

HEARING HEARD IN PUBLIC

ANAND, Tapeswar

Registration No: 76522

PROFESSIONAL CONDUCT COMMITTEE

NOVEMBER 2014 – NOVEMBER 2015

Outcome: Erased and immediate suspension imposed

Tapeswar ANAND, a dentist, BDS Lond 1999, was summoned to appear before the Professional Conduct Committee on 4 November 2014 for an inquiry into the following charge:

Charge (as amended by agreement of both parties)

“That, being a registered dentist, you provided or offered to provide treatment to the patients listed below, and -

Patient A

1. You did not carry out any or any adequate general dental examination;
2. Amended **to**: You did not carry out any or any adequate orthodontic clinical assessment before planning treatment;
3. You did not discuss with the patient all options for treatment, including no treatment;
4. You did not discuss with the patient and/or provide the patient with information concerning all the risks of the proposed treatment;
5. You did not communicate with the patient’s general dental practitioner when deciding and advising on treatment;
6. You did not adequately record:
 - a. A general dental examination; and/or
 - b. An orthodontic clinical assessment; and/or
 - c. A radiographic report; and/or
 - d. Pre-treatment models or their equivalent.
7. You did not obtain patient A’s informed consent before changing his proposed system of treatment from Invisalign to Orthocaps;
8. You did not provide patient A with full and accurate information about the reasons for the delay to his treatment, and in particular:
 - a. you caused or allowed an email to be drafted for sending to patient A dated 14 November 2012, which implied that an order had been placed with Invisalign who had asked for further information, when this was not the case;

- b. you caused or allowed an email to be sent to patient A on 22 February 2013 which stated that Orthocaps had requested further information, when this was not the case.
9. In a letter to the GDC dated 26 March 2013, you stated:
 - a. "I discussed by email the option of [patient A] having Orthocaps removable brace treatment, to which he agreed to having", when that was not the case.
 - b. "[patient A] was notified ... on numerous occasions" that you had been trying to acquire a letter from the patient's dentist prior to submitting an order to Invisalign or Orthocaps, when that was not the case.
10. Your conduct was misleading in relation to allegation:
 - a. 8.a; and/or
 - b. 8.b; and/or
 - c. 9.a; and/or
 - d. 9.b.
11. Your conduct was dishonest in relation to allegation:
 - a. 8.a; and/or
 - b. 8.b; and/or
 - c. 9.a; and/or
 - d. 9.b.
12. You did not commence and/or complete Invisalign and/or Orthocaps treatment for patient A in a timely manner.

Patient B

13. You did not carry out any or any adequate general dental examination;
14. You did not carry out any or any adequate orthodontic clinical assessment before advising on and/or planning treatment;
15. You submitted impressions to Invisalign which were inadequate and/or of poor quality;
16. You recommended that the patient should have Invisalign treatment when the same was inappropriate because:
 - a. **Amended to:** the patient had severe gingival recession; and
 - b. the proposed proclination and expansion would hazard the long term viability of the teeth.

17. You did not communicate with the patient's general dental practitioner when deciding and advising on treatment;
18. You did not adequately record:
 - a. A general dental examination; and/or
 - b. An orthodontic clinical assessment; and/or
 - c. A radiographic report; and/or
 - d. Pre-treatment models or their equivalent.
19. You did not keep patient B informed of the reasons for the delay in the provision of his treatment;
20. You did not commence and/or complete Invisalign treatment for patient B in a timely manner.

Patient C

21. You did not carry out any or any adequate general dental examination;
22. You did not carry out any or any adequate orthodontic clinical assessment before advising on and/or planning treatment
23. You did not discuss with the patient all options for treatment, including no treatment;
24. You did not discuss with the patient and/or provide the patient with information concerning all the risks of the proposed treatment;
25. You did not communicate with the patient's general dental practitioner when deciding and advising on treatment;
26. You did not adequately record:
 - a. A general dental examination; and/or
 - b. An orthodontic clinical assessment; and/or
 - c. Pre-treatment models or their equivalent.
27. You did not obtain patient C's informed consent before changing her proposed system of treatment from Invisalign 3G to 4G;
28. You did not provide patient C:
 - a. with full and accurate information about the reasons for the delay to her treatment; and/or
 - b. in particular, you caused or allowed an email to be sent to patient C on 29 August 2012 which stated that the delays to her treatment were due to a change from 3G to 4G Invisalign treatment, when this was not the case.
29. Your conduct was misleading in relation to allegation 28;
30. Your conduct was dishonest in relation to allegation 28;

31. You did not commence and/or complete Invisalign treatment for patient C in a timely manner;
32. You did not provide a refund in respect of uncompleted treatment within a reasonable time.

Patient D

33. You did not carry out any or any adequate general dental examination;
34. You did not carry out any or any adequate orthodontic clinical assessment before advising on and/or planning treatment;
35. You did not discuss with the patient all options for treatment, including no treatment;
36. Amended **to**: You did not discuss with the patient concerning all the risks of the proposed treatment;
37. You did not communicate with the patient's general dental practitioner when deciding and advising on treatment;
38. You did not adequately record:
 - a. A general dental examination; and/or
 - b. An orthodontic clinical assessment; and/or
 - c. A radiographic report; and/or
 - d. Pre-treatment models or their equivalent.
39. You did not obtain patient D's informed consent before changing her proposed system of treatment from Invisalign 3G to 4G;
40. You did not provide patient D:
 - a. with full and accurate information about the reasons for the delay to her treatment; and/or
 - b. in particular, informed her that the delays to her treatment were caused by new technology, which would shorten her treatment, when this was not the case.
41. Your conduct was misleading in relation to allegation 40;
42. Your conduct was dishonest in relation to allegation 40;
43. You did not commence and/or complete Invisalign treatment for patient D in a timely manner;
44. You did not provide a refund in respect of uncompleted treatment within a reasonable time.

Patient E

45. You did not carry out any or any adequate orthodontic clinical assessment before advising on and/or planning treatment;
46. You advised patient E to undergo Invisalign treatment, when it was inappropriate by reason of a significant overjet;
47. You did not discuss with the patient all options for treatment, including no treatment;
48. **Amended to:** You did not discuss with the patient all the risks of the proposed treatment;
49. You did not communicate with the patient's general dental practitioner when deciding and advising on treatment;
50. You did not adequately record:
 - a. An orthodontic clinical assessment; and/or
 - b. A radiographic report; and/or
 - c. Pre-treatment models or their equivalent.
51. You did not obtain patient E's informed consent before changing her proposed system of treatment from Invisalign 3G to 4G;
52. You did not provide patient E:
 - a. with full and accurate information about the reasons for the delay to her treatment; and/or
 - b. in particular, you told her on 4 September 2012 that the delays to her treatment were due to a change from 3G to 4G Invisalign treatment, when this was not the case.
53. Your conduct was misleading in relation to allegation 52b;
54. Your conduct was dishonest in relation to allegation 52b;
55. You did not commence and/or complete Invisalign treatment for patient E in a timely manner;
56. You did not provide a refund in respect of uncompleted treatment within a reasonable time.

Patient F

57. You did not carry out any or any adequate orthodontic clinical assessment before advising on and/or planning treatment;
58. You did not discuss with the patient all options for treatment, including no treatment;
59. You did not communicate with the patient's general dental practitioner when deciding and advising on treatment;
60. You did not adequately record:
 - a. An orthodontic clinical assessment; and/or

- b. Pre-treatment models or their equivalent.
- 61. You did not obtain patient F's informed consent before changing his proposed system of treatment from Invisalign 3G to 4G;
- 62. You did not provide patient F with:
 - a. full and accurate information about the reasons for the delay to his treatment; and/or
 - b. in particular, you told him on 21 August 2012 that the delay was due to Invisalign introducing a new system of treatment that would halve the treatment time, when the same was not the case.
- 63. Your conduct was misleading in relation to allegation 62b;
- 64. Your conduct was dishonest in relation to allegation 62b;
- 65. You did not commence and/or complete Invisalign treatment for patient F in a timely manner;
- 66. You did not provide a refund in respect of uncompleted treatment within a reasonable time.

Patient G

- 67. You did not carry out any or any adequate orthodontic clinical assessment before advising on and/or planning treatment;
- 68. You did not discuss with the patient all options for treatment, including no treatment;
- 69. You advised patient G to undergo Invisalign treatment when by reason of her oral condition, including class 2 division 1 malocclusion with increased overbite, a large midline diastema with UR1 proclined, and all 4 first premolars absent with the spaces closed, it was not a suitable form of treatment;
- 70. You did not communicate with the patient's general dental practitioner when deciding and advising on treatment;
- 71. You did not adequately record:
 - a. An orthodontic clinical assessment; and/or
 - b. A radiographic report; and/or
 - c. Pre-treatment models or their equivalent.
- 72. **Amended to:** You caused permitted or allowed a member of staff at the registrant's practice to carry out an examination and diagnosis on patient G when she was not qualified to do so;
- 73. You did not obtain patient G's informed consent before changing her proposed system of treatment from Invisalign 3G to 4G;
- 74. You did not provide patient G with:
 - a. full and accurate information about the reasons for the delay to her treatment; and/or

- b. **Amended to:** in particular you told her on 5 October 2012 by email that the delay was due to Invisalign introducing a new system of treatment that would reduce the treatment time, when the same was not the case.
- 75. Your conduct was misleading in relation to allegation 74b;
- 76. Your conduct was dishonest in relation to allegation 74b;
- 77. You did not commence and/or complete Invisalign treatment for patient G in a timely manner;
- 78. You did not provide a refund in respect of uncompleted treatment within a reasonable time.

Patient H

- 79. You did not carry out any or any adequate orthodontic clinical assessment before advising on and/or planning treatment;
- 80. You did not discuss with the patient all options for treatment, including no treatment;
- 81. You advised patient H to undergo Invisalign treatment when by reason of her oral condition, which suggested a compound complex odontome in relation to her shortened incisor roots it was not a suitable form of treatment in the absence of further investigation of the condition;
- 82. You did not diagnose the odontome;
- 83. You did not communicate with the patient's general dental practitioner when deciding and advising on treatment;
- 84. You did not adequately record:
 - a. An orthodontic clinical assessment; and/or
 - b. A radiographic report; and/or
 - c. Pre-treatment models or their equivalent.
- 85. You did not obtain patient H's informed consent before changing her proposed system of treatment from Invisalign 3G to 4G;
- 86. You did not provide patient H with:
 - a. full and accurate information about the reasons for the delay to her treatment; and/or
 - b. in particular you told her on 21 August 2012 by email that the delay was due to Invisalign introducing a new system of treatment that would reduce the treatment time, when the same was not the case.
- 87. Your conduct was misleading in relation to allegation 86b;
- 88. Your conduct was dishonest in relation to allegation 86b;
- 89. You did not commence and/or complete Invisalign treatment for patient H in a timely manner;

90. You did not provide a refund in respect of uncompleted treatment within a reasonable time.

Patient I

91. You did not carry out any or any adequate general dental examination before advising on and/or planning treatment;
92. You did not carry out any or any adequate orthodontic clinical assessment before advising on and/or planning treatment;
93. You did not discuss with the patient all options for treatment, including no treatment;
94. You did not obtain patient I's informed consent before changing his proposed system of treatment from Invisalign 3G to 4G;
95. You did not adequately record:
- a. A general dental examination; and/or
 - b. An orthodontic clinical assessment; and/or
 - c. A radiographic report; and/or
 - d. Pre-treatment models or their equivalent.
96. You did not provide patient I with:
- a. full and accurate information about the reasons for the delay to his treatment; and/or
 - b. in particular you told him on 2 July 2012 that the delay was due to Invisalign introducing a new system of treatment, when the same was not the case.
97. You did not communicate with the patient's general dental practitioner when deciding and advising on treatment;
98. Your conduct was misleading in relation to allegation 96b;
99. Your conduct was dishonest in relation to allegation 96b;
100. You did not commence and/or complete Invisalign treatment for patient I in a timely manner;
101. You did not provide a refund in respect of uncompleted treatment within a reasonable time.

Patient J

102. You did not carry out any or any adequate orthodontic clinical assessment before advising on and/or planning treatment;
103. You did not discuss with the patient all options for treatment, including no treatment;

104. You did not obtain patient J's informed consent before changing her proposed system of treatment from Invisalign 3G to 4G:
105. You did not adequately record:
 - a. An orthodontic clinical assessment; and/or
 - b. Pre-treatment models or their equivalent.
106. You did not provide patient J with:
 - a. full and accurate information about the reasons for the delay to her treatment; and/or
 - b. in particular you told her via email on 18 July 2012 that the delay was due to Invisalign introducing a new system of treatment, when the same was not the case.
107. You did not communicate with the patient's general dental practitioner when deciding and advising on treatment;
108. Your conduct was misleading in relation to allegation 106b;
109. Your conduct was dishonest in relation to allegation 106b;
110. You did not commence and/or complete Invisalign treatment for patient J in a timely manner.

Patient K

111. You did not carry out any or any adequate orthodontic clinical assessment before advising on and/or planning treatment;
112. You did not discuss with the patient all options for treatment, including no treatment;
113. You did not:
 - a. Discuss with patient K the risks of treatment; and/or
 - b. Provide patient K with written information about the risks of treatment.
114. You did not obtain patient K's informed consent before changing her proposed system of treatment from Invisalign 3G to 4G;
115. You did not adequately record:
 - a. An orthodontic clinical assessment; and/or
 - b. Pre-treatment models or their equivalent.
116. You did not provide patient K with:
 - a. full and accurate information about the reasons for the delay to her treatment; and/or
 - b. in particular you told her on 15 August 2012 that the delay was due to Invisalign introducing a new system of treatment, which had only just become available, and would reduce the treatment time, when the same was not the case.

117. Your conduct was misleading in relation to allegation 116b;
118. Your conduct was dishonest in relation to allegation 116b;
119. You did not commence and/or complete Invisalign treatment for patient K in a timely manner;
120. You did not provide a refund in respect of uncompleted treatment within a reasonable time.

Patient L

121. You did not carry out any or any adequate orthodontic clinical assessment before advising on and/or planning treatment;
122. You did not discuss with the patient all options for treatment, including no treatment;
123. You did not:
 - a. Discuss with patient L the risks of treatment; and/or
 - b. Provide patient L with written information about all the risks of treatment.
124. You did not adequately record:
 - a. A general dental examination; and/or
 - b. An orthodontic clinical assessment; and/or
 - c. Pre-treatment models or their equivalent.
125. You did not obtain patient L's informed consent before changing her proposed system of treatment from Invisalign 3G to 4G.
126. You did not provide patient L with:
 - a. full and accurate information about the reasons for the delay to her treatment; and/or
 - b. in particular you caused or allowed her to be told her by email dated 21st August 2012 that the delay was due to Invisalign introducing a new system of treatment, which had only just become available, and would reduce the treatment time, when the same was not the case.
127. Your conduct was misleading in relation to allegation 126b;
128. Your conduct was dishonest in relation to allegation 126b;
129. You did not commence and/or complete Invisalign treatment for patient L in a timely manner;
130. You did not provide a refund in respect of uncompleted treatment within a reasonable time.

Patient M

131. You did not carry out any or any adequate general dental examination;

132. You did not carry out any or any adequate orthodontic clinical assessment before advising on and/or planning treatment;
133. You did not discuss with the patient all options for treatment, including no treatment;
134. You did not:
 - a. Discuss with patient M the risks of treatment; and/or
 - b. Provide patient M with written information about all the risks of treatment.
135. You did not adequately record:
 - a. A general dental health assessment; and/or
 - b. An orthodontic clinical assessment; and/or
 - c. Pre-treatment models or their equivalent.

Patient N

136. You did not carry out any or any adequate orthodontic clinical assessment before advising on and/or planning treatment;
137. You did not discuss with the patient all options for treatment, including no treatment;
138. You did not:
 - a. Discuss with patient N the risks of treatment; and/or
 - b. Provide patient N with written information about all the risks of treatment.
139. You did not adequately record:
 - a. An orthodontic clinical assessment; and/or
 - b. Pre-treatment models or their equivalent.
140. You did not obtain patient N's informed consent before changing her proposed system of treatment from Invisalign 3G to 4G;
141. You did not provide patient N with:
 - a. full and accurate information about the reasons for the delay to her treatment; and/or
 - b. in particular you told patient N on 5 November 2012 that the delay was due to Invisalign introducing a new system of treatment (G4) when the same was not the case.
142. Your conduct was misleading in relation to allegation 141b;
143. Your conduct was dishonest in relation to allegation 141b;
144. You did not commence and/or complete Invisalign treatment for patient N in a timely manner;
145. You did not provide a refund in respect of uncompleted treatment within a reasonable time.

Patient O

146. You did not carry out any or any adequate general dental examination;
147. You did not carry out any or any adequate orthodontic clinical assessment before advising on and/or planning treatment;
148. You did not:
 - a. Discuss with patient O all the risks of treatment; and/or
 - b. Provide patient O with written information about all the risks of treatment.
149. You did not adequately record:
 - a. A general dental examination; and/or
 - b. An orthodontic clinical assessment; and/or
 - c. A radiographic report; and/or
 - d. Pre-treatment models or their equivalent.

Patient P

150. You did not carry out any or any adequate general dental examination;
151. You did not carry out any or any adequate orthodontic clinical assessment before advising on and/or planning treatment;
152. You did not take a radiograph before advising and prescribing Invisalign treatment;
153. Amended **to**: You did not diagnose and treat patient P's pre-existing dental disease before embarking on Invisalign treatment;
154. You did not:
 - a. Discuss with patient P all the risks of treatment; and/or
 - b. Provide patient P with written information about all the risks of treatment.
155. You did not adequately record:
 - a. A general dental examination; and/or
 - b. An orthodontic clinical assessment; and/or
 - c. Pre-treatment models or their equivalent.

Patient Q

156. You did not carry out any or any adequate general dental examination;
157. You did not carry out any or any adequate orthodontic clinical assessment before advising on and/or planning treatment;

158. You did not take a radiograph before advising and prescribing Invisalign treatment;
159. You did not discuss with the patient Q all options for treatment, including no treatment;
160. Amended **to**: You did not discuss with the patient that other forms of treatment might be better at treating the crossbite;
161. You did not:
 - a. Discuss with patient Q all the risks of treatment; and/or
 - b. Provide patient Q with written information about all the risks of treatment.
162. You did not adequately record:
 - a. A general dental examination; and/or
 - b. An orthodontic clinical assessment; and/or
 - c. Pre-treatment models or their equivalent.

Patient R

163. You did not carry out any or any adequate general dental examination;
164. You did not carry out any or any adequate orthodontic clinical assessment before advising on and/or planning treatment;
165. You did not discuss with the patient all options for treatment, including no treatment;
166. You did not:
 - a. Discuss with patient R all the risks of treatment; and/or
 - b. Provide patient R with written information about all the risks of treatment.
167. You did not adequately record:
 - a. A general dental examination; and/or
 - b. An orthodontic clinical assessment; and/or
 - c. A radiographic report; and/or
 - d. Pre-treatment models or their equivalent.
168. You did not communicate with the patient's general dental practitioner when deciding and advising on treatment;
169. You did not provide a refund in respect of uncompleted treatment within a reasonable time.

Patient S

170. You did not carry out any or any adequate general dental examination;

171. You did not carry out any or any adequate orthodontic clinical assessment before advising on and/or planning treatment;
172. You did not discuss with the patient all options for treatment, including no treatment;
173. You did not:
 - a. Discuss with patient S all the risks of treatment; and/or
 - b. Provide patient S with written information about all the risks of treatment.
174. You did not adequately record:
 - a. A general dental examination; and/or
 - b. An orthodontic clinical assessment; and/or
 - c. A radiographic report; and/or
 - d. Pre-treatment models or their equivalent.
175. You told patient S that you were an orthodontist, when that was not the case;
176. Your conduct was misleading in relation to allegation 175;
177. Your conduct was dishonest in relation to allegation 175.

Patient T

178. You did not carry out any or any adequate general dental examination;
179. You did not carry out any or any adequate orthodontic clinical assessment before advising on and/or planning treatment;
180. You did not discuss with patient T all options for treatment, including no treatment;
181. You did not:
 - a. Discuss with patient s all the risks of treatment; and/or
 - b. Provide patient T with written information about all the risks of treatment.
182. You proceeded to commence orthodontic treatment before performing fillings which were required;
183. You did not adequately record:
 - a. A general dental examination; and/or
 - b. An orthodontic clinical assessment; and/or
 - c. A radiographic report; and/or
 - d. Pre-treatment models or their equivalent.

Patient U

184. You did not carry out any or any adequate orthodontic clinical assessment before advising on and/or planning treatment;
185. You advised patient U to undergo Invisalign treatment, when the severity of his malocclusion made it inappropriate;
186. You did not adequately record:
- An orthodontic clinical assessment; and/or
 - A radiographic report; and/or
 - Pre-treatment models or their equivalent.
187. You did not provide patient U with full and accurate information about the reasons for the delay in his treatment;
188. **Amended to:** On 18 September 2012 you informed patient U that the delays to his treatment were due to:
- a backlog of orders at Invisalign, when that was not the case; and/or
 - a change in treatment plan to generation 4, when that was not the case.
189. You did not obtain patient U's informed consent before changing his proposed system of treatment from Orthocaps to SmartTrack Invisalign;
190. On 4 March 2013 you sent an email to patient U stating that:
- Amended to:** you had persuaded Invisalign to issue a new Smart Trax aligner system which had only been launched last week and would not be available to patients in the UK until July;
 - Amended to:** that you had taken impressions from patient U for Orthocaps "just in case Invisalign would not agree".
191. Your conduct was misleading in relation to allegation:
- 188a; and/or
 - 188b; and/or
 - 190a; and/or
 - 190b.
192. Your conduct was dishonest in relation to allegation:
- 188a; and/or
 - 188b; and/or
 - 190a; and/or
 - 190b.
193. You did not commence and/or complete Invisalign and/or Orthocaps treatment for patient U in a timely manner.

Patient V

194. You did not carry out any or any adequate general dental examination;
195. You did not carry out any or any adequate orthodontic clinical assessment before advising on and/or planning treatment;
196. You did not discuss with the patient all options for treatment, including no treatment;
197. You did not adequately record:
 - a. An orthodontic clinical assessment; and/or
 - b. A radiographic report; and/or
 - c. Pre-treatment models or their equivalent.
198. You did not provide patient V with full and accurate information about the reasons for the delay in her treatment.
199. You caused or allowed patient V repeatedly to be given information by staff at the clinic which implied that the delays in the provision of her aligners were caused by failures of Invisalign to ship the same, when this was not the case.
200. Your conduct was misleading in relation to allegation 199.
201. Your conduct was dishonest in relation to allegation 199.
202. You did not commence and/or complete Invisalign treatment for patient V in a timely manner.
203. You did not provide a refund in respect of uncompleted treatment within a reasonable time.

Patient W

204. You did not carry out any or any adequate general dental examination;
205. You did not carry out any or any adequate orthodontic clinical assessment before advising on and/or planning treatment;
206. You did not discuss with the patient all options for treatment, including no treatment;
207. You did not adequately record:
 - a. An orthodontic clinical assessment; and/or
 - b. A radiographic report; and/or
 - c. Pre-treatment models or their equivalent.
208. You failed to ensure that impressions taken were adequate for treatment purposes;
209. You did not provide patient W with:
 - a. full and accurate information about the reasons for the delay in her treatment;
 - b. a full response to her letter dated 11 March 2013.

210. You did not provide a refund in respect of uncompleted treatment within a reasonable time.

Patient X

211. You did not carry out any or any adequate general dental examination;

212. You did not carry out any or any adequate orthodontic clinical assessment before advising on and/or planning treatment;

213. You did not discuss with patient X all options for treatment, including no treatment;

214. You did not adequately record:

- a. A general dental assessment; and/or
- b. An orthodontic clinical assessment; and/or
- c. A radiographic report; and/or
- d. Pre-treatment models or their equivalent.

215. You did not provide patient X with:

- a. full and accurate information about the reasons for the delay to her treatment; and/or
- b. **Amended to:** in particular you told patient X, or caused or allowed her to be told, by email dated 5 October 2012 that the delay was due to Invisalign introducing a new system of treatment (4G) when the same was not the case.

216. Your conduct in relation to allegation 215b was misleading;

217. Your conduct in relation to allegation 215b was dishonest;

218. You did not commence and/or complete Invisalign treatment for patient X in a timely manner;

219. You did not provide a refund in respect of uncompleted treatment within a reasonable time.

Patient Y

220. You did not carry out any or any adequate orthodontic clinical assessment before advising on and/or planning treatment;

221. You did not:

- a. Discuss with patient Y all the risks of treatment; and/or
- b. Provide patient Y with written information about all the risks of treatment.

222. You did not inform the patient that you were, at the material time, unable to perform Invisalign treatment;

223. Your conduct was misleading in relation to allegation 222;

224. Your conduct was dishonest in relation to allegation 222.

Patient Z

225. You did not carry out any or any adequate general dental examination;
226. You did not carry out any or any adequate orthodontic clinical assessment before advising on and/or planning treatment;
227. You did not discuss with patient Z all options for treatment, including no treatment;
228. You did not:
- a. Discuss with patient Z all the risks of treatment; and/or
 - b. Provide patient Z with written information about all the risks of treatment.
229. You did not adequately record:
- a. A general dental assessment; and/or
 - b. An orthodontic clinical assessment; and/or
 - c. Pre-treatment models or their equivalent.
230. You did not obtain patient Z's informed consent before changing her proposed system of treatment from Invisalign to Orthocaps;
231. You caused or allowed patient Z to be told by email dated 2 April 2013 that you had submitted all the necessary information and instructions regarding patient Z's treatment to Orthocaps, when this was not the case;
232. You caused or allowed patient Z to be told by email dated 23 May 2013 that the change of treatment from Invisalign to Orthocaps was a "clinical decision" because Orthocaps was "technically...better", when this was not the true reason for the change;
233. Your conduct was misleading in relation to allegation 232;
234. Your conduct was dishonest in relation to allegation 232;
235. You did not commence and/or complete Invisalign and/or Orthocaps treatment for patient Z in a timely manner;
236. You did not provide a refund in respect of uncompleted treatment within a reasonable time.

Patient AA

237. You did not carry out any or any adequate orthodontic clinical assessment before advising on and/or planning treatment;
238. You did not discuss with patient AA all options for treatment, including no treatment;
239. You did not:

- a. Discuss with patient AA all the risks of treatment; and/or
 - b. Provide patient AA with written information about all the risks of treatment.
240. You did not inform patient AA, and/or ensure that she understood, that you were intending to supply Orthocaps treatment, rather than the Invisalign treatment that she had requested;
241. You did not inform patient AA that you did not then have a contract to supply Invisalign treatment;
242. You did not obtain informed consent from patient AA in respect of the Orthocaps treatment that you were proposing;
243. You recommended aligner treatment when, by reason of the patient's oral condition, it was not suitable to achieve a satisfactory aesthetic and reasonably stable result;
244. Your conduct was misleading in respect of allegation:
- a. 240; and/or
 - b. 241.
245. Your conduct was dishonest in respect of allegation:
- a. 240; and/or
 - b. 241.
246. You did not commence and/or complete Invisalign and/or Orthocaps treatment for patient AA in a timely manner;
247. You did not provide a refund in respect of uncompleted treatment within a reasonable time.

Patient AB

248. You did not carry out any or any adequate general dental examination;
249. You did not carry out any or any adequate orthodontic clinical assessment before advising on and/or planning treatment;
250. You did not discuss with patient AB all options for treatment, including no treatment.
251. You did not:
- a. Discuss with patient AB all the risks of treatment; and/or
 - b. Provide patient AB with written information about all the risks of treatment.
252. You did not adequately record:
- a. A general dental assessment; and/or
 - b. An orthodontic clinical assessment; and/or
 - c. A radiographic report;
 - d. Pre-treatment models or their equivalent.

253. You recommended aligner treatment when, by reason of the patient's oral condition, it was not suitable to achieve a satisfactory aesthetic and reasonably stable result;
254. You did not provide patient AB with:
- a. full and accurate information about the reasons for the delay to her treatment; and/or in particular
 - b. you caused or allowed patient AB to be told by email dated 8 May 2013 that the delays in treatment were caused by the "treatment planning time" being long, when this was not the case.
255. Your conduct was misleading in relation to allegation 254b;
256. Your conduct was dishonest in relation to allegation 254b;
257. You did not commence and/or complete Invisalign treatment for patient AB in a timely manner;
258. You did not provide a refund in respect of uncompleted treatment within a reasonable time.

Patient AC

259. You did not carry out any or any adequate orthodontic clinical assessment before advising on and/or planning treatment;
260. You did not discuss with patient AC all options for treatment, including no treatment;
261. You did not adequately record:
- a. An orthodontic clinical assessment; and/or
 - b. Pre-treatment models or their equivalent.
262. You did not provide patient AC with:
- a. full and accurate information about the reasons for the delay to her treatment; and/or in particular
 - b. you caused or allowed patient AC to be told by email dated 10 May 2013 that the treatment was in the planning stage, and that a delay was thereby anticipated, when this was not the case.
263. In relation to Invisalign treatment, which you did not have a current contract to provide, in February 2013 you:
- a. accepted patient AC for Invisalign treatment;
 - b. accepted payment from AC for Invisalign treatment.
264. Your conduct was misleading in relation to allegation:
- a. 262b; and/or
 - b. 263a; and/or
 - c. 263b.

265. Your conduct was dishonest in relation to allegation:
- 262b; and/or
 - 263a; and/or
 - 263b.
266. You did not commence and/or complete Invisalign and/or other aligner treatment for patient AC in a timely manner.
267. You did not provide a refund in respect of uncompleted treatment within a reasonable time.

Patient AD

268. You did not carry out any or any adequate orthodontic clinical assessment before advising on and/or planning treatment;
269. You did not discuss with patient AD all options for treatment, including no treatment and fixed appliances;
270. You did not adequately record:
- An orthodontic clinical assessment; and/or
 - A radiographic report; and/or
 - Pre-treatment models or their equivalent.
271. You did not obtain patient AD's informed consent for Orthocaps treatment;
272. You did not provide patient AD with:
- full and accurate information about the reasons for the delay to his treatment; and/or in particular
 - you caused or allowed patient AD to be informed by email on 30 April 2013, from the practice that "Dr Anand has submitted all the necessary information and instructions regarding your specific treatment", which implied that an order had been placed, when that was not the case.
273. In relation to Invisalign treatment, which you did not have a current contract to provide, in February 2013 you:
- accepted patient AD for Invisalign treatment;
 - accepted payment from AD for Invisalign treatment.
274. Your conduct was misleading in relation to allegation:
- 272b; and/or
 - 273a; and/or
 - 273b.
275. Your conduct was dishonest in relation to allegation:
- 272b; and/or

- b. 273a; and/or
 - c. 273b.
276. You did not commence and/or complete Invisalign and/or Orthocaps treatment for patient AD in a timely manner;
277. You did not provide a refund in respect of uncompleted treatment within a reasonable time.

Patient AE

278. You did not carry out any or any adequate orthodontic clinical assessment before advising on and/or planning treatment;
279. You did not discuss with patient AE all options for treatment, including no treatment;
280. You did not:
- a. Discuss with patient AE all the risks of treatment; and/or
 - b. Provide patient AE with written information about all the risks of treatment.
281. You did not adequately record:
- a. An orthodontic clinical assessment; and/or
 - b. A radiographic report;
 - c. Pre-treatment models or their equivalent.
282. You recommended aligner treatment when, by reason of the patient's oral condition, it was not suitable to achieve a satisfactory aesthetic and reasonably stable result;
283. You did not obtain informed consent from patient AE in respect of any change from Invisalign to Orthocaps treatment that you were proposing;
284. You did not provide patient AE with:
- a. full and accurate information about the reasons for the delay to her treatment; and/or in particular
 - b. You caused or allowed patient AE to be told by emails in May 2013 that the delays in treatment were caused by the "treatment planning" being long, and that there were delays in shipment, thereby implying that the order for aligners had been placed when this was not the case.
285. Your conduct was misleading in relation to allegation 284b;
286. Your conduct was dishonest in relation to allegation 284b;
287. **Amended to:** You did not commence and/or complete Invisalign and/or orthocaps treatment for patient AE in a timely manner;
288. You did not provide a refund in respect of uncompleted treatment within a reasonable time.

Patient AF

289. You did not carry out any or any adequate general dental examination;
290. You did not carry out any or any adequate orthodontic clinical assessment before advising on and/or planning treatment;
291. You did not discuss with patient AF all options for treatment, including no treatment;
292. You did not:
- a. Discuss with patient AF all the risks of treatment; and/or
 - b. Provide patient AF with written information about all the risks of treatment.
293. You did not adequately record:
- a. A general dental assessment; and/or
 - b. An orthodontic clinical assessment; and/or
 - c. A radiographic report;
 - d. Pre-treatment models or their equivalent.
294. You did not obtain informed consent from patient AF in respect of any change from Invisalign to Orthocaps treatment that you were proposing;
295. You did not provide patient AF with:
- a. full and accurate information about the reasons for the delay to his treatment; and/or in particular
 - b. **Amended to:** you caused or allowed patient AF to be told by email dated 2 April 2013 that the delays in treatment were caused by the “treatment planning time” being long, and that you had “submitted all necessary information and instructions “when this was not the case;”
 - c. **Amended to:** you caused or allowed patient AF to be told by email dated 24 May 2013 that the delays in treatment were caused by “a back and forth process” between you and the manufacturers, when this was not the case;
296. Your conduct was misleading in relation to allegation:
- a. 295b; and/or
 - b. 295c.
297. Your conduct was dishonest in relation to allegation:
- a. 296b; and/or
 - b. 296c.
298. You did not commence and/or complete Invisalign and/or Orthocaps treatment for patient AF in a timely manner;
299. You did not provide a refund in respect of uncompleted treatment within a reasonable time.

Patient AG

300. You did not carry out any or any adequate orthodontic clinical assessment before advising on and/or planning treatment;
301. You did not discuss with patient AG all options for treatment, including no treatment.
302. You did not:
 - a. Discuss with patient AG all the risks of treatment; and/or
 - b. Provide patient AG with written information about all the risks of treatment.
303. You did not adequately record:
 - a. An orthodontic clinical assessment; and/or
 - b. A radiographic report;
 - c. Pre-treatment models or their equivalent.
304. You did not provide patient AG with:
 - a. full and accurate information about the reasons for the delay to her treatment; and/or in particular
 - b. causing or allowing Patient AG to be emailed on 12 December 2012 stating that her aligners were “still in the manufacturing stage” when this was not the case.
305. **Amended to:** You caused or allowed patient AG to be informed that she would receive a full refund of payment for treatment on or about 20 May 2013 when you knew that your business was at risk of entering into administration.
306. Your conduct was misleading in relation to allegation:
 - a. 304b; and/or
 - b. 305.
307. Your conduct was dishonest in relation to allegation:
 - a. 304b; and/or
 - b. 305.
308. You did not commence and/or complete Invisalign treatment for patient AG in a timely manner;
309. You did not provide a refund in respect of uncompleted treatment within a reasonable time.

Patient AH

310. You did not carry out any or any adequate general dental examination;
311. You did not carry out any or any adequate orthodontic clinical assessment before advising on and/or planning treatment;

312. You did not discuss with patient AH all options for treatment, including no treatment;
313. You did not adequately record:
 - a. A general dental assessment; and/or
 - b. An orthodontic clinical assessment; and/or
 - c. A radiographic report (for radiograph in 2012);
 - d. Pre-treatment models or their equivalent.
314. You recommended aligner treatment when, by reason of the patient's oral condition, it was not suitable to achieve a satisfactory result;
315. You did not obtain patient AH's informed consent prior to changing his treatment from Invisalign to alternative treatment;
316. You did not provide patient AH with:
 - a. full and accurate information about the reasons for the delay to his treatment; and/or in particular
 - b. You caused or allowed patient AH to be told by email dated 1 July 2013 that you were intending to submit a plan to Invisalign, thereby implying that Invisalign planning and/or treatment was in progress, when this was not the case.
317. Your conduct was misleading in relation to allegation 316b;
318. Your conduct was dishonest in relation to 316b;
319. You did not commence and/or complete Invisalign and/or alternative treatment for patient AH in a timely manner;
320. You did not provide a refund in respect of uncompleted treatment within a reasonable time.

Patient AI

321. You did not carry out any or any adequate general dental examination;
322. You did not carry out any or any adequate orthodontic clinical assessment before advising on and/or planning treatment;
323. You did not discuss with patient AI all options for treatment, including no treatment;
324. You did not adequately record:
 - a. A general dental assessment; and/or
 - b. An orthodontic clinical assessment; and/or
 - c. A radiographic report;
 - d. Pre-treatment models or their equivalent.

325. You recommended and commenced aligner treatment when, by reason of the patient's oral condition, including periodontal disease, it was not suitable to achieve a satisfactory result.
326. You did not provide patient AI with:
 - a. full and accurate information about the reasons for the delay to her treatment.
327. You did not commence and/or complete Invisalign and/or alternative treatment for patient AI in a timely manner.
328. You did not provide a refund in respect of uncompleted treatment within a reasonable time.

Patient AJ

329. You did not carry out any or any adequate orthodontic clinical assessment before advising on and/or planning treatment;
330. You did not discuss with patient AJ all options for treatment, including no treatment;
331. You did not adequately record:
 - a. An orthodontic clinical assessment; and/or
 - b. Pre-treatment models or their equivalent.
332. You did not obtain patient AJ's informed consent prior to changing her treatment to Invisalign G4.
333. You did not provide patient AJ with:
 - a. **Amended to:** full and accurate information about the reasons for the delay to her treatment;
334. You caused or allowed patient AJ to be told by email 19 September 2012 that:
 - a. the delays to her treatment were due to awaiting the implementation of a new system of treatment, G4; and/or
 - b. that the aligners were now "in manufacturing"; and/or
 - c. that you were hoping that the aligners would be delivered by mid-October; when this was not true.
335. Your conduct was misleading in relation to allegation:
 - a. 334a; and/or
 - b. 334b; and/or
 - c. 334c.
336. Your conduct was dishonest in relation to allegation:
 - a. 334a; and/or
 - b. 334b; and/or

c. 334c.

- 337. You did not commence and/or complete Invisalign for patient AJ in a timely manner;
- 338. You did not provide a refund in respect of uncompleted treatment within a reasonable time.

Patient AK

- 339. You did not act in the best interests of patient AK, by not commencing and/or completing Invisalign treatment in a timely manner;
- 340. You did not provide patient AK with an adequate standard of orthodontic treatment in that you failed to provide reasonable correction of the alignment of patient AK's teeth;
- 341. You failed to ensure that patient AK was given full and accurate information about her proposed treatment, and in particular you told her that the alignment of a canine tooth could be corrected within 18 months, when that was not the case;
- 342. You failed to act professionally when responding to concerns raised by patient AK in April 2014, in that you:
 - a. made patronizing statements to her; and/or
 - b. laughed at her; and/or
 - c. sneered and chuckled at how her teeth once looked.

Patient AL

- 343. You did not act in the best interests of patient AL, by not commencing and/or completing Invisalign treatment in a timely manner;
- 344. You did not provide patient AL with full and accurate information about the reasons for the delay to his treatment.

Patient AM

- 345. **Amended** to: You did not act in the best interests of patient AM, by not commencing and/or completing treatment in a timely manner;
- 346. You did not provide patient AM with full and accurate information about the reasons for the delay to his treatment;
- 347. You did not obtain patient AM's informed consent when you changed his treatment from Invisalign to Orthocaps;
- 348. You caused or allowed patient AM to be told by email dated 10 January 2013 that the change of treatment from Invisalign to Orthocaps was because Orthocaps was "able to achieve far better results", when this was not the true reason for the change;
- 349. Your conduct was misleading in relation to allegation 348;

350. Your conduct was dishonest in relation to allegation 348.

Patient AN

- 351. You did not act in the best interests of patient AN, by not commencing and/or completing Invisalign treatment in a timely manner;
- 352. You recommended that patient AN should undergo pre-orthodontic restorative treatment when the same was not clinically indicated;
- 353. You did not provide patient AN with full and accurate information about the reasons for the delay to her treatment.

Patient AO

- 354. You did not act in the best interests of patient AO, by not commencing and/or completing Invisalign treatment in a timely manner;
- 355. You did not provide patient AO with full and accurate information about the reasons for the delay to his treatment;
- 356. You did not obtain patient AO's informed consent when you changed his treatment from Invisalign to Orthocaps;
- 357. You caused or allowed patient AO to be told by email dated 10 January 2013 that the change of treatment from Invisalign to Orthocaps was because Orthocaps would "achieve superior results at no additional cost to you", when this was not the true reason for the change;
- 358. Your conduct was misleading in relation to allegation 357;
- 359. Your conduct was dishonest in relation to allegation 357.
- 360. You failed to respond adequately and/or in a timely manner to complaints and requests for information made by patient AO.

Patient AP

- 361. You did not act in the best interests of patient AP, by not commencing and/or completing Invisalign treatment in a timely manner;
- 362. You did not provide patient AP with full and accurate information about the reasons for the delay to her treatment;
- 363. You caused or allowed patient AP to be told by email on numerous occasions between May and November 2013 that her Invisalign order was in progress, when no order had been submitted;
- 364. Your conduct was misleading in relation to allegation 363;
- 365. Your conduct was dishonest in relation to allegation 363.

Patient AQ

- 366. You did not act in the best interests of patient AQ, by not commencing and/or completing Invisalign treatment in a timely manner;
- 367. You took payment from patient AQ for Invisalign treatment in May 2013 when you knew that you were not likely to be able to provide such treatment within a reasonable time;
- 368. You did not provide patient AQ with full and accurate information about the reasons for the delay to his treatment;
- 369. Your conduct was misleading in relation to allegation 367;
- 370. Your conduct was dishonest in relation to allegation 367.

Patient AR

- 371. You did not act in the best interests of patient AR, by not commencing and/or completing Invisalign treatment in a timely manner;
- 372. You did not provide patient AR with full and accurate information about the reasons for the delay to her treatment.

Patient AS

- 373. You did not act in the best interests of patient AS, by not commencing and/or completing Invisalign treatment in a timely manner;
- 374. You did not provide patient AS with full and accurate information about the reasons for the delay to her treatment.

Patient AT

- 375. **Amended to:** You did not act in the best interests of patient AT, by not commencing and/or completing treatment in a timely manner;
- 376. You did not provide patient AT with full and accurate information about the reasons for the delay to his treatment.

Patient AU

- 377. You did not act in the best interests of patient AU, by not commencing and/or completing Invisalign treatment in a timely manner;
- 378. You did not provide patient AU with full and accurate information about the reasons for the delay to her treatment;
- 379. Providing treatment and/or advice to patient AU without access to her records.

Patient AV

- 380. You did not act in the best interests of patient AV, by not commencing and/or completing Invisalign and/or other orthodontic treatment in a timely manner;

381. You did not provide patient AV with full and accurate information about the reasons for the delay to his treatment;
382. You took payment from patient AV for Invisalign treatment in April 2013 when you knew that you were not likely to be able to provide such treatment within a reasonable time;
383. You caused or permitted patient AV to be told that Invisalign equipment was in manufacturing, when the same was not true;
384. You told patient AV at an appointment on 21 November 2013 that his Invisalign trays were being manufactured, when the same was not true;
385. You did not obtain patient AV's informed consent when you changed his treatment from Invisalign to Inman;
386. On 8 March 2014 you:
 - a. shouted; and/or
 - b. swore at patient AV.
387. Your conduct was misleading in relation to allegation
 - a. 382; and/or
 - b. 383; and/or
 - c. 384.
388. Your conduct was dishonest in relation to allegation
 - a. 382; and/or
 - b. 383; and/or
 - c. **Amended to:** 384.

Patient AW

389. You did not act in the best interests of patient AW, by not commencing and/or completing Invisalign treatment in a timely manner;
390. You did not provide patient AW with full and accurate information about the reasons for the delay to her treatment;
391. You did not provide patient AW with adequate orthodontic treatment in that the treatment left her with:
 - a. a misaligned centre line;
 - b. a large gap between 2 teeth;
 - c. an uncomfortable bite.

Patient AX

392. You did not act in the best interests of patient AX, by not commencing and/or completing Invisalign treatment in a timely manner;

393. You did not provide patient AX with full and accurate information about the reasons for the delay to her treatment.

Patient AY

394. You did not act in the best interests of patient AY, by not commencing and/or completing Invisalign and/or Orthocaps treatment in a timely manner;

395. **Amended to:** You did not provide patient AY with full and accurate information about the reasons for the delay to his treatment;

396. You caused or permitted patient AY to be told in an email dated 14 May 2013 that “you were working very hard on the treatment plans to get the best achievable results for the treatments. It’s a long process which is involves [sic] making little changes on a weekly basis which is why we are experiencing a delay”, when the same was not true;

397. You told patient AY at an appointment on 21 November 2013 that his Invisalign trays were being manufactured, when the same was not true;

398. Your conduct was misleading in relation to allegation:

- a. 396; and/or
- b. 397.

399. Your conduct was dishonest in relation to allegation:

- a. 396; and/or
- b. 397.

Patient AZ

400. You did not act in the best interests of patient AZ, by not commencing and/or completing Invisalign and/or Orthocaps treatment in a timely manner;

401. You did not provide patient AZ with full and accurate information about the reasons for the delay to his treatment;

402. You did not obtain patient AZ’s informed consent when you changed his treatment from Invisalign to Orthocaps;

403. You caused or allowed patient AO to be told by email dated 10 January 2013 that the change of treatment from Invisalign to Orthocaps was because Orthocaps would “achieve far better results and can carry out certain movements to teeth which Invisalign cannot”, when this was not the true reason for the change;

404. Your conduct was misleading in relation to allegation 403;

405. Your conduct was dishonest in relation to allegation 403.

And that by reason of the above your fitness to practise is impaired by reason of misconduct and/or deficient professional performance.”

On 5 November 2015 the Chairman made the following statement regarding the finding of facts:

“Mr Anand,

The Committee has carefully considered the large volume of documentary and oral evidence provided in this hearing. It has taken account of the submissions made by Mr Townsend on behalf of the General Dental Council (GDC) and those made by Mr Kohanzad on your behalf. The Committee has accepted the advice of its Legal Adviser. He advised that the burden of proof is on the Council and the standard required is the civil standard which means that the Committee must not find an allegation proved unless it is satisfied that on the balance of probabilities, it is more likely than not to have occurred as alleged.

Preliminary matters

At the commencement of the hearing in November 2014, Mr Townsend made an application under rule 25 of the General Dental Council (Fitness to Practise) Rules Order of Council 2006 ('the Rules') to amend the notice of hearing by joining additional allegations to the existing charge in relation to the existing patients, and to join new allegations relating to new patients to the charge. Mr Townsend informed the Committee that the GDC continued to receive patient complaints after the original set of allegations were referred in late 2013 by the Investigating Committee to the Practice Committee. He informed the Committee that following a Rule 25 hearing in July 2014, additional allegations were joined to the original set. You indicated at that stage that it was your preference that all complaints should be dealt with at the same time. Mr Townsend told the Committee, and you confirmed, that you remained of the same view. Further complaints were received after July 2014 and they involved similar allegations to those already referred.

Mr Townsend submitted that the Council was also seeking to include additional allegations to the existing charge to reflect the criticisms made by the Council's expert witness, Professor Willmot, expert in Orthodontics. Mr Townsend submitted that it was in the public interest and in your own interest that all matters should be dealt with in one hearing.

Mr Fulton who represented you at that hearing submitted that you did not oppose the joinder application made by the Council.

The Committee granted the Rule 25 application to include additional allegations in relation to the existing patients and to join new allegations relating to new patients to the notification of hearing.

Mr Fulton then made an application that the Committee should exercise its discretion and allow Ms D.V, your Practice Manager, who was to be called as a witness of fact on your behalf, to be present in the hearing prior to her oral evidence. He submitted, that being the Practice Manager, Ms D.V had an understanding and familiarity with the electronic record keeping system used at your practice, Software of Excellence, and with the records you produced for the hearing. He submitted that Ms D.V's presence in the hearing would also assist the Committee in navigating the defence bundles presented.

Mr Townsend opposed the application. He submitted that there was a considerable amount of contentious evidence in this case, some of which involved Ms D.V directly and on which she may give evidence. Mr Townsend submitted that in the context of a case such as this, where the evidence was likely to be highly contentious and where there were allegations of

dishonesty which gave rise to issues of credibility in relation to the witness, it would not be appropriate to grant the application.

The Committee took account of rule 55 (5) of the Rules which states: "No witness as to fact may observe the proceedings until the witness has given evidence or been formally released by a Committee". The Committee accepted the legal advice it received that rule 55(5) is worded in mandatory terms. The Committee decided that that this was not a suitable case to waive the application of rule 55(5) and rejected the application.

Having heard from a total of 44 witnesses, the hearing adjourned due to insufficient time to conclude and resumed for two weeks in March 2015 and a further two weeks in April 2015.

Your legal representative from in March and April 2015 was Mr Kohanzad. On your behalf, Mr Kohanzad presented the Committee with a schedule of admissions to a substantial number of the allegations. The Committee decided to postpone making a finding on your admissions until it had heard all the evidence in this case.

A number of the allegations were not pursued by the Council and Mr Townsend invited the Committee to find those allegations not proved. A schedule of charges not being pursued by the Council was presented to the Committee.

Background

You owned a dental practice called the Q Clinic. You offered orthodontic treatment to patients using a number of clear brace systems. One of those clear brace systems was the Invisalign system manufactured by Align Technology, a company based in the United States. You provided the orthodontic treatment and worked with other dental professionals who would carry out the more general dental work required before the patient commenced orthodontic treatment. You started providing Invisalign treatment in around 2007, and by the time of the treatments with which this Committee is concerned you had provided more than a thousand Invisalign procedures. A large number of your Invisalign patients were walk-in patients who had heard about your services through advertisements, internet searches and by word of mouth and were not referred by another dentist.

The business model adopted by your practice, as described by you, was as follows:

Patients seeking to have Invisalign treatment would attend an initial consultation with you for the assessment of their suitability for the treatment. At that appointment patients would be given a medical history form, a dental questionnaire (in some cases), an Invisalign treatment consent form, and a pre-treatment agreement form which was a questionnaire on financial commitment. The first appointment was predominantly for the provision of information to patients about Invisalign treatment. A full general dental examination and orthodontic clinical assessment was not done at the first appointment as a matter of routine but rather a cursory examination of the patient's mouth was carried out by you to aid your discussions with the patients. You told the Committee in your oral evidence that discussions at the first appointment would cover matters such as the duration of the treatment, the risks and benefits of the treatment and the potential results that could be achieved. Patients did not receive a full general dental examination or a full orthodontic assessment before the discussions with you as to their suitability for treatment. You said that because your practice was a private practice, you felt that it was not appropriate for patients to incur the cost of a general dental examination and an orthodontic clinical assessment until you had assessed

them as suitable for Invisalign treatment. You also said that any treatment advised was subject to the patient undergoing these examinations.

Patients would then meet with your treatment coordinator(s) who would explain the terms and conditions of treatment, the treatment cost estimate and finance options. The Committee heard that some patients were advised of a promotional discount should they choose to sign up and pay for their treatment upfront. This was confirmed by Ms D.V in her evidence. Some patients took advantage of the discount offered and in some cases paid in full. Payments were made using different methods including cash, debit card, credit card or finance.

Once patients were signed up, they would attend a second appointment for a dental check-up which would include a general dental examination and an orthodontic clinical assessment. The general dental examination was carried out by you or the other general dental practitioners in your practice. In some cases, if the patient had attended a general dental examination with their usual dentist within the previous '6 months', a letter would be sought from that patient's dentist to confirm that the patient was dentally fit. If a patient required some form of treatment before commencing Invisalign treatment, it could be provided by the other general dental practitioners in your practice.

At a third appointment impressions of the teeth, radiographs and photographs would be taken. In your written statement you said that "the registrant, general dentist at Q clinic, dental hygienist and therapist and some dental nurses take these impressions under supervision of the registrant or another dentist at Q clinic." Patients who did not require further general dental treatment and were considered suitable to embark on Invisalign treatment had their impressions, radiographs and photographs taken on the second appointment. Patients that required general dental treatment had their impressions taken after they were considered dentally fit. Your evidence was that at the end of this appointment, patients were informed that the impressions taken would be "sent for the planning phase and if there was an issue the clinic would call or email them nearer the delivery times."

A member of your administrative team would create a patient profile on the Invisalign ClinCheck software and enter your clinical notes which you described as "a series of key algorithms or instructions". A unique number would then be generated for each patient by the Invisalign software. That unique number together with the impressions of the teeth, radiographs and photographs taken were sent to Align Technology, the manufacturer. The Committee heard that Align Technology uses a digital scan of the impression submitted by the dentist to develop a digital, three-dimensional (3D) computer model of the patient's current dentition. This 3D computer model is then transformed into a proposed custom, three-dimensional treatment plan called a ClinCheck Treatment Plan. The ClinCheck Treatment Plan is a series of 3D images showing the planned incremental movement of teeth over time. The prescribing dentist can access the ClinCheck Treatment Plan via the Invisalign Doctor Site and can review and revise or approve the ClinCheck Treatment Plan. You told the Committee that the ClinCheck treatment plans, together with digital study models, contain all the essential orthodontic data required for you to adequately plan a patient's treatment. In your statement you said that once the impressions were submitted to Invisalign, the digital scan of the patient's impressions appeared on the software within 3 weeks. You stated that the software allows the orthodontic assessment to be completed. Using the software to assess and plan a patient's treatment was taught as part of the training for certification for Invisalign treatment.

On receiving the digital study models and the proposed treatment plan from Invisalign, you would then modify the plan in a treatment planning phase specifically set aside for this purpose. You told the Committee that the Invisalign treatment plan would have been generated using the “complex algorithms” which were entered into the Invisalign ClinCheck Software by your administrative team. You also told the Committee that the modifications to the treatment plan were done by online submission or by telephone with the help of a member of the clinical support team at Align. You told the Committee that it is only when the treatment planning is finalised that you consider the assessment stage to be complete. You explained that this was because it was at that stage that you were able to inform the patient of the treatment plan, time lines, final outcome and challenges of the treatment. You stated that all Invisalign and Orthocaps patients at Q clinic viewed their 3D images. If the treatment was complex, the treatment plan would not be approved until the patient had viewed the 3D images and participated in the discussions on the outcome, predictability and timelines for the treatment. Your evidence was that it was only when the patient was in agreement to proceed with the proposed treatment that the treatment plan was approved.

When the aligners (or “trays”) had been manufactured by Align Technology and delivered to Q clinic, a first aligners appointment would be conducted by you at which the first aligners would be fitted. A further appointment would then be scheduled after two weeks for attachments to be placed on the patients’ teeth if necessary. The next aligners for a period of six to eight weeks would be provided to the patient. Appointments, conducted by you, were scheduled for every six to eight weeks until the completion of the treatment. A final review appointment would be carried out by you. If the treatment did not progress as expected, patients would be given the option of ‘refinement’ at no additional cost. Other appointments attended by patients were the retainer appointments and retainer review appointments. In your witness statement you said that patients were advised about retainers at the final review appointment and given the option of obtaining the retainers from their dentist or from Q clinic.

Once the prescribing dentist was satisfied with the treatment plan, the ClinCheck Treatment Plan would be approved and that would trigger the manufacturing of the aligners or “trays”. It took approximately 14 days for Align Technology to manufacture all the aligners and ship the complete set to the dentist. The Committee heard that this meant that there was a minimum 4 week delay from initial acceptance of the patient for Invisalign treatment to the commencement of the treatment which would usually be the fitting of the first aligners. You had a large volume of patients undergoing Invisalign treatment at your practice. The timeframes given to patients for the delivery of their aligners and the fitting of the first aligners ranged between 10-16 weeks, 12-20 weeks or 15-30 weeks from when impressions were taken. Some patients questioned the time estimate given for the commencement of their treatment but in general patients agreed to these times. You told the Committee that the timeframe given by your clinic varied throughout the year and depended on the number of patients under active treatment.

In February 2012 Align Technology placed over 100 Invisalign cases from Q clinic on a credit hold. This meant that there were delays in supplying aligners to Q clinic. Also in February 2012 the amount of discount given to Q clinic by Align Technology was reduced from 58% to 46%. By October 2012 there was a complete cessation of payments from Q clinic to Align Technology for the rest of the year. In December 2012 Align Technology suspended Q clinic from being able to submit new cases. Mr S.M, a Vice-President with Align Technology, told the Committee that in order to be able to submit new cases, Q clinic

would have to pay in advance. This commercial dispute between Align Technology and Q clinic resulted in unusually long delays to the start of treatment for patients who signed up for Invisalign from early 2012. Most of these patients had paid for their treatment in full when they initially consented to undergoing Invisalign. Patients complained to your practice about the delays, demanded refunds of their monies and subsequently formal complaints were made to the GDC.

Witnesses

The Committee received witness statements and heard oral evidence from 36 patient witnesses. It found their oral evidence to be credible. It noted that on occasion there was some degree of anger and exaggeration in their evidence but in the round there was a consistent thread in the evidence of all the patients in relation to the difficulties experienced in contacting Q clinic to obtain information on the progress of their treatment, and in seeking refunds.

The Committee also received witness statements and heard oral evidence from:

- Mr S.M, a Vice-President with Align Technology;
- Mr M.S a previous employee with Align Technology;
- Dr A.N in relation to Patient C;
- Dr A.G in relation to Patient G;
- Dr A.N, a former associate dentist at the Q clinic;
- Dr L. N; a self-employed associate dentist and
- Ms M.J, an Insolvency Practitioner.

The Committee also heard oral evidence on your behalf from Mr AD, a previous patient who had received Invisalign treatment from you. In relation to the evidence of Ms M.J, the Committee was advised that her evidence was not relevant at the facts stage of this hearing and that it would be wrong for the Committee to take account of her evidence when making its findings on the facts alleged.

Mr Townsend applied to admit the witness statements of 6 witnesses as hearsay evidence – Patient G, Patient Z, Mr A.M, Ms I, Ms T.N and Patient A.K. You did not oppose the application. The Committee accepted the advice of its Legal Adviser on this matter and granted the application.

The Committee received an expert report dated 11 September 2014 and heard oral evidence from Professor Willmot. The Committee was advised that Professor Willmot was allowed to give opinion evidence to help the Committee with matters which were likely to be outside the Committee's expertise. The Committee was also advised to treat the expert evidence with respect but that it was not obliged to accept that evidence if, for any good reason, the Committee disagreed with the expert's opinion. In that event, the Committee should give its reasons for disagreeing.

The Committee received an undated witness statement and heard oral evidence from Ms D.V, your Practice Manager. It also received a witness statement dated 10 November 2014 and heard oral evidence from you. The Committee was advised that in considering your evidence, it should bear in mind that you are of good character. This could mean that you

are less likely to have done what is alleged and that where there is a conflict in the evidence, the Committee may be more likely to accept your version because of your good character.

Dishonesty allegations

The Committee was advised to apply the two-stage test as set out in the case of R v Ghosh [1982] QB 1053 and that both stages must be proved. “Whether on the balance of probabilities what the dentist did was dishonest by the standards of ordinary honest and reasonable men and women; and whether at the time he did it, he was aware that what he was doing would be regarded as dishonest by that standard.”

The Committee was advised to consider each head and sub head of charge separately, taking into account all the evidence presented by the Council and by you. It was also advised that if the wording of an allegation did not fit what the evidence showed, the Committee could make minor amendments to the charge in order to make a finding on what actually occurred. However, the Committee cannot make an allegation more serious than it is.

Mr Townsend submitted that in considering the allegations, the Committee needs to reach broad conclusions on three matters:

- i. The state of the relationship between Q Clinic (in its different guises) and Align Technology in the material period, i.e. between late 2011 and 2013.
- ii. Your credibility as a witness.
- iii. An assessment of Professor Willmot as an expert witness.

In respect of these matters, the Committee concluded as follows:

- i. The Committee was of the view that from all the evidence presented by both parties, it was clear that the problems between Q Clinic and Align Technology predated the 2 September 2012 date which you gave as the start of the commercial dispute. The Committee heard that historically Align Technology made Invisalign treatment available to Q clinic at a discount based on the volume of cases submitted. In February 2012 the amount of discount given to Q clinic was reduced. According to Mr S.M this was due to Q clinic’s late payments. In the same month Q clinic was placed on a credit hold which meant that new orders for Invisalign treatment submitted by Q clinic would not be processed and dispatched until funds were received with respect to cases previously submitted but not paid for. At a later stage a further requirement was imposed by Align Technology that new orders from Q clinic would not be processed and dispatched unless funds were received in respect of those specific orders. Mr S.M produced a schedule of Invisalign cases submitted by Q clinic and invoiced by Align Technology for the period of 13 December 2011 and 12 June 2012. The schedule showed significant time lag between the invoice date and receipt of payment. The time lag varied from 75 to 166 days. The Committee concluded that the relationship between Align Technology and Q clinic from February 2012 was poor.
- ii. The Committee found your evidence generally to be credible. However you appeared to have lost sight of the fundamentals of basic dentistry and the requirement to put the interests of your patients first. On occasion in your oral evidence you referred to “running a business”. The Committee noted that you are experienced in the provision of Invisalign treatment as a form of orthodontic

treatment. However the patients you were treating were self-conscious and seeking changes to the appearance of their teeth. They believed their expectations would be met by Invisalign and were vulnerable because they would readily agree to proposals for treatment. Your oral evidence also painted a picture of a chaotic environment from early 2012 and indicated a degree of “fire-fighting” to deal with crises resulting from taking on more work than you could reasonably hope to complete in a timely fashion. You said in your oral evidence that you remembered particular patients and that you followed-up patients after treatment. The dental records before the Committee did not support this position. In addition, by the time of the hearing you had provided this type of orthodontic treatment to in excess of 3000 patients and the Committee did not find it credible that you would have a full recollection of every single patient.

- iii. The Committee found Professor Willmot’s evidence to be credible, fair and balanced. It found that he had sufficient experience in the type of orthodontic treatment that you provided to the patients in this case to express an opinion. He conceded the possibility of alternative suggestions put to him where appropriate.

General themes within the charge

This case involves a number of recurring themes in relation to 52 patients. The Committee has reached a decision on each theme which will be set out in this preamble but will not be repeated in the table below against the relevant head of charge. The Committee took account of your explanation of the business model operated in your practice as set out above when making its findings on the facts.

A: Did not carry out or record any or any adequate general dental examination and orthodontic clinical examination

Patients attended a first appointment where they were seen by you to decide if they were suitable for Invisalign treatment. You undertook a cursory examination at this initial consultation and recorded “algorithms” in the clinical notes. Patients would then return for a second appointment where a more detailed general dental examination and orthodontic clinical assessment would be carried out, usually by another dentist and, on occasion by you. Your evidence was that, if there was no record of a general dental examination or orthodontic clinical examination when you commenced the patients’ treatment, you would have carried it out prior to proceeding. However, the dental notes of a number of patients do not indicate that a subsequent general dental examination or orthodontic clinical examination was undertaken. The Committee concluded that it was your responsibility, as the dentist providing the orthodontic treatment, to ensure that an adequate general dental examination and an orthodontic clinical assessment was carried out and recorded prior to commencing treatment. You admitted the allegations relating to record keeping where the general dental examination, orthodontic clinical assessment and radiographs were carried out by you. If these examinations were done by another dentist, it remained your responsibility to ensure that they were adequate and adequately recorded in the patient’s dental notes.

B: Adequate recording of a radiographic report

The recording of a radiographic report in accordance with The Ionising Radiation (Medical Exposure) Regulation 2000 (“IR(ME)R”) is an obligation which is a subsidiary part of dental and orthodontic examination which unlike those examinations themselves, can be corrected subsequently by the treating dentist. During the treatment planning stage, it was necessary for you to examine the radiograph(s). The Committee decided, therefore, that provided the

planning stage was reached, you were obliged to correct the record when the initial report was inadequately recorded. If this was not done you were proved to have failed to make an adequate record.

C: All options for treatment including no treatment

A number of patients recalled being offered traditional braces as a treatment option. Few patients recalled being told of the option of no treatment. Professor Willmot was of the opinion that he would expect the prescribing dentist to inform the patient of all the options available and that this should include the option of providing no treatment. He was also of the opinion that the clinical conditions presented would determine the treatment options given to patients. The Committee noted that the document titled "Invisalign Informed Consent and Agreement for the Invisalign Patient", which was reported to be signed by all patients, states in the informed consent section: "I understand the benefits, risks, alternatives and inconveniences associated with treatment as well as the option of no treatment." The Committee found that giving this document to the patient to sign was not an adequate substitute for face to face discussion. On the balance of probabilities, the Committee finds that the option of no treatment was not discussed with your patients. It found charges relating to not discussing all options for treatment including no treatment, proved.

D: All the risks of the proposed treatment

The patient records indicate that some risks were discussed with some patients. Some patients told the Committee that they were aware of the need to wear retainers permanently after the Invisalign treatment was complete. Most patients told the Committee that the "Terms, Conditions, Agreement & Consent" and the "Invisalign informed consent and agreement" forms together with the treatment proposed and cost estimate were explained to them by your Treatment Coordinators and not by you.

Professor Willmot conceded that the 'Invisalign informed consent and agreement' form which outlined the risks of Invisalign treatment was a comprehensive document. However, he was of the opinion that the mere handing out of the form was insufficient to obtain informed consent from patients. It is the duty of the practitioner to discuss the risks of the treatment to be carried out with patients and to satisfy himself that patients understand the risks before signing the consent form. The Committee accepted Professor Willmot's opinion. The Committee found that the written documentation given to patients was not an adequate substitute for discussing all the risks of the proposed treatment with each patient.

However, in relation to the provision of written information about all the risks of treatment, the Committee noted Professor Willmot's concession regarding the adequacy of the 'Invisalign informed consent and agreement' form. It found that where a patient had signed this form, charges relating to not providing the patient with written information about all the risks of treatment were not proven.

E: Communicating with the patient's General Dental Practitioner (GDP)

You told the Committee that a number of patients did not have a regular dentist or they expressed a preference that their GDPs should not be contacted. Your evidence was that it was not your usual practice to contact the GDP of patients who attended you for Invisalign treatment. Professor Willmot's opinion was that a general dental practitioner with a special interest in Orthodontics, proposing to carry out orthodontic treatment on another dentist's patient should communicate directly with that other dentist in writing to inform them of the treatment that was being proposed. This was a requirement in the GDC's Standards,

'Principles of Dental Team Working'. The Committee accepted Professor Willmot's opinion in respect of patients who had a GDP. However, it found that where a patient did not have a general dental practitioner, failure to communicate with them when deciding and advising on treatment was not a breach of any duty.

F: Pre-treatment models or their equivalent

In relation to the recording of pre-treatment models or their equivalent, the Committee noted that study models were not used in most cases. You told the Committee that the ClinCheck models which are digital 3D representations of the patient's teeth are equivalent to the traditional study models and as they are digital, can easily be made available to patients. The Committee accepted your evidence and found that for the cases which proceeded to a ClinCheck stage, the existence of the 3D computer model of the patient's current dentition was equivalent to a pre-treatment model. There was no evidence to suggest that the ClinCheck models were not equivalent to pre-treatment models. Pre-treatment models were only necessary when the treatment planning phase was reached.

G: Informed Consent for change of treatment from 3G to 4G

In his witness statement, Mr S.M said that Invisalign 4G was a series of product features designed to help more complex cases and it became available within the UK from November 2011. The Committee concluded that the change from 3G to 4G was not significant enough to require you to seek additional informed consent from your patients. On this basis it found charges relating to informed consent on change of treatment from 3G to 4G not proved.

H: Informed Consent for change in type of aligners

In relation to the change in the type of treatment aligners, a number of your patients were sent emails informing them of an "upgrade" from Invisalign to Orthocaps. You told the Committee that patients were invited to attend your clinic to discuss the change. The Committee saw copies of the emails notifying patients of this change in treatment. The Committee was satisfied that this was a change which required additional informed consent. The Committee concluded that the emails which were sent to patients were generic and the offer to discuss the change in treatment plan was insufficient to amount to informed consent. A similar argument was agreed in relation to charges concerning changing the proposed system of treatment from Orthocaps to Invisalign and from Invisalign to Inman aligners.

I: Full and accurate information about reasons for delay in treatment

Mr S.M told the Committee that the 4G Invisalign system was introduced in November 2011 and may have affected the length of time it would have taken a dentist to approve the ClinCheck Treatment Plan. Your evidence was that the change from 3G to 4G resulted in considerable delays because of the major changes to treatment planning caused by the upgraded system. You told the Committee that the 4G system introduced optimised attachments that made multiple plane movements possible. In addition you said that unlike the 3G Invisalign system, the attachments were positioned automatically by the software. Your evidence was that these matters together with the limited assistance you received from the Invisalign clinical support team in the UK following introduction of the 4G system resulted in delays to the implementation of that system in your practice.

The Committee did not accept your explanation regarding the delays. It noted that, in response to complaints about delays from patients who signed up for treatment and had their impressions taken in 2012, you asserted that the Invisalign system upgrade occurred after the impressions had been taken which was inconsistent with the evidence accepted by

the Committee that 4G was introduced in November 2011. In addition the Committee was of the view that where the delay to a patient's treatment was caused by any difficulties arising from the new 4G Invisalign system, these reasons should have been clearly explained to the patients. The Committee has therefore generally found charges relating to not providing patients with full and accurate information about the reasons for the delay proved.

J: Commencing and completing treatment in a timely manner

When patients signed up to Invisalign treatment with Q clinic, timeframes were given for the receipt of their first aligners from the date when impressions were taken. The time estimates varied and were 4-8 weeks, 6-9 weeks, 8-10 weeks, 8-12 weeks, 8-16 weeks, 10-16 weeks, 12-20 weeks or 15-30 weeks. Patients whose treatments were changed to Orthocaps or Inman aligners were also given varying time estimates. The Committee concluded that where a patient was given an initial time frame from the taking of impressions to the fitting of the first aligners, and the first aligners were fitted within that initial time frame, the treatment would be considered to have been commenced within a timely manner. However, if the fitting of the first aligners fell outside the initial time frame given to the patient, the treatment was not commenced in a timely manner.

K: Failing to provide refunds in a reasonable time

The Committee accepted your submission that 28 days would be a reasonable time within which to complete a refund to the patients who had requested it. The Council found that where a refund was processed and received by the patient within 28 days after a request had been made, such refund was provided within a reasonable time.

The Committee's findings in relation to each head and sub-head of charge are as follows:

<u>Patient A</u>	
1.	Not admitted but proved The reasons are set out at A in the preamble to this determination.
2.	Admitted on the basis of failure to examine competence of the lips only. Found proved as amended. Amended by the Committee to read: "You did not carry out any or any adequate orthodontic clinical assessment before planning treatment." Although it was not proved that an orthodontic assessment should have been carried out before you gave initial advice to the patient, the Committee was satisfied that it should have been carried out prior to the planning of treatment. (General theme A)
3.	Not admitted and not proved Evidence was provided that Patient A had considered the option of no treatment.
4.	Not admitted but proved The reasons are set out at D in the preamble to this determination.
5.	Not admitted and not proved

	The reasons are set out at E in the preamble to this determination.
6 (a)	Admitted and proved
6 (b)	Admitted and proved
6 (c)	Admitted and proved
6 (d)	Not admitted and not proved The Committee found that Patient A's treatment proceeded to a ClinCheck stage and as such the 3D computer model was a sufficient equivalent to a pre-treatment model. Full reasons are set out at F in the preamble to this determination.
7.	Not admitted but proved The reasons are set out at H in the preamble to this determination.
8 (a)	Admitted on the basis that it was misleading to tell the patient that Invisalign had requested further information, although there was information still to be submitted to Invisalign by Q clinic. Proved as charged (General theme I)
8 (b)	Admitted and proved
9 (a)	Not admitted and not proved Patient A's evidence indicated that a discussion may have taken place.
9 (b)	Not admitted and not proved The evidence was that you had made efforts to acquire a letter from the patient's dentist.
10 (a)	As it relates to 8(a) – Admitted and proved
10 (b)	As it relates to 8(b) – Admitted and proved
10 (c)	As it relates to 9(a) – Not admitted. Not proved on the basis that 9(a) was found not proved.
10 (d)	As it relates to 9(b) – Not admitted. Not proved on the basis that 9(b) was found not proved.
11 (a)	As it relates to 8(a) – Not admitted but proved
11 (b)	As it relates to 8(b) – Not admitted but proved
11 (c)	As it relates to 9(a) – Not admitted. Not proved on the basis that 9(a) was found not proved.
11 (d)	As it relates to 9(b) – Not admitted. Not proved on the basis that 9(b) was found not proved.
12	Not admitted and not proved Patient A signed up for Invisalign treatment on 25 October 2012 and was

	<p>given an initial time frame of 15-30 weeks from when impressions were taken, for the arrival of his first aligners. Patient A was notified in an email dated 10 January 2013 that his treatment had been changed to Orthocaps and a timeframe of 4-6 weeks was given. On 1 February 2013 Patient A received an email similar to the 10 January 2013 email with a time frame of 4-6 weeks. Patient A cancelled the treatment proposed before the timeframe had expired.</p>
<u>Patient B</u>	
13.	<p>Not admitted and not proved</p> <p>The dental records indicate that some general dental examination was carried out. On the balance of probabilities the Committee found that an adequate general dental examination was carried out.</p>
14.	Admitted and proved
15.	<p>Not admitted and not proved</p> <p>The Committee found that the defect in the impressions for this patient related to the absence of a tooth on the impression which was also absent in the patient's mouth. It also found that the information provided by Invisalign when the impressions were rejected was not sufficiently detailed to prove that this criticism was justified.</p>
16	<p>Not admitted but proved as amended.</p> <p>Amended by the Committee to read 'and' instead of 'and/or':</p> <p>"You recommended that the patient should have Invisalign treatment when the same was inappropriate because:</p> <ul style="list-style-type: none"> a. the patient had severe gingival recession; and b. the proposed proclination and expansion would hazard the long term viability of the teeth." <p>The dental records show that you advised Patient B that conventional braces would be the best treatment option. The Committee accepted the evidence of Professor Willmot that trying to procline lower incisors which have severe gingival recession was inappropriate.</p>
17.	Not pursued by the Council and as such not proved.
18 (a)	<p>Admitted but not proved</p> <p>On the basis of the Committee's finding at 13 above that some general dental examination was carried out, it found that the notes of the general dental examination was adequate.</p>
18 (b)	Admitted and proved
18 (c)	Admitted and proved
18 (d)	<p>Not admitted and not proved</p> <p>The Committee found that Patient B's treatment proceeded to a ClinCheck stage and as such the 3D computer model was a sufficient equivalent to a</p>

	pre-treatment model. Full reasons are set out at F in the preamble to this determination.
19.	Admitted and proved
20.	Admitted and proved
<u>Patient C</u>	
21.	Not pursued by the Council and as such not proved.
22.	Admitted and proved
23.	<p>Not admitted but proved</p> <p>Patient C did not attend the hearing to give oral evidence and the Committee did not have a witness statement of this patient's evidence. However, Dr A.N, a registered dentist and friend to Patient C provided a witness statement and gave oral evidence to the Committee.</p> <p>The dental records mention Invisalign treatment with no alternative treatment options recorded. Your evidence was that all options including no treatment would have been discussed but may not have been recorded. The Committee found that on the balance of probabilities, all options for treatment including no treatment were not discussed with this patient. (General theme C)</p>
24.	<p>Not admitted but proved</p> <p>There is no signed Invisalign consent form within the records for this patient. For the reasons set out at D in the preamble to this determination the Committee found this charge proved in its entirety.</p>
25.	<p>Not admitted but proved.</p> <p>Patient C had a GDP. For the reasons set out at E in the preamble to this determination, the Committee found this proven.</p>
26 (a)	Admitted but not proved on the basis that head of charge 21 was not pursued and found not proved.
26 (b)	Admitted and proved
26 (c)	<p>Not admitted and not proved</p> <p>The Committee found that Patient C's treatment proceeded to a ClinCheck stage and as such the 3D computer model was a sufficient equivalent to a pre-treatment model. Full reasons are set out at F in the preamble to this determination.</p>
27.	<p>Not admitted and not proved</p> <p>Full reasons are set out at G in the preamble to this determination.</p>
28 (a) & (b)	<p>Not admitted but proved</p> <p>Patient C signed up for Invisalign treatment with Q clinic on 21 February 2012, her impressions were taken on 13 April 2012 and she was given a</p>

	<p>time frame of 10-16 weeks from impressions for the fitting of her first aligners. In an email dated 29 August 2012 from Q clinic, in response to Patient C's email of the same date you confirmed that the delay to the start of Patient C's treatment was due to the change to the new 4G Invisalign.</p> <p>In the light of the Committee's findings that the change from 3G to 4G occurred in November 2011 and that on or around February 2012, the commercial dispute between Q clinic and Align Technology had commenced, which resulted in unusually long delays to the start of treatment for patients who signed up for Invisalign treatment from early 2012, Patient C was not provided with full and accurate information about the reasons for the delay to her treatment. (General theme I)</p>
29.	<p>As it relates to 28 – Not admitted but proved</p> <p>The Committee found that the reasons given to Patient C for the delay to her treatment were misleading.</p>
30.	<p>As it relates to 28 – Not admitted but proved</p> <p>The email dated 29 August 2012 was your response to a previous email sent to you by Patient C. In that email you addressed Patient C's comments. Patient C requested confirmation that her treatment would commence no later than the beginning of December 2012. She stated that she had "agreed to this despite this being more than 32 weeks after I took my impressions and the agreed waiting time outlined in my treatment plan is 10-16 weeks, with the promise from you that the treatment will take no longer than 6 month. This is due the change to the new 4G invisaligns that will be used for treatment instead of the initially agreed 3G invisaligns." In response you said "This is correct, We have now started using the 4G Invisalign system. With the help of new optimised attachments and softer aligners from Invisalign the movements are made more predictable therefore the movements are carried out much quicker."</p> <p>The Committee found that the reasons you gave to Patient C in the email dated 29 August 2012 were inaccurate and untruthful, and dishonest by the standards of ordinary honest and reasonable men and women. It found that on the balance of probabilities you were aware that what you were doing would be regarded as dishonest by that standard.</p>
31.	Admitted and proved
32.	<p>Admitted but not proved</p> <p>The Committee found that a request for a refund was made on 11 December 2012 and received within days of the request.</p>
<u>Patient D</u>	
33.	<p>Not admitted but proved</p> <p>The Committee noted that the general dental examination was carried out by another dentist at the Q clinic. It also noted a chart within the records which did not match the radiographs taken of the patient. The Committee was of the view that you would have had an inconsistent chart and</p>

	radiograph during your planning phase for Invisalign treatment and it was your responsibility at that stage to ensure that the charting was completed and where necessary additional radiographs should have been taken.
34.	Admitted and proved
35.	Not admitted but proved Full reasons are set out at C in the preamble to this determination.
36.	Not admitted but proved as amended. Amended by the Committee to take account of the provision of written information. "You did not discuss with the patient all the risks of the proposed treatment." The reasons are set out at D in the preamble to this determination.
37.	Not pursued by the Council and as such not proved.
38 (a)	Not admitted but proved The reasons are set out at A in the preamble to this determination.
38 (b)	Not admitted but proved The reasons are set out at A in the preamble to this determination.
38 (c)	Not admitted but proved The reasons are set out at B in the preamble to this determination.
38 (d)	Not admitted and not proved The Committee found that Patient D's treatment proceeded to a ClinCheck stage and as such the 3D computer model was a sufficient equivalent to a pre-treatment model. Full reasons are set out at F in the preamble to this determination.
39.	Not admitted and not proved The reasons are set out at G in the preamble to this determination.
40 (a) & (b)	Not admitted but proved Patient D signed up for Invisalign treatment with Q clinic on 19 January 2012, her impressions were taken on 26 January 2012 and she was given a time frame of 10-16 weeks from impressions for the fitting of her first aligners. Patient D's evidence was that she met with you on 23 July 2012 and you explained that the reason for the delay was because "you had deliberately delayed her treatment to take advantage of the newly launched 'Generation 4' Invisalign treatment." Patient D's evidence was that you assured her that this information had been sent in an email to patients whose Invisalign treatment had been delayed for the same reasons. Patient D did not receive the email notification neither did she receive a copy which you confirmed would be sent to her after the consultation on 23 July 2012. The Committee accepted the evidence of Patient D. In the light of the Committee's findings that the change from 3G to 4G

	occurred in November 2011 and that, on or around February 2012, the commercial dispute between Q clinic and Align Technology had commenced, which resulted in unusually long delays to the start of treatment for patients who signed up for Invisalign treatment from early 2012, Patient D was not provided with full and accurate information about the reasons for the delay to her treatment. (General theme I)
41.	As it relates to allegation 40 – Not admitted but proved The Committee found that the reasons given to Patient D for the delays to her treatment were misleading.
42.	As it relates to allegation 40 – Not admitted but proved The Committee found that the reasons you gave to Patient D at the consultation of 23 July 2012 were dishonest by the standards of ordinary honest and reasonable men and women. It found that you were aware that what you were doing would be regarded as dishonest by that standard.
43.	Admitted and proved
44.	Admitted and proved
<u>Patient E</u>	
45.	Admitted and proved
46.	Not admitted but proved The Committee accepted the opinion of Professor Willmot.
47.	Not admitted but proved The reasons are set out at C in the preamble to this determination.
48.	Not admitted but proved as amended. Amended by the Committee to take account of the provision of written information. “You did not discuss with the patient all the risks of the proposed treatment.”
49.	Not admitted but proved The reasons are set out at E in the preamble to this determination.
50 (a)	Admitted and proved
50 (b)	Admitted and proved
50 (c)	Not admitted and not proved The Committee found that Patient E’s treatment proceeded to a ClinCheck stage and as such the 3D computer model was a sufficient equivalent to a pre-treatment model. Full reasons are set out at F in the preamble to this determination.
51.	Not pursued by the Council and as such not proved.

52 (a) & (b)	<p>Not admitted but proved</p> <p>Patient E signed up for Invisalign treatment with Q clinic on 24 April 2012, her impressions were taken on 10 May 2012 and she was given a time frame of 10-16 weeks from impressions for the fitting of her first aligners. Patient E's dental records show that at an appointment on 4 September 2012 you advised the patient that the reason for the delay to her treatment was the 4G technology.</p> <p>In the light of the Committee's findings that the change from 3G to 4G occurred in November 2011 and that on or around February 2012, the commercial dispute between Q clinic and Align Technology had commenced, which resulted in unusually long delays to the start of treatment for patients who signed up for Invisalign treatment from early 2012, Patient E was not provided with full and accurate information about the reasons for the delay to her treatment. (General theme I)</p>
53.	<p>As it relates to allegation 52(b) – Not admitted but proved</p> <p>The Committee found that the reasons given to Patient E for the delays to her treatment were misleading.</p>
54.	<p>As it relates to allegation 52(b) – Not admitted but proved</p> <p>The Committee found that the reasons you gave to Patient E, at the appointment of 4 September 2012, were dishonest by the standards of ordinary honest and reasonable men and women. It found that you were aware that what you were doing would be regarded as dishonest by that standard.</p>
55.	Admitted and proved
56.	Admitted and proved
<u>Patient F</u>	
57.	<p>Not admitted but proved</p> <p>The reasons are set out at A in the preamble to this determination.</p>
58.	<p>Not admitted but proved</p> <p>The reasons are set out at C in the preamble to this determination.</p>
59.	Not pursued by the Council and as such not proved.
60 (a)	Admitted and proved
60 (b)	<p>Not admitted and not proved</p> <p>The Committee found that Patient F's treatment proceeded to a ClinCheck stage and as such the 3D computer model was a sufficient equivalent to a pre-treatment model. Full reasons are set out at F in the preamble to this determination.</p>
61.	<p>Not admitted and not proved</p> <p>The reasons are set out in the preamble to this determination.</p>

62 (a) & (b)	<p>Not admitted but proved</p> <p>Patient F signed up for Invisalign treatment with Q clinic on 5 March 2012, his impressions were taken on 16 March 2012 and he was given a time frame of 10-16 weeks from impressions for the fitting of his first aligners. Patient F’s dental records show that at an appointment on 21 August 2012 you advised him that you had moved him to the new 4G Invisalign which “would be better in his case” and that you were “in the process of carrying out testing” on his treatment. Patient F in his witness statement said “Dr Anand further explained that Invisalign was late at delivering aligners because they were going to introduce a new/superior version of Invisalign. This new treatment was a superior version of Invisalign aligners, more effective, that would reduce the duration of treatments by half.”</p> <p>In the light of the Committee’s findings that the change from 3G to 4G occurred in November 2011 and that on or around February 2012, the commercial dispute between Q clinic and Align Technology had commenced, which resulted in unusually long delays to the start of treatment for patients who signed up for Invisalign treatment from early 2012, Patient F was not provided with full and accurate information about the reasons for the delay to his treatment. (General theme I)</p>
63.	<p>As it relates to allegation 62(b) – Not admitted but proved</p> <p>The Committee found that the reasons given to Patient F for the delays to his treatment were misleading.</p>
64.	<p>As it relates to allegation 62(b) – Not admitted but proved</p> <p>The Committee found that the reasons you gave to Patient F at the consultation of 21 August 2012 were dishonest by the standards of ordinary honest and reasonable men and women. It found that you were aware that what you were doing would be regarded as dishonest by that standard.</p>
65.	<p>Admitted and proved</p>
66.	<p>Not admitted and not proved</p> <p>Patient F made a number of requests for a refund which he then put on hold in anticipation of his treatment proceeding. A final request for a refund was made on 21 February 2013 and he received his refund on 18 March 2013. The Committee found that this was within the 28 day window.</p>
<p><u>Patient G</u></p>	
67.	<p>Admitted and proved</p>
68.	<p>Not admitted but proved</p> <p>The reasons are set out at C in the preamble to this determination.</p>
69.	<p>Not admitted and not proved</p> <p>Professor Willmot conceded in his oral evidence that an experienced practitioner in the use of Invisalign could achieve a desired result despite the patient’s oral condition.</p>

70.	Not admitted but proved The reasons are set out at E in the preamble to this determination.
71 (a)	Admitted and proved
71 (b)	Admitted and proved
71 (c)	Not admitted and not proved The Committee found that Patient G’s treatment proceeded to a ClinCheck stage and as such the 3D computer model was a sufficient equivalent to a pre-treatment model. Full reasons are set out at F in the preamble to this determination.
72.	As amended (from “she” to “he”), not admitted and not proved The Committee found that although Patient G was firm in her evidence that a member of staff other than a qualified dentist at your practice carried out an examination and diagnosis for her, there was insufficient evidence to prove this allegation.
73.	Not admitted and not proved The reasons are set out at G in the preamble to this determination.
74 (a) & (b)	74(a) – Not admitted but proved; 74(b) – Admitted and proved as amended The Committee amended 74(b) to correct the wording. “in particular you told her on 5 October 2012 by email that the delay was due to Invisalign introducing a new system of treatment that would reduce the treatment time, when the same was not the case.” Patient G signed up for Invisalign treatment with Q clinic on 21 March 2012, her impressions were taken on 12 June 2012 and she was given a time frame of 10-16 weeks from impressions for the fitting of her first aligners. In an email dated 5 October 2012 from Q Clinic, Patient G was informed that “a major upgrade called the Generation 4 Invisalign treatment has recently been launched and has been implemented to your treatment.” This was given as a reason for the delay to the start of her treatment. In the light of the Committee’s findings that the change from 3G to 4G occurred in November 2011 and that on or around February 2012, the commercial dispute between Q clinic and Align Technology had commenced, which resulted in unusually long delays to the start of treatment for patients who signed up for Invisalign treatment from early 2012, Patient G was not provided with full and accurate information about the reasons for the delay to her treatment. (General theme I)
75.	As it relates to allegation 74(b) – Admitted and proved The Committee found that the reasons given to Patient G for the delay to her treatment were misleading.
76.	As it relates to 74(b) – Admitted and proved

	The Committee found that the reasons you gave to Patient G, repeated in an email to you dated 29 August 2012 which you confirmed as accurate were dishonest by the standards of ordinary honest and reasonable men and women. It found that you were aware that what you were doing would be regarded as dishonest by that standard.
77.	Admitted and proved
78.	Admitted and proved
<u>Patient H</u>	
79.	Not admitted and not proved Patient H's dental records indicate that the orthodontic clinical assessment on 28 March 2012 was not carried out by you. In your oral evidence you confirmed that the assessment was carried out by a colleague working part-time at the Q clinic. The Committee found that you did not reach the treatment planning stage for this patient and as such any inadequacies within the records could not have been addressed by you.
80.	Not admitted but proved The reasons are set out at C in the preamble to this determination.
81.	Not admitted and not proved You agreed in your oral evidence that if there was suspicion of a complex odontome from Patient H's radiograph it would be wrong to embark on Invisalign treatment before investigating it. Your practice was to view radiographs taken at the planning stage. On the basis that the planning stage was not reached and the radiographs had not been viewed by you, the Committee found that you could not have identified the complex compound odontome in relation to Patient H's shortened incisor roots.
82.	Admitted and proved
83.	Not admitted and not proved The Committee found that Patient H's treatment did not proceed to the stage at which it would have been appropriate to contact the patient's GDP. (General theme E)
84 (a)	Not admitted and not proved The reasons are set out at A in the preamble to this determination. The planning stage was not reached.
84 (b)	Not admitted and not proved The reasons are set out at B in the preamble to this determination. The planning stage was not reached.
84 (c)	Not admitted and not proved The reasons are set out at F in the preamble to this determination. The

	planning stage was not reached.
85.	Not admitted and not proved The reasons are set out at G in the preamble to this determination.
86 (a) & (b)	Not admitted but proved Patient H signed up for Invisalign treatment with Q clinic on 27 February 2012, her impressions were taken on 2 May 2012 and she was given a time frame of 10-16 weeks from impressions for the fitting of her first aligners. In an email dated 21 August 2012 from Q clinic, Patient H was informed that “a major upgrade called the Generation 4 Invisalign treatment has recently been launched and implemented to your treatment”. The email stated that one of the benefits of the upgrade was that “treatment times are reduced” and that Patient H’s aligners were expected to arrive in December 2012. This gave the impression that the reason for the delay to Patient H’s treatment was the “Generation 4” (4G) upgrade. In the light of the Committee’s findings that the change from 3G to 4G occurred in November 2011 and that on or around February 2012, the commercial dispute between Q clinic and Align Technology had commenced, which resulted in unusually long delays to the start of treatment for patients who signed up for Invisalign from early 2012, Patient H was not provided with full and accurate information about the reasons for the delay to her treatment. (General theme I)
87.	As it relates to allegation 86(b) – Not admitted but proved The Committee found that the reasons given to Patient H for the delay to her treatment were misleading.
88.	As it relates to allegation 86(b) – Not admitted but proved The Committee found that the reasons for the delay set out in the email dated 21 August 2012 to Patient H were dishonest by the standards of ordinary honest and reasonable men and women. It found that you were aware that what you were doing would be regarded as dishonest by that standard.
89.	Admitted and proved
90.	Admitted and proved
<u>Patient I</u>	
91.	Not admitted but proved The reasons are set out at A in the preamble to this determination.
92.	Admitted and proved
93.	Not admitted but proved The reasons are set out at C in the preamble to this determination.
94.	Not admitted and not proved

	The reasons are set out at G in the preamble to this determination.
95 (a)	Admitted and proved
95 (b)	Admitted and proved
95 (c)	Admitted and proved
95 (d)	Not admitted and not proved The Committee found that Patient I's treatment proceeded to a ClinCheck stage and as such the 3D computer model was a sufficient equivalent to a pre-treatment model. Full reasons are set out at F in the preamble to this determination.
96 (a) & (b)	Not admitted but proved Patient I signed up for Invisalign treatment with Q clinic on 6 February 2012, his impressions were taken on 1 March 2012 and he was given a time frame of 10-16 weeks from impressions for the fitting of his first tray of aligners. Patient I stated in his witness statement that at an appointment with you on 2 July 2012 you advised him that his treatment had been intentionally delayed to take advantage of a new technology called Generation 4. In the light of the Committee's findings that the change from 3G to 4G occurred in November 2011 and that on or around February 2012, the commercial dispute between Q clinic and Align Technology had commenced, which resulted in unusually long delays to the start of treatment for patients who signed up for Invisalign treatment from early 2012, Patient I was not provided with full and accurate information about the reasons for the delay to his treatment. (General theme I)
97.	Not admitted but proved The reasons are set out at E in the preamble to this determination.
98.	As it relates to allegation 96(b) – Not admitted but proved The Committee found that the reasons given to Patient I for the delay to his treatment were misleading.
99.	As it relates to allegation 96(b) – Not admitted but proved The Committee found that the reasons given to Patient I on 2 July 2012 for the delay to his treatment were dishonest by the standards of ordinary honest and reasonable men and women. It found that you were aware that what you were doing would be regarded as dishonest by that standard.
100.	Admitted and proved
101.	Not pursued by the Council and as such not proved.
<u>Patient J</u>	
102.	Not admitted but proved The reasons are set out at A in the preamble to this determination.
103.	Not admitted but proved

	The reasons are set out at C in the preamble to this determination.
104.	Not admitted and not proved The reasons are set out at G in the preamble to this determination.
105 (a)	Admitted and proved
105 (b)	Not admitted and not proved The Committee found that Patient J's treatment proceeded to a ClinCheck stage and as such the 3D computer model was a sufficient equivalent to a pre-treatment model. Full reasons are set out at F in the preamble to this determination.
106 (a) & (b)	Proved Patient J signed up for Invisalign treatment with Q clinic on 20 December 2011, her impressions were taken on 13 January 2012 and she was given a time frame of 10-16 weeks from impressions for the fitting of her first aligners. In an email dated 18 July 2012 to Patient J, you stated that "since the impressions and treatment planning, Invisalign have upgraded their systems and launched a far superior next generation product. Although I am confident that I would have easily been able to carry out your treatment with the old product there are certain movements in the treatment which are far more predictable with the next generation product. Planning this treatment is a complex procedure and it taken me time to implement the new changes and refine these changes so that we can maximise the advantages to your treatment, hence the delay. There are certain movements in your treatment which are much better managed with the 4G Invisalign. It is my duty to always act in the patient's best interest and professionally I feel that if that a superior product is more beneficial to the patient then it is my responsibility to do so." Although Patient J signed up for Invisalign treatment with Q clinic in December 2011 and you may have experienced some difficulties following the upgrade to the Invisalign system in November 2011, given that on or around February 2012, the commercial dispute between Q clinic and Align Technology had commenced, the changes to the system may have been but was not the only reason for the delays to the commencement of her treatment. The Committee found that Patient J was not provided with full and accurate information about the reasons for the delay to her treatment. (General theme I)
107.	Not admitted but proved The reasons are set out at E in the preamble to this determination.
108.	As it relates to 106(b) – Not admitted but proved The Committee found that the reasons you gave to Patient J for the delays to her treatment were misleading.
109.	As it relates to 106(b) – Not admitted but proved

	The Committee found that the reasons you gave to Patient J in your email dated 18 July 2012 were dishonest by the standards of ordinary honest and reasonable men and women. It found that you were aware that what you were doing would be regarded as dishonest by that standard.
110.	Admitted and proved
<u>Patient K</u>	
111.	Admitted and proved
112.	Not admitted but proved The reasons are set out at C in the preamble to this determination.
113 (a)	Not admitted but proved The reasons are set out at D in the preamble to this determination.
113 (b)	Not pursued by the Council and as such not proved.
114.	Not admitted and not proved The reasons are set out at G in the preamble to this determination.
115 (a)	Admitted and proved
115 (b)	Not admitted and not proved The Committee found that Patient K's treatment proceeded to a ClinCheck stage and as such the 3D computer model was a sufficient equivalent to a pre-treatment model. Full reasons are set out at F in the preamble to this determination.
116 (a) & (b)	Not admitted but proved Patient K signed up for Invisalign treatment with Q clinic on 5 March 2012, her impressions were taken on 11 April 2012 and she was given a time frame of 10-16 weeks from impressions for the fitting of her first aligners. Patient K's dental records for the appointment of 15 August 2012 state that "TA spoke to Pt about the reason he was delaying her treatment explained that it was due to the Up grade and to give her a better treatment. He explained it would be another 3 wks worth of adjustments then will email her shipping dates. Pt happy." In the light of the Committee's findings that the change from 3G to 4G occurred in November 2011 and that on or around February 2012, the commercial dispute between Q clinic and Align Technology had commenced, which resulted in unusually long delays to the start of treatment for patients who signed up for Invisalign treatment from early 2012, Patient K was not provided with full and accurate information about the reasons for the delay to her treatment. (General theme I)
117.	As it relates to 116(b) – Not admitted but proved The Committee found that the reasons given to Patient K for the delays to

	her treatment were misleading.
118.	As it relates to 116(b) – Not admitted but proved The Committee found that the reasons you gave to Patient K, at the appointment of 15 August 2012, were dishonest by the standards of ordinary honest and reasonable men and women. It found that you were aware that what you were doing would be regarded as dishonest by that standard.
119.	Admitted and proved
120.	Admitted and proved
<u>Patient L</u>	
121.	Not admitted but proved The reasons are set out at A in the preamble to this determination.
122.	Not admitted but proved The reasons are set out at C in the preamble to this determination.
123 (a)	Not admitted but proved The reasons are set out at D in the preamble to this determination.
123 (b)	Not admitted and not proved Patient L signed an Invisalign informed consent and agreement form dated 28 March 2012. For the reasons set out at D in the preamble to this determination the Committee found this charge not proved.
124 (a)	Not admitted and not proved Professor Willmot was of the opinion that the general dental assessment was poor but adequate.
124 (b)	Not pursued by the Council and as such not proved.
124 (c)	Not admitted and not proved The Committee found that Patient L's treatment proceeded to a ClinCheck stage and as such the 3D computer model was a sufficient equivalent to a pre-treatment model. Full reasons are set out at F in the preamble to this determination.
125.	Not admitted and not proved The reasons are set out at G in the preamble to this determination.
126 (a) & (b)	Not admitted but proved Patient L signed up for Invisalign treatment with Q clinic on 28 February 2012, her impressions were taken on 20 April 2012 and she was given a time frame of 10-16 weeks from impressions for the fitting of her first aligners. In an email dated 21 August 2012 from Q clinic, Patient L was informed that her treatment was in the final phases of planning and testing. The email stated further that "A major upgrade called the Generation 4

	<p>Invisalign treatment has recently been launched and implemented to your treatment.” The benefits of the upgrade were listed and Patient L was told that her aligners were expected to arrive in December 2012. In a letter dated 22 February 2013 to Patient L, stated that “Invisalign did release an upgrade last year [2012] called Invisalign generation 4.”</p> <p>In the light of the Committee’s findings that the change from 3G to 4G occurred in November 2011 and that on or around February 2012, the commercial dispute between Q clinic and Align Technology had commenced, which resulted in unusually long delays to the start of treatment for patients who signed up for Invisalign treatment from early 2012, Patient L was not provided with full and accurate information about the reasons for the delay to her treatment. (General theme I)</p>
127.	<p>As it relates to 126(b) – Not admitted but proved</p> <p>The Committee found that the reasons given to Patient L for the delays to her treatment were misleading.</p>
128.	<p>As it relates to 126(b) – Not admitted but proved</p> <p>The Committee found that the reasons you gave to Patient L in the email of 21 August 2012 were dishonest by the standards of ordinary honest and reasonable men and women. It found that you were aware that what you were doing would be regarded as dishonest by that standard.</p>
129.	Admitted and proved
130.	Admitted and proved
<u>Patient M</u>	
131.	Admitted and proved
132.	Admitted and proved
133.	Not pursued by the Council and as such not proved.
134 (a)	Not pursued by the Council and as such not proved.
134 (b)	Not pursued by the Council and as such not proved.
135 (a)	Admitted and proved
135 (b)	Admitted and proved
135 (c)	<p>Not admitted and not proved</p> <p>The Committee found that Patient M’s treatment proceeded to a ClinCheck stage and as such the 3D computer model was a sufficient equivalent to a pre-treatment model. Full reasons are set out at F in the preamble to this determination.</p>
<u>Patient N</u>	
136.	<p>Not admitted but proved</p> <p>The reasons are set out at A in the preamble to this determination.</p>

137.	Not admitted but proved The reasons are set out at C in the preamble to this determination.
138 (a)	Not admitted but proved The reasons are set out at D in the preamble to this determination.
138 (b)	Not pursued by the Council and as such not proved.
139 (a)	Not admitted but proved The reasons are set out at A in the preamble to this determination.
139 (b)	Not admitted and not proved The Committee found that Patient N's treatment proceeded to a ClinCheck stage and as such the 3D computer model was a sufficient equivalent to a pre-treatment model. Full reasons are set out at F in the preamble to this determination.
140.	Not admitted and not proved The reasons are set out at G in the preamble to this determination.
141 (a) & (b)	141(a) - Not admitted but proved; 141(b) – Admitted and proved Patient N signed up for Invisalign treatment with Q clinic on 29 March 2012, his impressions were taken on 17 May 2012 and she was given a time frame of 10-16 weeks from impressions for the fitting of her first aligners. Patient N's dental records for the appointment on 5 November 2012 with you state that "4G was exp as the reason for delay in her treatment Pt happy to continue." In the light of the Committee's findings that the change from 3G to 4G occurred in November 2011 and that on or around February 2012, the commercial dispute between Q clinic and Align Technology had commenced, which resulted in unusually long delays to the start of treatment for patients who signed up for Invisalign treatment from early 2012, Patient N was not provided with full and accurate information about the reasons for the delay to her treatment. (General theme I)
142.	As it relates to 141(b) – Admitted and proved The Committee found that the reasons given to Patient N for the delays to her treatment were misleading.
143.	As it relates to 141(b) – Admitted and proved The Committee found that the reasons you gave to Patient N, at the appointment of 5 November 2012, were dishonest by the standards of ordinary honest and reasonable men and women. It found that you were aware that what you were doing would be regarded as dishonest by that standard.
144.	Admitted in relation to not commencing Invisalign treatment in a timely manner.

	<p>Proved in its entirety</p> <p>The reasons are set out at J in the preamble to this determination.</p>
145.	Admitted and proved
<u>Patient O</u>	
146.	Admitted and proved
147.	Admitted and proved
148 (a)	<p>Not admitted but proved</p> <p>The reasons are set out at D in the preamble to this determination.</p>
148 (b)	<p>Not admitted and not proved</p> <p>Patient O signed an Invisalign informed consent and agreement form dated 15 July 2010. For the reasons set out at D in the preamble to this determination the Committee found this charge not proved.</p>
149 (a)	Admitted and proved
149 (b)	Admitted and proved
149 (c)	Admitted and proved
149 (d)	<p>Not admitted and not proved</p> <p>The Committee found that Patient O's treatment proceeded to a ClinCheck stage and as such the 3D computer model was a sufficient equivalent to a pre-treatment model. Full reasons are set out at F in the preamble to this determination.</p>
<u>Patient P</u>	
150.	Admitted and proved
151.	Admitted and proved
152.	<p>Not admitted but proved</p> <p>The Committee accepted Professor Willmot's opinion that a radiograph would most likely be required.</p>
153.	<p>Not admitted but proved as amended</p> <p>Amended by the Committee to change 'and/or' to 'and'.</p> <p>"You did not diagnose and treat Patient P's pre-existing dental disease before embarking on Invisalign treatment."</p> <p>You fitted Patient P's first aligners on 8 July 2012. Patient P attended your hygienist for a scale and polish on 26 July 2010 and the hygienist records very poor plaque control, inflammation, redness and arrested decay. Your oral evidence was that you did not diagnose Patient P as having pre-existing dental disease when you embarked on Invisalign treatment. Professor Willmot's opinion was that from the proximity of the fitting of the aligners and the hygienist's records, Patient P had pre-existing dental disease which you should have been diagnosed and remedied before you embarked on</p>

	Invisalign treatment. The Committee accepted Professor Willmot's opinion.
154 (a)	Not admitted but proved The reasons are set out at D in the preamble to this determination.
154 (b)	Not admitted and not proved Patient P signed an Invisalign informed consent and agreement form dated 26 April 2010. For the reasons set out at D in the preamble to this determination the Committee found this charge not proved.
155 (a)	Admitted and proved
155 (b)	Admitted and proved
155 (c)	Not admitted and not proved The Committee found that Patient P's treatment proceeded to a ClinCheck stage and as such the 3D computer model was a sufficient equivalent to a pre-treatment model. Full reasons are set out at F in the preamble to this determination.
<u>Patient Q</u>	
156.	Admitted and proved
157.	Admitted and proved
158.	Not pursued by the Council and as such not proved.
159.	Not admitted but proved The reasons are set out at C in the preamble to this determination.
160.	As amended, not admitted but proved. Amended at the Council's request to clarify the allegation. Your Invisalign prescription for Patient Q within his dental records state "Upper and Lower Anterior Treatment 3-3 Please expand arches to align arches. Correct cross bite UL3." The dental records do not indicate what alternative treatment was discussed with the patient to correct his cross bite. You told the Committee what your usual practice would be. It did not accept your account of the discussions you would have had with Patient Q.
161 (a)	Not admitted but proved The reasons are set out at D in the preamble to this determination.
161 (b)	Not pursued by the Council and as such not proved.
162 (a)	Admitted and proved
162 (b)	Admitted and proved
162 (c)	Not admitted and not proved The Committee found that Patient Q's treatment proceeded to a ClinCheck stage and as such the 3D computer model was a sufficient equivalent to a pre-treatment model. Full reasons are set out at F in the preamble to this

	determination.
<u>Patient R</u>	
163.	Not admitted and not proved The Committee found that you did not reach the treatment planning stage for this patient and as such any inadequacies within the records could not have been addressed by you.
164.	Not admitted and not proved The Committee found that you did not reach the treatment planning stage for this patient and as such any inadequacies within the records could not have been addressed by you.
165.	Not admitted but proved The reasons are set out at C in the preamble to this determination.
166 (a)	Not admitted but proved The reasons are set out at D in the preamble to this determination.
166 (b)	Not pursued by the Council and as such not proved.
167 (a)	Not admitted and not proved On the basis of the Committee's finding at charge 163 that you had not reached the treatment planning stage when you would have been obligated to ensure that an adequate general dental examination was carried out and recorded.
167 (b)	Not admitted and not proved On the basis of the Committee's finding at charge 164 that you had not reached the treatment planning stage when you would have been obligated to ensure that an adequate orthodontic clinical assessment was carried out and recorded.
167 (c)	Not admitted and not proved On the basis of the Committee's finding that you had not reached the treatment planning stage when you would have been obligated to ensure that the radiograph taken was adequately reported on.
167 (d)	Not admitted and not proved Although impressions were taken, Patient R's treatment did not proceed to the treatment planning stage. Full reasons are set out at F in the preamble to this determination.
168.	Not pursued by the Council and as such not proved.
169.	Admitted and proved
<u>Patient S</u>	
170.	Admitted and proved

171.	Admitted and proved
172.	Not pursued by the Council and as such not proved.
173 (a)	Not pursued by the Council and as such not proved.
173 (b)	Not pursued by the Council and as such not proved.
174 (a)	Admitted and proved
174 (b)	Admitted and proved
174 (c)	Admitted and proved
174 (d)	Not admitted and not proved The Committee found that Patient S's treatment proceeded to a ClinCheck stage and as such the 3D computer model was a sufficient equivalent to a pre-treatment model. Full reasons are set out at F in the preamble to this determination.
175.	Not pursued by the Council and as such not proved.
176.	Not pursued by the Council and as such not proved.
177.	Not pursued by the Council and as such not proved.
<u>Patient T</u>	
178.	Not admitted but proved The reasons are set out at A in the preamble to this determination.
179.	Not admitted but proved The reasons are set out at A in the preamble to this determination.
180.	Not admitted but proved Having regard to a number of similar cases, despite the absence of a witness statement from this patient and the absence of any records of options provided to the patient, the Committee found that on the balance of probabilities all the options for treatment including no treatment were not discussed.
181 (a)	Not admitted but proved For the same reasons as in charge 180.
181 (b)	Not pursued by the Council and as such not proved.
182.	Not pursued by the Council and as such not proved.
183 (a)	Not admitted but proved The reasons are set out at A in the preamble to this determination.
183 (b)	Not admitted but proved The reasons are set out at A in the preamble to this determination.
183 (c)	Not admitted but proved

	The reasons are set out at B in the preamble to this determination.
183 (d)	Not admitted and not proved The Committee found that Patient T’s treatment proceeded to a ClinCheck stage and as such the 3D computer model was a sufficient equivalent to a pre-treatment model. Full reasons are set out at F in the preamble to this determination.
<u>Patient U</u>	
184.	Not admitted but proved The reasons are set out at A in the preamble to this determination.
185.	Not admitted and not proved Professor Willmot conceded in his oral evidence that, having viewed the ClinCheck images for Patient U, the malocclusion was not as severe as he thought and that it could be possible to treat the degree of malocclusion in Patient U with Invisalign.
186 (a)	Not admitted but proved The reasons are set out at A in the preamble to this determination.
186 (b)	Not admitted but proved The reasons are set out at B in the preamble to this determination.
186 (c)	Not admitted and not proved The Committee found that Patient U’s treatment proceeded to a ClinCheck stage and as such the 3D computer model was a sufficient equivalent to a pre-treatment model. Full reasons are set out at F in the preamble to this determination.
187.	Not admitted but proved Patient U signed up for Invisalign treatment with Q clinic on 24 February 2012, his impressions were taken on 7 June 2012 and he was given a time frame of 10-16 weeks from impressions for the fitting of his first aligners. The Committee noted a series of emails between September and November 2012 within Patient U’s dental records giving the patient a variety of reasons for the delay to start of his treatment. In the light of the Committee’s findings that the change from 3G to 4G occurred in November 2011 and that, on or around February 2012, the commercial dispute between Q clinic and Align Technology had commenced, which resulted in unusually long delays to the start of treatment for patients who signed up for Invisalign treatment from early 2012, Patient U was not provided with full and accurate information about the reasons for the delay to his treatment. (General theme I)
	The stem of allegation 188 was amended by the Committee to correct the date - “On 18 September 2012 you informed patient U that the delays to his

	treatment were due to...”
188 (a)	Not pursued by the Council in light of admission to 188(b) – Not proved
188 (b)	Admitted and proved
189.	Not admitted but proved The reasons are set out at H in the preamble to this determination.
190 (a) & (b)	Not admitted but proved as amended Amended by the Committee to specifically refer to Patient U - “On 4 March 2013 you sent an email to patient U stating that: <ul style="list-style-type: none"> a. you had persuaded Invisalign to issue a new Smart Trax aligner system for Patient U which had only been launched last week and would not be available to patients in the UK until July, b. that you had taken impressions from patient U for Orthocaps “just in case Invisalign would not agree”,” The Committee was satisfied that you sent the email as alleged and that it contained as a matter of fact the details set out in this charge.
191 (a)	As it relates to allegation 188(a) – Not pursued by the Council and as such not proved.
191 (b)	As it relates to allegation 188(b) – Admitted and proved
191 (c)	As it relates to allegation 190(a) – Not admitted but proved The Committee found that the reasons given to Patient U in the email of 4 March 2013 were misleading.
191 (d)	As it relates to allegation 190(b) – Not admitted but proved The Committee found that the reasons given to Patient U in the email of 4 March 2013 were misleading.
192 (a)	As it relates to allegation 188(a) – Not pursued by the Council and as such not proved.
192 (b)	As it relates to allegation 188(b) – Admitted and proved The Committee found that the reasons given to Patient U for the delays to his treatment were dishonest.
192 (c)	As it relates to allegation 190(a) – Not admitted and not proved Professor Willmot accepted that Smart track Invisalign was introduced in February 2013. Your email to Patient U was dated 4 March 2013. The Committee found that the Council had not proved on the balance of probabilities that the contents of this email were dishonest.
192 (d)	As it relates to allegation 190(b) – not admitted and not proved For the same reasons as in 192(c).

193.	Admitted and proved
<u>Patient V</u>	
194.	Not admitted but proved The reasons are set out at A in the preamble to this determination.
195.	Not admitted but proved The reasons are set out at A in the preamble to this determination.
196.	Not admitted but proved The reasons are set out at C in the preamble to this determination.
197 (a)	Not admitted but proved The reasons are set out at A in the preamble to this determination.
197 (b)	Not admitted but proved The reasons are set out at B in the preamble to this determination.
197 (c)	Not admitted and not proved The Committee found that Patient V's treatment proceeded to a ClinCheck stage and as such the 3D computer model was a sufficient equivalent to a pre-treatment model. Full reasons are set out at F in the preamble to this determination.
198.	Not admitted and not proved Patient V signed up for Invisalign treatment with Q clinic on 7 September 2012, her impressions were taken on 14 September 2012 and she was given a time frame of 15-30 weeks from impressions for the fitting of her first aligners. Patient V cancelled her treatment and requested for a refund on 26 March 2013. The Committee found that in light of the agreed timeframe, there was no delay to the commencement of Patient V's treatment. (General theme I)
199.	Not admitted and not proved The Committee noted that there were references to delays within the emails from Q clinic to Patient V. In light of the Committee's finding that Patient V's treatment was not delayed as she was given a 15- 30 week window, if there were delays, they were indeed caused by the failure of Invisalign to ship aligners, albeit this was because of the commercial dispute.
200.	Not admitted and not proved For the reasons set out at 199.
201.	Not admitted and not proved For the reasons set out at 199.
202.	Not admitted and not proved For the reasons set out at 198.

203.	Admitted and proved
<u>Patient W</u>	
204.	Not admitted and not proved The Committee accepted Professor Willmot's opinion that the general dental examination was not far below the standard required.
205.	Admitted and proved
206.	Not admitted but proved The reasons are set out at C in the preamble to this determination.
207 (a)	Admitted and proved
207 (b)	Admitted and proved
207 (c)	Not admitted and not proved The Committee found that Patient W's treatment proceeded to a ClinCheck stage and as such the 3D computer model was a sufficient equivalent to a pre-treatment model. Full reasons are set out at F in the preamble to this determination.
208.	Not admitted and not proved The Committee noted from Patient W's dental records that the first set of impressions taken were inadequate. A notification of distortion was sent by Invisalign to Q clinic on 22 August 2012. Patient W's impressions were re-done on 10 September 2012. There is no evidence to suggest that the second impressions were inadequate. The Committee found that the rejection of impressions by Invisalign does not necessarily demonstrate that the treating dentist ought to have identified the distortion of the impression prior to sending them to Invisalign.
209 (a)	Not admitted and not proved Patient W signed up for Invisalign treatment with Q clinic on 3 July 2012, successful impressions were taken on 10 September 2012 and she was given a timeframe of 12-20 weeks for the fitting of her tray of aligners. This time frame commenced from the date the impressions were taken. The evidence before the Committee shows that Patient W cancelled her treatment before the time expired that she had been given for the start of her treatment.
209 (b)	Admitted and proved
210.	Admitted and proved
<u>Patient X</u>	
211.	Not admitted and not proved The Committee accepted Professor Willmot's evidence that the general dental examination of Patient X was poor but not below the standard expected.

212.	Not admitted but proved The reasons are set out at A in the preamble to this determination.
213.	Not admitted but proved The reasons are set out at C in the preamble to this determination.
214 (a)	Not admitted and not proved On the basis that charge 211 was not proved.
214 (b)	Not admitted but proved The reasons are set out at A in the preamble to this determination.
214 (c)	Not admitted but proved The reasons are set out at B in the preamble to this determination.
214 (d)	Not admitted and not proved The Committee found that Patient X's treatment proceeded to a ClinCheck stage and as such the 3D computer model was a sufficient equivalent to a pre-treatment model. Full reasons are set out at F in the preamble to this determination.
215 (a) & (b)	<p>215(a) - Not admitted but proved; 215(b) as amended – admitted and proved</p> <p>Patient X signed up for Invisalign treatment with Q clinic on 24 May 2012, her impressions were taken on 31 May 2012 and she was given a time frame of 10-16 weeks for the fitting of her first aligners. In an email dated 5 October 2012 from Q clinic, Patient X was informed that her treatment was in the final phases of planning and testing. The email stated that “as you may know a major upgrade called the Generation 4 Invisalign treatment has recently been launched and has been implemented to your treatment.” The benefits of the upgrade were listed and Patient X was informed that her aligners were expected to arrive in January 2013. The email signed “Dr Anand and the Client Relations Team.”</p> <p>In the light of the Committee's findings that the change from 3G to 4G occurred in November 2011 and that, on or around February 2012, the commercial dispute between Q clinic and Align Technology had commenced, which resulted in unusually long delays to the start of treatment for patients who signed up for Invisalign treatment from early 2012, Patient X was not provided with full and accurate information about the reasons for the delay to her treatment. (General theme I)</p>
216.	Admitted and proved The Committee found that the reasons given to Patient X for the delays to her treatment were misleading.
217.	Admitted and proved The Committee found that the reasons you gave to Patient X in the email of 5 October 2012 were dishonest by the standards of ordinary honest and

	reasonable men and women. It found that you were aware that what you were doing would be regarded as dishonest by that standard.
218.	Admitted and proved
219.	Admitted and proved
<u>Patient Y</u>	
220.	Not admitted but proved The reasons are set out at A in the preamble to this determination.
221 (a)	Not pursued by the Council and as such not proved.
221 (b)	Not pursued by the Council and as such not proved.
222.	Not pursued by the Council and as such not proved.
223.	Not pursued by the Council and as such not proved.
224.	Not pursued by the Council and as such not proved.
<u>Patient Z</u>	
225.	Not admitted but proved The reasons are set out at A in the preamble to this determination.
226.	Admitted and proved
227.	Not admitted but proved The reasons are set out at C in the preamble to this determination.
228 (a) & (b)	Not admitted and not proved In the absence of oral evidence from the patient, the Committee found that the GDC had failed to prove that the risks were not discussed. There is also a signed informed consent form within the records.
229 (a)	Admitted and proved
229 (b)	Admitted and proved
229 (c)	Not admitted and not proved The Committee found that Patient Z's treatment proceeded to a ClinCheck stage and as such the 3D computer model was a sufficient equivalent to a pre-treatment model. Full reasons are set out at F in the preamble to this determination.
230.	Not admitted and not proved The Committee noted that Patient Z signed an Orthocaps consent form dated 17 May 2013.
231.	Not admitted and not proved Patient Z's dental records indicate that all the necessary information and instructions may have been submitted to Orthocaps.

232.	Admitted and proved
233.	Admitted and proved The Committee found that the contents of the email dated 23 May 2013 from Q clinic to Patient Z were misleading.
234.	Admitted and proved The Committee found that the contents of the email dated 23 May 2013 from Q clinic to Patient Z were dishonest by the standards of ordinary honest and reasonable men and women. It found that you were aware that what you were doing would be regarded as dishonest by that standard.
235.	Admitted but not proved Patient Z signed up for Invisalign treatment with Q clinic on 31 October 2012, her impressions were taken on 7 November 2012 and she was given a time frame of 15-30 weeks from the taking of impressions for the fitting of her first tray of aligners. In January 2013 Patient Z was informed that her treatment had been 'upgraded' to Orthocaps. Patient Z signed an Orthocaps consent form dated 17 May 2013. The Committee found that Patient Z cancelled her treatment within the 15-30 week window which she had agreed to. (General theme I)
236.	Admitted and proved
<u>Patient AA</u>	
237.	Not admitted but proved The reasons are set out at A in the preamble to this determination.
238.	Not admitted but proved The reasons are set out at C in the preamble to this determination.
239 (a)	Not admitted but proved The reasons are set out at D in the preamble to this determination.
239 (b)	Not admitted and not proved Patient AA signed an Invisalign informed consent and agreement form dated 27 March 2013. For the reasons set out at D in the preamble to this determination the Committee found this charge not proved.
240.	Not admitted but proved Patient AA signed a treatment plan and cost estimate dated 31 January 2013 which referred to both Invisalign and Orthocaps. Patient AA was clear in her oral evidence that she attended for Invisalign treatment and not Orthocaps.
241.	Not pursued by the Council and as such not proved.
242.	Not admitted but proved The Committee noted that Patient AA signed an Invisalign consent form and a treatment plan and cost estimate which referred to both Invisalign and

	Orthocaps. Patient AA was clear in her oral evidence that she attended for Invisalign treatment. Professor Willmot's opinion was that consent should have been sought for the appropriate appliance to be used for the treatment.
243.	Not admitted and not proved Professor Willmot conceded that it might be possible to achieve a satisfactory aesthetic and reasonably stable result despite Patient AA's oral condition.
244 (a)	Not admitted but proved The Committee found that the treatment plan and cost estimate signed by Patient AA was misleading in that it referred to both Invisalign and Orthocaps and as such confused the patient as to which appliance she would be receiving for the planned treatment.
244 (b)	Not pursued by the Council and as such not proved.
245 (a)	Not admitted but proved The Committee found that providing Patient AA with information which referred to two different types of treatment when she had signed up for Invisalign treatment was dishonest by the standards of ordinary honest and reasonable men and women. It found that you were aware that providing such conflicting information would be regarded as dishonest by that standard.
245 (b)	Not pursued by the Council and as such not proved.
246.	Not admitted and not proved Patient AA signed up for Invisalign treatment with Q clinic on 6 February 2013, her impressions were taken on 27 February 2013 and she was given a time frame of 8-10 weeks from the taking of impressions for the fitting of her first aligners. Patient AA cancelled her treatment and requested for refund on 29 April 2013 which was before the time for the commencement of her treatment had lapsed. (General theme I)
247.	Admitted and proved
<u>Patient AB</u>	
248.	Not admitted and not proved The Committee found that the record of the general dental examination carried out on 2 November 2012 indicated that an adequate general dental examination was carried out.
249.	Not admitted but proved The reasons are set out at A in the preamble to this determination.
250.	Not pursued by the Council and as such not proved.
251 (a)	Not pursued by the Council and as such not proved.
251 (b)	Not pursued by the Council and as such not proved.

252 (a)	Not admitted and not proved On the basis of the finding at charge 248.
252 (b)	Not admitted but proved The reasons are set out at A in the preamble to this determination.
252 (c)	Not admitted and not proved It was not proved that you reached the treatment planning stage for this patient at which stage you would have had the responsibility to rectify the defects within the records.
252 (d)	Not admitted and not proved Patient AB cancelled her treatment with you and requested a refund from Q clinic.
253.	Not admitted and not proved The Committee noted from the dental records that Patient AB was offered the option of fixed braces. Retainers were also suggested post Invisalign treatment to ensure that the teeth did not relapse. The Committee found that in the absence of any direct evidence from Patient AB, this charge was not proved on the balance of probabilities.
254 (a)&(b)	254(a) - Not admitted but proved; 254(b) – Admitted and proved Patient AB signed up for Invisalign treatment with Q clinic on 18 October 2012, her impressions were taken on 2 November 2012 and she was given a time frame of 15-30 weeks from impressions for the fitting of her first tray of aligners. In an email dated 8 May 2013 from Q clinic, Patient AB was told that the delays in her treatment were caused by the treatment planning time being long. In the light of the Committee’s findings that on or around February 2012, the commercial dispute between Q clinic and Align Technology had commenced, which resulted in unusually long delays to the start of treatment for patients who signed up for Invisalign treatment from early 2012, Patient AB was not provided with full and accurate information about the reasons for the delay to her treatment. (General theme I)
255.	Admitted and proved
256.	Admitted and proved
257.	Admitted but not proved On the basis that the patient cancelled her treatment within the time frame she was given for the commencement of her treatment.
258.	Admitted and proved
<u>Patient AC</u>	
259.	Not admitted but proved The reasons are set out at A in the preamble to this determination.

260.	Not admitted but proved The reasons are set out at C in the preamble to this determination.
261 (a)	Not admitted but proved The reasons are set out at A in the preamble to this determination.
261 (b)	Not admitted and not proved Patient AC cancelled her treatment with you and requested for a refund from Q clinic.
262 (a)&(b)	Not admitted but proved Patient AC signed up for Invisalign treatment with Q clinic on 27 February 2013, her impressions were taken on 17 April 2013 and she was given a time frame of 12-20 weeks from impressions for the fitting of her first tray of aligners. In an email dated 10 May 2013 Patient AC was told that her treatment was in the planning stage and that a delay was thereby anticipated. In the light of the Committee's findings that on or around February 2012, the commercial dispute between Q clinic and Align Technology had commenced, which resulted in unusually long delays to the start of treatment for patients who signed up for Invisalign treatment from early 2012, Patient D was not provided with full and accurate information about the reasons for the delay to her treatment. (General theme I)
263 (a)	Not pursued by the Council and as such not proved.
263 (b)	Not pursued by the Council and as such not proved.
264 (a)	As it relates to 262(b) - not admitted but proved The Committee found that the reasons given to Patient AC for the delays to her treatment were misleading.
264 (b)	As it relates to 263(a) - not pursued by the Council and as such not proved.
264 (c)	As it relates to 263(b) - not pursued by the Council and as such not proved.
265 (a)	As it relates to 262(b) - not admitted but proved The Committee found that the reasons given to Patient AC in the email of 10 May 2013 were dishonest by the standards of ordinary honest and reasonable men and women. It found that you were aware that the reasons given to Patient AC would be regarded as dishonest by that standard.
265 (b)	As it relates to 263(a) - not pursued by the Council and as such not proved.
265 (c)	As it relates to 263(b) - not pursued by the Council and as such not proved.
266.	Not admitted and not proved On the basis that the patient cancelled her treatment within the time frame she was given for the commencement of her treatment.
267.	Admitted and proved

<u>Patient AD</u>	
268.	Not admitted but proved The reasons are set out at A in the preamble to this determination.
269.	Not admitted but proved The reasons are set out at C in the preamble to this determination.
270 (a)	Not admitted but proved The reasons are set out at A in the preamble to this determination.
270 (b)	Not admitted and not proved The Committee noted from the dental records that the radiograph of Patient AD was taken by an associate dentist at your practice and reported on in the records. However this patient's treatment did not reach the treatment planning stage at which point you would have been obligated to rectify any deficiencies within the records.
270 (c)	Not admitted and not proved Patient AD cancelled her treatment with you and requested for a refund from Q clinic.
271.	Not admitted but proved Patient AD's evidence was that the treatment he signed up for was Invisalign treatment and that he did not consent to Orthocaps treatment. He also signed an Invisalign Informed Consent and Agreement Form.
272 (a)&(b)	Not admitted but proved Patient AD signed up for Invisalign treatment with Q clinic on 28 February 2013, his impressions were taken on 19 March 2013 and he was given a time frame of 8-10 weeks from impressions for the fitting of his first tray of aligners. In an email dated 30 April 2013 from Q clinic, Patient AD was informed that "Dr Anand has submitted all the necessary information and instructions regarding your specific treatment." Patient AD contacted Invisalign and he was told that Invisalign held no records of his treatment. This was confirmed by Mr S.M in his witness statement and his oral evidence. Patient AD then contacted Q clinic and he was told that his treatment would be done with the Orthocaps system. Patient AD told the Committee that he contacted Orthocaps and was told that they held no records of his treatment. In the light of the Committee's findings that on or around February 2012, the commercial dispute between Q clinic and Align Technology had commenced, which resulted in unusually long delays to the start of treatment for patients who signed up for Invisalign treatment from early 2012, Patient AD was not provided with full and accurate information about the reasons for the delay to his treatment. (General theme I)
273 (a)	Not pursued by the Council and as such not proved.

273 (b)	Not pursued by the Council and as such not proved.
274 (a)	As it relates to 272(b) - not admitted but proved The Committee found that the information given to Patient AD in the email dated 30 April 2013 was misleading.
274 (b)	As it relates to 273(a) – not pursued by the Council and as such not proved.
274 (c)	As it relates to 273(b) – not pursued by the Council and as such not proved.
275 (a)	As it relates to 272(b) – not admitted but proved The Committee found that the information provided to Patient AD in the email of 30 April 2013 was dishonest by the standards of ordinary honest and reasonable men and women. It found that you were aware that the reasons for delay set out in the email would be regarded as dishonest by that standard.
275 (b)	As it relates to 273(a) – Not pursued by the Council and as such not proved.
275 (c)	As it relates to 273(b) – Not pursued by the Council and as such not proved.
276.	Not admitted but proved The reasons are set out in the preamble to this determination.
277.	Admitted and proved
<u>Patient AE</u>	
278.	Not admitted but proved The reasons are set out at A in the preamble to this determination.
279.	Not admitted but proved The reasons are set out at C in the preamble to this determination.
280 (a)&(b)	Not admitted and not proved Patient AE’s dental records also show discussions on the patient’s overbite, the risks of Invisalign and the treatment that would provide the best outcome. The Committee noted that Patient AE signed an Invisalign Informed Consent and Agreement form. Professor Willmot conceded that the consent form contained all the relevant risks and benefits.
281 (a)	Not admitted but proved The reasons are set out at A in the preamble to this determination.
281 (b)	Not admitted but proved The reasons are set out at B in the preamble to this determination.
281 (c)	Not admitted and not proved The Committee found that Patient AE’s treatment proceeded to a ClinCheck stage and as such the 3D computer model was a sufficient equivalent to a pre-treatment model. Full reasons are set out at F in the preamble to this determination.

282.	Not pursued by the Council and as such not proved.
283.	Not admitted but proved The reasons are set out at H in the preamble to this determination.
284 (a)	Not admitted but proved Patient AE signed up for Invisalign treatment with Q clinic on 12 September 2012, her impressions were taken on 15 October 2012 and her first aligners were fitted on 8 April 2013. On 22 October 2013 impressions were taken for further aligners. In the light of the Committee's findings that, on or around February 2012, the commercial dispute between Q clinic and Align Technology had commenced, which resulted in unusually long delays to the start of treatment for patients who signed up for Invisalign treatment from early 2012, Patient AE was not provided with full and accurate information about the reasons for the delay to his treatment. The Committee also noted that Patient AE's treatment occurred in the period when Q clinic was experiencing difficulties with Align Technology. (General theme I)
284 (b)	Not pursued by the Council and as such not proved.
285.	Not pursued by the Council and as such not proved.
286.	Not pursued by the Council and as such not proved.
287.	As amended, admitted and proved
288.	Not admitted but proved Patient AD requested a refund in November 2013. In her witness statement of September 2014 she stated that she was yet to receive the refund. For the reasons set out at K in the preamble to this determination this charge was found proved.
<u>Patient AF</u>	
289.	Not admitted but proved The reasons are set out at A in the preamble to this determination.
290.	Admitted and proved
291.	Not admitted but proved The reasons are set out at C in the preamble to this determination.
292 (a)&(b)	Not admitted but proved There was no signed Invisalign informed consent and agreement form for this patient within the dental records. In addition, the Committee accepted Professor Willmot's opinion that the mere giving of written information without discussion with the dentist did not constitute adequate discussion with the patient.
293 (a)	Admitted and proved

293 (b)	Admitted and proved
293 (c)	Admitted and proved
293 (d)	Not admitted and not proved There is no evidence that this treatment reached the treatment planning stage.
294.	Not admitted but proved The reasons are set out at H in the preamble to this determination.
295 (a)	Not admitted but proved Patient AF signed up for Invisalign treatment with Q clinic on 26 October 2012, his impressions were taken on the same day and he was given a time frame of 15-30 weeks from impressions for the fitting of his first aligners. The Committee noted a series of emails in late 2012, early 2013 within Patient AF's dental records giving the patient a variety of reasons for the delay to the start of his treatment. In the light of the Committee's findings that on or around February 2012 the commercial dispute between Q clinic and Align Technology had commenced, which resulted in unusually long delays to the start of treatment for patients who signed up for Invisalign treatment from early 2012, Patient AF was not provided with full and accurate information about the reasons for the delay to his treatment. (General theme I)
295 (b)	As amended, admitted and proved
295 (c)	As amended, not admitted but proved The Committee saw the email dated 24 May 2013
296 (a)	As it relates to 295(b) - not admitted but proved The Committee found that the actual reason for delay was the financial difficulties that Q clinic had with Invisalign which led to other problems within the clinic. It found that the reasons given to Patient AF in the email of 2 April 2013 were misleading.
296 (b)	As it relates to 295(c) - not admitted but proved The Committee found that the reasons given to Patient AF in the email of 24 May 2013 were misleading.
297 (a)	As it relates to 296(b) - not admitted but proved The email of 2 April 2013 stated that you had submitted all the necessary information but Align Technology subsequently informed Patient AF that they held no records for his treatment. Mr S.M of Align Technology also confirmed this in his witness statement. The Committee found that the reasons for the delay to treatment given to Patient AF in the email dated 2 April 2013 were dishonest by the standards of ordinary honest and reasonable men and women. It found that you were

	aware that the reasons for delay given to Patient AF would be regarded as dishonest by that standard.
297 (b)	<p>As it relates to 296(c) - not admitted but proved</p> <p>The Committee noted that the email of 24 May 2013 stated that the delays in treatment were caused by “a back and forth process” between you and the manufacturers. Without specific mention of which manufacturer was being referred to and given that Patient AF signed up for Invisalign, this suggested that the “back and forth process” was between Q clinic and Invisalign.</p> <p>The Committee found that the contents of the 24 May 2013 email were dishonest by the standards of ordinary honest and reasonable men and women. It found that you were aware that these would be regarded as dishonest by that standard.</p>
298.	Admitted and proved
299.	<p>Not admitted but proved</p> <p>The reasons are set out at K in the preamble to this determination.</p>
<u>Patient AG</u>	
300.	<p>Not admitted but proved</p> <p>The reasons are set out at A in the preamble to this determination.</p>
301.	<p>Not admitted but proved</p> <p>The reasons are set out at C in the preamble to this determination.</p>
302 (a)&(b)	<p>Not admitted but proved</p> <p>There was no signed Invisalign informed consent and agreement form for this patient within the dental records. In addition, the Committee accepted Professor Willmot’s opinion that the mere giving of written information without discussion with the dentist could not constitute adequate discussion with the patient.</p>
303 (a)	<p>Not admitted but proved</p> <p>The reasons are set out at A in the preamble to this determination.</p>
303 (b)	<p>Not admitted but proved</p> <p>The reasons are set out at B in the preamble to this determination.</p>
303 (c)	<p>Not admitted and not proved</p> <p>The Committee found that Patient AG’s treatment proceeded to a ClinCheck stage and as such the 3D computer model was a sufficient equivalent to a pre-treatment model. Full reasons are set out at F in the preamble to this determination.</p>
304 (a)&(b)	<p>304(a) - not admitted but proved; 304(b) – admitted and proved</p> <p>Patient AG signed up for Invisalign treatment with Q clinic on 18 July 2012, her impressions were taken on 29 August 2012 and she was given a time</p>

	<p>frame of 12-20 weeks from impressions for the fitting of her first aligners.</p> <p>In the light of the Committee's findings that on or around February 2012, the commercial dispute between Q clinic and Align Technology had commenced, which resulted in unusually long delays to the start of treatment for patients who signed up for Invisalign treatment from early 2012, Patient AG was not provided with full and accurate information about the reasons for the delay to her treatment.</p>
305.	<p>As amended, not admitted but proved as amended.</p> <p>Amended further by the Committee to remove the reference to business accounts -</p> <p>"You caused or allowed patient AG to be informed that she would receive a full refund of payment for treatment on or about 20 May 2013 when you knew that your business was at risk of entering into administration."</p> <p>Q clinic went into administration on 21 May 2013.</p>
306 (a)	As it relates to 304(b) - admitted and proved
306 (b)	<p>As it relates to 305 (as amended) - not admitted but proved</p> <p>The Committee found that Patient AG was given misleading information in a series of emails from your staff from December 2012 onwards to suggest that a full refund would be paid on or about 20 May 2013.</p>
307 (a)	As it relates to 304(b) - admitted and proved
307 (b)	<p>As it relates to 305 - not admitted but proved</p> <p>The Committee found that the information given by emails in reference to 306(b) above was dishonest by the standards of ordinary honest and reasonable men and women. It found that you were aware that the information would be regarded as dishonest by that standard.</p>
308.	Admitted and proved
309.	<p>Not admitted but proved</p> <p>The reasons are set out at K in the preamble to this determination.</p>
<u>Patient AH</u>	
310.	Not pursued by the Council and as such not proved.
311.	<p>Not admitted but proved</p> <p>The reasons are set out at A in the preamble to this determination.</p>
312.	<p>Not admitted but proved</p> <p>The reasons are set out at C in the preamble to this determination.</p>
313 (a)	Not admitted and not proved on the basis of the finding at 310.
313 (b)	<p>Not admitted but proved</p> <p>The reasons are set out at A in the preamble to this determination.</p>

313 (c)	Not admitted but proved The reasons are set out at B in the preamble to this determination.
313 (d)	Not admitted and not proved The Committee found that Patient AH's treatment proceeded to a ClinCheck stage and as such the 3D computer model was a sufficient equivalent to a pre-treatment model. Full reasons are set out at F in the preamble to this determination.
314.	Not admitted but proved The Committee accepted the opinion of Professor Willmot that Patient AH's clinical condition as seen in the photograph within the bundle indicated that she was not suitable for Invisalign and that aligner treatment would most probably have been inadequate.
315.	Not admitted and not proved There was insufficient evidence before the Committee to show any intention to change the patient's treatment to an alternative treatment.
316 (a)&(b)	Not admitted but proved Patient AH signed up for Invisalign treatment with Q clinic on 27 January 2012, his impressions were taken on 29 April 2012 and he was given a time frame of 10-16 weeks from impressions for the fitting of his first aligners. However Patient AH's dental records also show that on 4 April 2013 a new consultation for clear braces was carried out and impressions taken on 29 April 2013. Patient AH was not provided with full and accurate information about the reasons for the delay to his treatment.
317.	As it relates to 316(b) - not admitted but proved The Committee found that the email of 1 July 2013 was misleading.
318.	As it relates to 316(b) - not admitted but proved The Committee similarly found that the email of 1 July 2013 was dishonest by the standards of ordinary honest and reasonable men and women. It found that you were aware that the information would be regarded as dishonest by that standard.
319.	Admitted and proved
320.	Admitted and proved
<u>Patient AI</u>	
321.	Not admitted but proved The reasons are set out at A in the preamble to this determination.
322.	Admitted and proved
323.	Not admitted but proved

	The reasons are set out at C in the preamble to this determination.
324 (a)	Admitted and proved
324 (b)	Admitted and proved
324 (c)	Admitted and proved
324 (d)	Not admitted and not proved The Committee found that Patient AI's treatment proceeded to a ClinCheck stage and as such the 3D computer model was a sufficient equivalent to a pre-treatment model. Full reasons are set out at F in the preamble to this determination.
325.	Not admitted but proved The Committee accepted Professor Willmot's opinion that the patient's oral condition was not suitable to achieve a satisfactory result.
326 (a)	Not admitted but proved Patient AI signed up for Invisalign treatment with Q clinic on 9 July 2012, her impressions were taken on 18 July 2012 and she was given a time frame of 12-20 weeks for the fitting of her first tray of aligners. Her first aligners were fitted on 8 April 2013. The Committee found that Patient AI was not provided with full and accurate information about the reasons for the delay to his treatment. (General theme I)
327.	Admitted and proved
328.	Not admitted but proved The reasons are set out at K in the preamble to this determination.
<u>Patient AJ</u>	
329.	Not admitted but proved The reasons are set out at A in the preamble to this determination.
330.	Not admitted but proved The reasons are set out at C in the preamble to this determination.
331 (a)	Not admitted but proved The reasons are set out at A in the preamble to this determination.
331 (b)	Not admitted and not proved The Committee found that Patient AJ's treatment proceeded to a ClinCheck stage and as such the 3D computer model was a sufficient equivalent to a pre-treatment model. Full reasons are set out at F in the preamble to this determination.
332.	Not admitted and not proved The reasons are set out at G in the preamble to this determination.
333 (a)	Not admitted but proved as amended

	<p>Amended by the Committee to clarify the allegation - “full and accurate information about the reasons for the delay to her treatment;”</p> <p>Patient AJ signed up for Invisalign treatment with Q clinic on 15 September 2011 or 10 October 2011, her impressions were taken on 25 January 2012 and she was given a time frame of 10-12 weeks from impressions for the fitting of her first aligners.</p> <p>In the light of the Committee’s findings that the change from 3G to 4G occurred in November 2011 and that, on or around February 2012, the commercial dispute between Q clinic and Align Technology had commenced, which resulted in unusually long delays to the start of treatment for patients who signed up for Invisalign treatment from early 2012, Patient AJ was not provided with full and accurate information about the reasons for the delay to her treatment. (General theme I)</p>
334 (a)	Admitted and proved
334 (b)	<p>Admitted but not proved</p> <p>The Committee found that the Council had not proved that you at the time of writing the email of 19 September 2012, the order for Patient AJ’s Invisalign treatment had not been placed with Align Technology.</p>
334 (c)	<p>Admitted but not proved</p> <p>The Committee found that it was possible that you anticipated receiving some aligners by mid-October as stated in the email of 19 September 2012.</p>
335 (a)	As it relates to 334(a) - admitted and proved
335 (b)	<p>As it relates to 334(b) - admitted but not proved</p> <p>On the basis of the finding at 334(b).</p>
335 (c)	<p>As it relates to 334(c) - not admitted and not proved</p> <p>On the basis of the finding at 334(c).</p>
336 (a)	As it relates to 334(a) - admitted and proved
336 (b)	<p>As it relates to 334(b) - admitted but not proved</p> <p>On the basis of the finding at 334(b).</p>
336 (c)	<p>As it relates to 334(c) - not admitted and not proved</p> <p>On the basis of the finding at 334(c).</p>
337.	Admitted and proved
338.	Admitted and proved
<u>Patient AK</u>	
339.	<p>Not admitted and not proved</p> <p>The Committee found from the documentary evidence that Patient AK’s treatment commenced within the timeframe estimate given when she signed</p>

	up for treatment.
340.	Not admitted and not proved Patient AK's dental records indicate that she was advised of limitations of the movement of her canines. Patient AK viewed and approved her ClinCheck images.
341.	Not admitted and not proved Mr Townsend conceded that this charge was not capable of proof.
342 (a), (b) & (c)	Not admitted and not proved Patient AK's witness statement was admitted as hearsay evidence. The Committee did not hear oral evidence from her. In the absence of any corroboration the Committee could not find these allegations proved.
<u>Patient AL</u>	
343.	Admitted and proved in relation to not commencing Invisalign treatment in a timely manner.
344.	Not admitted and not proved The Committee found that there was insufficient information to support this allegation.
<u>Patient AM</u>	
345.	Admitted and proved as amended Amended by the Committee to clarify the treatment referred to - "You did not act in the best interest of patient AM, by not commencing and/or completing treatment in a timely manner;"
346.	Not admitted but proved Patient AM signed up for Invisalign treatment with Q clinic on 30 October 2012, his impressions were taken on 30 October 2012 and he was given a time frame of 15-30 weeks from impressions for the fitting of his first aligners. This time frame commenced from the date the impressions were taken. The Committee noted that although Patient AM consented to Invisalign treatment, he was treated with a different clear brace aligner. Patient AM commenced Orthocaps treatment but from August 2013 he was unable to receive further aligners. The Committee found that no explanation was given to Patient AM for the delays. In your oral evidence you admitted that the delays were in fact as result of your inability to access your own records. Patient AM was not provided with full and accurate information about the reasons for the delay to his treatment. (General theme I)
347.	Not admitted and not proved The reasons are set out at H in the preamble to this determination.
348.	Not admitted and not proved

	The Committee accepted your evidence that Orthocaps was a better treatment option for Patient AM's treatment. There was no evidence to dispute your assertion that for some patients Orthocaps was considered a better option.
349.	As it relates to 348 - not admitted and not proved on the basis of the finding at 348.
350.	As it relates to 348 - not admitted and not proved on the basis of the finding at 348.
<u>Patient AN</u>	
351.	Admitted in relation to not completing Invisalign treatment in a timely manner. Proved Patient AN's impressions were taken on 11 June 2013 and he was given a time frame of 12-20 weeks from impressions for the fitting of his first aligners. (General theme J)
352.	Not pursued by the Council and as such not proved.
353.	Not admitted but proved The Committee found that some information was sent to Patient AN regarding the delays to his treatment but that information did not provide the full and accurate reasons for the delay to his treatment. (General theme I)
<u>Patient AO</u>	
354.	Admitted and proved
355.	Not admitted but proved The Committee found that some information was sent to Patient AO regarding the delays to his treatment but that information did not provide the full and accurate reasons for the delay to his treatment. (General theme I)
356.	Not admitted but proved The reasons are set out at H in the preamble to this determination.
357.	Admitted and proved
358.	As it relates to 357 - admitted and proved The Committee found that the reasons given to Patient AO for the change to his treatment were misleading.
359.	As it relates to 357 - admitted and proved The Committee found that the reasons given to Patient AO in the email of 10 January 2013 were dishonest by the standards of ordinary honest and reasonable men and women. It found that you were aware that these would be regarded as dishonest by that standard.
360.	Not admitted but proved

	The Committee accepted Patient AO's evidence that he did not receive any response to the emails and telephone calls he made to Q clinic. You accepted in your oral evidence that more information should have been provided to Patient AO.
<u>Patient AP</u>	
361.	Admitted and proved
362.	Not admitted but proved The Committee found that some information was sent to Patient AP regarding the delays to her treatment but that information did not provide the full and accurate reasons for the delay to her treatment. (General theme I)
363.	Not admitted but proved The Committee accepted the evidence of Mr S.M of Align Technology who confirmed that Invisalign held no records for Patient AP. It found that this was because no order had been submitted by Q clinic.
364.	As it relates to 363 - not admitted but proved The Committee found that the information given to Patient AP were misleading.
365.	As it relates to 363 - not admitted but proved The Committee found that the information given to Patient AP were dishonest by the standards of ordinary honest and reasonable men and women. It found that you were aware that what you were doing would be regarded as dishonest by that standard.
<u>Patient AQ</u>	
366.	Admitted and proved
367.	Not admitted and not proved Patient AQ paid for Invisalign treatment two days after Q clinic went into administration. A time frame of 15-30 weeks from the taking of impressions was given for the fitting of the first aligners. Your evidence was that you had signed a new contract with Invisalign and that Align Technology did not indicate that the contract would be cancelled until June 2013. The Committee found that you were entitled to think, at that time, that you could provide the treatment to Patient AQ within the agreed timeframe.
368.	Not admitted but proved Patient AQ was told that his treatment was paused without further explanation. The Committee found that he was not given full and accurate information about the delay to his treatment. (General theme I)
369.	As it relates to 367 - not admitted and not proved On the basis of the finding at 367.

370.	As it relates to 367 - not admitted and not proved On the basis of the finding at 367.
<u>Patient AR</u>	
371.	Admitted and proved
372.	Not admitted but proved The Committee found that some information was sent to Patient AR regarding the delays to her treatment but that information did not provide the full and accurate reasons for the delay to her treatment. (General theme I)
<u>Patient AS</u>	
373.	Not admitted but proved Patient AS's impressions were taken on 14 August 2012 and she was given a time estimate of 15-30 weeks for the fitting of her first tray of aligners. Patient AS received her first aligners on 2 September 2013. The Committee found that you did not commence or complete Patient AS's treatment in a timely manner. (General theme J)
374.	Not admitted but proved The Committee found that some information was sent to Patient AS regarding the delays to her treatment but that information did not provide the full and accurate reasons for the delay to her treatment. (General theme I)
<u>Patient AT</u>	
375.	Admitted in relation to not completing Invisalign treatment in a timely manner but Proved as amended Amended by the Committee to clarify the treatment referred to - "You did not act in the best interest of patient AT, by not commencing and/or completing treatment in a timely manner;" Patient AT signed up for Invisalign treatment with Q clinic on 8 October 2012, his impressions were taken on 19 October 2012 and he was given a time frame of 15-30 weeks from impressions for the fitting of his first tray of aligners. Patient AT received his first aligners on 5 April 2013 for Orthocaps and not Invisalign. The Committee found that you did not commence or complete Patient AS's treatment in a timely manner. (General theme J)
376.	Not admitted but proved By September 2012, Q clinic were not receiving shipment of aligners from Align Technology. By December 2012, Q clinic were not allowed to submit new orders for Invisalign treatment. These were caused by the commercial dispute which commenced on or around February 2012 and which resulted in unusually long delays to the start of treatment for patients who signed up for Invisalign treatment from early 2012. The Committee found that Patient AT was not provided with full and accurate information about the reasons for

	the delay to his treatment. (General theme I)
<u>Patient AU</u>	
377.	Not pursued by the Council and as such not proved.
378.	Not pursued by the Council and as such not proved.
379.	Not pursued by the Council and as such not proved.
<u>Patient AV</u>	
380.	Not admitted and not proved Patient AV signed up for Invisalign treatment with Q clinic on 25 April 2013, his impressions were taken on 8 May 2013 and he was given a time estimate of 15-30 weeks from impressions for the fitting of his first aligners. Patient AV received his first aligners on 7 November 2013 and treatment was completed on 31 May 2014. Patient AV did not receive Invisalign treatment. The Committee found that it was not proved that you failed to commence or complete Patient AV's treatment in a timely manner.
381.	Not admitted and not proved The Committee found that given that the treatment was provided within the time estimate given, there was no delay to Patient AV's treatment.
382.	Not admitted and not proved The Committee found that you were entitled to think that you could provide the treatment within a reasonable time.
383.	Not admitted but proved Mr S.M of Align Technology confirmed that no records were held for Patient AV. Patient AV was told on a number of occasions that his treatment was in the manufacturing stage when it had not been submitted to Align Technology.
384.	Not admitted but proved The Committee accepted the evidence of Patient AV that at an appointment on 21 November 2013 you told him that Invisalign aligners were being manufactured. Given the finding that Invisalign did not hold any records of Patient AV, it found that you had not submitted an order to Align Technology for Patient AV's treatment.
385.	Not admitted but proved The reasons are set out at H in the preamble to this determination.
386 (a)&(b)	Not admitted and not proved There was insufficient evidence to find these allegations proved.
387 (a)	As it relates to 382 - not admitted and not proved
387 (b)	As it relates to 383 - not admitted but proved The Committee found that the information given to Patient AV for the delays

	to his treatment were misleading.
387 (c)	As it relates to 384 - not admitted but proved The Committee found that the information you gave to Patient AV for the delays to his treatment were misleading.
388 (a)	As it relates to 382 - not admitted and not proved
388 (b)	As it relates to 383 - not admitted but proved The Committee found that the information given to Patient AV that his Invisalign equipment was in manufacturing was dishonest by the standards of ordinary honest and reasonable men and women. It found that you were aware that these would be regarded as dishonest by that standard.
388 (c)	As amended, not admitted but proved The Committee found that the information you gave to Patient AV at the appointment on 21 November 2013 was dishonest by the standards of ordinary honest and reasonable men and women. It found that you were aware that what you were doing would be regarded as dishonest by that standard.
<u>Patient AW</u>	
389.	Not admitted and not proved Patient AW's impressions were taken in 2009 and her first aligners were fitted on 19 March 2009. The Committee noted that Patient AW's treatment continued intermittently until January 2013. It also noted that Patient AW was dissatisfied with the result of her treatment. However there was insufficient evidence to prove this allegation.
390.	Not admitted and not proved The Committee found that any delay to Patient AW's treatment was due to unavoidable gaps in her treatment.
391 (a)-(c)	Not admitted and not proved The Committee noted that Patient AW was not satisfied with her treatment and she sought a second opinion from an Orthodontic Consultant. That Orthodontic Consultant was of the opinion that the orthodontic treatment you carried out on Patient AW had achieved a good result. Professor Willmot told the Committee that he could not judge the standard of the orthodontic treatment without examining the patient in person.
<u>Patient AX</u>	
392.	Admitted and proved
393.	Not admitted but proved Your evidence was that you could not access the dental records for this patient and as such treatment could not progress. The Committee noted that Align Technology did not hold records for Patient AX. It inferred that this was because you had not placed an order with Align Technology for Patient AX's

	treatment. The Committee found that Patient AX was not given full and accurate information about the reasons for the delay to her treatment. (General theme I)
<u>Patient AY</u>	
394.	Admitted in relation to not commencing Invisalign and/or Orthocaps treatment in a timely manner. Proved in its entirety. Patient AY signed up for Invisalign treatment with Q clinic on 10 January 2013, his impressions were taken on 20 May 2013 and he was given a time frame of 6-9 weeks from impressions for the fitting of his first tray of aligners. In an email dated 22 August 2013 Patient AY was told that there was no date for his treatment to commence. You told Patient AY that you were unable to provide him with aligners. The Committee found that you clearly did not commence or complete Patient AY's treatment in a timely manner.
395.	As amended, not admitted but proved The Committee did not accept your evidence that Patient AY was kept informed in July 2013 given that he signed up for treatment in January 2013. It found that Patient AY was not provided with full and accurate information about the reasons for the delay to his treatment. (General theme I)
396.	Admitted and proved
397.	Not pursued by the Council and as such not proved.
398 (a)	As it relates to 396 - admitted and proved The Committee found that the reasons given in the email of 14 May 2013 to Patient AY regarding the delays to his treatment were misleading.
398 (b)	Not pursued by the Council and as such not proved.
399 (a)	As it relates to 396 - admitted and proved The Committee found that the reasons given to Patient AY in the email of 14 May 2013 were dishonest by the standards of ordinary honest and reasonable men and women. It found that you were aware that these reasons would be regarded as dishonest by that standard.
399 (b)	Not pursued by the Council and as such not proved.
<u>Patient AZ</u>	
400.	Not admitted but proved in relation to completion of treatment.
401.	Not admitted but proved The Committee found that some information was sent to Patient AZ regarding the delays to his treatment but that information did not provide the full and accurate reasons for the delay to his treatment. (General theme I)
402.	Not admitted but proved

	The reasons are set out at H in the preamble to this determination.
403.	Admitted and proved
404.	As it relates to 403 - admitted and proved The Committee found that the reasons given in the email of 10 January 2013 to Patient AZ for the change of treatment from Invisalign to Orthocaps were misleading.
405.	As it relates to 403 - admitted and proved The Committee found that the reasons given in the email of 10 January 2013 to Patient AZ were dishonest by the standards of ordinary honest and reasonable men and women. It found that you were aware that these would be regarded as dishonest by that standard.

We move to Stage Two.”

On 19 November 2015 the Chairman announced the determination as follows:

“Mr Anand,

Having made its decision on the facts, the Committee heard further oral evidence from you. It also received documentary evidence of the remediation you have undertaken. The Committee heard submissions from Mr Townsend on behalf of the General Dental Council (GDC) and from Mr Jamieson on your behalf. It accepted the advice of its Legal Adviser.

The allegations against you are that your fitness to practise is impaired by reason of misconduct and that your fitness to practise is impaired by reason of deficient professional performance. The Committee was advised to consider whether the proven facts amount to misconduct or deficient professional performance or both. The Committee considered these allegations separately.

Misconduct

The Committee first considered whether the facts admitted and found proved amount to misconduct. In reaching its decision, the Committee assessed its findings under the relevant general themes set out in its findings of fact determination, namely:

- A. Did not carry out or record any or any adequate general dental examination and orthodontic clinical examination
- B. Adequate recording of a radiographic report
- C. All options for treatment including no treatment
- D. All the risks of the proposed treatment
- E. Communicating with the patient’s General Dental Practitioner (GDP)
- H. Informed Consent for change in type of aligners
- I. Full and accurate information about reasons for delay in treatment

- J. Commencing and completing treatment in a timely manner
- K. Failing to provide refunds in a reasonable time

In addition the Committee also considered the multiple findings of misleading and dishonest conduct.

The facts found proved in this case involve multiple failings in basic and fundamental areas of dentistry. They are serious and span a considerable period of time. The findings also include actions which fall far below the standard expected of registered dental professionals. Your actions and failings breached the GDC's Standards for Dental Professionals, May 2005 (the 2005 Standards) which was in force until September 2013, in particular:

Principle 1 Put patients' interests first and act to protect them

- 1.1 Put patients' interests before your own or those of any colleague, organisation or business.
- 1.2 Follow these principles when handling questions and complaints from patients and in all other aspects of nonclinical professional service.
- 1.3 Work within your knowledge, professional competence and physical abilities. Refer patients for a second opinion and for further advice when it is necessary, or if the patient asks. Refer patients for further treatment when it is necessary to do so.
- 1.4 Make and keep accurate and complete patient records, including a medical history, at the time you treat them. Make sure that patients have easy access to their records.
- 1.5 Give patients who make a complaint about the care or treatment they have received a helpful response at the appropriate time. Respect the patient's right to complain. Make sure that there is an effective complaints procedure where you work and follow it at all times. Co-operate with any formal inquiry into the treatment of a patient.
- 1.10 Do not make any claims which could mislead patients.

Principle 2 Respect patients' dignity and choices

- 2.1 Treat patients politely and with respect, in recognition of their dignity and rights as individuals.
- 2.2 Recognise and promote patients' responsibility for making decisions about their bodies, their priorities and their care, making sure you do not take any steps without patients' consent (permission). Follow our guidance 'Principles of patient consent'. In particular:
 - Principle 1 'Informed consent' at paragraphs 1.1, 1.2, 1.3, 1.4, 1.10
- 2.4 Listen to patients and give them the information they need, in a way they can use, so that they can make decisions. This will include:
 - communicating effectively with patients;
 - explaining options (including risks and benefits); and
 - giving full information on proposed treatment and possible costs.

Principle 6 Be trustworthy

- 6.1 Justify the trust that your patients, the public and your colleagues have in you by always acting honestly and fairly.
- 6.2 Apply these principles to clinical and professional relationships, and any business or educational activities you are involved in.
- 6.3 Maintain appropriate standards of personal behaviour in all walks of life so that patients have confidence in you and the public have confidence in the dental profession.

You did not ensure that an adequate general dental examination and an orthodontic clinical assessment of your patients had been carried out and recorded prior to commencing orthodontic treatment. Radiographs taken were not adequately reported. You failed to obtain informed consent for the proposed treatment. Patients were not provided with all of the options for treatment, including no treatment. You did not explain all of the risks of the proposed treatment to patients. Rather your treatment coordinators gave patients written information which contained the risks of Invisalign treatment. You changed the type of treatment aligners of some patients without discussing the change with patients and obtaining their informed consent. Patients must be given full and complete information in order to obtain their consent. You did not communicate with the general dental practitioners of patients who attended another dentist regularly.

The Committee accepted the opinion of Professor Willmot that, in a small number of cases, the proposed treatment for Invisalign was inappropriate because of the patients' poor oral health.

There were considerable delays to the commencement of treatment for most patients. Patients were not informed promptly of the reason for the delays and they were left to chase for information by telephoning and sending numerous emails to your practice. Patients were persistently ignored and when a response was eventually provided, the reasons given for the delays were inaccurate. The Committee found the reasons provided to patients were misleading and dishonest. Patients, many of whom had paid in advance, had a right to be given accurate information about their treatment and to receive and complete their treatment in a timely manner. Patients also had the right to receive their money back when treatment that they had paid for had not commenced within the agreed time frame.

The Committee was of the view that your failings are serious, fall far below the standards expected of you and would be regarded as deplorable by fellow dental professionals. The Committee concluded that all the facts admitted and found proved substantiate a finding of misconduct.

Deficient Professional Performance

The Committee was of the view that the patients in this case represented a fair sample of your practice. It accepted Professor Willmot's opinion that your conduct fell far below the standard of performance expected. The Committee took into account the facts admitted and found proved in the following general themes set out in its findings of fact determination:

- A. Did not carry out or record any or any adequate general dental examination and orthodontic clinical examination
- B. Adequate recording of a radiographic report

- C. All options for treatment including no treatment
- D. All the risks of the proposed treatment
- E. Communicating with the patient's General Dental Practitioner (GDP)
- F. Informed Consent for change in type of aligners

The Committee determined that the facts found in the above categories amount to deficient professional performance.

Impairment

The Committee then considered separately whether your fitness to practise is impaired by reason of your misconduct and whether your fitness to practise is impaired by reason of your deficient professional performance. The Committee exercised its independent judgement.

The Committee adopted the approach formulated by Dame Janet Smith in her Fifth Shipman Report that:

“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.”

The facts in this case span a period of more than three years and involve multiple patients. The Committee considers that your clinical failings and deficient professional performance are remediable. In considering whether they have been remedied it took account of the remediation evidence submitted on your behalf which included a reflective document titled “Insight” and a Personal Development Plan (PDP). Although you have taken steps to start to remedy your failings, your PDP does not adequately address all the core issues to which the heads of charge in this case relate. The Committee acknowledged that you may have been hampered in making further progress in the light of your personal circumstances. Mr Jamieson informed the Committee that you were subject to an interim order of conditions and the Committee noted that the remediation you have undertaken has been tailored to the conditions that were imposed on your registration. The Committee concluded that your clinical failings and deficient professional performance have not been remedied and as such there remains a risk of repetition of the behaviour in the future. Therefore, your fitness to practise is currently impaired by reason of your deficient professional performance.

In relation to misconduct, the Committee considered that this is not a case of a practitioner who lacks skills and understanding. You knew what you ought to do, but you failed to do it. The Committee was concerned that you have yet to demonstrate a recognition that patients are your prime responsibility and that they are key to your practice as a dentist. You have not demonstrated an acceptance of your responsibility as a dental professional in your oral

evidence. You have not provided any explanation to the Committee as to why these events occurred. You told the Committee that you were trying to ensure that your patients' treatment was not left uncompleted. However at no point did you voluntarily stop taking on new patients. As a result, more patients had their treatment delayed and some were financially disadvantaged. As the Committee found in its earlier decision, this demonstrated a degree of "fire-fighting" in your practice. You did not appear to appreciate the need to ensure that patients have a full understanding of all possible treatment options and that Invisalign was only one method of orthodontic treatment. The Committee was of the view that you have developed some insight into your failings but from your oral and documentary evidence, it was clear that your insight was insufficient. The Committee could not be confident that this behaviour would not be repeated in the future.

In relation to misleading and dishonest information given to patients, the Committee took account of the document titled "Insight", your oral evidence and your explanation of the contents of your PDP. It bore in mind that this type of misconduct which involves dishonesty and attitudinal concerns is not easily remediable.

The Committee also took account of the need to protect the public interest and maintain public confidence in the profession. It decided that the need to uphold proper professional standards and public confidence in the profession would be undermined if a finding of impairment were not made in this case.

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

Sanction

In considering what sanction, if any, to impose on your registration, the Committee bore in mind that the purpose of sanctions is not to punish, although it may have a punitive effect, but it is to protect the public, maintain public confidence in the profession and declare and uphold standards of behaviour. Throughout its deliberations the Committee took account of the principle of proportionality. The Committee considered the GDC's Guidance for the Practice Committees including Indicative Sanctions Guidance, 1 October 2015 (the Guidance).

The Committee considered the mitigating and aggravating factors in this case. In mitigation it noted that:

- you apologised to the patients and the Committee and demonstrated some insight;
- you have taken some steps to remedy your failings;
- you have engaged with the GDC process and attended the hearings of this Committee, despite some serious personal difficulties;
- there were positive findings in a patient satisfaction survey which you submitted in evidence at stage one of these proceedings.

The aggravating factors identified by the Committee include:

- there was a risk of harm to patients;
- there were multiple findings of misleading and dishonest conduct;
- your failings were multiple and not isolated;

- your conduct amounted to a breach of the trust that vulnerable patients had in you as a dental professional;
- your misconduct was sustained over a period of more than three years;
- you had received a previous unpublished warning from the GDC's Investigating Committee which related to matters similar to those found proved in this case.

The Committee determined that a sanction is appropriate in this case given the serious nature of the findings. It considered that it would be wholly inappropriate to conclude this case with no further action.

In relation to a reprimand, the Committee concluded that the misconduct and deficient professional performance in this case were not at the lower end of the spectrum. A reprimand would be inappropriate and insufficient.

The Committee then considered whether to impose conditions on your registration. It bore in mind that conditions must be clear, workable, achievable, measurable and proportionate. Conditions could be imposed to address the deficient professional performance. However, the serious nature of the misconduct together with the current level of insight you have demonstrated, could not be addressed by conditions. The Committee was also of the view that the imposition of conditions would not be sufficient to restore public confidence in the profession.

The Committee next considered whether to suspend your registration. It noted that suspension of your registration could last a period of 12 months and might be extended after review. However, the Committee was of the view that your misconduct very seriously undermined public confidence in the dental profession. In particular informed consent is a cornerstone of the public interest and must be paramount in the mind of registrants prior to carrying out treatment. Failure to obtain consent is a serious matter. Your conduct demonstrated a complete disregard for the rights and interests of patients.

This case involves a large number of patients and a large number of adverse findings were made against you. Many of the patients expressed a feeling of betrayal by reason of your behaviour. You took on more patients at a time when you were in difficulty without providing adequate or accurate explanation to those patients. Some patients paid in full at the initial stages and when the commencement of their treatment was delayed you did not provide honest reasons for the delay. When a refund was requested, it was not always forthcoming.

The Committee considered the following paragraphs of the appendix to the Guidance:

Paragraph 46: "Every patient is vulnerable when receiving treatment and therefore relies on the trustworthiness of the dental professional, which they are entitled to expect based on the professional's registered status."

Paragraph 47: "Dental professionals who abuse the trust which patients and wider society places in them can expect to forfeit the privileges which come with being a registered professional."

Paragraph 48: "Patients ..., colleagues and the public should be able to rely on a dental professional's integrity. Dishonesty, particularly when associated with professional practice, is highly damaging to the dental professional's fitness to practise and to public confidence in the profession."

By your actions you have undermined public confidence in the dental profession, and in this Committee's view, your conduct is incompatible with continued registration. The only proportionate and sufficient sanction is an order of erasure.

Accordingly the Committee determined that that your registration be erased from the Dentists Register pursuant to section 27B (6)(a) of the Dentists Act 1984."

"Mr Jamieson,

Mr Anand was not present today for the announcement of the Committee's decision on impairment and sanction.

The Committee considered the submissions made by Mr Townsend on behalf of the General Dental Council (GDC). You made no submissions on the matter. The Committee accepted the advice of the Legal Adviser.

The Committee determined that in light of its substantive decision, it is necessary for the protection of the public and otherwise in the public interest to impose an immediate order of suspension of Mr Anand's registration.

The effect of the foregoing direction and this order is that Mr Anand's registration will be suspended immediately and unless he exercises his right to appeal, the substantive direction for erasure will take effect 28 days from when notification of this hearing is deemed served. Should Mr Anand exercise his right to appeal, this order for immediate suspension will remain in place pending the resolution of any appeal proceedings.

The interim order of conditions currently on Mr Anand's registration, in respect of the allegations to which this determination relates, is hereby revoked.

That concludes the case."