

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 this text.

SHARPE, David John

Registration No: 51405

PROFESSIONAL CONDUCT COMMITTEE

MARCH 2015 – MARCH 2017**

Most recent outcome: Suspended indefinitely**

**See page 11 for the latest determination.

David John SHARPE, a dentist, BDS Lpool 1977; was summoned to appear before the Professional Conduct Committee on 2 March 2015 for an inquiry into the following charge:

Charge (as amended)

PART A

“That, being a registered dentist:

1. Between about August 2005 and April 2013 you were employed as a dentist by Salaried Primary Care Dental Services, Douglas, Isle of Man (“SDS”) and provided dental care to the patients identified in Schedule 1¹.
2. As regards the patients set out below you failed to conduct and / or record an adequate clinical examination:
 - (a) Patient 1 from 12 August 2010 onwards to 7 November 2011;
 - (b) Patient 4 from 28 January 2010 onwards to 12 August 2010;
 - (c) Patient 19 on 26 November 2010 or as a follow up thereafter.
3. As regards the patients set out at below you failed to undertake and/or record a Basic Periodontal Examination (“BPE”):
 - (a) Patient 2 on 28 November 2011;
 - (b) Patient 4 between 20 May 2011 and 25 August 2011;
 - (c) Patient 10 on 10 May 2011.
4. As regards the patients set out below you failed to undertake and/or record 6-point pocket charting:
 - (a) WITHDRAWN
 - (b) AMENDED TO READ: Patient 5 on findings of Code 3 pocketing on a BPE carried out on 26 November 2010;

¹ Please note that the schedule is a private document and cannot be disclosed

- (c) Patient 20 on findings of Code 3 and 4 pocketing on a BPE carried out on 12 July 2011.
- 5. You failed to take radiographs where clinically indicated as regards:
 - (a) Patient 5 in not taking a post treatment radiograph as regards the UR6;
 - (b) AMENDED TO READ: Patient 9 in not taking a post treatment radiograph as regards the UR4/5;
 - (c) Patient 18 as regards the UL6.
- 6. You failed to evaluate and/or record any evaluation that you did undertake of radiographs taken as regards:
 - (a) WITHDRAWN
 - (b) Patient 17 as regards a periapical radiograph taken on 22 March 2012.
- 7. As regards the patients set out below you failed to justify appropriately your prescribing of antibiotics:
 - (a) Patient 1 on 12 August 2010;
 - (b) AMENDED TO READ: Patient 19 on 6 December 2011;
 - (c) Patient 20 on 7 November 2011.
- 8. As regards the patients set out below you failed to provide an adequate standard of care as regards:
 - (a) Patient 1, who attended you from 12 August 2010 onwards, without your formulating an adequate treatment plan thereafter to address treatment need as regards:
 - (i) pain from the LR8;
 - (ii) a recurring detached crown at UR2;
 - (iii) a restoration at LR7;
 - (b) Patient 4, who attended you from 28 January 2010 onwards without you formulating an adequate treatment plan between 28 January 2010 and 12 August 2010;
 - (c) Patient 10, who attended you from 10 May 2011 onwards and:
 - (i) you failed to manage adequately the caries and subsequent pulpitis at UL6;
 - (ii) you failed to manage adequately the caries at LR7;
 - (d) Patient 20 between October 2011 and April 2012 by failing adequately to manage presenting pain and/or sensitivity at LR6.

And that, in relation to the facts alleged, your fitness to practise is impaired by reason of your misconduct.”

PART B

[REDACTED - IN PRIVATE]

Mr Sharpe was not present and was not represented. On 4 March 2015 the Chairman announced the findings of fact to the Counsel for the GDC:

“Mr Singh,

On behalf of the General Dental Council (GDC) you made an application to proceed in the absence of Mr Sharpe. The hearing was held in private under Rule 53 of the General Dental Council (Fitness to Practise) Rules 2006 (the ‘Rules’), in so far as matters relate to health.

Service and the absence of the respondent

A notification of hearing dated 30 January 2015 was sent to Mr Sharpe at his registered address by Special Delivery. Royal Mail ‘Track and Trace’ records that the item was delivered on 2 February 2015.

The Committee was satisfied that the notification duly set out the time, date and venue of this hearing, as required under Rule 13, and that it had been duly served on Mr Sharpe in accordance with Rule 65.

There was before the Committee a series of attendance notes prepared by Capsticks, solicitors acting for the GDC. These recorded telephone discussions between Capsticks and Mr Sharpe regarding his attendance at this hearing, among other matters. Those attendance notes record that Mr Sharpe stated that he did not intend to attend this hearing nor would he be represented and was pursuing voluntary erasure from the Register.

Accordingly, the Committee was satisfied that Mr Sharpe had waived his right to attend this hearing. No application had been made for a postponement and there is nothing to suggest that an adjournment would facilitate his attendance at a future date. Balancing the public interest in the expeditious disposal of proceedings with Mr Sharpe’s own interests in attending the hearing, the Committee was satisfied that it would be fair to proceed, notwithstanding his absence.

No adverse inference was drawn from Mr Sharpe’s absence.

The factual inquiry

It is alleged that Mr Sharpe’s care and treatment of several patients on dates between 2010 and 2012 fell below an acceptable standard, including in relation to clinical examination, Basic Periodontal Examination (BPE), 6 point pocket charting, radiography, the prescribing of antibiotics, treatment planning and the management of pain and caries.

On your application heads of charge 4(a) and 6(a) (Part A) were withdrawn; 2(a)-(b) and 3 (Part B) were withdrawn; the wording of 4(b), 5(b) and 7(b) (Part A) was amended to correct dates.

The Committee considered all the oral and documentary evidence before it most carefully, including the records for each patient. It heard evidence from Ms Lewis, Clinical Director at Salaried Dental Services in the Isle of Man and from Mr Monaghan and Dr Garvey, experts instructed on behalf of the GDC.

The Committee considered each witness to be credible and it accepted their evidence, albeit that the evidence of Ms Lewis was of limited relevance. The evidence of both experts was balanced, measured and uncontested.

The Committee accepted the advice of the Legal and Medical Adviser. It considered each head of charge separately, the burden being on the GDC to prove them on the balance of probabilities.

I will now announce the Committee's findings in relation to each head of charge:

PART A	
1.	Proved.
2. a)	Proved.
2. b)	Proved.
2. c)	<p>Proved.</p> <p>Clinical examinations should have been conducted for each of these patients and Mr Sharpe had adequate opportunity to do so during the course of their appointments with him. In relation to Patient 19, who initially attended Mr Sharpe at an emergency appointment, a subsequent non-emergency appointment on 24 February 2011 gave Mr Sharpe an opportunity to conduct a clinical examination, had he not been able to do so at previous appointments.</p> <p>No clinical examination was recorded in the clinical notes for any of the patients. In the absence of a corresponding record, it is more likely that the clinical examinations were not in fact conducted.</p>
3. a)	Proved.
3. b)	Proved.
3. c)	<p>Proved.</p> <p>A BPE should have been undertaken for each these patients, but there was no record of this in their notes. In the absence of a corresponding record, it is more likely that the BPEs were not in fact undertaken.</p>
4. a)	WITHDRAWN
4. b)	Proved (as amended).
4. c)	<p>Proved.</p> <p>Code 3 pocketing was recorded for both of these patients and Mr Sharpe should therefore have followed this up with 6 point pocket charting of the sextants concerned. There was no record that this was undertaken for either of these patients. In the absence of a corresponding record, it is more likely that the 6 point pocket chartings were not in fact undertaken.</p>
5. a)	Proved.
5. b)	Proved (as amended).
5. c)	<p>Proved.</p> <p>The radiographs were clinically indicated for each of these patients but there is no record of them being taken. In relation to Patient 9, the Committee noted that a radiograph was taken and recorded on 6 December 2011 to determine the length of the roots but no post-treatment radiograph was taken.</p>

	In the absence of a corresponding record, it is more likely that the radiographs were not in fact taken.
6. a)	WITHDRAWN
6. b)	Proved. There was no evaluation of the radiograph taken on 22 March 2012 in the records.
7. a)	Proved.
7. b)	Proved (as amended).
7. c)	Proved. The notes Mr Sharpe had made did not justify appropriately his prescribing of the antibiotics to each of these patients.
8. a) i)	Proved.
8. a) ii)	Proved.
8. a) iii)	Proved. There was a basic treatment plan for Patient 1 but the issues that the patient attended with were not addressed adequately by that treatment plan.
8. b)	Proved. A treatment plan was in place for Patient 4 on 28 January 2010 but it could not have been an adequate treatment plan in the light of Mr Sharpe's failure to carry out an adequate clinical examination.
8. c) i)	Proved.
8. c) ii)	Proved. Mr Sharpe did not carry out further tests to investigate the caries and subsequent pulpitis at UL6 and the caries at LR7, including by not a taking a radiograph.
8. d)	Proved.
Part B	[IN PRIVATE]

We move to Stage Two.”

On 5 March 2015 the Chairman announced the determination as follows:

“Mr Singh,

The Committee heard the submissions you made on behalf of the General Dental Council (GDC) in relation to misconduct, impairment and sanction. It recognised that these were submissions only and exercised its own professional judgment in these matters.

The Committee accepted the advice of the Legal Adviser. It had received no further advice from the Medical Adviser.

Misconduct

Misconduct is a serious falling short of the standards reasonably expected of a dental professional; mere negligence, unless particularly serious, is unlikely to meet that threshold. In assessing whether the facts found proved against Mr Sharpe under Part A of the Charge amount to misconduct, the Committee had regard to the following principles from *Standards for Dental Professionals*, dated May 2005 and in force at the relevant time:

- 1.4 Make and keep accurate and complete patient records, including a medical history, at the time you treat them.
- 5.1 Recognise that your qualification for registration was the first stage in your professional education. Develop and update your knowledge and skills throughout your working life.
- 5.2 Continuously review your knowledge, skills and professional performance. Reflect on them, and identify and understand your limits as well as your strengths.
- 5.3 Find out about current best practice in the fields in which you work. Provide a good standard of care based on available up-to-date evidence and reliable guidance.
- 5.4 Find out about... regulations which affect your work... and follow them.

When taken in isolation, Mr Sharpe's failures fell below (as opposed to far below) the expected standard. However, cumulatively they demonstrated a pattern of fundamental failings in relation to basic aspects of general dental practice. Mr Sharpe's failings extended over a period of two years and involved eleven patients. It was of particular concern to the Committee that he failed to provide an adequate standard of care in relation to a detached crown in one patient and caries in another.

Mr Sharpe had breached relevant standards and, although finely balanced, the Committee determined that the cumulative effect of his failings, taking into account the period they extended over and the number of patients involved, amounted to misconduct.

Impairment

In assessing whether Mr Sharpe's fitness to practise is currently impaired by reason of his misconduct, the Committee considered the need to protect the public and whether his misconduct is easily remediable, had been remedied and the likelihood of repetition. The Committee also had regard to the wider public interest in the effective regulation of the profession and the need to uphold and declare proper standards of conduct and behaviour, in order to maintain public confidence in the profession.

Mr Sharpe had not engaged in these proceedings and there was no evidence at all before the Committee of any insight or remediation. **[REDACTED - IN PRIVATE]**

Whilst Mr Sharpe's misconduct is easily remediable, no steps have been taken by him yet to address matters and he is yet to demonstrate insight into his clinical failings. In the absence of remediation there remains a significant risk of repetition, should Mr Sharpe return to practise. This poses a real risk to patients and public confidence in the profession would also be undermined if a finding of impairment was not made.

[REDACTED - IN PRIVATE]

Accordingly, the Committee was satisfied that Mr Sharpe's fitness to practise is currently impaired by reason of both his misconduct and adverse physical or mental health.

Sanction

The Committee considered what sanction, if any, to impose on Mr Sharpe's registration. It reminded itself that the purpose of a sanction is not to be punitive, although it may have that effect, but to protect patients and the wider public interest. The Committee had regard to the *Guidance for the Professional Conduct Committee*, dated November 2009. It applied the principle of proportionality, balancing the public interest with Mr Sharpe's interests.

To conclude this case with no further action or a reprimand would be entirely disproportionate to the need for Mr Sharpe to remediate and the potential risk he poses to the public. Further, a reprimand is wholly inappropriate for matters involving adverse health.

The Committee next considered whether conditions of practice would be workable, measurable and proportionate. Whilst conditions could be formulated to address Mr Sharpe's impairment, the Committee was not satisfied that he would comply with any such conditions due to his lack of engagement so far in these proceedings. [IN PRIVATE] In all the circumstances, conditions of practice could not be formulated at this stage to serve as a sufficient and proportionate measure to protect the public and maintain public confidence in the profession.

Accordingly, Mr Sharpe's registration shall be suspended for a period of twelve months with a review. The period of suspension is necessary at this stage for the protection of the public and will also allow Mr Sharpe sufficient time to focus on his health.

[REDACTED - IN PRIVATE]

The interim order on Mr Sharpe's registration is revoked in accordance with s 27B(9) of the Dentists Act 1984 (the 'Act'). The Committee now invites submissions on the question of an immediate order."

"In all the circumstances, the Committee has determined that it is necessary for the protection of the public and otherwise in the public interest to suspend Mr Sharpe's name from the Register forthwith under s 30 of the Act. In reaching its decision the Committee balanced the public interest against Mr Sharpe's own interests. It would be inconsistent with the decision the Committee has made not to make an order for immediate suspension.

The effect of the foregoing determination and this order is that Mr Sharpe's registration will be immediately suspended. Unless he exercises his right of appeal, his name will be suspended from the Register for a period of 12 months, beginning 28 days after the date on which notification of this determination is served on him.

Should Mr Sharpe exercise his right of appeal, this immediate order for suspension will remain in place until the resolution of any appeal.

That concludes the case for today."

At a review hearing on 16 March 2016 the Chairman announced the determination as follows:

"Service of Notice of Hearing

The Committee was informed at the start of this hearing that Mr Sharpe was not in attendance nor was he represented. In his absence, the Committee first considered whether the notice of this hearing had been served on Mr Sharpe in accordance with rules 28 and 65 of *the General Dental Council (Fitness to Practise) Rules Order of Council 2006* (the rules).

The Committee received a copy of the Notice of Resumed Hearing which was dated as sent to Mr Sharpe's registered address by Special Delivery on 11 February 2016.

The Committee had sight of an extract from the Royal Mail Track and Trace service which states the delivery of the notice was attempted on 12 February 2016 and a 'something for you' card was left with instruction on how to collect the item. The notice was subsequently returned to the GDC with the reason being stated as 'not called for'.

A letter was sent to Mr Sharpe, dated 4 March 2016, informing him that the notice of hearing was returned as 'undelivered' to the GDC and requesting confirmation of his current address.

The Committee had sight of two telephone attendance notes in reference to the notice of hearing. The first, dated 29 February 2016, records a conversation between a GDC employee and Mr Sharpe's brother. During this conversation Mr Sharpe's brother was asked whether he had updated contact information for Mr Sharpe. He stated that he did not.

The second telephone attendance note, dated 3 March 2016, records an attempt made by a GDC employee to contact Mr Sharpe on his last known mobile telephone number. However, the number had been disconnected.

In all the circumstances, the Committee was satisfied that the GDC had made all reasonable efforts to inform Mr Sharpe of this hearing and concluded that notice had been served on Mr Sharpe in accordance with the rules.

Proceeding in the absence of Mr Sharpe:

The Committee then considered whether to exercise its discretion under rule 54 to proceed in the absence of Mr Sharpe. The Committee heard the submissions made by Miss Holme on behalf of the General Dental Council (GDC). It accepted the advice of the Legal Adviser. The Committee bore in mind that it must exercise the utmost care and caution when considering whether to proceed in Mr Sharpe's absence. It has also borne in mind the overall fairness of the proceedings to both parties, as well as the public interest in the timely review of this case.

Miss Holme drew the Committee's attention to communication between the GDC and Mr Sharpe prior to the substantive hearing, as outlined in the determination of that hearing, dated 4 March 2015. Mr Sharpe had informed the GDC that he did not intend to attend the Professional Conduct Committee (PCC) in March 2015 nor would he be represented.

Miss Holme submitted that it would be appropriate to proceed in the absence of Mr Sharpe in all the circumstances. She reminded the Committee that the onus is on Mr Sharpe to ensure that his registered address is up to date and correct, in order for the GDC to be able to contact him.

The Committee had regard to the information before it that Mr Sharpe has not engaged with the GDC and has been uncontactable following leaving his last known address. The

Committee had some information before it that Mr Sharpe had gone to Australia, but there was nothing to state that he was still residing there. It weighed Mr Sharpe's interests in adjourning this hearing against the need to protect the public and uphold the public interest. The Committee concluded, based on all of the information before it, that Mr Sharpe had voluntarily absented himself from this hearing. Further, the Committee considered that it was essential to review the existing order before it lapsed to ensure that the public would not be put at risk.

Having weighed the interests of Mr Sharpe with those of the GDC and the public interest, including a review taking place expeditiously, the Committee has decided that it is in the interests of justice to proceed in Mr Sharpe's absence.

Decision on Review:

Following a decision to hold part of this hearing in private the Committee formulated both a private and an appropriately worded public set of reasons.

This is the first review of a suspension order initially imposed on Mr Sharpe's registration for a period of 12 months, with a review, following the decision by the PCC on 5 March 2015.

This hearing was convened pursuant to Section 27C (1) of the Act to review the current suspension order, which is due to expire on 5 April 2016.

At the initial substantive hearing in March 2015 the PCC considered allegations relating to whether Mr Sharpe's fitness to practice was impaired by reason of misconduct and adverse health. At that hearing the following reasons were given by the Committee:

When taken in isolation, Mr Sharpe's failures fell below (as opposed to far below) the expected standard. However, cumulatively they demonstrated a pattern of fundamental failings in relation to basic aspects of general dental practice. Mr Sharpe's failings extended over a period of two years and involved eleven patients. It was of particular concern to the Committee that he failed to provide an adequate standard of care in relation to a detached crown in one patient and caries in another.

Mr Sharpe had breached relevant standards and, although finely balanced, the Committee determined that the cumulative effect of his failings, taking into account the period they extended over and the number of patients involved, amounted to misconduct.

The March 2015 Committee found that Mr Sharpe's fitness to practise was impaired by reason of his misconduct and his adverse health and imposed a suspension order for 12 months with a review. In making that decision the Committee gave the following reasons:

The Committee next considered whether conditions of practice would be workable, measurable and proportionate. Whilst conditions could be formulated to address Mr Sharpe's impairment, the Committee was not satisfied that he would comply with any such conditions due to his lack of engagement so far in these proceedings... In all the circumstances, conditions of practice could not be formulated at this stage to serve as a sufficient and proportionate measure to protect the public and maintain public confidence in the profession.

Accordingly, Mr Sharpe's registration shall be suspended for a period of twelve months with a review. The period of suspension is necessary at this stage for the protection of the public and will also allow Mr Sharpe sufficient time to focus on his health.

Today Miss Holme referred the Committee to the documentation before it. She outlined the background of this case. Miss Holme submitted that Mr Sharpe's fitness to practise remains impaired. She submitted that as the Committee has not had the opportunity to hear from Mr Sharpe or received any updated information from him regarding his current employment status, any remediation or his current state of health there remains a risk of repetition.

Miss Holme referred the Committee to the available sanctions and invited the Committee to consider all the circumstances of this case when reaching any decision. Miss Holme submitted that in all the circumstances of this case the appropriate sanction is that of extending the suspension order for a further period.

The Committee accepted the advice of the Legal Adviser.

The Committee was of the view that the misconduct identified was remediable, but there was no evidence that Mr Sharpe had taken any steps to address the identified misconduct. Mr Sharpe has not engaged with the GDC and has been uncontactable since the hearing before the PCC in March 2015. The only information before the Committee is a record of a telephone conversation between the GDC and Mr Sharpe's brother in which his brother stated that he believed that Mr Sharpe no longer wished to practise dentistry and wished to be removed from the register.

The Committee was of the view that, given the lack of evidence regarding insight and remediation there remains a real risk of repetition of the misconduct in this case.

The Committee concluded, based on the information before it, that Mr Sharpe's fitness to practise remains impaired by reason of his misconduct and his adverse health.

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 starting with the least serious.

The Committee was aware that it should have regard to the principle of proportionality, balancing the public interest against Mr Sharpe'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 noted its powers under section 27C(1) the Dentists Act 1984 (the Act). The Committee had the power to extend the current order for a maximum period of 12 months. Alternatively it could revoke the suspension order or replace the order with a conditions of practice order for up to 3 years.

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, and for all the reasons outlined above, it would not be appropriate to revoke the current order or to allow it to lapse, as this would not protect the public nor would it be in the public interest.

The Committee next considered whether a period of conditional registration would be appropriate in this case. The Committee was mindful that any conditions imposed must be proportionate, measurable and workable. The Committee was aware that in order for conditions to be appropriate and workable there would need to be some measure of positive engagement from Mr Sharpe, which is noticeably absent in this case.

Given the above, the Committee concluded that replacing the suspension order with a conditions of practice order would not be workable or appropriate at this stage.

The Committee considered whether extending the current suspension order would be proportionate and appropriate in this case. The Committee concluded that in all the circumstances of this case a further period of suspension on Mr Sharpe's registration would protect the public, uphold the public interest and give Mr Sharpe a further opportunity to address the identified deficiencies and shortcomings in his practice. The Committee concluded that for these reasons the appropriate order is that of 12 months suspension, with a review.

The Committee therefore directs that Mr Sharpe's registration be suspended for a period of 12 months pursuant to Section 27C(1)(b) of the Act. Section 33(3) of the Act comes into operation to cover the period between the expiry of the previous suspension and the date when the direction ordered by this Committee comes into force.

The reviewing Committee would be assisted by evidence from Mr Sharpe relating to what, if any steps he has taken towards remediation, evidence of insight and an update on his health.

That concludes this hearing."

On 24 March 2017, at the review hearing, the Chairman announced the determination as follows:

"Neither party was present at today's hearing. The GDC invited the Committee to review the order on Mr Sharpe's registration on the basis of the papers alone.

Decision on service of notification of hearing

The Committee first considered service of the notification of hearing in accordance with Rules 28 and 65 of the General Dental Council (Fitness to Practise) Rules Order of Council 2006 ('the Rules'). It had sight of a copy of the notification of hearing letter dated 22 February 2017 which was sent to Mr Sharpe's registered address. The Committee noted the Royal Mail track and trace proof of delivery document which showed that the notification of hearing letter was delivered on 6 March 2017. The Committee was satisfied that the notification of hearing had been served in accordance with Rules 28 and 65.

Decision on proceeding in the Registrant's absence

The Committee then considered whether to proceed to review this case in the absence of Mr Sharpe and on the basis of the papers only. The Committee bore in mind that its discretion to proceed with a hearing in the absence of a respondent should be exercised with the utmost care and caution. In making its decision on whether to proceed in the Registrant's absence the Committee took account of the principles set out in *R v Jones [2003]*; *R v Hayward [2001] QB 862*; *R v Jones [2001] EWCA Crim 168*; and *GMC v Adeogba & Visvardis [2016] EWCA Civ 162*.

[Private]

Decision on Rule 53 application

The Committee then considered the application by the GDC for this review to be conducted in private pursuant to Rule 53(2)(a) to protect the private and family life of the respondent. The GDC submitted that given that some of the matters under consideration relate to Mr Sharpe's health, it was appropriate for those parts to be dealt with in private. The Committee accepted the advice of the Legal Adviser on this matter and granted the application. The rest of the hearing proceeded in private.

Background

This is a resumed hearing pursuant to Section 27C of the Dentists Act 1984 (as amended) ('the Act') to review the order of suspension imposed on Mr Sharpe's registration. On 5 March 2015 a Professional Conduct Committee (PCC) found allegations proved against Mr Sharpe which related to the standard of care he provided to 11 patients over a period of 2 years. The allegations found proved related to clinical examination, basic periodontal examination, radiographs, prescribing of antibiotics, treatment planning, caries management and record keeping. **[Private]** Mr Sharpe did not attend the hearing and he was not legally represented. That PCC had sight of a number of telephone attendance notes of conversations between Mr Sharpe and the GDC's legal representatives one of which recorded that Mr Sharpe stated that he was pursuing voluntary erasure from the Register and would not be attending the hearing. **[Private]**

First Review

On 16 March 2016 the case was reviewed by a PCC. Mr Sharpe did not attend that review hearing and he was not legally represented. **[Private]** It directed that the order of suspension on his registration be extended for a further period of 12 months with a review prior to its expiry.

Second Review

Today this Committee has comprehensively reviewed the case taking into account of all the evidence presented. It has considered the written submissions made on behalf of the GDC. The Committee accepted the advice of the Legal Adviser.

Current Impairment

The Committee recognised that the decision on whether Mr Sharpe's fitness to practise is currently impaired was a matter for its own independent judgement. It also recognised that its duty was to protect the public, declare and uphold proper standards of conduct and competence and maintain public confidence in the profession.

The Committee was of the view that Mr Sharpe's misconduct was capable of being remedied. However, Mr Sharpe has not engaged with these proceedings since the initial hearing in March 2015. There is no evidence of any steps that he may have taken towards addressing the deficiencies identified in his practice. There is no evidence of insight into his clinical failings. In the absence of any remediation undertaken, there remains a risk of repetition of the types of deficiencies found proved. The Committee concluded that Mr Sharpe's fitness to practise remains impaired by reason of his misconduct.

[Private]

Disposal Decision

The Committee next considered what action to take in respect of Mr Sharpe's registration, taking account of the available options under S 27C(1)(a), (b), (c) (d)(i) and (ii). It reminded itself that the purpose of any order is not to be punitive although it may have that effect. The Committee bore in mind the principle of proportionality. It carefully considered the GDC's Guidance for the Practice Committees, including Indicative Sanctions Guidance (October 2016) ("the PCC Guidance").

[Private]

The Committee concluded that conditions would not be workable or appropriate in the circumstances of this case.

[Private]

The Committee therefore determined to suspend Mr Sharpe's registration indefinitely. The Committee considered the severity of this outcome. However, in the circumstances, the Committee was satisfied that indefinite suspension was the appropriate order to make in this case.

Accordingly, the Committee directed that Mr Sharpe's registration be suspended indefinitely pursuant to section 27C(1)(d) of the Dentists Act 1984, as amended."