

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.

ROYSTON, Adele Louise

Registration No: 140295

PROFESSIONAL CONDUCT COMMITTEE

FEBRUARY 2016

Outcome: Erasure with immediate suspension

Adele Louise ROYSTON, a dental nurse, Verified experience in Dental Nursing, was summoned to appear before the Professional Conduct Committee on 10 February 2016 for an inquiry into the following charge:

Charge (as amended on 11 February 2016)

"That being registered as a Dental Care Professional:

1. On a date between 17 February 2014 and 20 February 2014 you performed a surgical procedure on a member of the public.
2. In respect of charge 1;
 - a) this was outside your scope of practice as a dental nurse;
 - b) your actions put a member of the public's safety at risk.
3. On 20 February 2014 you informed a colleague that you had carried out a surgical facelift on or around 17 February 2014, on a friend.
4. On a date between 17 February 2014 and 20 February 2014 you administered a local anaesthetic to a member of the public.
5. In respect of charge 4;
 - a) this was outside your scope of practice as a dental nurse;
 - b) your actions put a member of the public's safety at risk.
6. [withdrawn].

AND therefore your fitness to practise as a Dental Care Professional is impaired by reason of misconduct".

Ms Royston was not present and was not represented. On 11 February 2016 the Chairman announced the findings of fact to the Counsel for the GDC:

"Mr Stevens

You appear for the General Dental Council (GDC) at this hearing. The registrant is not present and is not represented in her absence.

Service of notice

On behalf of the GDC you submitted that service has been properly effected in accordance with the General Dental Council (Fitness to Practise) Rules 2006 ('the Rules'). You stated that as required by Rule 13 a notice of hearing dated 14 January 2016 was sent to the address that the registrant has registered with the GDC. You submitted that the notice was sent in accordance with Rule 65 of the Rules, having been sent to the registrant's registered address using the Royal Mail's Special Delivery postal service. You drew the Committee's attention to a copy of the Royal Mail's Track and Trace service which records that the notice was delivered on 16 January 2016. You submitted that a copy of the notice was also sent to Ms Royston by first class post and email.

You drew the Committee's attention to the fact that the notice was sent 27 days in advance of the scheduled hearing, rather than the 28 days required by Rule 13 (2). You stated however that Rule 13 (2) makes provision for a hearing to proceed in circumstances where less than 28 days' notice has been given if the registrant agrees in writing to an earlier hearing date. You submitted that the GDC emailed Ms Royston on 1 February 2016 to establish whether she was content for the hearing to proceed in light of short notice having been given, and that she replied on 3 February 2016 to confirm that she was so content.

The Committee accepted the advice of the Legal Adviser. Having regard to the evidence put before it the Committee was satisfied that service has been properly effected in accordance with the Rules.

Proceeding in absence

The Committee then went on to consider whether to exercise its discretion to proceed in the absence of the registrant in accordance with Rule 54 of the Rules. You invited the Committee to do so on the basis that the GDC has made all reasonable efforts to notify the registrant of this hearing and that she has voluntarily and consciously absented herself. You referred to the registrant's email of 3 February 2016 in which she states that she would not be attending the hearing and was content for it to proceed in her absence.

The Committee again accepted the advice provided by the Legal Adviser. The Committee was satisfied that the registrant has voluntarily absented herself in full knowledge of the fact of these proceedings and that in the circumstances it would be appropriate and fair to proceed in her absence. It considered that an adjournment would serve no purpose as it would be unlikely to secure the registrant's attendance in light of her clear statement that she would like the hearing to proceed in her absence. The Committee was also mindful that Ms Royston has not put forward any application for a postponement. The Committee also considered that there is a clear public interest in proceeding with today's hearing for the expeditious consideration of this case, and that it would also be in Ms Royston's own interests for the hearing to proceed.

IN PRIVATE

[text omitted]

IN PUBLIC

Application to amend the charge

You then applied to amend head of charge 3, and subsequently to withdraw head of charge 6, in accordance with the provisions of Rule 18. The Committee, having received advice

from the Legal Adviser, considered that the amendment and withdrawals could be made with no injustice to either party. The schedule of charge was duly amended.

Background to the case and summary of allegations

The allegations giving rise to these proceedings relate to a surgical procedure that Ms Royston is said to have performed on a member of the public with whom she was friendly. Ms Royston was employed as a Dental Nurse by Integrated Dental Holdings (IDH) at its Russell Court Dental Centre in Bingley, West Yorkshire, at the material time of the alleged incidents, although she was on a period of annual leave at the time of the procedure itself.

It is specifically alleged that, on a date in the period of 17 to 20 February 2014, Ms Royston carried out a surgical facelift on the individual in question, referred to as Witness 1 for the purposes of these proceedings. This procedure involved making incisions to the individual's face and a tightening of the skin. It is further alleged that Ms Royston administered a local anaesthetic when performing the procedure. The GDC contends that such conduct was outside Ms Royston's scope of practice as a dental nurse and put the individual's safety at risk. The GDC further alleges that Ms Royston informed colleagues that she had carried out the alleged procedure.

Ms Royston's employer commenced an investigation into these matters and Ms Royston was suspended from her position on 26 February 2014 pending the conclusion of those enquiries. She was dismissed from the practice on the grounds of gross misconduct on 21 March 2014. IDH then referred the matter to the GDC for its consideration.

Evidence

The Committee has been provided with documentary material in relation to the heads of charge that Ms Royston faces, including documents arising from the disciplinary investigation undertaken by IDH and a witness statement provided by Witness 1.

Committee's findings of fact

The Committee has taken into account all the evidence presented to it and has considered the submissions made by you on behalf of the GDC.

The Committee has accepted the advice of the Legal Adviser. The Committee has been reminded that the burden of proof lies with the GDC, and has considered the heads of charge against the civil standard of proof, that is to say, the balance of probabilities.

The Committee has considered each head of charge separately, although in respect of heads of charge 2 (a) and 5 (a) its findings will be announced collectively. I will now announce the Committee's findings in relation to each head of charge:

1.	Proved
	<p>The Committee finds the facts alleged at head of charge 1 proved. It notes that Ms Royston admitted to the facts giving rise this charge at her suspension meeting on 26 February 2014, and repeated that admission in an investigation meeting held with her on 11 March 2014. The Committee has also been provided with the witness statement of Witness 1, which states that the surgical procedure was indeed performed on her as alleged.</p> <p>The Committee has also had regard to the notes of the investigation interview</p>

	held with the Assistant Manager of the practice on 5 March 2014. In that interview the Assistant Manager stated that Ms Royston had requested annual leave in February 2014 for the purposes of performing a facelift, and that Ms Royston subsequently informed her on her return to work on 20 February 2014 that she had carried out the procedure in the individual's home. The Committee has also had regard to the content of the notes of the investigation interview held with the Practice Manager on 5 March 2014, in which she stated that she too was aware of Ms Royston requesting annual leave in order to perform a facelift.
2.a	Not proved
	The Committee finds the facts alleged at head of charge 2 (a) and 5 (a) not proved. The Committee is not satisfied that the scope of practice relating to dental nurses is engaged by the circumstances of this case. The scope of practice defines, distinguishes and delineates the respective duties of members of the dental team. Conversely, the surgical procedure involving the use of local anaesthetics that Ms Royston employed, improper as it was, does not relate to dentistry and could not remotely be described as being, a dental procedure. The Committee notes that the context for the procedure was a long-standing friendship between Ms Royston and Witness 1 which involved discussion of cosmetics and beauty treatments. There is no evidence that Witness 1 was ever Ms Royston's patient, although it appears from her witness statement that the witness was aware that Ms Royston was a dental nurse. The Committee views the surgical procedure as being quite separate and independent from Ms Royston's duties as a dental nurse. The surgery did not take place within what could be described as being a practitioner-patient relationship. Therefore, whilst the Committee sees the procedure as most certainly not falling within the scope of practice of a dental nurse, it does not consider that considerations about the scope of practice are engaged by this case. Accordingly, it finds the facts alleged at head of charge 2 (a) not proved.
2.b	Proved
	The Committee finds the facts alleged at head of charge 2 (b) proved. The Committee is in no doubt that the surgical procedure employed by Ms Royston placed Witness 1's safety at risk, relating as it did to an invasive procedure involving two incisions and sutures to the witness' face.
3.	Proved
	The Committee finds the facts alleged at head of charge 3 proved as a matter of fact. It has had regard to the notes of the investigation interview held with the Assistant Manager of the practice on 5 March 2014. In that interview the Assistant Manager, who was a colleague of Ms Royston at the same practice, stated that Ms Royston informed her on her return to work on 20 February 2014 that she had carried out the procedure in question.
4.	Proved
	The Committee finds the facts alleged at head of charge 4 proved. It notes Ms Royston's admission to the facts giving rise to this head of charge in the

	notes of an investigation meeting held with her on 11 March 2014. It further notes the witness statement of Witness 1, in which the witness stated that Ms Royston administered a local anaesthetic to her as part of the surgical procedure as alleged.
5.a	Not proved
	The Committee's reasons are set out at head of charge 2 (a) above.
5.b	Proved
	The Committee finds the facts alleged at head of charge 5 (b) proved. The Committee notes that Ms Royston administered a drug referred to as local anaesthetic and that she was not entitled to do so. By acting in this way she placed Witness 1 at the risk of harm, because of her disregard for the rules in place in relation to the use of such anaesthetics for public safety. The Committee notes that Ms Royston stated in the employer's disciplinary investigation that she had had the drug for around two years, and the Committee considers that this potentially heightened the risks for the individual given the need to follow expiration date guidance when administering anaesthetics.
6.	Withdrawn

Head of charge 6 was withdrawn.

We move to stage two."

On 11 February 2016 the Chairman announced the determination as follows:

"Mr Stevens

The Committee has considered all the evidence presented to it, both written and oral. It has also taken into account the submissions made by you on behalf of the General Dental Council (GDC) and has accepted the advice of the Legal Adviser. In its deliberations the Committee has had regard to the GDC's *Guidance for the Practice Committees, including Indicative Sanctions Guidance* (October 2015).

Misconduct

The Committee first considered whether the facts that it has found proved constitute misconduct. In considering this matter the Committee exercised its independent judgement.

In its deliberations the Committee has had regard to following paragraphs of the GDC's *Standards for the Dental Team* (September 2013) in place at the time of the incidents giving rise to the facts that the Committee has found proved. These paragraph states that as a dental care professional:

- 9.1 You must ensure that your conduct, both at work and in your personal life, justifies patients' trust in you and the public's trust in the dental profession.

The Committee considers that the facts that it has found proved represent acts which fell far short of the standards reasonably to be expected of a registered dental nurse, and that fellow professionals would consider them to be deplorable. Ms Royston's actions were of the utmost seriousness and breached fundamental tenets of the profession. Her conduct was

capable of both bringing the profession into serious disrepute and of undermining public trust and confidence in the profession.

The Committee has found that Ms Royston deliberately placed a member of the public at serious risk of physical harm by performing a surgical procedure that she was not entitled to perform. The procedure used the use of a local anaesthetic which, similarly, she was not qualified to administer. The procedure had been long in gestation and had involved a significant degree of planning and preparation. The surgical facelift placed the individual in question at considerable risk, constituting as it did an invasive procedure involving two incisions and sutures to her face.

Accordingly, the Committee is in no doubt, and has no difficulty whatsoever in finding, that the facts that it has found proved amount to misconduct. It does not however find that the facts proved in respect of head of charge 3 amount to, or contribute towards its finding of, misconduct.

Impairment

The Committee then went on to consider whether Ms Royston's fitness to practise is currently impaired by reason of the misconduct that it has found. In doing so, the Committee has again exercised its independent judgement. Throughout its deliberations, it has borne in mind that its primary duty is to address 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.

The Committee has had no difficulty in determining that Ms Royston's fitness to practise is currently impaired by reason of misconduct. The facts that it has found proved connote an attitudinal defect which is less capable of being remedied than, for instance, a clinical shortcoming. In the particular circumstances of this case, the Committee notes a considerable number of aggravating factors which demonstrate that Ms Royston's fitness to practise is currently impaired. Her actions have put a member of the public at risk of considerable physical harm. Those actions were premeditated and had been in planning for some two years. Ms Royston subsequently accepted that what she did was wrong, which indicates that she knew that she had acted inappropriately. Whilst the Committee considers that Ms Royston has shown some insight into her lack of judgement and has expressed some remorse for her actions, the Committee notes that she has largely focussed on the adverse personal consequences for herself rather than demonstrating a reflective cognisance of the potential effects that her actions have had, and may have had, on Witness 1. The Committee has been provided with insufficient information to suggest that Ms Royston has developed meaningful insight into the matters that have precipitated these proceedings, and it is therefore in no doubt that the serious failings that it has identified might be repeated.

Although the Committee has considered the mitigating factors presented to it, namely the apparent absence of financial gain for Ms Royston, the absence of evidence of actual harm being occasioned to the individual, the supportive testimonial provided on her behalf by a dental colleague, and the fact that she has no fitness to practise history, the Committee considers that Ms Royston's reckless actions are highly damaging to her fitness to practise. It is therefore in no doubt that Ms Royston's fitness to practise is currently impaired.

The Committee considers that a finding of impairment is further, and undoubtedly, required to maintain public confidence in the profession and to declare and uphold proper professional standards given the especially serious circumstances of this case. Ms

Royston's actions have placed the reputation of the profession at serious risk of being brought into considerable disrepute. The Committee further considers that a finding of impairment is also needed in order to maintain public confidence in the GDC as regulator in light of the findings that the Committee has made. The Committee is in no doubt that the public's trust and confidence in the profession, and in the regulatory process, would be seriously undermined if a finding of impairment were not made in the serious circumstances of this case.

Sanction

The Committee then determined what sanction, if any, would be appropriate in light of the findings of facts, misconduct and impairment that it has made. The Committee recognises 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 the wider public interests mentioned above.

In reaching its decision the Committee has again taken into account the GDC's *Guidance for the Practice Committees, including Indicative Sanctions Guidance* (October 2015). The Committee has applied the principle of proportionality, balancing the public interest with Ms Royston's own interests. It has also again had regard to the submissions made by you on behalf of the GDC, with particular reference to the mitigating and aggravating factors present in this case.

The Committee has considered the range of sanctions available to it, starting with the least serious. In the light of the findings made against Ms Royston, the Committee has had no difficulty in determining that it would be wholly inappropriate to conclude this case with no action. The serious nature of the conduct that it has found, raising as it does significant concerns about public safety, public confidence and the standing and reputation of the profession, means that a form of action must be taken.

The Committee next considered whether it would be appropriate to conclude the case with a reprimand. The Committee considers that the misconduct that it has found cannot remotely be described as being at the lower end of the spectrum of seriousness. The Committee has, therefore, similarly determined that it would be wholly inappropriate to conclude this case in with a reprimand in light of the very serious matters that it has found proved. If it were to do so, the Committee considers that a reprimand would have the effect of undermining public confidence in the profession and would fail to provide the safeguards necessary for public protection, permitting as it would the unrestricted practice of a registrant who this Committee has found has created the potential for harm to be caused to the public's safety and its trust and confidence in the profession.

The Committee next considered whether a period of conditional registration would be appropriate. In the Committee's judgement, given the serious nature of the findings in this case, there are no conditions that could be formulated which would prove to be workable, measurable or enforceable, or which would adequately address the need to protect the public or satisfy the public interest by securing the necessary degree of protection for patients and trust and confidence in the profession.

The Committee went on to consider whether to suspend Ms Royston's registration. The Committee is not satisfied that the sanction of suspension would be appropriate or sufficient for maintaining public confidence in the profession and upholding professional standards. Ms Royston's actions represent a serious undermining of the principles of safety, trust and confidence which are central to the profession. Her behaviour is highly damaging to her

fitness to practise and, if not addressed with the appropriate and proportionate sanction, to public confidence and trust in the profession and in the regulatory process. The Committee is of the view that in the particular circumstances of this case a period of suspension would not be sufficient to mark the seriousness of the issues that have arisen and would instead seriously undermine public trust and confidence if imposed.

Accordingly, the Committee has determined that the only appropriate and proportionate sanction in this case is that of erasure. Ms Royston's behaviour is fundamentally incompatible with being a dental care professional. The Committee has taken into account the impact of such a direction on Ms Royston, but in the light of the very serious nature of the matters found proved, the Committee considers that the public interest clearly outweighs Ms Royston's own interests in this matter. The Committee considers that only the sanction of erasure can sufficiently protect the public and safeguard its trust and confidence in the profession and in the regulatory process.

Existing interim order

In accordance with Rule 21 (3) of the General Dental Council (Fitness to Practise) Rules 2006 and section 36P (10) of the Dentists Act 1984 (as amended) the extant interim order of suspension in place on Ms Royston's registration is hereby revoked.

Immediate order

Having directed that Ms Royston's name be erased from the register, the Committee has considered whether to impose an order for her immediate suspension in accordance with section 36U (1) of the Dentists Act 1984 (as amended).

The Committee has considered the submissions made by you on behalf of the General Dental Council (GDC) as to the necessity of an immediate order of suspension. The Committee has accepted the advice of the Legal Adviser.

In the circumstances, the Committee has determined that it is necessary for the protection of the public and is otherwise in the public interest to impose an order for immediate suspension on Ms Royston's registration. It has decided that, given the real risks of significant harm to public safety and public trust and confidence in the profession and in the regulatory process that it has identified, it would not be appropriate to allow Ms Royston to practise until the substantive order takes effect. The Committee has had particular regard to the fact that any appeal that Ms Royston may wish to make would be unlikely to be concluded for a considerable period of time. The Committee considers that an immediate order for suspension is proportionate, and is consistent with the concerns that the Committee has set out in its determination.

The effect of the foregoing determination and this immediate order is that Ms Royston's registration will be suspended by virtue of this immediate order from the date on which notice of this decision is deemed served upon her. Unless she exercises her right of appeal, the substantive erasure order will be recorded in the Dental Care Professionals' Register 28 days from the date of deemed service. Should she so decide to exercise her right of appeal, this immediate order of suspension will remain in place until the resolution of any appeal.

That concludes this case."