

HEARING PARTLY HEARD IN PRIVATE*

*The Committee has made a determination in this case that includes some private information.
That information has been omitted from the text.

BRADSHAW, Gerard Francis

Registration No: 75845

PROFESSIONAL CONDUCT COMMITTEE

FEBRUARY 2016 – SEPTEMBER 2019**

Most recent outcome: Suspension extended for 12 months (with a review)

** See page 22 for the latest determination

Gerard Francis Bradshaw, a dentist, BDS Brist 1999, was summoned to appear before the Professional Conduct Committee on 8 February 2016 for an inquiry into the following charge:

Charge (as amended 9 February 2016)

“That being a registered dentist:

1. At all material times you practised as a dentist at [redacted].
2. You have failed to maintain accurate and contemporaneous records by amending Patient A’s records some time after October 2012.
3. Your conduct in relation to allegation 2 was:
 - a) Misleading
 - b) Dishonest
4. You failed to provide an adequate standard of care to Patient A on and/or after 1 October 2007 in that:
 - a) You placed a poor quality crown at UR1.
 - b) You placed a poor quality crown at UL1.
 - c) You placed a poor quality crown at UL2.
5. You failed to provide an adequate standard of care to Patient A on 7 December 2011 in that:
 - a) You placed a poor quality crown at LR1.
 - b) You placed a poor quality crown at LL2.
 - c) You placed a poor quality crown at LR2.
6. You failed to maintain appropriate standards of record keeping between June 2010 and August 2012, by not recording:
 - a) The details on all radiographs including:
 - i. The date of the radiograph;
 - ii. The area of the mouth radiographed.

- b) Full details of the treatment provided on 23 April 2012 including the rationale for prescribing antibiotics.
- 7. You failed to communicate effectively with the patient by not responding to Patient A's complaint dated 21 November 2012.
- 8. You have a health and/or mental health condition as set out in the schedule.

AND that by reason of the matters alleged, your fitness to practise is impaired by reason of your misconduct and/or health condition.”

On 11 February 2016 the Chairman made the following statement regarding the finding of facts:

“Mr Bradshaw: Prior to the hearing commencing you indicated to the General Dental Council (GDC) that you would not be attending and on the first day of the hearing you did not attend. However, during the morning of the first day, you indicated that you wished to attend the hearing. The Committee adjourned on that day to enable you to attend the hearing on the second day. Since the second day of the hearing you have been present, though you have not been legally represented.

At the outset of the hearing on day one, Ms Power, Counsel, on behalf of GDC, made an application under Rule 53(2) of the GDC (Fitness to Practise) Rules (the Rules), that this hearing be conducted in private since the matters under consideration relate in part to your health. The Committee, having received advice from the Legal Adviser, considers that the health matters alleged in this case are so closely entwined with the misconduct alleged that it would be appropriate to hear the entirety of the case in private. In these circumstances, the Committee acceded to Ms Power's application that the hearing be conducted in private. At the start of day two you confirmed that you did not object to the hearing being conducted in private.

Thereafter, Ms Power made an application under Rule 25 for this Committee to consider an additional allegation before this Professional Conduct Committee (PCC), together with the allegations set out in the Notice of Hearing dated 7 January 2016. The additional allegation is as follows:

“You failed to provide an adequate standard of care to Patient A on and/or after 1 October 2007 in that:

- a) You placed a poor quality crown at UR1.
- b) You placed a poor quality crown at UL1.
- c) You placed a poor quality crown at UL2.”

The GDC's position is that this additional allegation is of a similar kind and is founded on the same alleged facts as the matters previously referred to the PCC and falls within the provisions of Rule 25. You confirmed that you had received notice of this application and that you had no objection to the GDC's application. The Committee has considered the submissions made by both parties. It has accepted the advice of the Legal Adviser. It notes that the new allegation concerns the same patient (Patient A) and relates to the provision of poor quality crowns – an allegation which has already been charged against you in relation to the three lower crowns. In the Committee's judgement, the additional allegation falls within the provisions of Rule 25 and accordingly, it has determined to consider the additional allegation at the same time as the allegations set out in the Notice of Hearing dated 7 January 2016.

Ms Power then made an application under Rule 18(1) to amend the stem of charge 3 so that it refers to the correct allegation (namely allegation 2). Thus, the stem would read: "Your conduct in relation to allegation 2 ...". You indicated that you had no objection to Ms Power's application. The Committee accepted the advice of the Legal Adviser. It is satisfied that the amendment to charge 3 can be made without injustice. Accordingly, it determined to amend charge 3. At the close of the GDC's case, following the expert evidence of Mr Butler, it became apparent that the tooth referred to in charge 5(a) – LL1 – was incorrect – and should in fact be LR1. Both parties agreed to this amendment. The Committee agreed to amend charge 5(a) to read "You placed a poor quality crown at LR1."

The GDC's case concerns the treatment and care you provided to Patient A between 2007 and 2012 while you were practising as a dentist at the Windsor Place Dental Surgery (the Surgery). On 21 November 2012 Patient A made a formal complaint to the Surgery about the treatment you had carried out on her upper and lower teeth over the previous years. In that letter Patient A requested compensation for the overall cost of the treatment. Patient A was dissatisfied with the response she received from the Practice and so she made a formal complaint to the GDC in January 2013. The allegations against you fall into the following areas:

- Your failure to provide an adequate standard of care to Patient A in that you placed poor quality crowns at UR1, UL1, UL2, LR1, LL2 and LR2 (charges 4 and 5).
- Your failure to maintain appropriate standards of record keeping between June 2010 and August 2012 (charge 6).
- Your amending of Patient A's records sometime after October 2012, which the GDC says was misleading and dishonest (charges 2 and 3).
- Your failure to communicate effectively with Patient A in response to her complaint dated 21 November 2012 (charge 7).
- Your health condition (charge 8).

At the outset of the hearing you made admissions to the following charges: 1, 2, 3(a), 5(a), 5(b), 5(c), 6(b) and 8. The Committee noted your admissions but decided to defer its decision until it had received all the evidence in this case.

In considering whether the charges have been found proved, the Committee has had regard to all the documentary evidence before it contained in the four bundles of documents. This includes copies of Patient A's dental records from the Practice and the Hartley Dental Practice (where she was subsequently treated); her witness statement and exhibits as well as the expert report of Mr Butler dated 7 January 2016. The Committee has also had regard to your responses to the allegations dated 1 January 2016 and the professional references from referees 1 and 2 dated 25 January 2016 and 27 January 2016 respectively.

The Committee received oral evidence from three witnesses called on behalf of the GDC: Patient A and Mr Butler. It considered Patient A to be a credible and reliable witness. The Committee considered that Mr Butler gave a fair and objective opinion. [text redacted]

The Committee notes that you chose not to give evidence at this hearing. Nevertheless, it has had regard to your engagement in these proceedings, including the detailed comments you made to the Committee at the close of your case.

The Committee also heard oral evidence via telephone from referees 1 and 2. They have confirmed that they have knowledge of your honesty and probity in the context of your professional practice. They also referred to the difficulties you were facing in your

professional practice, in relation to your health and in your private life at the time of the events in question.

The Committee has accepted the advice of the Legal Adviser. The Committee has borne in mind that the burden of proof is on the GDC and that it must decide the facts according to the civil standard of proof, on the balance of probabilities. In accordance with that advice the Committee has considered each charge separately.

In respect of charge 3(b), that your conduct was dishonest, the Committee has been advised of the two-stage test (firstly, the objective test and if satisfied of that, then secondly, the subjective test) it must apply, as set out in the case of *R v Ghosh* [1982] 2 All ER 689. This was as follows:

- First, whether, according to the ordinary standards of reasonable and honest dentists, what was done was dishonest. If it was not dishonest by those standards, that is the end of the matter and the prosecution fails.
- Second, if it was dishonest by those standards, whether the dentist himself must have realised that what he was doing was by those standards dishonest.

During the course of this hearing, the Committee was referred to the recent case of *Kirschner v the GDC* [2015] EWHC 1377 (Admin). In that case, Mostyn J. reviewed the legal test for dishonesty. He noted in particular (at paragraph 10) an earlier case in which Lord Hoffmann stated that the principles “require a dishonest state of mind, that is to say, consciousness that one is transgressing ordinary standards of honest behaviour”.

The Committee was also advised that you are of good character as you have no convictions and you have no fitness to practise history before the GDC. It was also advised that it is entitled to take your good character into account when considering your credibility and your propensity to act dishonestly.

I will now announce the Committee’s findings in relation to each of the charges:

1.	Admitted and found proved
2.	Admitted and found proved You have accepted that you changed Patient A’s electronic notes. The Committee has also seen examples in Patient A’s notes where it is apparent that the notes have been changed. Mr Butler gave evidence on this matter. He carried out a comparison between the original records and the modified version for consultations dated 16 March 2009, 29 April 2009, 5 May 2009, 18 June 2010, 29 September 2011, 23 November 2011, 7 December 2011, 20 December 2011, 5 January 2012, 1 March 2012, 23 April 2012 and 17 May 2012, as set out in Annex E of his report.
3a.	Admitted and found proved You have accepted that your conduct was misleading. Mr Butler’s report refers to the GDC’s standards document, specifically the requirement to make and keep complete and accurate patient records, which is also echoed in the Faculty of General Dental Practitioners’ (FGDP) guidance on Clinical Examination and Record Keeping. Furthermore, Mr Butler gave evidence that if alterations are required to patient records, then they must be clearly labelled as such, including the date of the retrospective entry. He gave detailed evidence of how your alterations to Patient A’s notes could be perceived by someone reading them. The Committee agrees with Mr Butler’s evidence on this matter. It considers that any subsequent amendments to Patient A’s records should have been marked clearly

	<p>to indicate the changes made. There is no note to this effect in Patient A's notes. In the Committee's view, your conduct in this regard was misleading because the reader of the notes would properly assume that the records had been written contemporaneously, when this was not the case.</p>
3b.	<p>Found not proved</p> <p>[text redacted]</p> <p>Mr Butler gave detailed evidence on all of the amendments you made to Patient A's notes. His overall opinion is that the alterations made Patient A's periodontal condition appear worse and that some of the additions to the notes gave a more favourable impression of your treatment of Patient A. However, Mr Butler accepted that he could see no obvious reason for some of the alterations and that they resulted in no apparent advantage to you. In this regard, the Committee considers it noteworthy that you have explained that you were willing to refund the cost of treatment to Patient A and it has seen evidence in support of that in the documents.</p> <p>[text redacted]</p> <p>It is clear from the testimonial evidence of referees 1 and 2 that it would have been completely out of character for you to act dishonestly. Both witnesses gave evidence as to your early and frank disclosure to the Primary Care Trust when you became aware of potential problems in your practice regarding one of your associates making inappropriate claims. It was the referees' view that you behaved with complete integrity and honesty in order to assist the consequential investigation.</p> <p>The Committee has considered carefully the two stage test it must apply in considering whether your conduct was dishonest. It is satisfied, according to the ordinary standards of reasonable and honest dentists that your actions in amending Patient A's records without proper labelling was dishonest.</p> <p>Turning to the second stage of the test, the Committee has considered carefully whether you yourself realised that what you were doing was dishonest. The Committee is of the view that your alleged dishonest conduct is totally out of character. It has found that at the time when you altered Patient A's record, your behaviour was affected by your health condition. Taking these factors into account, the Committee cannot be satisfied, on the balance of probabilities, that at the time you realised that what you were doing was dishonest. Accordingly, the second limb of the test is not made out and the Committee finds this charge not proved.</p>
4a., 4b. and 4c.	<p>Found not proved</p> <p>In view of the photographic and radiographic evidence presented before the Committee, it is of the view that the three upper anterior crowns provided appear to be clinically appropriate. The gingival contour and the stippling around the crowns also appear to be of an adequate standard. The Committee notes that these crowns were provided to Patient A in 2007 and the evidence available to Mr Butler derives from photographic and radiographic information taken five years after the placement of the crowns. On further questioning on this matter, Mr Butler conceded that the photographic and radiographic evidence demonstrates that the crowns were "fitting better" than he initially thought, albeit he maintained his view</p>

	that they were below standard. In view of the information the Committee has before it, including Patient A's oral health, it disagrees with Mr Butler's view and is satisfied that these crowns are of an adequate standard.
5a., 5b. and 5c	Admitted and found proved You accepted that you placed poor quality crowns at LR1, LL2 and LR2. Mr Butler referred to the periapical radiographs of Patient A's lower anterior teeth which, in his opinion, revealed ill-fitting crowns. The Committee has seen the radiographs and notes that the marginal adaptation of the crowns is of an inadequate standard. In addition, the Committee has noted from the notes repeated deterioration of the crowns in terms of structure. It has accepted Mr Butler's evidence on this matter.
6a(i).	Found not proved This charge alleges a failure of record keeping regarding the details of radiographs between June 2010 and August 2012. In support of its case, the GDC relies on Mr Butler's evidence which referred to four radiographs [shown on pages 161, 163, 167 and 174 of the bundle]. He noted that they were not be labelled and dated. In respect of the radiograph shown on page 161, the Committee notes that this was taken on 29 September 2006, which falls well outside the period alleged in the charge; in respect of the other three radiographs, the Committee is not satisfied that the GDC has provided evidence to support the proposition that these were taken between June 2010 and August 2012.
6a(ii).	Found not proved You admitted a failure to record details of the area of the mouth radiographed. However, given the Committee's finding at 6a(i), the Committee is not satisfied that this charge is proved.
6b.	Admitted and found proved You accepted this charge at the outset. Mr Butler was critical of your failure to record your rationale for prescribing Amoxicillin capsules in Patient A's notes. The Committee has accepted Mr Butler's evidence on this matter.
7.	Found proved This charge is predicated on Mr Butler's criticism of your delay in dealing with Patient A's complaint, which, he felt, should have been within three days and resolution sought within 10 days. He considered that your delay in dealing with Patient A's complaint was compounded by your request that you be sent a copy of the second opinion (from Hartley Dental Surgery) received by Patient A before you would respond. The Committee notes that on 29 November 2012 the Practice Manager sent a letter to Patient A, acknowledging receipt of her letter of complaint dated 21 November 2012 (but received by the Practice on 27 November 2012). In that letter the Practice Manager requests that Patient A sends the Practice a copy of her new dental records and any xrays/radiographs as part of its investigation. The letter advises Patient A that on receipt of this information, the Practice will review it and a response will be sent to Patient A, with a predicted timescale of 20 working days. Patient A sent a letter dated 2 December 2012 to the Practice Manager in which she repeats her request to receive all of her dental records and treatment plans whilst under your care, by the end of the week. You responded to Patient A's request by letter dated 15 December 2012, in which you enclosed copies of her notes. You also stated that on receipt of her notes (from Hartley

	<p>Dental Surgery) you would hope to be able to respond to her complaint. You also stated that you would deal with her complaint on your return from leave in January 2013. The Committee was less concerned about the timing of response to Patient A's complaint but agrees with Mr Butler's criticism of your response being conditional on you receiving a copy of the notes from Hartley Dental Surgery. Patient A was complaining about the treatment you provided to her. In the Committee's view, you should have responded to her complaint on the basis of your own set of notes and treatment of her and that it was not necessary for you to receive a copy of the notes from another treating dental surgery in responding to that complaint. In this respect your response to Patient A dated 15 December 2012 was not "effective"</p>
8.	<p>Admitted and found proved [text redacted]</p>

We move to Stage Two."

On 11 February 2016 the hearing was adjourned.

On 6 May 2016 the hearing resumed. The Chairman announced the determination as follows:

"Mr Bradshaw:

This is the resumed hearing of your case, which began on 8 February 2016, but went part heard on 11 February 2016, owing to time constraints. At the hearing in February 2016 the Committee heard evidence in relation to the factual matters against you and announced its factual findings. Thereafter, in accordance with Rule 20 of the General Dental Council (GDC)(Fitness to Practise) Rules Order of Council 2006, the Committee heard submissions from Ms Power, on behalf of the GDC, and you on stage two of the proceedings. It received advice from the Medical Adviser and the Legal Adviser, both of which the Committee accepted. The Committee then adjourned, part heard, until today, to reach its decisions.

Misconduct

Ms Power submitted that the facts found proved against you amount to misconduct. You accepted a number of shortcomings in respect of your treatment of Patient A, for which you apologised, albeit you say that these events occurred at a time when you were experiencing difficulties in your health.

The allegations of misconduct arise from your treatment of Patient A between 2007 and 2012, about which she subsequently made a formal complaint. The Committee has found proved that:

- You failed to provide an adequate standard of care to Patient A on 7 December 2011 in that you placed poor quality crowns at LR1, LL2 and LR2.
- You failed to record in Patient A's notes the full details of the treatment provided on 23 April 2012, including your rationale for prescribing Amoxicillin capsules on that occasion.
- You failed to communicate effectively with Patient A in that you did not respond to her complaint dated 21 November 2012.

- You amended Patient A's records sometime after October 2012, which was misleading.

Mr Butler, expert for the GDC, considered that you had departed from the expected standards of a registered dentist. In particular, he was very critical of your conduct in amending Patient A's records, as well as your failure to respond appropriately to Patient A's complaint. He referred to your breaches of the GDC's 'Standards for Dental Professionals' as well as the Faculty of General Dental Practitioners' (FGDP) guidance on 'Clinical Examination and Record Keeping'.

The Committee has had regard to the following paragraphs of the GDC's 'Standards for Dental Professionals' (May 2005), which it considers you have breached:

- 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 non-clinical professional service.
- 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.
- 6.1: Justify the trust that your patients, the public and your colleagues have in you by always acting honestly and fairly.

[Text removed].

It also notes your admissions to most of the shortcomings identified in this case, as well as your apology to Patient A. Nevertheless, your conduct had a significant impact on Patient A. The Committee considers that the findings against you are serious and that taken collectively, they amount to a falling far below the appropriate standards expected of a registered dentist. Accordingly, the Committee has determined that the findings against you amount to misconduct.

Current fitness to practise

The Committee then went on to consider whether your fitness to practise is currently impaired by reason of your misconduct and/or by reason of your health condition. In so doing, it has had regard to the public interest, which includes the protection of patients, the maintenance of public confidence in the profession and the upholding of proper professional standards and conduct. It has also had regard to the submissions made by both parties.

Misconduct

Ms Power acknowledged that you have shown remorse and some insight into the clinical matters. However, she submitted that there is no evidence of remediation in relation to the specific clinical failings, including complaints handling, and that in the absence of such evidence a finding of current impairment is necessary for the protection of the public. Furthermore, Ms Power submitted that your conduct in amending Patient A's notes was sufficiently grave to warrant a finding of current impairment in the public interest.

You informed the Committee that once the GDC began investigating matters against you, you ceased practising immediately, and you have not practised since April 2013. Given these circumstances, there is no evidence of any remediation of the clinical failings concerning Patient A.

The Committee considers that you have shown insight into your clinical failings and that you readily accepted a number of the shortcomings. You have shown remorse, which the Committee accepts as genuine, and you have openly apologised to Patient A. You have recognised that your treatment of Patient A was unacceptable in a number of respects. The Committee is of the view that your clinical failings are, in principle, remediable. However, given that you have not been practising since April 2013, you have not been able to provide any evidence of remediation. Therefore, the Committee cannot be satisfied that you will not repeat the failings identified in this case. Thus, in the Committee's view, you remain a risk to patients. Accordingly, the Committee is satisfied that your fitness to practise is currently impaired by reason of your misconduct.

The Committee has also considered the proposition put forward by Ms Power that, given the Committee's finding that your conduct in amending Patient A's record was misleading, a finding of current impairment is necessary in the wider public interest, which includes the upholding of proper professional standards and public confidence in the profession. While the Committee considers that your conduct in amending the records was entirely unacceptable, and a serious breach of the GDC's 'Standards for Dental Professionals', it has borne in mind that it took place at a time when you were unwell. You accepted that it was 'stupid' thing to have done, at a time when you were under extreme stress. The Committee set out in some detail its reasons for concluding that your conduct, although misleading, was not dishonest. In all of the circumstances, and having regard to all of its findings, the Committee is not satisfied that a finding of current impairment in the wider public interest is necessary.

Health

[Text removed]

Having regard to all the medical evidence, the Committee is satisfied that your fitness to practise is currently impaired by reason of your health condition.

Sanction

The Committee has considered what sanction, if any, should be imposed on your registration. In so doing, the Committee has had regard to all the evidence before it, as well as the GDC's "Guidance for the Practice Committee including Indicative Sanctions Guidance" (October 2015).

Ms Power invited the Committee to consider suspending your registration for a period of 12 months, which is the maximum permissible period. She said that it was open to the Committee to consider the sanction of erasure, but asked the Committee to have regard to the substantial mitigating factors in this case. You apologised to Patient A and to the profession for your shortcomings. You concurred with Ms Power's submission that the suspension of your registration for 12 months would be appropriate.

The Committee is aware of the general principles it must apply in considering what sanction, if any, is to be imposed. This includes the need to protect patients and the public interest. The public interest includes not only the protection of patients, but also the maintenance of public confidence in, and the reputation of, the profession and its regulatory process, as well as the declaring and upholding of proper standards of conduct and behaviour. The

Committee has also had regard to the principle of proportionality, weighing the interests of the public with your own interests.

The Committee has had regard to the fact that this case relates to your treatment of one patient only, albeit that it had a significant impact on her. Although the Committee has found shortcomings in the provision of your care of that patient, it has borne in mind that the events in question took place at a time when you were experiencing considerable problems with your health. You have apologised for your shortcomings, you have expressed remorse and you have engaged fully in these proceedings.

The Committee first considered whether it would be sufficient to conclude this case by taking no action. Given its reasons for finding current impairment in relation to your misconduct and your health, the Committee considers that such a course of action would not be sufficient for the protection of patients or be in the public interest. For the same reasons, the Committee has concluded that it would be inappropriate and insufficient to conclude this case with a reprimand.

The Committee considered whether to impose conditions on your registration, bearing in mind that any conditions imposed would have to be clear, workable, measurable and enforceable.

[Text removed]

You told the Committee that were you permitted to return to practice, you would wish it to be in a hospital setting, with support in place.

[Text removed]

The Committee then went on to consider the suspension of your registration.

[Text removed]

Accordingly, the Committee considers it is necessary for the protection of the public as well as in your own interests, to direct that your registration be suspended for a period of 12 months.

[Text removed]

A Committee will review your case at a resumed hearing to be held shortly before the end of the period of suspension. That Committee will consider what further action to take in relation to your registration. It is likely to be assisted by up to date medical evidence.

The Committee considered the sanction of erasure but is of the view that it would be unnecessary and disproportionate to the findings against you for the reasons set out above.

It now invites submissions from both parties as to whether your registration should be suspended immediately, pending the taking effect of its substantive direction.”

Decision on immediate order

“Mr Bradshaw:

The interim order of suspension on your registration is hereby revoked.

Having directed that your registration be suspended, the Committee has considered whether to order that your registration be suspended forthwith in accordance with Section 30(1) of the Dentists Act 1984. In so doing, it has had regard to the General Dental Council's (GDC)

'Guidance for the Practice Committees including Indicative Sanctions Guidance' (October 2015). The Committee has accepted the advice of the Legal Adviser.

Ms Power, on behalf of the GDC, has submitted that an order for immediate suspension is necessary for the protection of the public in the light of the Committee's reasons for finding current impairment and directing that your registration be suspended. You made no submissions on this matter.

In accordance with Section 30(1) of the Dentists Act 1984 the Committee has determined that it is necessary for the protection of the public and is in your own interests to order that your registration be suspended forthwith. In reaching its decision, the Committee is satisfied that you pose a risk to the public for the reasons set out in its determination at stage two. It is also satisfied that an immediate order is necessary in your own interests.

The effect of this direction is that your registration will be suspended immediately. The order will remain in place during the 28 day appeal period and should you exercise your right of appeal, it will remain in place until the resolution of any appeal.

That concludes the case."

At a review hearing on 17 May 2017 the Chairman announced the determination as follows:

"Mr Bradshaw,

APPLICATION FOR HEARING TO TAKE PLACE IN PRIVATE

At the start of this hearing Ms Headley made an application under Rule 53 of the Fitness to Practise Rules for the entire hearing to take place in private on the basis that matters relating to your health, which are integrally linked to the issue of misconduct, will be discussed. You made no objection.

The Committee acceded to the application.

BACKGROUND

On 6 May 2016 the Professional Conduct Committee determined that facts it had found proved against you in relation to your treatment of Patient A amounted to misconduct. It found that your fitness to practice was impaired by reason of that misconduct and by reason of your adverse health.

The misconduct arose from your treatment of Patient A between 2007 and 2012, during which time:

- You failed to provide an adequate standard of care to Patient A on 7 December 2011 in that you placed poor quality crowns at LR1, LL2 and LR2.
- You failed to record in Patient A's notes the full details of the treatment provided on 23 April 2012, including your rationale for prescribing Amoxicillin capsules on that occasion.
- You failed to communicate effectively with Patient A in that you did not respond to her complaint dated 21 November 2012.
- You amended Patient A's records sometime after October 2012, which was misleading.

[PRIVATE]

The Committee suspended your registration for a period of twelve months with a review to be conducted shortly before the end of that period.

Today this Committee has conducted a review of the matter. It has considered all of the evidence before it. It took account of the submissions made by Ms Headley on behalf of the

GDC and those made by you. It heard oral evidence from you and from the General Dental Council's (GDC) expert witness [PRIVATE].

The Committee accepted the advice of the Legal Adviser

IMPAIRMENT

The Committee considered whether your fitness to practise remains impaired by reason of your misconduct and/or by reason of your health condition.

Misconduct

In relation to the clinical matters, the Committee had regard to the continuing professional development (CPD) that you have undertaken since the initial hearing, noting that you have completed 30 hours. You have produced a reflective document in which you outlined your understanding of where you went wrong in your treatment and care of Patient A and the corrective steps you have taken to date. In it, you also explain the personal difficulties you were experiencing at the time, which included suffering the bereavement of three members of your immediate family.

In a letter from your local Deanery, dated 10 May 2017, the Associate Postgraduate Dental Dean confirms that you have attended meetings with him and that you have demonstrated insight into the issues that led to your suspension. He stated that you have shown a willingness to address the areas highlighted by the GDC. He further stated that you are '...aware of the need to demonstrate a staged return to practice...'

The Committee noted that you have not worked since 2013. Your efforts so far are to be commended. However, the steps you have taken so far are not yet sufficient to remedy your past misconduct.

The Committee has determined that in the light of the length of time since you last practised dentistry four years ago and the very limited CPD you have undertaken since the initial hearing, the clinical concerns have not yet been fully addressed. It therefore finds that your fitness to practise remains impaired by reason of your misconduct.

Health

[PRIVATE].

In the light of this, the Committee determined that your fitness to practise remains impaired by reason of your health condition.

The Committee further determined that it was necessary to make a finding of current impairment on the grounds of your misconduct and your adverse health condition, in order to declare and uphold standards and to maintain public confidence in the profession.

SANCTION

The Committee next considered what sanction, if any, should be imposed on your registration. It bore in mind the need to protect patients and the public interest. The Committee also had regard to the principle of proportionality, weighing the interests of the public with your own interests.

Ms Headley invited the Committee to consider the imposition of conditions upon your registration for a period of 12 months. She put forward a set of draft conditions for the Committee to consider.

You agreed with Ms Headley that the imposition of all of the conditions suggested by the GDC would be appropriate.

The Committee first considered whether it would be sufficient to terminate the current order of suspension and conclude the case with no further action. However in the light of your continuing impairment and the attendant risk to the public and the public interest it determined that such action would be inadequate to address those concerns.

The Committee next considered whether to terminate the order of suspension and impose conditions on your registration. It determined that clear, workable, measurable and enforceable conditions could be formulated that would serve to adequately safeguard the public and the public interest, whilst facilitating your safe return to practice and providing a framework of support to manage your health condition.

The following conditions are imposed for a period of 12 months and will be reviewed shortly before the end of that period. They will appear against the name of Gerard Francis Bradshaw in the Dentists Register in the following terms:

1. He must notify the GDC promptly of any professional appointment he accepts and provide the contact details of his employer or any organisation for which he is contracted to provide dental services and the Commissioning Body on whose Dental Performers List he is included or Local Health Board if in Wales, Scotland or Northern Ireland.
2. He must allow the GDC to exchange information with his employer or any organisation for which he is contracted to provide dental services, and any Postgraduate Dental Dean/Director, workplace supervisor and medical supervisor referred to in these conditions.
3. He must inform the GDC of any formal disciplinary proceedings taken against him, from the date of this determination.
4. He must inform the GDC if he applies for dental employment outside the UK.
5. He must work with a Postgraduate Dental Dean/Director (or a nominated deputy), to formulate a Personal Development Plan, specifically designed to address the deficiencies in the following areas of his practice:
 - Record keeping
 - Complaints handling
 - Antibiotic prescribing
6. He must forward a copy of his Personal Development Plan to the GDC within three months of the date on which these conditions become effective and an updated copy of his personal development plan 1 month before any review hearing.
7. At any time he is employed, or providing dental services, which require him to be registered with the GDC; he must place himself and remain under the *close supervision of a workplace supervisor nominated by him, and agreed by the GDC.
8. The Workplace Supervisor's reports will be due every three months and the GDC will make these reports available to any Postgraduate Dean/Director or Educational Supervisor referred to in these conditions.
9. He must keep his professional commitments under review and limit his dental practice in accordance with his workplace supervisor's advice.
10. [PRIVATE].
11. [PRIVATE].
12. a. [PRIVATE]

- b. [PRIVATE]; and
c. [PRIVATE].
13. [PRIVATE].
14. [PRIVATE].
15. [PRIVATE].
16. He shall not engage in single-handed dental practice and shall only work at premises where another GDC registrant is working at the same time as he is working and with whom he has made personal contact before he commences treatment of patients at each session.
17. [PRIVATE].
18. [PRIVATE].
19. [PRIVATE].
20. [PRIVATE].
21. [PRIVATE].
22. [PRIVATE].
23. a. He shall carry out an audit of his record keeping and antibiotic prescribing. The audit must be signed by his workplace supervisor.
b. He must provide a copy of this audit to the GDC on a three monthly basis or, alternatively, confirm that there have been no such cases.
24. He must inform within one week the following parties that his registration is subject to the conditions, listed at 1 to 23 above:
- Any organisation or person employing or contracting with him to undertake dental work;
 - Any locum agency or out-of-hours service he is registered with or applies to be registered with (at the time of application);
 - Any prospective employer (at the time of application);
 - The Commissioning Body on whose Dental Performers List he is included or seeking inclusion, or Local Health Board if in Wales, Scotland or Northern Ireland (at the time of application).
25. He must permit the GDC to disclose conditions 1 to 9, 16, 23 and 24 to any person requesting information about his registration status.”

**Close supervision is defined as follows.*

“The registrant’s day to day work must be supervised by a person who is registered with the GDC in their category of the register or above and who must be on site and available at all times. As a minimum, the registrant’s work must be reviewed at least twice a week by the supervisor via one to one meetings and case-based discussion. These bi-weekly meetings must be focused on all areas of concern identified by the conditions/undertakings. These meetings must take place face to face”.

Source: GDC Glossary of Terms November 2016

IMMEDIATE ORDER

“The Committee considered the submissions made by Ms Headley and you. It accepted the advice of the Legal Adviser.

Ms Headley invited the Committee to impose an immediate order of conditional registration upon you. She submitted that such an order is necessary for the protection of the public, that it is otherwise in the public interest and that it is in your own interests.

The Committee accepted Ms Headley’s submissions and determined that it would be appropriate and proportionate for your registration to be made subject to immediate conditions. This will allow you to begin to seek employment whilst the public are safeguarded.

The effect of the foregoing determination and this order is that your registration will be made subject to an order of conditions with immediate effect. If you choose to appeal the substantive decision, this immediate order of conditional registration will remain in place until the resolution of that appeal. If no appeal is pursued, the immediate order will remain in place for 28 days, following which the substantive order of conditional registration will take effect.”

At a review hearing on 23 May 2018 the Chair announced the determination as follows:

“Mr Bradshaw,

Miss Holmes, on behalf of the General Dental Council (GDC) informed the Committee that some of the matters to be considered at this hearing are in relation to your health and as such would require the hearing to be heard in private.

You had no objection to this application.

The Committee accepted the advice of the Legal Adviser in relation to rule 53 of *the General Dental Council (Fitness to Practise) Rules Order of Council 2006* (the rules) and the factors that the Committee must consider when deciding whether to hold this hearing in private.

Given the health matters prevalent in this case, the Committee determined that it was appropriate to hear this case in private and that a private and an appropriately worded public determination would be produced by the Committee.

Determination on review:

This is the second review of a conditions of practice order initially imposed on your registration for a period of 12 months, following the decision by the Professional Conduct Committee (PCC) on 6 May 2016.

At the PCC hearing the Committee determined that you failed to provide an adequate standard of care to Patient A on 7 December 2011 in that you placed a number of poor quality anterior crowns, you failed to record in Patient A’s notes the full details of the treatment provided on 23 April 2012, including your rationale for prescribing Amoxicillin capsules on that occasion, you failed to communicate effectively with Patient A in that you did not respond to her complaint dated 21 November 2012, and you amended Patient A’s records sometime after October 2012, which was misleading. It also found that you had an adverse health condition, PRIVATE.

That Committee determined that your fitness to practise was impaired by reason of your misconduct and your adverse health condition and directed that your registration be made subject to a suspension order for a period of 12 months with a review.

The order was first reviewed on 17 May 2017. The review Committee determined that your fitness to practise remained impaired and directed that the suspension order replaced by a conditions of practice order for a period of 12 months.

This hearing was convened pursuant to the Dentist Act 1984 (the Act) to review the conditions of practice order, which is due to expire on 14 June 2018.

Miss Holmes outlined for the Committee the background of this case. She referred the Committee to the documentation before it and drew its attention to the specific documentation that is relevant to the Committee's consideration today.

PRIVATE

Miss Holmes submitted that you had complied with your conditions up until December 2017, at which time you stopped working towards your PDP and undertaking remedial action, albeit you have not been working as a dentist. She submitted that you are no further along in terms of remediation of the identified misconduct since the last review and as a result your fitness to practice remains impaired by reason of your misconduct. She submitted that it is a matter for the Committee to consider the medical evidence when determining whether your fitness to practice is currently impaired by reason of your adverse health, but to bear in mind that your health has not been tested in the workplace. Miss Holmes invited the Committee to consider a draft set of amended conditions to be imposed for a period of 12 months.

You told the Committee that you have not undertaken any clinical work but you attend the practice in order to ensure that all regulations are being complied with and to sign cheques for the practice. You asked the Committee to consider allowing your clinical supervisor to have less experience than the GDC requires for a workplace supervisor as you have had difficulty finding someone with more than 5 years experience.

PRIVATE

You said you have no intention of returning to full time work and would be happy for a restriction to be put in place stating that you are only to work part time. You explained that as you have not worked as a dentist you have not had the opportunity to address the record keeping or the clinical aspects of the identified misconduct. You explained that you could work in another practice in order to remediate the clinical aspects highlighted.

In response to questions you explained that you were willing to undertake courses to address your record keeping deficiencies. You explained that if you were to return to full practise you may benefit from a return to work course, however as you do not intend to return full time or undertake the full range of dentistry work, you do not see the benefit of this.

The Committee accepted the advice of the Legal Adviser.

The Committee had regard to your evidence, it noted that you now have a greater understanding of the triggers that may impact your health and a realistic view of the steps that you still have to take in order to fully remediate your misconduct. The way in which you have approached your health condition has satisfied the Committee that you have taken appropriate steps towards full insight.

The Committee was of the view that you have insight into your health condition and the factors that led to your health adversely impacting your ability to practise. It noted that your health has not been tested by the stresses involved in working, however the Committee was satisfied that you have full understanding of the triggers and the warning signs and the ability to recognise when you need to step away from work due to your health. In all these circumstances the Committee concluded that your fitness to practise is no longer impaired by reason of your adverse health.

The Committee noted that you recognise the steps you need to take to properly address the misconduct before you are fit to return to practise. However, you have not been in work for a

significant period of time and as such have not had the opportunity to fully demonstrate remediation. The Committee had sight of the complaints policy that was provided by you and the extract from the FGPD guidance. However, it has not seen any reflection from you about this or any evidence of changes being embedded into your work. This is confirmed by the Associate Dean of Health Education England, who stated in his report to the GDC that *'Mr Bradshaw is very happy to meet up but I not sure that he really wants to return to clinical practice. I feel he fully aware of the issues and has willingness to do something about it but this has not translated into action'*. The report also confirms that you have not updated your PDP since May 2017.

The Committee concluded, in all the circumstances, that your fitness to practise remains impaired by reason of your misconduct.

The Committee then considered what, if any, sanction to impose in this case. The Committee was aware of the range of sanctions available to it and that it must consider the sanctions in order from the least serious.

The Committee was aware that it should have regard to the principle of proportionality, balancing the public interest against your own interests. The public interest includes the protection of the public, the maintenance of public confidence in the profession; and declaring and upholding standards of conduct and performance within the profession.

The Committee noted its powers under Section 27C of the Act.

The Committee first considered whether it would be appropriate to allow the current order to lapse at its expiry or to revoke it with immediate effect. The Committee considered that given all of the information before it, it would not be appropriate to revoke the current order or to allow it to lapse without anything in its place, as this would not protect the public nor would it be in the public interest as it would not address the outstanding remediation.

The Committee then considered whether to continue the current conditions of practice order. The Committee was satisfied that conditions of practice could be formulated to be workable, measurable and proportionate. The Committee had regard to the draft conditions and the submissions from both parties as to the workability of these. The Committee was satisfied that conditions would address the public interest and protect the public. Accordingly, the Committee directs that your registration be subject to the following conditions, which will appear against your name on the Register as follows:

1. He must forward a copy of his indemnity cover to the GDC prior to resuming employment or providing dental services, which require him to be registered with the GDC.
2. He must notify the GDC promptly of any professional appointment he accepts and provide the contact details of his employer or any organisation for which he is contracted to provide dental services and the Commissioning Body on whose Dental Performers List he is included or Local Health Board if in Wales, Scotland or Northern Ireland.
3. He must allow the GDC to exchange information with his employer or any organisation for which he is contracted to provide dental services, and any Postgraduate Dental Dean/Director, workplace supervisor referred to in these conditions.
4. He must inform the GDC of any formal disciplinary proceedings taken against him, from the date of this determination.
5. He must inform the GDC if he applies for dental employment outside the UK.

6. He must work with a Postgraduate Dental Dean/Director (or a nominated deputy), to formulate a Personal Development Plan, specifically designed to address the deficiencies in the following areas of his practice:
 - a. Record keeping
 - b. Complaints handling
 - c. Antibiotic prescribing
7. He must forward a copy of his updated Personal Development Plan to the GDC within three months of the date on which these conditions become effective and an updated copy of his personal development plan 1 month before any review hearing.
8. At any time he is employed, or providing dental services, which require him to be registered with the GDC, he must place himself and remain under the close supervision* of a workplace supervisor nominated by him, and agreed by the GDC.
9. The Workplace Supervisor's reports will be due every three months and the GDC will make these reports available to any Postgraduate Dean/Director or Educational Supervisor referred to in these conditions.
10. He must keep his professional commitments under review and limit his dental practice in accordance with his workplace supervisor's advice.
11. He shall carry out an audit of his record keeping and antibiotic prescribing. The audit must be signed by his workplace supervisor.
12. He must provide a copy of this audit to the GDC on a three monthly basis or, alternatively, confirm that there have been no such cases.
13. He must inform within one week the following parties that his registration is subject to the conditions, listed at 1 to 12 above:
 - Any organisation or person employing or contracting with him to undertake dental work;
 - Any locum agency or out-of-hours service he is registered with or applies to be registered with (at the time of application);
 - Any prospective employer (at the time of application);
 - The Commissioning Body on whose Dental Performers List he is included or seeking inclusion, or Local Health Board if in Wales, Scotland or Northern Ireland (at the time of application).
14. He must permit the GDC to disclose these conditions to any person requesting information about his registration status.

The Committee concluded that the period of this order shall be for 12 months with a review prior to expiry. This time will allow you to undertake a return to work phase and address the outstanding remediation in order to demonstrate to the reviewing Committee compliance with the conditions. “

IMMEDIATE ORDER

“The Committee considered the submissions made by Ms Holmes and you. It accepted the advice of the Legal Adviser.

Ms Holmes invited the Committee to impose an immediate order of conditional registration that mirrors the substantive conditions.

The Committee determined that it would be appropriate and proportionate for your registration to be made subject to immediate conditions that mirror the substantive conditions. The Committee concluded that this immediate order is necessary for the protection of the public, is otherwise in the public interest and given the circumstances it is in your own interest to have the new conditions effective immediately.

The effect of the foregoing determination and this order is that your registration will be made subject to the varied conditions with immediate effect. If you choose to appeal the substantive decision, this immediate order of conditional registration will remain in place until the resolution of that appeal. If no appeal is pursued, the immediate order will remain in place for 28 days, following which the substantive order of conditional registration will take effect."

**Close supervision is defined as follows.*

"The registrant's day to day work must be supervised by a person who is registered with the GDC in their category of the register or above and who must be on site and available at all times. As a minimum, the registrant's work must be reviewed at least twice a week by the supervisor via one to one meetings and case-based discussion. These bi-weekly meetings must be focused on all areas of concern identified by the conditions/undertakings. These meetings must take place face to face".

At a review hearing on 29 May 2019 the Chairman announced the determination as follows:

"Mr Bradshaw,

This is a resumed hearing pursuant to Section 27(C) of the Dentists Act 1984. Ms Louise Culleton of Counsel appears for the General Dental Council (GDC). You are present and represented by Mr Paul Williams of Counsel.

Preliminary Matters

Application for hearing to be held in private

The Committee considered the Council's application pursuant to Rule 53 that matters relating to your health should be held in private. Mr Williams did not oppose the application. The Committee heard and accepted the advice of the Legal Adviser.

The starting point for the Committee is for all hearings to be held in public as it is in the interests of justice to do so. However, a hearing may be heard in private where matters that are inextricably linked to the health or private and family life of the Registrant are concerned, under Rule 53(2) of the Rules. The Committee agreed that it was in your interests that matters relating to your health should be heard in private. The Committee therefore acceded to the application.

Background

On 06 May 2016, a Professional Conduct Committee (PCC) found that your fitness to practise was impaired by reason of misconduct. At the PCC hearing, the committee

determined that you failed to provide an adequate standard of care to Patient A on 7 December 2011 in that you placed a number of poor quality anterior crowns, you failed to record in Patient A's notes the full details of the treatment provided on 23 April 2012, including your rationale for prescribing Amoxicillin capsules on that occasion, you failed to communicate effectively with Patient A in that you did not respond to her complaint dated 21 November 2012, and you amended Patient A's records sometime after October 2012, which was misleading. It also found that you had an adverse health condition, [PRIVATE]. That committee directed that your registration be made subject to a suspension order for a period of 12 months with a review.

The order was first reviewed on 17 May 2017 and the order of suspension was replaced with an order of conditional registration for a period of 12 months with a review. The order was last reviewed on 23 May 2018. That committee extended and varied the order of conditional registration for a further period of 12 months with a review.

GDC submissions

Ms Culleton submitted that you have not complied with the order of conditional registration and invited the Committee to replace the order with an order of suspension for a period of 12 months. She submitted that you actively breached condition 8 that sought to restrict you from practising without a workplace supervisor approved by the GDC. She told the Committee that you were made aware that the GDC did not approve your nominated workplace supervisor, but the GDC received information in March 2019 that you undertook clinical treatment of patients and did not advise the GDC of this. She submitted that you have shown a lack of respect for the conditions currently in place and it is no longer possible to rely on you to comply with conditions. She submitted that an order of conditional registration is no longer sufficient to satisfy the public interest considerations in place and the order should therefore be replaced with a period of suspension.

Your submissions

Mr Williams submitted on your behalf that it is not the case that you had no intention to comply with the conditions placed on your registration. He submitted that you have engaged fully with the GDC and have sought to comply with the conditions. He told the Committee that you unreservedly apologise for the occasions when you breached the conditions and have offered an explanation for this in your written statement. Mr Williams told the Committee that the five instances in which you breached your conditions arose out of offering assistance to a colleague and that your motivation for doing so was in the best interests of patients. He invited the Committee to consider that you have complied with the rest of the conditions imposed on you and have made considerable progress to work towards being able to return to practise on an unrestricted basis.

[PRIVATE]

Mr Williams said that you have reflected on your past actions and have thought about how you would approach a similar situation in a different way if it were to arise again. He submitted that a further period of conditional registration would be proportionate to allow you time to demonstrate the seriousness with which you take the conditions and your ability to comply with them. He opposed the Council's submission that the order should be replaced with a suspension order. However, he submitted that if the Committee were against him in this regard, a suspension for a period of three months would be sufficient to satisfy the public interest and mark the seriousness of your breach of the conditions, whilst allowing you an opportunity to return to practice in the near future.

Decision on current impairment

It is the role of the Committee today to undertake the review directed by the May 2018 PCC. In so doing, the Committee took account of the submissions made by Ms Culleton on behalf of the GDC and those made by Mr Williams on your behalf. The Committee heard and accepted the advice of the Legal Adviser.

The Committee had regard to information provided by you, including your signed statement, dated 27 May 2019, proof of your indemnity insurance dated January 2019 and March 2019, two Personal Development Plans (PDP), certificates of Continuing Professional Development (CPD) courses you have completed with reflections, CQC questionnaires, three character references and an x-ray from Patient K. The Committee also had regard to the GDC's *Guidance for the Practice Committees, including Indicative Sanctions Guidance* (October 2016) and the *Standards for the Dental Team* (2013).

In making its decision, the Committee first sought to determine whether your fitness to practise is currently impaired. It exercised its independent judgement and was not bound by the decision of previous committees. It balanced the interests of yourself with those of the public and bore in mind that its primary duty is to protect the public, including maintaining public confidence in the profession and declaring and upholding proper standards and behaviour.

The Committee took account of the evidence provided to it and acknowledged your admitted breach of the current conditions by treating patients without a workplace supervisor. It took account of your explanation for doing so in your written statement, however, was of the view that it does not excuse your actions. The information received by the GDC in March 2019 brought your breach of conditions to the Council's attention and was not initiated by you. The Committee considered that your actions in breaching your conditions were not borne out of a wilful disregard for the GDC, and that your decision making may have been impacted by your health issues that may make it difficult for you to handle stressful situations. Notwithstanding this, the Committee determined that your actions in repeatedly breaching condition 8 in respect of four patients on five occasions between 21-29 March 2019 and failing to immediately inform the GDC was serious. The Committee considered the context of the instances in which you provided treatment and were of the view they did not all occur during emergency appointments and were therefore mostly avoidable. Even your presence in the treatment room ostensibly to provide guidance and nursing support is open to criticism because you could only practise dentistry under the requisite level of supervision. The Committee therefore determined that your fitness to practise remains impaired on public protection and wider public interest grounds.

Decision on sanction

The Committee next considered what sanction, if any, should be imposed on your registration. It bore in mind the need to protect patients and the public interest. The Committee had regard to the principle of proportionality, weighing the interests of the public with your own interests.

The Committee commended your continued engagement with the fitness to practise process and your candour in your admission of the breach of conditions. You have offered a sincere apology to the Committee for your actions and have expressed remorse for your poor judgement. It took account of your statement in which you assert that you have ceased practising and have outlined how you would address a similar situation should it arise in the future. However, the Committee noted that you did not self-report to the GDC and your statement was written only two days ago. The Committee considered that this shows a lack of fully developed insight into the seriousness of your breach of the conditions.

The Committee first considered whether it would be appropriate to terminate the current order of conditional registration and take no further action. It determined that given the seriousness of the breach of conditions, taking such action would neither serve to protect the public nor safeguard public confidence in the profession.

The Committee next considered whether to extend the current order of conditions. The Committee determined that, in light of your failure to comply with the current conditions, conditions are no longer workable and proportionate in all the circumstances. It also took the view that public safety and public interest concerns would not be sufficiently served by extending the order of conditions.

The Committee then went on to consider the Council's submission for an order of suspension. The Committee determined that replacing the current order with an order of suspension would ensure that the public is protected and that public confidence in the profession is maintained. It considered that it is necessary for the public protection and is otherwise in the public interest to direct that your registration be placed under suspension for a period of 3 months with a review. This period of time may give you a further opportunity to demonstrate sufficient insight into the matters that have precipitated these proceedings and is commensurate with the serious nature of your actions in breaching the conditions. The reviewing committee may be assisted by evidence of your continued CPD and reflections.

The Committee therefore ordered that your registration be suspended for a period of 3 months forthwith.

That concludes this hearing."

At a review hearing on 11 September 2019, the Chair announced the determination as follows:

"This is a resumed hearing of Mr Bradshaw's case.

Mr Bradshaw is neither present nor represented. The General Dental Council (GDC) is also not in attendance. It relies on written submissions, in which it submits that: (i) service of the notification of hearing had been effected on Mr Bradshaw in accordance with the General Dental Council (Fitness to Practise) Rules 2006 (the Rules); (ii) the hearing should proceed in his absence; (iii) his fitness to practise remains impaired by reason of misconduct and (iv) that an order of suspension for an extended period be directed.

Service and proceeding in the absence of parties

The Committee first considered whether the notification of today's review hearing had been served on Mr Bradshaw in accordance with Rules 28 and 65. The Committee has received a bundle of documents which contains a copy of notification of hearing dated 02 August 2019 which was sent by Special Delivery to Mr Bradshaw's last known address. The Committee is satisfied that the notification contains the required information under Rule 28, including the time and date of this hearing. Taking all these factors into account, the Committee is satisfied that the GDC has complied with the requirements of service in accordance with Rules 28 and 65.

The Committee then went on to consider whether to proceed in the absence of Mr Bradshaw in accordance with Rule 54. In so doing, it has borne in mind that its discretion to proceed in the absence of Mr Bradshaw must be exercised with the utmost care and caution. It is satisfied that the GDC has made all reasonable efforts to notify Mr Bradshaw of this hearing and its purpose. The notification of hearing informed him that the Committee had the power to deal with the resumed hearing on the papers in the absence of parties and that the GDC was proposing to request that arrangements be made for the hearing to take place on the

papers. The letter further stated that it was open to Mr Bradshaw to provide the Committee with written submissions and any documents that he felt were relevant to the review of the Order. He was also asked to notify the GDC whether he would be attending the hearing and/or be represented. The Committee had regard to the material before it and noted an email dated 19 August 2019 from Mr Bradshaw's instructing solicitors at the relevant time confirming that Mr Bradshaw did not object to the hearing proceeding on the papers. Subsequent to this email Mr Bradshaw's representatives sent a further email notifying the GDC that they were no longer instructed. The GDC received an email dated 28 August 2019 from [PRIVATE], who now support Mr Bradshaw, confirming that Mr Bradshaw was aware of the hearing, was currently unwell and that he was considering an application to voluntarily remove himself from the register. There has been no application for a postponement and there is nothing to suggest that an adjournment would make Mr Bradshaw's attendance any more likely on a future occasion. Having regard to all the circumstances, the Committee has determined that Mr Bradshaw has voluntarily absented himself from this hearing. It considers that there is a clear public interest in reviewing the order expeditiously today. Accordingly, the Committee has determined to proceed with today's review hearing in the absence of Mr Bradshaw and on the papers before it.

Proceeding in private

The Committee determined to refer to parts of the case in private under Rule 53 due to matters relating to Mr Bradshaw's health.

Background matters

This is the fourth review of a suspension order that was first imposed on Mr Bradshaw's registration for a period of 12 months by the Professional Conduct Committee (PCC) in May 2016. At that hearing the PCC found proved allegations that related to the placing of poor-quality crowns; record keeping in respect of full details of treatment and failing to respond to the patients complaint. [PRIVATE]. The Committee considered that, collectively the failings amounted to misconduct. It concluded that Mr Bradshaw's fitness to practise was currently impaired by reason of his misconduct and health. The Committee imposed a suspension for a period of 12 months for the protection of the public as well as in Mr Bradshaw's own interests.

First Review

The Committee reviewed the order for the first time on 17 May 2017. Mr Bradshaw attended and provided evidence of updated CPD, engagement with the dental dean and a reflective document. The Committee considered that, given the length of time since Mr Bradshaw practised the steps taken were not sufficient to demonstrate there was no risk of repetition. [PRIVATE].

Second review

The Committee reviewed the order on 23 May 2018. [PRIVATE]. The Committee found that Mr Bradshaw was no longer impaired by reason of health.

The Committee found Mr Bradshaw remained impaired by reason of misconduct. Mr Bradshaw had not returned to practice since before the initial hearing, had not fully demonstrated remediation and there had been no updated PDP since May 2017. The Committee imposed a further period of conditional registration for a period of 12 months. The conditions were amended to remove the health monitoring requirements.

Third review

The third review took place on 29 May 2019. Mr Bradshaw was found to be in breach of condition 8 which was the requirement to only practice with an approved workplace supervisor. [PRIVATE]. However, Mr Bradshaw had breached condition 8 on five occasions, the latest being in March 2019. The Committee found Mr Bradshaw's fitness to practise to remain impaired by reason of misconduct on public protection and public interest grounds. The Committee imposed an order of suspension for 3 months.

Today's review hearing

This Committee has comprehensively reviewed the current order. In so doing, it has had regard to the GDC bundle, as well as the GDC's submissions and Mr Bradshaw's correspondence.

The Committee first considered whether Mr Bradshaw's fitness to practise is still impaired. There is no updated evidence before this Committee that Mr Bradshaw has fully remediated his past misconduct. There has been no material change since the previous hearing. The Committee had regard to correspondence from Mr Bradshaw's representatives who stated Mr Bradshaw is currently unwell and does not wish to return to practice and will seek voluntary removal. No voluntary removal application has been received yet. In these circumstances, the Committee considers that there remains a risk that Mr Bradshaw could repeat the misconduct and thus he remains a risk to the public. Accordingly, the Committee has determined that Mr Bradshaw's fitness to practise is currently impaired on grounds of public protection. In addition, in the Committee's judgement, the wider public interest would be undermined if Mr Bradshaw's fitness to practise was found not to be impaired today, for the same reasons.

[PRIVATE].

The Committee next considered what direction to give, bearing in mind its powers in accordance with Section 27C (1) of the Dentists Act 1984. In so doing, it has had regard to the GDC's "Guidance for the Practice Committees including Indicative Sanctions Guidance" (October 2016 revised May 2019).

The Committee has borne in mind the principle of proportionality, balancing the public interest against Mr Bradshaw's own interests. The public interest includes the protection of the public, the maintenance of public confidence in the profession, and declaring and upholding standards of conduct and performance within the profession.

The Committee first considered whether it would be appropriate to allow the current order to lapse at its expiry or to terminate it with immediate effect. The Committee has concluded that it would not be appropriate to terminate the current order or to allow it to lapse in view of a lack of evidence to show any adequate steps towards remediation and the continuing risk to the public posed by Mr Bradshaw's impairment.

The Committee considered replacing the order of suspension with an order of conditions. It considered that Mr Bradshaw has not demonstrated sufficient insight into the previous breach of conditions that would alleviate any concerns that the risk of repetition is low. Furthermore, the Committee cannot be satisfied that Mr Bradshaw would engage and comply with any conditions as he has indicated that he does not wish to return to practice.

The Committee directed that the current period of suspension be extended for a further period. The Committee concluded that members of the public and the wider public interest would not be sufficiently protected by a lesser sanction than suspension.

The Committee has decided to extend the suspension order by a period of 12 months. In deciding on this period, the Committee determined that a shorter period of suspension might

not result in further engagement or updated information from Mr Bradshaw. The 12 month period would afford Mr Bradshaw time either to submit an application for voluntary removal or to focus on a return to practice with relevant reflection and CPD and any other evidence he considers relevant in advance of the next review.

A Committee will review Mr Bradshaw's case at a resumed hearing to be held shortly before the end of the extended period of suspension. That Committee will consider whether it should take any further action in relation to his registration. He will be informed of the date and time of that resumed hearing.

Unless Mr Bradshaw exercises his right of appeal, his current suspension order will be extended by a period of 12 months from the date on which it would otherwise expire. In the event that Mr Bradshaw does lodge an appeal against this decision, the current suspension order will continue to remain in force until the appeal has been decided.

That concludes this determination."