Sally HAGUE, a registered dental nurse; Verified competency in Dental Nursing, was summoned to appear before the Professional Conduct Committee on 10 August 2015 for an inquiry into the following charge:

**Charge**

“That being registered under the Dentists Act 1984:

1) At all material times you were a United Kingdom registered Dental Practitioner in practice at Daybrook Dental Practice, 88 Mansfield Road, Nottingham, NG56 6GY.

2) On 3rd June 2014, you failed to ensure that an adequate standard of cross-infection control was maintained at the practice including by:

   a) re-using single-use equipment on multiple occasions, including but not limited to, gloves, burs, brushes and bibs;

   b) re-using non-sterile equipment including, but not limited to, extraction forceps, hand-pieces, burs and brushes;

   c) re-using equipment that had not been sufficiently decontaminated including, but not limited to, extraction forceps;

   d) failing to ensure that the surgery surfaces were properly and sufficiently cleaned after each patient;

   e) failing to ensure that the surgery equipment was properly cleaned after each patient including, but not limited to, aspirators, drains and computer keyboards;

   f) working on surgery surfaces that were not sufficiently cleaned;

   g) working within a surgery that was not sufficiently cleaned and decontaminated after each patient;

   h) failing to wash your hands at the necessary times, including after each patient and before the next appointment;

   i) failing to carry out hygienic hand-washing as necessary;

   j) failing to change gloves after each patient;

   k) failing to wear a mask and/or visor for relevant operative procedures;

   l) wearing glasses on your head during treatment;
m) failing to wear a visor during scaling procedures;

n) contaminating clean items by placing the items on a contaminated surface;

o) consuming a drink within the clinical area;

p) contaminating your gloves by touching your face and thereafter not replacing your gloves or washing your hands;

q) handling patient notes that are non-sterilised whilst wearing gloves;

r) flossing your teeth in the surgery hand-sink;

s) cleaning your teeth in the surgery hand-sink;

t) failing to wear gloves whilst preparing equipment for treatment.

3) The conduct referred to in paragraph 2 directly put patients' safety at risk due to cross-contamination.

4) You failed to raise concerns that you should have been aware of in relation to the treating dentist specifically:

a) not maintaining an adequate standard of cross-infection control including, but not limited to, failing to regularly wash his hands and re-suing equipment that had not been decontaminated between patients;

b) not maintaining client confidentiality;

c) failing to provide an adequate standard of care by allowing patients to be treated in an environment that was not safe and hygienic.

5) The conduct referred to in paragraph 4 directly put patients' safety at risk.

6) At no time during the relevant period and for a period of time when you were providing dental services, you did hold adequate dental indemnity insurance.

AND, by reason of the facts stated, your fitness to practise as a dental care professional is impaired by reason of your misconduct.

On 10 August 2015 the Chairman made the following statement regarding the finding of facts:

“Ms Scarbrough,

This is a Professional Conduct Committee inquiry into the allegations against Mrs Hague who was neither present nor represented in this hearing. You made an application under Rule 54 of the General Dental Council (GDC)(Fitness to Practise) Rules Order of Council 2006 ("the Rules") that this hearing should proceed in Mrs Hague’s absence.

The Committee saw a copy of the notice of hearing letter dated 8 July 2015 which was sent to Mrs Hague at her registered address. It also saw a copy of the Royal Mail track and trace proof of delivery document which confirmed that the letter was delivered on 9 July 2015 and signed for in the printed name of “HAGUE”. The Committee was satisfied that service was effected in accordance with the Rules.

In considering whether to proceed in the absence of the registrant, the Committee bore in mind that its discretion as to whether this hearing should proceed in the absence of the registrant must be exercised with the utmost care and caution. In a letter dated 12 July 2015
Mrs Hague acknowledged receipt of letters dated 8 July 2015. She stated that “I will not be attending the above mentioned hearing on the 10 – 17 August 2015”. In an email dated 21 July 2015 Mrs Hague stated “I give permission to proceed in my absence and I have no objection to statements being read”. Mrs Hague did not request for the hearing to be adjourned and the Committee concluded that an adjournment would not result in her attending a hearing at a future date. It is also clear from the correspondence that Mrs Hague has waived her right to attend this hearing. There is a public interest in proceeding with the hearing given the serious nature of the allegations. The Committee has drawn no adverse inference from Mrs Hague’s non-attendance. It has taken account of her representations to the GDC throughout its investigation of the allegations. The Committee determined to proceed with this hearing notwithstanding Mrs Hague’s absence.

You then made submissions in relation to Mrs Hague’s request in her letter of 12 July 2015 that this hearing should be held in private. You submitted that the Council opposed that application and you invited the Committee to reject the request.

The Committee accepted the advice of the Legal Adviser on this matter. It considered the provisions of Rule 53(2)(a) of the Rules which provides that “all or part of a hearing may be held in private where the interests of the parties or the protection of the private and family life of the respondent or any other person so requires”. It balanced this with the public interest which requires that a hearing is conducted in public so that its processes are transparent. The Committee was of the view that the allegations against Mrs Hague are serious and relate to matters of patient safety. There is a public interest in hearing these allegations openly. While the Committee accepts that such a hearing may give rise to distressing publicity, it has also noted that some of the information regarding this case is already in the public domain. Balancing the public interest with the interests of Mrs Hague, the Committee concluded that the public interest outweighed those of Mrs Hague. It determined that there is a public interest in the hearing proceeding in public in order to maintain public confidence in the dental profession, in the GDC as a regulator, and in upholding proper standards in the profession. Accordingly the Committee rejected Mrs Hague’s application that the hearing should be held in private.

The Committee has taken into account all the documentary evidence presented. It has accepted the advice of the Legal Adviser.

In a letter dated 12 July 2015 Mrs Hague stated that “I accept the allegations listed/seen on the video recording.” The Committee found the allegations against Mrs Hague proved on the basis of her admissions, the documentary evidence presented and the 2 video clips shown in the hearing.

On this basis, the Committee’s findings are as follows:

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On 11 August 2015 the Chairman announced the determination as follows:

"Ms Scarbrough,

Having found all the alleged facts against Mrs Hague proved, the Committee heard oral evidence from Dr Marshall, expert witness called on behalf of the General Dental Council (GDC). It also received Dr Marshall’s written report dated 20 May 2015.

The Committee heard submissions from you in relation to misconduct, impairment and sanction. It accepted the advice of the Legal Adviser.

Background

The allegations against Mrs Hague arose out of a covert video recording of her practice on 3 June 2014 at the Daybrook Dental Practice in Nottingham. Mrs Hague admitted and the Committee found proved that she failed to ensure that an adequate standard of cross-infection control was maintained at the practice; she failed to raise concerns that she should have been aware of in relation to the treating dentist regarding his omission to maintain an
adequate standard of cross-infection control, or maintain client confidentiality and his failure to provide an adequate standard of care by allowing patients to be treated in an environment that was not safe and hygienic. Mrs Hague’s conduct put patients’ safety at risk. It was also admitted and found proved that Mrs Hague did not hold adequate dental indemnity insurance for the period when she was providing dental services.

Misconduct

The Committee first considered whether the facts found proved amount to misconduct. The Committee found that Mrs Hague’s conduct was serious and demonstrated a complete disregard for all infection control procedures. She disregarded good practice relating to basic infection control. The Committee is of the view that the facts found proved are a serious departure from GDC’s Standards for the Dental Team (September 2013). In particular:

**Principle 1 – Put patients’ interest first**

**Standard 1.4:** You must take a holistic and preventative approach to patient care which is appropriate to the individual patient.

**Standard 1.5:** You must treat patients in a hygienic and safe environment.

1.5.1: You must find out about the laws and regulations which apply to your clinical practice, your premises and your obligations as an employer and you must follow them at all times. This will include (but is not limited to) legislation relating to:
- the disposal of clinical and other hazardous waste
- radiography
- health and safety
- decontamination
- medical devices.

**Standard 1.7:** You must put patients’ interests before your own or those of any colleague, business or organisation.

1.7.7: If you believe that patients might be at risk because of your health, behaviour or professional performance or that of a colleague, or because of any aspect of the clinical environment, you must take prompt and appropriate action.

**Standard 1.8:** You must have appropriate arrangements in place for patients to seek compensation if they suffer harm.

1.8.1: You must have appropriate insurance or indemnity in place to make sure your patients can claim any compensation to which they may be entitled.

**Principle 7 – Maintain, develop and work within your professional knowledge and skills**

**Standard 7.1:** You must provide good quality care based on current evidence and authoritative guidance.

7.1.1: You must find out about current evidence and best practice which affect your work, premises, equipment and business and follow them.
Principle 8 – Raise concerns if patients are at risk

Standard 8.1: You must always put patients’ safety first

8.1.1: You must raise any concern that patients might be at risk due to:

- the health, behaviour or professional performance of a colleague;
- any aspect of the environment where treatment is provided; or
- someone asking you to do something that you think conflicts with your duties to put patients interests first and act to protect them.

You must raise a concern even if you are not in a position to control or influence your working environment.

Your duty to raise concerns overrides any personal and professional loyalties or concerns you might have (for example, seeming disloyal or being treated differently by your colleagues or managers).

Standard 8.2: You must act promptly if patients or colleagues are at risk and take measures to protect them.

Mrs Hague’s failings were serious and significant. She re-used single-use equipment on multiple occasions; she re-used non-sterile equipment and equipment that had not been sufficiently decontaminated; and she failed to ensure that surgery equipment, surgery surfaces and the surgery itself were properly and sufficiently cleaned after each patient.

These failings could have had wide ranging consequences for patient safety. They directly put patients at risk of harm. For example, it is unacceptable practice to re-use extraction forceps on patients without carrying out the necessary decontamination procedures between their use. Patients expect to be treated in a clean and safe environment. Mrs Hague’s conduct demonstrated a complete disregard for patient safety. In failing to raise concerns in relation to the treating dentist, who did not maintain an adequate standard of cross-infection control, Mrs Hague also demonstrated a disregard for the safety of her patients.

Mrs Hague admitted that she did not have adequate indemnity insurance for a period of time when she was providing dental services. She stated in her letter dated 12 July 2015 that she believed she was covered by the practice insurance and she was not asked to obtain her own indemnity insurance. The Committee was of the view that it was Mrs Hague’s responsibility as a registered professional to ensure that adequate indemnity insurance was in place in order for patients to be able to seek compensation if they had suffered from harm.

The Committee found that Mrs Hague’s conduct fell far below the level of a reasonably competent dental nurse. It determined that the facts found proved amount to misconduct.

Impairment

The Committee next considered whether Mrs Hague’s fitness to practise is currently impaired by reason of her misconduct. In reaching its decision, the Committee exercised its own independent judgement.

The Committee considers that Mrs Hague’s misconduct, though serious, is remediable if she undertakes appropriate re-training and develops a greater awareness of the importance of patient safety in the workplace and of her obligations as a registered dental professional.
There is no evidence before the Committee of any steps taken by Mrs Hague to address her failings. The Committee carefully considered Mrs Hague’s letters and email to the GDC. She stated that “I feel I have let myself down as a dental nurse as well as my patients, although I would never intentionally do anything to put their health at risk”. Mrs Hague states further that “we were a very busy practice and I often felt it was almost impossible to meet CQC standards at all times due to the amount of patients coming through the door. I, in no way use this as an excuse for my lack of contamination control and if I could turn back time, I would have spoken up and stressed my opinions and concerns on this matter…. I do realise the seriousness of most of the allegations and I can only blame myself for these.”

The Committee was of the view that Mrs Hague thereby demonstrated some level of insight into her failings. The evidence before the Committee suggests that Mrs Hague may have been working in an environment where there was a culture of acceptance of these unacceptable standards of cross-infection control.

The Committee also takes into account that, through no fault of Mrs Hague, she was working in a practice with an unacceptably high workload and she was therefore having to work under severe pressure. Dr Marshall noted from the video clips that no less than 50 patients were seen over a 5 hour period. Another dental nurse at the practice was “particularly surprised at the high number of patients being seen by [the treating dentist]” and noted that “he worked very quickly to get through a large number of patients”. Infection Prevention and Control Audit Reviews completed on behalf of NHS England Local Area Team Nottinghamshire and Derbyshire in June and July 2014, recommended actions in respect of multiple areas of infection control procedures, including policy, audit, training, vaccination, cleaning and waste. However Mrs Hague had professional responsibilities of her own. These were serious acts and omissions and in the absence of any evidence of remediation, the Committee concluded that there is a risk of repetition of these failings.

The Committee also considered the need to protect the public interest, maintain public confidence in the profession and uphold and declare proper standards of conduct and behaviour. It concluded that public confidence in the dental profession would be damaged if a finding of impairment was not made in the circumstances of this case. The Committee determined that Mrs Hague’s fitness to practise is impaired by reason of her misconduct.

Sanction

The Committee next considered what sanction, if any, to impose on Mrs Hague’s registration. It reminded itself that the purpose of a sanction is not to be punitive although it may have that effect. The Committee bore in mind the principle of proportionality and its duty to protect the public and declare and uphold proper standards of conduct and behaviour so as to maintain public confidence in the profession. Proportionality also involves striking a proper balance between the public interest and the interests of Mrs Hague and taking the minimum action necessary to address the concerns which exist in this case. It carefully considered the GDC’s Guidance for the Professional Conduct Committee, including Indicative Sanctions Guidance (April 2015).

The Committee took account of the mitigating and the aggravating factors in this case. In mitigation it noted that Mrs Hague:

- has practised as a Dental Nurse for 21 years in the same dental practice;
- has no fitness to practise history;
- has demonstrated some level of insight and remorse in respect of her failings; and
has engaged throughout with the GDC.

The aggravating factors include the following:

- Mrs Hague’s conduct put patients at significant risk of harm;
- Her conduct breached the trust that patients placed in her as a registered professional; and
- The video clips and evidence before the Committee suggest that the misconduct was not an isolated incident but was habitual at that time.

The Committee determined that the findings made in this case are serious and it would be inappropriate, insufficient and disproportionate to conclude the case with no further action.

It also determined that a reprimand would be inappropriate given its conclusion that Mrs Hague’s failings pose a risk to patients and, in the absence of any evidence of remediation, there is a likelihood of repetition.

The Committee next considered whether to impose conditions on Mrs Hague’s registration. The misconduct is not discrete but cuts across Mrs Hague’s fundamental responsibilities as a Dental Nurse. The Committee considers that there is a need for a fundamental change in attitude towards, and understanding of, infection control and patient safety for which a period of reflection is required before Mrs Hague can practise effectively again. The Committee could not be confident that conditions could adequately address these concerns at this stage. It determined that conditions would neither be appropriate nor sufficient given the extent of the failings.

The Committee then considered whether a period of suspension would be sufficient and proportionate. It took into account the mitigation to which it has referred. While it considers that Mrs Hague’s misconduct was serious, it considers that the public will be protected, and the wider public interest will be addressed, if Mrs Hague’s registration is suspended. A period of suspension will provide Mrs Hague with an opportunity to reflect on the unacceptability of her conduct and to take appropriate steps to address and remediate her failings by re-training.

Having regard to the fact that Mrs Hague has never before been subject to regulatory proceedings, and to the fact that her failings are open to remediation, the Committee considered that it would be disproportionate and punitive for her name to be erased from the register.

The Committee has therefore determined to suspend Mrs Hague’s registration for a period of 12 months with a review prior to the end of that period. The Committee decided on a period of 12 months as that is a proper reflection of the seriousness of her failings.

A reviewing Committee may be assisted by receiving the following from Mrs Hague:

- Evidence of insight into her failings;
- Evidence of a deeper understanding of her obligations to patients as a registered dental professional; and
- Evidence of remediation in respect of infection control practice.

A reviewing Committee may also be assisted by Mrs Hague’s attendance at the review hearing.
The Committee will now invite submissions on whether an immediate order is necessary in this case.”

“Ms Scarbrough,
The Committee has considered your submissions on behalf of the General Dental Council (GDC). It has accepted the advice of the Legal Adviser.

The Committee determined that, in light of the serious failings found in Mrs Hague’s practice and the finding that there is a risk to the public, it is necessary for the protection of the public and otherwise in the public interest to impose an immediate order of suspension on her registration.

The effect of the foregoing direction and this order is that Mrs Hague’s registration will be suspended immediately and unless she exercises her right to appeal, the substantive direction for suspension for a period of 12 months will take effect 28 days from when notification of this hearing is deemed served. Should Mrs Hague exercise her right to appeal, this order for immediate suspension may remain in place pending the resolution of any appeal proceedings.

That concludes the case for today.”

At a review hearing on 18 August 2016 the Chairman announced the determination as follows:

“Mr Round,

This is a hearing convened pursuant to s36Q of the Dentists Act to review the current suspension order relating to Mrs Sally Hague.

Decision on service of notice of hearing:

Mrs Hague was neither present nor represented at today’s hearing. In her absence, the Committee first considered whether notice of this hearing had been served on her 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 Hearing, dated 9 May 2016, which was sent to Mrs Hague’s registered address by Special Delivery and First Class Post. The Committee was satisfied that the notice contained proper notification of today’s hearing, including its time, date and location, as well as notification that the Committee has the power to proceed with the hearing in Mrs Hague’s absence. A copy of the Notice of Hearing was also emailed to her on the same day. The Committee had sight of the extract from the Royal Mail Track and Trace service, which indicated that the notice of hearing had been returned to the sender.

The Committee also had sight of an email from Mrs Hague sent to the GDC dated 8 June 2016, indicating her awareness of today’s hearing but confirming that she will not be attending the hearing due to ill health. However, the GDC did not receive any evidence to support this.
The Committee was satisfied that the notice of this PCC review hearing was served on Mrs Hague in compliance with the rules.

**Decision on Proceeding in the absence of Mrs Hague:**

The Committee then went on to consider whether to exercise its discretion under rule 54 to proceed with the hearing in Mrs Hague’s absence. The Committee was mindful that this was a discretion that must be exercised with the utmost care and caution.

The Committee considered carefully the submissions made by Mr Round, on behalf of the General Dental Council (GDC), and had regard to the issue of the public interest in the expeditious review of this case. He informed the Committee that Mrs Hague was aware of today’s hearing, had made no application for an adjournment, and had chosen voluntarily to absent herself.

The Committee accepted the advice of the Legal Adviser. It was aware that any registrant has the right to a fair hearing and the right to participate in it.

In the absence of any application from Mrs Hague for an adjournment and taking into account her email confirming her non-attendance at today’s hearing, the Committee was of the view that no useful purpose would be gained by adjourning today. In particular, the Committee had no medical evidence from Mrs Hague as far as her ill health is concerned in order to explain her absence. The Committee had no information before it to suggest that Mrs Hague would be likely to attend any adjourned hearing for this review. The Committee was mindful that the existing order is due to expire on the 10 September 2016.

The Committee concluded, in all the circumstances, that it was in the public interest to proceed with the hearing in Mrs Hague’s absence.

This is the first review of a suspension order initially imposed on Mrs Hague’s registration for a period of 12 months, with a review, following the decision by the Professional Conduct Committee (PCC) on 10 August 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 10 September 2016.

At the initial substantive hearing on 10 August 2015, the PCC considered allegations relating to whether your fitness to practice was impaired by reason of misconduct. At that hearing the following was found:

“On 3 June 2014, you failed to ensure that an adequate standard of cross-infection control was maintained at the practice including by:

- a) re-using single-use equipment on multiple occasions, including but not limited to, gloves, burs, brushes and bibs;
- b) re-using non-sterile equipment including, but not limited to, extraction forceps, hand-pieces, burs and brushes;
- c) re-using equipment that had not been sufficiently decontaminated including, but not limited to, extraction forceps;
- d) failing to ensure that the surgery surfaces were properly and sufficiently cleaned after each patient;
e) failing to ensure that the surgery equipment was properly cleaned after each patient including, but not limited to, aspirators, drains and computer keyboards;
f) working on surgery surfaces that were not sufficiently cleaned;
g) working within a surgery that was not sufficiently cleaned and decontaminated after each patient;
h) failing to wash your hands at the necessary times, including after each patient and before the next appointment;
i) failing to carry out hygienic hand-washing as necessary;
j) failing to change gloves after each patient;
k) failing to wear a mask and/or visor for relevant operative procedures;
l) wearing glasses on your head during treatment;
m) failing to wear a visor during scaling procedures;
n) contaminating clean items by placing the items on a contaminated surface;
o) consuming a drink within the clinical area;
p) contaminating your gloves by touching your face and thereafter not replacing your gloves or washing your hands;
q) handling patient notes that are non-sterilised whilst wearing gloves;
r) flossing your teeth in the surgery hand-sink;
s) cleaning your teeth in the surgery hand-sink;
t) failing to wear gloves whilst preparing equipment for treatment.

3) The conduct referred to in paragraph 2 directly put patients' safety at risk due to cross contamination.

4) You failed to raise concerns that you should have been aware of in relation to the treating dentist specifically:
a) not maintaining an adequate standard of cross-infection control including, but not limited to, failing to regularly wash his hands and re-suing equipment that had not been decontaminated between patients;
b) not maintaining client confidentiality;
c) failing to provide an adequate standard of care by allowing patients to be treated in an environment that was not safe and hygienic.”

5) The conduct referred to in paragraph 4 directly put patients’ safety at risk.

6) At no time during the relevant period and for a period of time when you were providing dental services, you did hold adequate dental indemnity insurance.”
The August 2015 Committee found that Mrs Hague’s fitness to practise was impaired by reason of misconduct and imposed a suspension order for 12 months with a review. In making that decision the Committee made the following recommendations for Mrs Hague in respect of this review hearing:

“A reviewing Committee may be assisted by receiving the following from Mrs Hague:

• Evidence of insight into her failings;
• Evidence of a deeper understanding of her obligations to patients as a registered dental professional; and
• Evidence of remediation in respect of infection control practice.

A reviewing Committee may also be assisted by Mrs Hague’s attendance at the review hearing.”

Today Mr Round referred the Committee to the documentation before it. He outlined the background to this case and submitted that there has been an absence of evidence in relation to remediation received by the GDC to address the issues raised in Mrs Hague’s initial PCC hearing. He submitted that there is no evidence to suggest that the position of Mrs Hague has changed, and therefore her fitness to practise remains impaired.

Mr Round referred the Committee to the available sanctions and invited it to consider all the circumstances of this case. He sought a further order of suspension of 12 months with a review.

The Committee accepted the advice of the Legal Adviser.

The Committee was of the view that the misconduct identified was remediable but had not been remedied. The Committee had no information from Mrs Hague to demonstrate her compliance with the recommendations made by the previous Committee. The Committee concluded that there was no current evidence of any remediation or further insight from Mrs Hague.

The misconduct identified by the Committee in 2015 was serious and not to make a finding of current impairment in the circumstances would pose a risk to patients and undermine public confidence in the profession and the GDC as a regulator. Further, there is no evidence that Mrs Hague has taken any steps to remediate her misconduct and mitigate against future risks to patients and the public.

The Committee found that in the absence of engagement from Mrs Hague there remains a risk of repetition. The Committee therefore concluded based on the information before it today, that Mrs Hague’s fitness to practise remains impaired by reason of her misconduct.

The Committee then considered what, if any, sanction to impose. It has the power to extend the current order for a maximum period of 12 months. Alternatively, it could revoke the suspension order with immediate effect, allow it to lapse on expiry or replace the order with a conditions of practice order for up to 3 years. It is aware 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 Mrs Hague’s 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 considered whether a conditions of practice order would be an appropriate order in this case. Given Mrs Hague’s lack of insight, her limited engagement with the GDC and the lack of any current evidence of sufficient steps taken to remedy her deficiencies there remains a risk of recurrence. The Committee therefore considered that this would not be an appropriate order. The Committee, therefore, concluded that the appropriate and proportionate order in this case is that the suspension order be extended for a further 12 months with a review.

A reviewing Committee may be assisted by receiving the following from Mrs Hague:

- Evidence of insight into her failings;
- Evidence of a deeper understanding of her obligations to patients as a registered dental professional; and
- Evidence of remediation in respect of infection control practice.

A reviewing Committee may also be assisted by Mrs Hague’s attendance at the review hearing.

That concludes the case for today.”

At a review hearing on 15 August 2017 the Chairman announced the determination as follows:

“Neither party is present at this resumed hearing of the Professional Conduct Committee (PCC). The General Dental Council (GDC) has invited the Committee to conduct the hearing on the papers in the absence of both parties. The Committee determined that it was fair and appropriate to proceed on the papers.

**Purpose of hearing**

The purpose of today’s hearing is to review a substantive order of suspension imposed on Mrs Hague’s registration for a period of 12 months by the PCC on 18 August 2016.

**Service and proceeding in the absence of Mrs Hague**

In Mrs Hague’s absence, the Committee considered whether the GDC had complied with service of the Notice of Hearing in accordance with Rules 28 and 65 of the GDC (Fitness to Practise) Rules Order of Council 2006 (the Rules). The GDC submitted that service has been properly effected in accordance with Rule 28 of the General Dental Council Rules.

The Committee took into account the written submissions of the GDC. It accepted the advice of the Legal Adviser in relation to both service and proceeding in the absence.

The Committee had sight of the notice of hearing, dated 17 July 2017, which was sent to Mrs Hague’s registered address by way of Special Delivery. It also had before it a copy of the Royal Mail Track and Trace receipt which confirmed the item was delivered on 19 July 2017.

The Committee was satisfied that the notice of hearing set out the date, time and venue of the hearing, as well as confirming the powers available to the Committee. Taking all this into account, the Committee was satisfied that notification of this hearing had been served on Mrs Hague in compliance with the Rules.

The Committee then considered whether to proceed with this hearing in Mrs Hague’s absence in accordance with Rule 54 of the Rules.
The Committee was mindful that this was a discretion that must be exercised with the utmost care and caution. It also had regard to the need for fairness to both parties, as well as the public interest in the expeditious disposal of the hearing.

Mrs Hague had been sent notification of this hearing. The Committee noted that there has been limited engagement from Mrs Hague in relation to this PCC review hearing. It had sight of an email dated 17 July 2017 stating that she will not be attending today’s hearing. It further noted that Mrs Hague had not requested an adjournment of today’s hearing. It therefore concluded that she has voluntarily absented herself from this hearing. It concluded that an adjournment would be unlikely to lead to Mrs Hague’s attendance at a future hearing. The Committee noted that the current substantive order of suspension is due to expire on 10 September 2017 and the possibility that the GDC could lose jurisdiction should the matter not be considered today.

Having weighed the interests of Mrs Hague with those of the GDC and the public interest in the expeditious disposal of this hearing the Committee determined to proceed in her absence.

Background

The initial PCC detailed the background to the case as follows:

The allegations against Mrs Hague arose out of a covert video recording of her practice on 3 June 2014 at the Daybrook Dental Practice in Nottingham. Mrs Hague admitted and the Committee found proved that she failed to ensure that an adequate standard of cross-infection control was maintained at the practice; she failed to raise concerns that she should have been aware of in relation to the treating dentist regarding his omission to maintain an adequate standard of cross-infection control, or maintain client confidentiality and his failure to provide an adequate standard of care by allowing patients to be treated in an environment that was not safe and hygienic. Mrs Hague’s conduct put patients’ safety at risk. It was also admitted and found proved that Mrs Hague did not hold adequate dental indemnity insurance for the period when she was providing dental services.

The initial PCC determined that the facts found proved, did amount to misconduct. It stated the following in relation to current impairment: Mrs Hague had professional responsibilities of her own. These were serious acts and omissions and in the absence of any evidence of remediation, the Committee concluded that there is a risk of repetition of these failings. That Committee determined to impose a 12-month suspension order.

A review of Mrs Hague’s case took place on 18 August 2016. At the review, the Committee determined that Mrs Hague’s fitness to practise remained impaired and decided to impose a further 12-month period of suspension. The initial and reviewing Committee suggested that a future reviewing Committee might be assisted by the following:

- Evidence of insight into her failings;
- Evidence of a deeper understanding of her obligations to patients as a registered dental professional; and
- Evidence of remediation in respect of infection control practice.

A reviewing Committee may also be assisted by Mrs Hague’s attendance at the review hearing.

Submissions
The GDC in written submissions outlined the background to Mrs Hague’s case. They submitted that Mrs Hague has not engaged in any way with the GDC regarding the initial hearing or any subsequent reviews. The GDC submitted that there is no evidence of any steps taken by Mrs Hague to remedy the failings identified by the initial and review PCCs. The GDC further submitted that Mrs Hague has not demonstrated any insight into the failings identified. The GDC submitted that Mrs Hague’s fitness to practise is currently impaired.

In relation to sanction, the GDC submitted that the necessary and proportionate sanction would be one of indefinite suspension.

Committee’s considerations

This hearing was the second review of Mrs Hague’s case. The Committee today considered all the information before it and took account of the written submissions of the GDC.

The Committee accepted the advice of the Legal Adviser.

In its considerations, the Committee took into account the GDC’s Guidance for the Practice Committees, including Indicative Sanctions Guidance (October 2016).

Decision on impairment

The Committee first considered whether Mrs Hague’s fitness to practise remained impaired by reason of the misconduct found proved against her. In reaching its decision on the issue of impairment, the Committee exercised its own independent judgement. It bore in mind that its duty is to consider the public interest, which includes the protection of patients, the maintenance of public confidence in the profession and the declaring and upholding of proper standards of conduct and behaviour.

In making its decision on current impairment, the Committee carefully considered the failings identified by the initial and previous reviewing Committees. It noted that the facts found proved against Mrs Hague are serious. It considered whether those failings had been sufficiently addressed by Mrs Hague and whether she had demonstrated insight into them. The Committee noted that it had no evidence before it to suggest that Mrs Hague had breached her current substantive order of suspension. However, it further noted that there has again been no engagement from Mrs Hague since the last PCC review apart from an email from Mrs Hague dated 17 July 2017 where she stated that she no longer wished to be a dental nurse and no plans to do so in the future.

The Committee had no evidence before it of any steps taken by Mrs Hague to address the failings identified by the initial PCC or reviewing Committee. Further, it had no evidence to demonstrate that Mrs Hague may have developed any insight. It could not be satisfied that she now understands the severity of the failings in this case. It concluded that little has changed since the last PCC review, but for a further 12-month period of non-engagement, and that the concerns raised previously are present today. It noted that Mrs Hague had been given multiple opportunities to address the failings identified, which she has not. The Committee concluded that given the persistent lack of engagement and lack of remediation and insight, there remains a risk to the public as identified previously. It also concluded that the public interest concerns initially raised remain.

Taking all this into account, the Committee concluded that Mrs Hague’s fitness to practise remains impaired.

Decision on sanction
The Committee next determined what sanction, if any, would be appropriate in light of its findings of current impairment. The Committee recognised that the purpose of a sanction is not to be punitive, although it may have that effect, but is instead imposed in order to protect patients and safeguard wider public interests. In reaching its decision on sanction the Committee again took into account the GDC’s Guidance for the Practice Committees, including Indicative Sanctions Guidance (October 2016). The Committee applied the principle of proportionality, balancing the public interest with Mrs Hague’s own interests.

The Committee first considered whether it would be appropriate and proportionate to terminate the current order of suspension on Mrs Hague’s registration. It concluded that given its reasons for finding current impairment, that such a course of action would not be sufficient for the protection of the public and the wider public interest.

The Committee next considered whether to terminate the current order of suspension and replace it with a further specified period of conditional registration. It considered whether it could formulate conditions which would be workable, measurable and which would address the risks that have been identified. The Committee concluded that given the nature and severity of the findings in this case, it could not formulate conditions which would be practicable, workable or which would address its concerns, particularly in light of the lack of remediation, insight and reflection. It also concluded that given the lack of engagement from Mrs Hague it could not be satisfied that she would comply with any conditions imposed on her registration.

The Committee considered whether it would be appropriate and proportionate to impose a further specified period of suspension. In considering this, the Committee was of the view that an extension of the current suspension order would safeguard the public from any repetition of the kind of misconduct found by the initial PCC. However, this Committee considered the public interest in these matters, including the expense incurred by repeated review hearings. The Committee noted that Mrs Hague has continued to fail to engage with substantive GDC proceedings and that it has no evidence that she has taken any steps to address the failings identified or demonstrated any insight into them. It noted that the failings in this case are serious and it concluded that there would be no useful purpose in suspending Mrs Hague’s registration for a further specified period when she had shown no efforts to engage.

In reaching its conclusion, the Committee considered Mrs Hague’s interests and the potential consequences that an ongoing suspension may have for her. However, it decided that the public interest outweighs Mrs Hague’s own interests in this particular instance.

Accordingly, the Committee directs the indefinite suspension of Mrs Hague’s registration in accordance with section 36Q(1)(d) of the Dentists Act 1984, as amended (‘the Act’). In making this direction, the Committee was satisfied that the criteria for imposing an indefinite suspension are met.

Unless Mrs Hague exercises her right of appeal, her registration will be suspended indefinitely, 28 days from the date that notice of this direction is deemed to have been served upon her. In the event that she does exercise her right of appeal, the suspension order currently on her registration will remain in force until the resolution of the appeal in accordance with Section 36W of the Act.

That concludes this determination.”