduct.

You admitted and the Committee found proved that between 8 April and 4 June 2015 you took one or more impressions of Patient A's mouth and fitted a denture for Patient A. In so doing you worked beyond the scope of your practice as a dental technician. The Committee found proved that your actions were misleading and dishonest.

You admitted and the Committee found proved that in advance of a hearing before the GDC's Interim Orders Committee ("IOC") you told Counsel instructed by the GDC that you were enrolled on a clinical dental technician training programme at the time you treated Patient A. The Committee found proved that your actions were misleading and dishonest.

You admitted and the Committee found proved that whilst appearing before an IOC of the GDC, you allowed Counsel instructed by the GDC to submit that the work that you had undertaken in relation to Patient A was done whilst you were a trainee clinical dental technician. The Committee found proved that your actions were misleading.

The Committee was of the view that working beyond the scope of your practice as a registered dental technician and acting dishonestly are serious departures from the standards of the profession. Your conduct breached the GDC's *Standards for the Dental Team* (September 2013) particularly:

Standard 1.3

Be honest and act with integrity.

Standard 6.3.3

You should refer patients on if the treatment required is outside your scope of practice or competence. You should be clear about the procedure for doing this.

Standard 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.

You worked beyond the scope of your practice and your actions were found to be dishonest on two occasions, one of which involved dealings with your regulator, the GDC. These constitute serious breaches of the standards and would be regarded as deplorable by fellow professionals. The Committee was of the view that the facts found proved do amount to misconduct.

Impairment

The Committee next considered whether your fitness to practise is currently impaired by reason of your misconduct.

The Committee adopted the approach formulated by Dame Janet Smith in her Fifth Report from the Shipman case; that is, the PCC should ask itself:

"Do our findings of fact in respect of the doctor's misconduct, deficient professional performance, adverse health, conviction, caution or determination show that his/her fitness to practise is impaired in the sense that s/he:

- a. has in the past acted and/or is liable in the future to act so as to put a patient or patients at unwarranted risk of harm; and/or
- b. has in the past brought and/or is liable in the future to bring the medical profession into disrepute; and/or
- c. has in the past breached and/or is liable in the future to breach one of the fundamental tenets of the medical profession; and/or
- d. has in the past acted dishonestly and/or is liable to act dishonestly in the future."

Mr Stevens submitted that the misconduct found proved in relation to Patient A constituted a breach of trust but the Council's position was that this did not constitute a risk of clinical harm. However, the Committee, having heard all the evidence in this case, did consider that a finding of impairment was required on the grounds of public protection. By working outside the scope of your practice, you treated Patient A without being qualified and you treated her independently without being authorised. Therefore, the Committee concluded that there was a potential risk of harm in working outside of your scope of practice.

The Committee also found that by acting dishonestly, your actions breached the standards of the profession and brought it into disrepute.

Mr Stevens submitted that the facts found proved broadly fall under an attitudinal category which is conduct that is difficult to remedy. In addition, he reminded the Committee that you had denied the dishonest conduct in this case. He submitted that your dishonest conduct was within the course of your professional practice which constituted a breach of trust of Patient A and was repeated in your dealings with your regulator. Mr Stevens submitted that if a finding of impairment was not made, such a decision would undermine public confidence in the profession and the regulatory process. He submitted that public interest considerations demanded a finding of impairment in this case.

The Committee considered whether your actions are remediable, have been remedied and whether there is a risk of repetition. It was of the view that dishonest conduct is attitudinal in nature and attitudinal concerns are more difficult to remedy. In considering whether your misconduct had been remedied the Committee assessed your insight.

In your written reflection you said:

“Going back to the time Patient A was treated, I can now only accept that I did in fact work outside of my scope of practice in treating Patient A. Looking back now I cannot believe I allowed myself to put my own registration at risk by not looking at the situation in further detail...

I would agree now though, with hindsight, that a shortfall in understanding and an inability to take a step back and assess a situation has ultimately resulted in me being a part of this...

My use of terms during the IOC hearings was at times way off accurate. I do now understand how the misuse of these terms could be misleading and if intentional, completely dishonest. As I have stated already that my mis-use of the terms was not intended to mislead or to be dishonest, but I accept how the misuse of them has ultimately seemed to be so. I can only offer explanations of my lack of knowledge in the importance of accuracy and understanding. I do know, that if I had been properly represented then mistakes like those simply would not have happened.”

The Committee considered that you have some insight which has developed at a late stage. It noted that you sought to blame someone else for your role in the events that occurred and that you knew what your role involved as a Dental Technician. Your insight was hampered by blaming someone else rather than looking at what you could have done differently.

The Committee also noted from the testimonials you submitted that you are a well-liked and respected dental technician.

The Committee noted the concessions you made in cross-examination and as included in your written reflection but ultimately considered that given the serious nature of the

misconduct, public confidence would be undermined if a finding of impairment were not made. As such the Committee concluded that a finding of impairment is necessary on public interest grounds.

The Committee therefore determined that your fitness to practise is currently impaired by reason of your misconduct.

Sanction

The Committee next considered what sanction, if any, to impose on your registration. It recognised that the purpose of a sanction was not to be punitive although it may have that effect. The Committee applied the principle of proportionality. It has also taken account of the *Guidance for the Practice Committees including Indicative Sanctions Guidance, October 2016, revised May 2019, ("PCC Guidance")*.

The Committee has read your reflective statement and taken account of your testimonials. In your submissions to the Committee you referred to your skills and experience and your desire to remain on the register so that you could pursue your career as a CDT. The Committee also took account of the likely impact on your family circumstances as outlined in your written reflection.

The Committee has considered the mitigating and aggravating factors in this case. In mitigation the Committee noted that you do not have any previous fitness to practise history and that you engaged in these proceedings, albeit at a late stage. In terms of aggravating factors, the Committee noted that the misconduct involved dishonesty that was repeated; there was a breach of trust towards a patient and a willful disregard of the role of the GDC. As a result of what you told Counsel instructed by the GDC before the IOC, the GDC took a neutral stance and an interim order was not imposed.

The Committee then considered the available sanctions in ascending order starting with the least serious.

The Committee was of the view that to conclude this case with no further action or impose a reprimand would be insufficient to satisfy the public interest given the serious nature of the misconduct found proved.

The Committee considered whether to impose a conditions of practice order and in so doing took into account that the misconduct found proved does not involve a poor standard of treatment or indicate any direct clinical concerns. The misconduct displays serious attitudinal problems compounded by repeated dishonesty for which appropriate and proportionate conditions could not be identified and would not be sufficient to address the public interest concerns in this case. The Committee therefore moved on to consider a sanction of suspension.

The Committee next considered whether suspension would be sufficient to mark the serious misconduct and safeguard the public interest. Paragraph 7.28 of the PCC guidance states:

"Suspension is appropriate for more serious cases and may be appropriate when all or some of the following factors are present (this list is not exhaustive):

- there is evidence of repetition of the behaviour;
- the registrant has not shown insight and/or poses a significant risk of repeating the behaviour;
- patients' interests would be insufficiently protected by a lesser sanction;

- public confidence in the profession would be insufficiently protected by a lesser sanction;
- there is no evidence of harmful deep-seated personality or professional attitudinal problems (which might make erasure the appropriate order).”

When considering suspension, the Committee noted that there is repetition of dishonesty and that public confidence in the profession would be insufficiently protected by a lesser sanction. Your dishonesty related both to a patient and to the regulator that resulted in the regulator taking a neutral stance before the IOC. The Committee considered that your repeated dishonesty demonstrated ongoing attitudinal problems. The Committee considered the dishonesty to the regulator to be so serious that it was fundamentally incompatible with remaining on the register.

In considering the sanction of erasure your misconduct represented a serious departure from the relevant professional standards, abuse of a position of trust in respect of a patient and serious dishonesty that was repeated. The Committee considered that your dishonesty towards the regulator was so serious that only erasure from the register would mark the seriousness of your misconduct.

The Committee has determined that erasure is the proportionate outcome in this case. The Committee has considered the impact of erasure upon you but has determined that the public interest outweighs your interest in this regard.

The Committee has therefore determined, pursuant to Section 36P(7)(a) of the Dentists Act 1984, as amended, to direct that your name be erased from registration as a Dental Technician in the Register.

The Committee took account of the submissions made by Mr Stevens on behalf of the GDC that an immediate order should be imposed on your registration. You made no submissions other than to state that you are no longer working in dentistry.

The Committee accepted the advice of the Legal Adviser.

The Committee noted that if you were to appeal its decision, the direction of erasure would not take effect until the resolution of that appeal, a period that could be considerably longer than the 28 days.

The Committee was of the view that having found that you acted dishonestly, breached fundamental tenets of the profession, brought the profession into disrepute and that your actions were fundamentally incompatible with continuous registration, not to impose an immediate order would be inconsistent with these findings. It concluded that its findings reached the threshold for the imposition of an immediate order on public interest grounds. Further, an interim order is necessary for the protection of the public.

The Committee therefore determined that an immediate order of suspension is necessary for the protection of the public and otherwise in the public interest, pursuant to Section 36U(1) of the Dentists Act 1984, as amended.

The effect of the foregoing direction and this order is that your registration will be suspended with immediate effect and unless you exercise your right to appeal, the substantive direction of erasure will take effect 28 days from when notice is deemed served on you. Should you

exercise your right to appeal, this order for immediate suspension will remain in place pending the resolution of any appeal proceedings.

That concludes the case.”