GENERAL DENTAL COUNCIL

PROFESSIONAL CONDUCT COMMITTEE

June 2011

SIDDIQUI, Mohammed Shahid

Registration No: 73039

Mohammed Shahid Siddiqui registered as of 6 Reaper Cresent, High Green, SHEFFIELD, S35 3FH, BDS Birm 1997, was summoned to appear before the Professional Conduct Committee on the 13 June 2011 for inquiry into the following charge:

"That, being a registered dentist:

1. At all material times you practised as a dentist at Dalton Dental Care, 5 Rotherham Road, Dalton, Rotherham, S65 3ET.

2. You were the treating dentist for the patients as set out below and identified in Schedule A.

3. Your standard of care and treatment for the following patients fell far below that reasonably to be expected of a competent dental practitioner, in the following regards:

4. **Patient DJ**

Prescribing

(a) You prescribed antibiotics on:

(i) 30th June 2003, for an abscess to LL4;

(ii) 10th February and 14th February 2004, for an abscess to UR2.

(b) You failed to record:

(i) what steps, if any, you took to establish drainage of the abscesses;

(ii) your rationale for prescribing antibiotics.

(c) Your prescriptions were inappropriate.

Radiographs

(d) You failed to take any or any adequate pre-operative radiograph of LL4 prior to the provision of endodontic treatment on 4th July 2003.

(e) You failed to take either an intra-operative or post-operative radiograph of UR2 in connection with the provision of endodontic treatment on 1st March 2004.

(f) You failed to take any or any adequate radiographs prior to the crown preparation for:

(i) UL2, UR1, and UR2 on 1st October 2003;

(ii) UL4 on 1st March 2004;

(iii) UL3, and UR3 on 25th August 2005;

(iv) LL3 on 27th July 2006.

Periodontal Assessment and Treatment

(g) A Basic Periodontal Examination ("BPE") carried out on 30th June 2003, showed significant pocketing in all sextants.

(h) You knew, or should have known, that the patient's periodontal condition contra-indicated the provision of crown work subsequently carried out by you.

(i) You failed to record adequately or at all, any information or advice given to DJ about her periodontal condition prior to 19th September 2007.

5. **Patient MR**

Prescribing

(a) You prescribed antibiotics on:

(i) 14th May 2004, for an abscess at UL quadrant;

(ii) 10th November 2004, for an abscess at UL quadrant;

(iii) 23rd May 2005, for an abscess at UL4;

(iv) 7th April 2006, for a periodontal abscess.

(b) You failed to record:

(i) what steps, if any, you took to establish drainage of the abscesses;

(ii) your rationale for prescribing antibiotics;

(iii) the location of the abscess diagnosed on 7th April 2006.

(c) Your prescriptions were inappropriate.

Radiographs

(d) You failed to provide a written justification for or report on radiographs taken on 8th January 2008.

Periodontal Assessment and Treatment

(e) You knew, or should have known from a BPE carried out on 28th November 2002, that patient MR had advanced periodontal disease.

(f) You failed to:

(i) provide patient MR with any or any sufficient information or advice, or record that appropriate advice had been given to the patient about his condition, prior to 5th September 2007;

(ii) adopt a planned approach to treatment of the patient's periodontal problems;

(iii) identify and provide prompt treatment for lesions apparent at:

(a) UL4 on 28th November 2002;

(b) UL5 on 23rd May 2005;

(c) UR5 on 8th January 2008.

6. **Patient SP**

Prescribing

(a) You failed to record your rationale for prescribing Amoxicillin 500mg on 20th September 2007.

(b) You inappropriately prescribed Amoxicillin on 20th and 28th September 2007.

Radiographs

(c) You failed to take radiographs prior to fitting crowns at:

(i) LL6 on 2nd April 2003;

(ii) LR5 and LL6 on 5th March 2004.

(d) You failed to take either intra-operative or post-operative radiographs in connection with the provision of endodontic treatment to:

(i) UR6 on 16th February 2004;

(ii) UL3 on 12th March 2004.

(e) You failed to provide a written justification for or report on radiographs taken on 29th September 2007.

Treatment

(f) Between 24th March 2003 and 2nd April 2003, you failed to provide restorations to cavities present at UR7 and LR4.

(g) You failed to record your justification for not providing restorations to UR7 and LR4 on 2nd April 2003.

(h) You failed to provide appropriate management and treatment for UL3 in that:

(i) between 5th March 2004 and 4th October 2006, you provided repeated restorations to UL3;

(ii) on 7th September 2006, you placed a Porcelain Jacket Crown (PJC) on UL3;

(iii) you knew or should have known that a PJC was inappropriate treatment for UL3 in circumstances in which that tooth was:

(a) root-filled;

(b) had very little clinical crown;

(c) had no post;

and where no radiograph had been taken since 12 March 2004.

(i) Between 19th October 2004 and 13th September 2007 you failed to diagnose and/or appropriately treat a cavity involving the pulp in the LR7, either by endodontic treatment or extraction.

(j) You failed to diagnose a lesion at UL2 on 13th September 2007.

(k) On 20th September 2007, you extracted UL2 and UR1.

(l) You failed to add UL2 and UR1 to an existing upper denture.

(m) You failed to advise SP of the temporary nature of the glass ionomer restoration placed at UR7 on 22nd May 2008;

7. **Patient HS**

Prescribing

(a) On 12th October 2006, you inappropriately prescribed Amoxicillin 500mg and Ibuprofen 600mg.

(b) You failed to record your rationale for prescribing antibiotics and analgesics on 12th October 2006.

(c) On 20th November 2007, you diagnosed a suspected abscess at UL3 and prescribed Amoxicillin 500mg.

(d) You failed to record:

(i) what steps, if any, you took to establish drainage of the suspected abscess;

(ii) your rationale for prescribing antibiotics.

(e) Your prescription on 20th November 2007 was inappropriate.

(f) You failed to provide any follow-up to your diagnosis and prescription on 20th November 2007.

Periodontal Assessment and Treatment

(g) You knew or should have known from a BPE carried out on 3rd October 2006, that HS had periodontal disease.

(h) Between 3rd October 2006 and 19th September 2007, you failed to:

(i) provide HS with any or any sufficient information or advice, or

(ii) record that appropriate advice had been given to the patient about her condition;

(iii) treat HS' periodontal condition.

8. **Patient JR**

Prescribing

(a) On 19th May 2008 you diagnosed an abscess at LR5 and prescribed Amoxicillin 500mg.

(b) You failed to record what steps, if any, you took to:

(i) establish drainage of the abscess; or

(ii) extract LR5.

(c) You failed to record your rationale for prescribing antibiotics.

(d) Your prescription was inappropriate.

Radiographs

(e) You failed to take any intra-operative or post-operative radiographs in connection with endodontic treatment provided to UL5 on 11th July 2003.

Treatment

(f) Between 11th July 2003 and 3rd April 2008, your treatment of UL5 was inadequate in that:

(i) the root filling placed on 11th July 2003 fell short of the apex;

(ii) you failed on repeated occasions between 11th July 2003 and 3rd April 2008 to:

(a) identify the inadequacy of the restoration of UL5;

(b) provide appropriate management and treatment of UL5.

(g) On 3rd September 2007, you failed to provide treatment that you knew or should have known was required to LR5.

(h) On 13th October 2007, you placed an inadequate restoration to LR5.

(i) You failed to identify the inadequacy of the restoration to LR5 at an examination on 3rd April 2008.

(j) On 14th May 2008, you carried out, or attempted to carry out endodontic treatment to LR5. Your treatment was inadequate in that you:

(i) failed to properly root-fill the canal;

(ii) dressed the tooth with ledermix;

(iii) failed to arrange for further treatment to the tooth.

9. **Patient NH**

Prescribing

(a) On 23rd April 2004, you diagnosed a periodontal abscess and prescribed Amoxicillin 250mg.

(b) You failed to record:

(i) the location of the abscess;

(ii) your rationale for prescribing antibiotics.

(c) On 31st May 2006, 7th February 2007, 4th September 2007, and 8th November 2007, you diagnosed an abscess at UL6 and prescribed 500mg Amoxicillin.

(d) You failed to:

(i) investigate, properly or at all, the cause of the abscesses;

(ii) provide appropriate treatment;

(iii) record your rationale for prescribing antibiotics.

(e) On 31st October 2006, you diagnosed an abscess at UL4 and prescribed 500mg Amoxicillin.

(f) You failed to record:

(i) what steps, if any, you took to establish drainage of the abscess;

(ii) your rationale for treating with antibiotics.

(g) Your prescription on 31st October 2006 was inappropriate.

(h) You failed to provide a follow-up appointment.

Periodontal assessment and treatment

(i) Between 23rd April 2004 and 11th September 2007, you failed to provide NH with any or any sufficient information or advice, or record that such information and advice had been given to the patient about his periodontal condition.

Treatment

(j) Between 6th May 2004 and 15th September 2006, you failed to provide restorations to cavities at UR4 and UL4.

(k) The restoration placed by you at UL4 on 15th September 2006 was inadequate.

(l) On 13th February 2007, you took a radiograph of UL6 and UL4.

(m) You knew, or should have known that the radiograph showed:

(i) considerable bone loss at UL6;

(ii) an inadequate filling at UL4.

(n) You failed to plan or provide appropriate treatment for either UL6 or UL4.

(o) On 29th May 2008, you fitted a crown at UL4.

(p) Prior to fitting the crown you failed to:

(i) take a pre-operative radiograph;

(ii) assess the condition of the apex.

10. **Patient GN**

Prescribing

(a) On 10th August 2006, you prescribed Amoxicillin 500mg following endodontic treatment.

(b) You failed to record your rationale for prescribing antibiotics.

(c) On 15th October 2007, you extracted UL5 and prescribed Amoxicillin 500mg *"if abscess occurs"*;

(d) Your prescription on 15th October 2007 was inappropriate;

Radiographs

(e) You failed to take any intra-operative or post-operative radiographs in connection with the provision of endodontic treatment to UL5 on 10th August 2006.

(f) You failed to take a radiograph prior to preparing and fitting a crown to UL5 on 30th August 2007.

Periodontal assessment and treatment

(g) Between 18th February 2004 and 12th July 2007, you failed to provide GN with any or any sufficient information or advice about his periodontal condition, or record that such information and advice had been given.

Treatment

(h) On 8th December 2005, you took a radiograph of the UL quadrant which showed a lesion below the crown at UL5.

(i) You failed to treat UL5 until 10th August 2006.

(j) You failed to record your justification for not providing a restoration to UL5 prior to 10th August 2006.

11. **Patient PC**

Radiographs

(a) You failed to take a radiograph prior to preparing UR6 for a crown on 3rd October 2007.

Treatment

(b) You failed to take any or any adequate steps to ascertain the cause of sensitivity to UR6 prior to preparing the tooth for a crown on 3rd October 2007.

(c) On 15th October 2007, having failed to complete endodontic treatment to UR6, you:

(i) placed a ledermix dressing and amalgam restoration;

(ii) failed to:

(a) make any further attempt to root fill the tooth;

(b) offer to make a referral;

(c) advise the patient that the tooth would require extraction.

12. **Patient SJ**

Prescribing

(a) On 9th May 2007, you diagnosed an abscess at LL5 and prescribed Amoxicillin 500mg.

(b) You failed to:

(i) investigate properly or at all the cause of the abscess;

(ii) record what steps, if any, you took to establish drainage of the abscess;

(iii) record your rationale for prescribing antibiotics;

(iv) arrange a follow-up appointment.

(c) on 12th September 2007, you diagnosed an abscess at LL4 and LL5 and prescribed Amoxicillin 500mg.

(d) You failed to:

(i) record your rationale for prescribing antibiotics;

(ii) arrange a follow-up appointment.

Radiographs

(e) You failed to take a radiograph prior to preparing LR6 for a crown on 9th February 2004.

(f) You failed to provide a written justification and report upon radiographs taken on 18th September 2007 and 24th September 2007.

Treatment

(g) On 24th July 2003, you placed a restoration at UR5 which you knew or should have known was clinically inadequate.

(h) You failed to make arrangements to correct the restoration at UR5.

(i) You failed to provide either "bite" or "try-in" appointments for dentures fitted on 1st June 2006 and 26th July 2006.

(j) On 14th July 2007 you placed inadequate restorations at LL4 and LL7.

(k) At subsequent examinations on 14th August 2007, 18th September 2007 and 24th September 2007, you failed to diagnose the need to replace the restorations at LL4 and LL7.

(l) The treatment provided by you to LL5 and LL7 was inadequate.

13. **Patient KT**

Prescribing

(a) On 26th October 2006, you diagnosed an abscess at UL6 and prescribed Amoxicillin 500mg.

(b) You failed to record:

(i) what steps, if any, you took to establish drainage;

(ii) your rationale for prescribing antibiotics.

(c) On 29th November 2006, you diagnosed an abscess and prescribed Amoxicillin 500mg.

(d) Your prescription on 29th November 2006 was inappropriate.

(e) You failed to record:

(i) the location of the abscess;

(ii) your rationale for prescribing antibiotics;

(f) On 5th December 2006, you diagnosed an abscess at UL6 and prescribed Amoxicillin 500mg;

(g) Your prescription on 5th December 2006 was inappropriate.

(h) You failed to record:

(i) what steps, if any, you took to establish drainage;

(ii) the nature of the abscess;

(iii) your rationale for prescribing antibiotics.

(i) On 11th December 2006, you diagnosed an abscess and prescribed Erythromycin 500mg.

(j) You failed to investigate properly or at all the cause of KT's abscess.

(k) Your prescription on 11th December 2006 was inappropriate.

(l) You failed to record:

(i) what steps, if any, you took to establish drainage;

(ii) the nature of the abscess;

(iii) your rationale for prescribing antibiotics.

(m) On 24th April 2007, you diagnosed a periodontal abscess in the UL quadrant and prescribed Amoxicillin 500mg.

(n) You failed to record your rationale for prescribing antibiotics.

(o) On 11th May 2007, you diagnosed an abscess at UL6 and UL7 and prescribed Amoxicillin 500mg.

(p) Your prescription on 11th May 2007 was inappropriate.

(q) You failed to:

(i) investigate properly or at all the cause of KT's abscess;

(ii) record your rationale for prescribing antibiotics.

(r) On 24th May 2007, you prescribed Amoxicillin 500mg.

(s) Your prescription on 24th May 2007 was inappropriate.

(t) You failed to record your rationale for prescribing antibiotics.

Periodontal Assessment and Treatment

(u) You knew, or should have known from a BPE carried out on 26th October 2006 and 2nd May 2007, that KT had periodontal disease.

(v) Between 26th October 2006 and 24th May 2007, you failed to:

(i) provide KT with any or any sufficient information or advice, or record that appropriate advice had been given to the patient about her condition;

(ii) adequately treat KT's periodontal condition.

14. **Patient AL**

Prescribing

(a) You failed to record your rationale for prescribing Erythromycin 250mg on 4th July 2005.

(b) On 24th October 2005 you diagnosed an abscess at LL5 and LL6 and prescribed Amoxicillin 500mg.

(c) You failed to:

(i) investigate properly or at all the cause of the abscess;

(ii) provide appropriate treatment through either drainage or extraction.

(d) Your prescription of antibiotics on 24th October 2005 was inappropriate.

(e) On 1st November 2005, AL attended with facial swelling and you prescribed Metronidazole 400mg.

(f) You had previously noted (on 4th July 2005) that AL was allergic to Metronidazole.

(g) You failed to investigate properly or at all the cause of AL's abscess.

(h) Your prescription of Metronidazole was inappropriate.

(i) On 12th February 2008, you diagnosed an abscess at LL5 and prescribed Amoxicillin 500mg.

(j) You knew or should have known that LL5 required extraction.

(k) You failed to record your rationale for:

(i) not extracting LL5;

(ii) your prescription of antibiotics.

(l) Your prescription of antibiotics on 12th February 2008 was inappropriate.

(m) On 18th February 2008, you extracted LL5 and prescribed Amoxicillin 500mg.

(n) You failed to record your rationale for prescribing antibiotics.

(o) Your prescription of antibiotics on 18th February 2008 was inappropriate.

p) On 30th June 2008, you diagnosed a buccal abscess at LR6 and prescribed Amoxicillin 500mg.

(q) You failed to record:

(i) what steps, if any, you took to establish drainage;

(ii) your rationale for prescribing antibiotics.

(r) On 8th July 2008, you diagnosed a buccal abscess at LR6 and prescribed Metronidazole 400mg.

(s) You failed to:

(i) take any or any sufficient steps to establish drainage;

(ii) record your rationale for prescribing antibiotics.

(t) Your prescription of Metronidazole was inappropriate;

(u) On 11th July 2008, you inappropriately prescribed Erythromycin 500mg.

Radiographs

(v) You failed to take a radiograph prior to preparing LL5 for a crown on 7th July 2004 and 6th January 2005.

Treatment

(w) On 19th January 2004 you failed to:

(i) carry out any or any sufficient investigations to assist your diagnosis of an abscess at LL5;

(ii) formulate a treatment plan for LL5.

(x) On 29th June 2005, you took a bitewing radiograph which showed:

(i) a distal filling at UL5 that required restoration;

(ii) an unsatisfactory restoration at UL4;

(iii) an inadequate crown at LL5.

(y) You failed to provide the necessary treatment to render the patient dentally fit.

(z) On 8th November 2005, 18th November 2005 and 24th January 2006, you took radiographs which showed that the crown at LL5 was inadequate.

(aa) You failed to provide the necessary treatment to render the patient dentally fit.

15. **Patient BB**

Prescribing

(a) On 8th January 2008, you diagnosed an abscess at UR7 and prescribed Amoxicillin 500mg.

(b) You failed to record:

(i) what steps you took, if any, to establish drainage;

(ii) your rationale for prescribing antibiotics.

(c) Your prescription was inappropriate;

(d) On 14th January 2008, you extracted UR7 and inappropriately prescribed Amoxicillin 500mg.

(e) On 23rd and 28th July 2008 you diagnosed an abscess at LL6 and prescribed Amoxicillin 500mg on each occasion.

(f) You failed on each occasion to record:

(i) what steps you took, if any, to establish drainage;

(ii) your rationale for prescribing antibiotics.

(g) Your prescriptions on 23rd and 28th July 2008 were inappropriate.

Radiographs

(h) On 14th January 2008 you took a radiograph which showed that treatment was required to UR7 and UR5.

(i) You failed to record a written justification for and report on the radiograph.

16. **Patient WS**

Prescribing

(a) On 16th January 2008, you diagnosed a periodontal abscess at UL5 and prescribed Amoxicillin 500mg.

(b) You failed to record:

(i) what steps you took, if any, to establish drainage;

(ii) your rationale for prescribing antibiotics.

(c) Your prescription was inappropriate.

(d) On 18th February 2008, you diagnosed an abscess, extracted UL5 and prescribed Amoxicillin 500mg.

(e) You failed to record your rationale for prescribing antibiotics.

(f) Your prescription on 18th February 2008 was inappropriate.

(g) On 13th May 2008, you extracted LR6 and prescribed Amoxicillin 500mg and Ibuprofen.

(h) You failed to record your rationale for your prescription.

(i) Your prescription on 13th May 2008 was inappropriate.

17. **Patient GE**

Prescribing

(a) On 3rd January 2008, you diagnosed an abscess at UL5 and prescribed Amoxicillin 500mg.

(b) You failed to carry out any or any adequate investigation into the cause of the abscess.

(c) You failed to record:

(i) what steps you took, if any, to establish drainage;

(ii) the location of the abscess;

(iii) your rationale for prescribing antibiotics.

(d) Your prescription was inappropriate.

18. **Patient MA**

Prescribing

(a) On 8th August 2007, you diagnosed an abscess at LL6 and prescribed Amoxicillin 500mg;

(b) You failed to record:

(i) what steps you took, if any, to establish drainage;

(ii) your rationale for prescribing antibiotics.

(c) Your prescription was inappropriate.

(d) On 31st August 2007, you prescribed Amoxicillin 500mg for a "dry socket".

(e) You failed to record your rationale for prescribing antibiotics.

(f) Your prescription on 31st August 2007 was inappropriate.

(g) On 15th January 2008, you diagnosed a periodontal abscess at LL7 and prescribed Amoxicillin 500mg.

(h) You failed to record:

(i) what steps you took, if any, to establish drainage;

(ii) your rationale for prescribing antibiotics.

(i) Your prescription on 15th January 2008 was inappropriate.

Periodontal Assessment and Treatment

(j) You knew, or should have known from a BPE carried out on 8th August 2007 that MA had periodontal disease.

(k) Between 8th August 2007 and 15th January 2008, you failed to:

(i) provide MA with any or any sufficient information or advice, or record that appropriate advice had been given to the patient about her condition;

(ii) adequately treat MA's periodontal condition.

19. **Patient KB**

Prescribing

(a) On 7th September 2007, you diagnosed an abscess at UR8 and prescribed Amoxicillin 500mg.

(b) You failed to record:

(i) what steps you took, if any, to establish drainage;

(ii) your rationale for prescribing antibiotics.

(c) Your prescription was inappropriate.

Periodontal Assessment and Treatment

(d) On 13th September 2007, you failed to provide KB with any or any adequate oral hygiene instruction, or record that such instruction had been given.

Practice Management / Cross Infection Controls

20. Between 2nd September 2008 and 14th May 2009, you failed to maintain adequate standards of cross-infection control at your practice in that:

(a) you failed to use a new pair of gloves for each patient treated;

(b) you re-used single use items, including endodontic instruments;

(c) you failed to ensure that waste was appropriately managed in that:

(i) you failed to ensure the segregation of clinical and non-clinical waste;

(ii) you failed to ensure that clinical waste was appropriately packaged;

(iii) you failed to ensure the prompt collection and disposal of the sharps;

(iv) you maintained no or no sufficient records of waste collection;

(d) you failed to ensure that instruments were properly cleaned and sterilised after use;

(e) you failed to ensure that instruments were stored appropriately;

(f) you failed to ensure that furniture and floor coverings complied with accepted standards for clinical practice;

(g) you permitted the decontamination room to be used as a "kitchen" area;

(h) you failed to ensure the maintenance of basic standards of cleanliness in either your surgery or the decontamination room;

(i) you failed to provide sufficient training to staff on cross-infection control issues.

21. Your acts and omissions as set out at paragraph 20 above presented:

(a) a breach of your duty of care to your patients;

(b) a breach of your duty of care to your staff;

(c) a risk to public safety.

22. In your general approach to:

(a) the assessment of your patients' clinical needs;

(b) the provision and planning of treatment;

(c) your practice management;

you:

(i) were motivated by financial self-interest;

(ii) allowed financial / UDA targets to adversely affect the quality of care that you provided for your patients.

23. Your conduct, as set out at paragraph 22 above was:

(a) inappropriate;

(b) inadequate;

(c) unprofessional;

(d) not in your patients' best interests.

AND by reason of the facts alleged your fitness to practise is impaired by reason of your misconduct."

On the 22 June 2011 the Chairman made the following statement regarding the finding of facts:

"Mr Siddiqui,

The Committee has taken into account all the evidence presented to it. It has accepted the advice of the Legal Adviser. In accordance with that advice it has considered each head of charge separately.

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

1.	Admitted and found proved
2.	Admitted and found proved
3.	Admitted and found proved
4.	
4. (a) (i)	Admitted and found proved
4. (a) (ii)	Admitted and found proved
4. (b)	
4. (b) (i)	Admitted and found proved
4. (b) (ii)	Admitted and found proved
4. (c)	Admitted and found proved
4. (d)	Admitted as amended and found proved
4. (e)	Admitted and found proved
4. (f) (i)	Admitted as amended and found proved
4. (f) (ii)	Admitted as amended and found proved
4. (f) (iii)	Admitted as amended and found proved
4. (f) (iv)	Admitted as amended and found proved
4. (g)	Admitted and found proved
4. (h)	Admitted and found proved
4. (i)	Admitted as amended and found proved
5.	
5. (a) (i)	Admitted as amended and found proved
5. (a) (ii)	Admitted and found proved
5. (a) (iii)	Admitted and found proved
5. (a) (iv)	Admitted and found proved
5. (b) (i)	Admitted and found proved
5. (b) (ii)	Admitted and found proved
5. (b) (iii)	Admitted and found proved
5. (c)	Admitted and found proved
5. (d)	Admitted and found proved

5. (e)	Admitted and found proved
5. (f) (i)	Admitted as amended and found proved
5. (f) (ii)	Admitted and found proved
5. (f) (iii)	Admitted and found proved
5. (f) (iii) (a)	Admitted and found proved
5. (f) (iii) (b)	Admitted and found proved
5. (f) (iii) (c)	Admitted and found proved
6.	
6. (a)	Admitted and found proved
6. (b)	Admitted and found proved
6. (c) (i)	Admitted and found proved
6. (c) (ii)	Admitted and found proved
6. (d) (i)	Admitted and found proved
6. (d) (ii)	Admitted and found proved
6. (e)	Admitted and found proved
6. (f)	Admitted and found proved
6. (g)	Admitted and found proved
6. (h) (i)	Admitted and found proved
6. (h) (ii)	Admitted and found proved
6. (h) (iii) (a)	Admitted and found proved
6. (h) (iii) (b)	Admitted and found proved
6. (h) (iii) (c)	Admitted and found proved
6. (i)	Admitted and found proved
6. (j)	Admitted and found proved
6. (k)	Admitted and found proved
6. (l)	Admitted and found proved
6. (m)	Admitted and found proved
7.	
7. (a)	Admitted as amended and found proved
7. (b)	Admitted and found proved
7. (c)	Admitted and found proved
7. (d) (i)	Admitted and found proved
7. (d) (ii)	Admitted and found proved
7. (e)	Admitted and found proved
7. (f)	Admitted and found proved

7. (g)	Admitted and found proved
7. (h) (i)	Admitted and found proved
7. (h) (ii)	Admitted and found proved
7. (h) (iii)	Admitted and found proved
8.	
8. (a)	Admitted and found proved
8. (b) (i)	Admitted and found proved
8. (b) (ii)	Admitted and found proved
8. (c)	Admitted and found proved
8. (d)	Admitted and found proved
8. (e)	Admitted and found proved
8. (f) (i)	Admitted and found proved
8. (f) (ii) (a)	Admitted and found proved
8. (f) (ii) (b)	Admitted and found proved
8. (g)	Admitted and found proved
8. (h)	Admitted and found proved
8. (i)	Admitted and found proved
8. (j) (i)	Admitted and found proved
8. (j) (ii)	Admitted and found proved
8. (j) (iii)	Admitted and found proved
9.	
9. (a)	Admitted and found proved
9. (b) (i)	Admitted and found proved
9. (b) (ii)	Admitted and found proved
9. (c)	Admitted as amended and found proved
9. (d) (i)	Admitted and found proved
9. (d) (ii)	Admitted and found proved
9. (d) (iii)	Admitted and found proved
9. (e)	Admitted and found proved
9. (f) (i)	Admitted and found proved
9. (f) (ii)	Admitted and found proved
9. (g)	Admitted and found proved
9. (h)	Admitted as amended and found proved
9. (i)	Admitted as amended and found proved

9. (j)	Admitted and found proved
9. (k)	Admitted and found proved
9. (l)	Admitted and found proved
9. (m) (i)	Admitted and found proved
9. (m) (ii)	Admitted and found proved
9. (n)	Admitted and found proved
9. (o)	Admitted and found proved
9. (p) (i)	Admitted and found proved
9. (p) (ii)	Admitted and found proved
10.	
10. (a)	Admitted and found proved
10. (b)	Admitted and found proved
10. (c)	Admitted and found proved
10. (d)	Admitted and found proved
10. (e)	Admitted and found proved
10. (f)	Admitted and found proved
10. (g)	Admitted as amended and found proved
10. (h)	Admitted and found proved
10. (i)	Admitted and found proved
10. (j)	Admitted and found proved
11.	
11. (a)	Admitted and found proved
11. (b)	Admitted as amended and found proved
11. (c) (i)	Admitted and found proved
11. (c) (ii)	Admitted and found proved
11. (c) (ii) (a)	Admitted and found proved
11. (c) (ii) (b)	Withdrawn
11. (c) (ii) (c)	Withdrawn
12.	
12. (a)	Admitted and found proved
12. (b) (i)	Admitted as amended and found proved
12. (b) (ii)	Admitted as amended and found proved
12. (b) (iii)	Admitted and found proved
12. (b) (iv)	Admitted and found proved
12. (c)	Admitted and found proved

12. (d) (i) Admitted and found proved
12. (d) (ii) Admitted and found proved
12. (e) Admitted and found proved
12. (f) Admitted and found proved
12. (g) Admitted and found proved
12. (h) Admitted and found proved
12. (i) Admitted and found proved
12. (j) Admitted and found proved
12. (k) Admitted and found proved
12. (l) Admitted and found proved
13.
13. (a) Admitted and found proved
13. (b) (i) Admitted and found proved
13. (b) (ii) Admitted and found proved
13. (c) Admitted and found proved
13. (d) Admitted and found proved
13. (e) (i) Admitted and found proved
13. (e) (ii) Admitted and found proved
13. (f) Admitted and found proved
13. (g) Admitted and found proved
13. (h) (i) Admitted and found proved
13. (h) (ii) Admitted and found proved
13. (h) (iii) Admitted and found proved
13. (i) Admitted and found proved
13. (j) Admitted and found proved
13. (k) Admitted and found proved
13. (l) (i) Admitted and found proved
13. (l) (ii) Admitted and found proved
13. (l) (iii) Admitted and found proved
13. (m) Admitted and found proved
13. (n) Admitted and found proved
13. (o) Admitted and found proved
13. (p) Admitted and found proved
13. (q) (i) Admitted and found proved
13. (q) (ii) Admitted and found proved

13. (r)	Admitted and found proved
13. (s)	Admitted and found proved
13. (t)	Admitted and found proved
13. (u)	Admitted and found proved
13. (v) (i)	Admitted as amended and found proved
13. (v) (ii)	Admitted and found proved
14.	
14. (a)	Admitted and found proved
14. (b)	Admitted and found proved
14. (c) (i)	Admitted and found proved
14. (c) (ii)	Admitted and found proved
14. (d)	Admitted and found proved
14. (e)	Admitted and found proved
14. (f)	Admitted and found proved
14. (g)	Admitted and found proved
14. (h)	Admitted and found proved
14. (i)	Admitted and found proved
14. (j)	Admitted and found proved
14. (k) (i)	Admitted and found proved
14. (k) (ii)	Admitted and found proved
14. (l)	Admitted and found proved
14. (m)	Admitted and found proved
14. (n)	Admitted and found proved
14. (o)	Admitted and found proved
14. (p)	Admitted and found proved
14. (q) (i)	Admitted and found proved
14. (q) (ii)	Admitted and found proved
14. (r)	Admitted and found proved
14. (s) (i)	Admitted and found proved
14. (s) (ii)	Admitted and found proved
14. (t)	Admitted and found proved
14. (u)	Admitted and found proved
14. (v)	Admitted and found proved
14. (w) (i)	Admitted as amended and found proved
14. (w) (ii)	Admitted and found proved

14. (x) (i)	Admitted and found proved
14. (x) (ii)	Admitted and found proved
14. (x) (iii)	Admitted and found proved
14. (y)	Admitted and found proved
14. (z)	Admitted and found proved
14. (aa)	Admitted and found proved
15.	
15. (a)	Admitted and found proved
15. (b) (i)	Admitted and found proved
15. (b) (ii)	Admitted and found proved
15. (c)	Admitted and found proved
15. (d)	Admitted and found proved
15. (e)	Admitted and found proved
15. (f) (i)	Admitted and found proved
15. (f) (ii)	Admitted and found proved
15. (g)	Admitted and found proved
15. (h)	Admitted and found proved
15. (i)	Admitted and found proved
16.	
16. (a)	Admitted and found proved
16. (b) (i)	Admitted and found proved
16. (b) (ii)	Admitted and found proved
16. (c)	Admitted and found proved
16. (d)	Admitted and found proved
16. (e)	Admitted and found proved
16. (f)	Admitted and found proved
16. (g)	Admitted and found proved
16. (h)	Admitted and found proved
16. (i)	Withdrawn
17.	
17. (a)	Admitted and found proved
17. (b)	Admitted and found proved
17. (c) (i)	Admitted and found proved
17. (c) (ii)	Admitted and found proved
17. (c) (iii)	Admitted and found proved

17. (d) Admitted and found proved

18.

18. (a) Admitted and found proved

18. (b) (i) Admitted and found proved

18. (b) (ii) Admitted and found proved

18. (c) Admitted and found proved

18. (d) Admitted and found proved

18. (e) Admitted and found proved

18. (f) Admitted and found proved

18. (g) Admitted and found proved

18. (h) (i) Admitted and found proved

18. (h) (ii) Admitted and found proved

18. (i) Admitted and found proved

18. (j) Admitted and found proved

18. (k) (i) Admitted as amended and found proved

18. (k) (ii) Admitted and found proved

19.

19. (a) Admitted and found proved

19. (b) (i) Admitted and found proved

19. (b) (ii) Admitted and found proved

19. (c) Admitted and found proved

19. (d) Admitted as amended and found proved

20. (a) Admitted and found proved

20. (b) Admitted and found proved

20. (c) (i) Admitted and found proved

20. (c) (ii) Admitted and found proved

20. (c) (iii) Admitted and found proved

20. (c) (iv) Admitted and found proved

20. (d) Admitted and found proved

20. (e) Admitted and found proved

20. (f) Admitted and found proved

20. (g) Admitted and found proved

20. (h) Admitted and found proved

20. (i) Admitted and found proved

21. (a) Admitted and found proved

21. (b) Admitted and found proved

21. (c) Admitted and found proved

22. (a) Admitted and found proved

22. (b) Admitted and found proved

22. (c) (i) Admitted and found proved

22. (c) (ii) Admitted and found proved

23. (a) Admitted and found proved

23. (b) Admitted and found proved

23. (c) Admitted and found proved

23. (d) Admitted and found proved

We have found all the allegations proved in the light of the full admissions by you and the evidence of the General Dental Council (GDC). We found all the GDC witnesses to be credible and reliable. There was compelling evidence to support all the heads of charge.

Despite your admissions there were some factual disputes between you and the GDC's witnesses concerning the allegations. In all cases where there were such disputes the Committee preferred the evidence of the GDC witnesses. The Committee believes you have not been entirely frank in your explanations of your actions. By way of examples;

- You adamantly maintained that you used your air rotor (high speed) drill with water, when it was appropriate to do so. However, four of your five dental nurses who gave evidence stated that you never used water. Tellingly, one of them commented that she only realised that "*water came out of drills*" when she moved to another practice. Another nurse commented that she wasn't even shown how to fill up the water bottle.
- You told us that during the negotiations on the 2009 contract your representative, Mr Watson, "steam rollered" you into pressing for the continuation of a contract based on 18,355 Units of Dental Activity (UDAs). Mr Heyes, whose evidence the Committee preferred, told us that you yourself had fought hard for a contract based on 18,355 UDAs, for which you would be the sole practitioner, and that you were incensed at the PCT's resistance to this.
- You suggested that your high provision of antibiotic prescriptions had been largely appropriate and that fault lay only in your record keeping. The Committee considered that your high provision of antibiotic prescribing was in fact an aspect of your reactive dentistry.

The Committee was invited by Mr Fortune, on your behalf, to give an indication of any particular areas of concern it may have at this stage on the basis of the evidence heard so far. The following comments are intended to assist with the remainder of the process but the Committee would like to make it clear that it retains an open mind about the issue of impairment and any other matters falling under stage two of the process.

The Committee has given considerable consideration to your motivation in relation to your actions as outlined in the allegations. You have admitted head of charge 22 and that you were motivated by financial self interest.

The Committee entirely agrees with the unchallenged expert evidence of Mr Scott who stated " *the inescapable conclusion to my analysis is that Mr Siddiqui had maintained his very large PDS contract by providing ad hoc treatment to his patients at the cost of proper and clinically necessary care. …. It is inconceivable that Mr Siddiqui was not aware of the problems - he chose however to justify his behaviour in terms of the unyielding pressures of gaining his contracted UDAs*."

The Committee would like to add that although it considers your prolonged practice of reactive dentistry arose from financial self interest, it is also concerned about the impact this has had upon your ongoing clinical skills and judgement.

We move to Stage Two."

On the 28 June 2011 the Chairman announced the determination as follows:

"Mr Siddiqui,

The Committee has considered very carefully all the evidence it has heard and read in this matter, as well as the submissions which have been made on your behalf by Mr Fortune, and those from Ms Norton on behalf of the General Dental Council (GDC). It has accepted the advice given to it by the Legal Adviser.

The factual background to the heads of charge can be summarised as follows. You opened Dalton Dental Care in August 2002 as a sole practitioner. Dalton was described to the Committee as being a deprived area of Rotherham whose residents had a high level of unmet dental needs. You offered predominantly NHS services and, by the financial year 2003/2004, your turnover was in excess of £460,000.

In late 2004 you applied to the Rotherham Primary Care Trust (PCT) to switch from a General Dental Services (GDS) contract to a Personal Dental Services (PDS) contract. You entered the PDS Pilot Scheme from mid January 2005 until 31 March 2006. You then transferred to a new PDS contract with the PCT on 1 April 2006. The value of your new contract was approximately £500,000 and was based on the value of your financial claims made during the reference period in 2004. In order to receive this sum of remuneration you were required to complete a target of 18,355 Units of Dental Activity (UDAs).

The contract value and the number of UDAs were significantly higher than those of any other dentist in the area. The PCT had concerns about your ability to meet the UDA target as a sole practitioner but they understood that, under the rules then in place, they were obliged to award this contract to you because of your turnover during the reference period.

The PCT very quickly raised their concerns about your ability to maintain an appropriate standard of care to your patients, in light of the high UDA target and as a single handed practitioner. The PCT envisaged that you would take appropriate steps to recruit an associate.

Thereafter, your practice featured regularly in the Dental Practice Board's "quarterly exception reports" and from August 2006 until May 2009 it was under close scrutiny by the PCT and the Dental Reference Service (DRS). During this period you were made fully aware of the authorities' growing concerns about your clinical practice, your record keeping, and your practice management, including cross infection control. You were also made aware of the PCT's ongoing expectation that you would employ an associate. Despite your assurances in this regard, you did little to achieve this until November 2007 when you

started placing advertisements in the British Dental Journal. You received a number of applicants but it was not until September 2008 that you employed Mrs Gowda, who worked only part time and left in February 2009.

During the same period a series of practice inspections revealed a developing problem with cleanliness and cross infection control. An unannounced visit by representatives of the PCT in May 2009 found that you were cutting corners and falling well below expected standards, thereby putting both your staff and patients at risk. As a result your practice was closed with your agreement on 15 May 2009. You were suspended by the PCT for 6 months on 18 May 2009 and removed from its Performers List in November 2009. You were also suspended by the Interim Orders Committee of the GDC on 12 June 2009 for period of 18 months. This order was subsequently varied on 26 May 2010 when conditions were placed on your registration.

The 23 Heads of Charge all relate to your practice at Dalton Dental Care.

Heads of Charge 3 to 19 inclusive relate to the deficient clinical treatment you gave to 16 of your patients. The deficiencies include failures, on many occasions, to:

- Take pre-operative, intra-operative and post-operative radiographs, when clinically required
- Record or explain treatment plans and options to patients
- Provide complete diagnoses
- Appropriately manage periodontal disease and other oral conditions, such as lesions
- Prepare and place restorations properly
- Make a proper diagnosis before prescribing antibiotics and
- Maintain an appropriate standard of record keeping.

The Committee further found, under heads of charge 20 and 21, that between 2nd September 2008 and 14th May 2009 you failed to maintain adequate standards of cross infection control at your practice, thereby breaching your duty of care to your patients and staff and risking public safety, in that you:

- Failed to use a new pair of gloves for each patient treated
- Re-used single use items, including endodontic instruments
- Failed to ensure that clinical and non- clinical waste was properly managed and disposed of
- Failed to maintain records of waste collection
- Failed to ensure the prompt collection and disposal of the sharps
- Failed to ensure that instruments were properly cleaned and sterilised after use and were stored properly
- Failed to ensure that the furniture and floor coverings were maintained to the required standards
- Permitted the decontamination room to be used as a kitchen area
- Failed to ensure the maintenance of basic standards of cleanliness in either your surgery or decontamination room
- Failed to provide sufficient training to your staff on cross infection control issues.

Finally, under heads of charge 22 and 23, it has been found that in your clinical care of patients and your practice management you were motivated by financial self interest and this adversely affected the quality of the care you provided. Your conduct was inappropriate, inadequate, unprofessional and not in your patients' best interests.

Misconduct

The Committee has had regard to the following GDC guidance documents which were in place at the time of these events;

- *Maintaining Standards (1997-2005)*
- *Standards for Dental Professionals (May 2005 to date)*
- *Guidance on Principles of Management Responsibility (2008 to date)*

The requirements set out in "Maintaining Standards" and "Standards for Dental Professionals" are very similar; only extracts from the current GDC guidance document are set out below.

The Committee considered that you have failed to comply with the following sections and paragraphs of *Standards for Dental Professionals*;

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

1.1 Put patients' interests before your own or those of any colleague, organisation or business.

1.4 Make and keep accurate and complete patient records, including a medical history, at the time you treat them. Make sure that patients have easy access to their records.

1.7 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 should take action. You can get advice from appropriate colleagues, a professional organisation or your defence organisation. If at any time you are not sure how to continue, contact us.

2. Respect patients' dignity and choices

2.4 Listen to patients and give them the information they need, in a way they can use, so that they can make decisions.
This will include:
- *communicating effectively with patients;*
- *explaining options (including risks and benefits); and*
- *giving full information on proposed treatment and possible costs.*

4. Co-operate with other members of the dental team and other healthcare colleagues in the interests of patients

4.3 Communicate effectively and share your knowledge and skills with other team members and colleagues as necessary in the interests of patients. In all dealings with other team members and colleagues, make the interests of patients your first priority. Follow our guidance 'Principles of Dental Team Working'.

5 . Maintain your professional knowledge and competence

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 laws and regulations which affect your work, premises, equipment and business, and follow them.

6. Be trustworthy

6.1 Justify the trust that your patients, the public and your colleagues have in you by always acting honestly and fairly.

6.2 Apply these principles to clinical and professional relationships, and any business or educational activities you are involved in.

The Committee considered that you also failed to comply with the following section and paragraph of *Guidance on Principles of Management Responsibility;*

1. **Your own behaviour**

1.7 Make sure that you do not put the interests of patients at risk by allowing financial or other targets to have a negative influence on the quality of care provided by the people you direct or manage.

The Committee considers that your acts and omissions represent extremely serious breaches of the standards expected. Your conduct fell very far below that which is expected of a general dental practitioner. This is not a case involving mere negligence or isolated incidents. On the contrary, the Committee is satisfied from the evidence that for a number of years you knowingly practised *"reactive dentistry",* by which the Committee means that you provided *ad hoc* treatment rather than planned courses of treatment arising from oral health assessments. You regularly saw as many as 45 or 50 patients in a day, too often treating the symptoms but not the causes of their problems. The Committee finds that this conduct was particularly reprehensible because you were well aware of what constituted proper treatment. It agrees with the evidence of Julian Scott who stated that it was "inconceivable" that you were not aware that your treatment was sub-standard. You had every chance to change your ways but chose not to. You deliberately pursued this practice in order to maximise your very high income, until you were stopped in May 2009.

In your evidence to the Committee you stated that you were driven to practise in this manner by your UDA target and your fear of losing your contract. The Committee does not accept this. It is clear from the evidence that the PCT would have agreed to a reduction in your UDA target if you had wanted it, and that it was you who was determined to continue the contract without amendment in order to maintain your income. Your problems were entirely self imposed.

Your failings in relation to your practice management were also a direct result of your pursuing your financial self interest. You cut corners when purchasing and using equipment with significant adverse effects on your cross infection control. You employed a succession of trainee dental nurses at the lowest possible wage and failed to train them properly in relation to cross infection control and other matters. Despite having the means and space to do so, you failed until September 2008 to install a second surgery and recruit an associate.

In the light of the matters set out above, the Committee has no hesitation in finding that the facts admitted and found proved amount to misconduct.

Impairment

The Committee then went on to consider whether your fitness to practise is currently impaired by reason of your misconduct.
It has taken into account in particular the documents in your bundle (D5) and your Continuing Professional Development (CPD). It has also taken into account the evidence of Mr Heyes, Mr Renshaw, Mr Fulford, Ms Rocky, Ms Young and your own evidence and demeanour at this hearing, concerning the developments since 2009.
Since you ceased practising in 2009 you have :

- Refurbished and recently sold Dalton Dental Care
- Undertaken numerous CPD and other courses
- Appointed and received advice and guidance from a mentor
- Worked as an associate dentist for Ms Patricia Young in her practice in Lampeter, Wales from January to April 2011.

The Committee was conscious that in considering impairment it must look to the future. It considered the way in which you behaved in the past and the context in which that conduct took place, whether your failings are easily remediable, whether they have been remedied, whether you have insight, and the likelihood of repetition.

The Committee considered that there are three principal areas of ongoing concern arising from your previous conduct. First, that you acted without integrity in placing your own interests before those of your patients. Secondly, that you practised sub-standard dentistry (and “reactive dentistry”) for such a prolonged period that it has adversely affected your clinical skills and judgment. Thirdly, that you also failed to meet cross infection control standards in many significant ways.

As far as insight is concerned, the Committee considers that this has been slow in coming and remains patchy. It is clear that when you first ceased practising in Dalton you had little or no insight into what you had done wrong. The Committee were astounded to learn that in 2009 you sought a further contract with the PCT still with a target of 18,355 UDAs for you as a sole practitioner, despite knowing that this could not be achieved without compromising basic standards of dentistry. Since then you have clearly received a good deal of guidance, most particularly from your mentor, Mr Renshaw, from whom the Committee heard evidence. At the start of this hearing you made, through your counsel, full admissions of all the heads of charge. You gave evidence to the Committee and stated that you accepted responsibility for your conduct for which you apologised. Whilst the Committee gives you credit for these matters, it is concerned that when questioned you backtracked to some degree and sought

to justify your behaviour or minimise its culpability. By way of example, you maintained that you believed (at the time) that you were *"doing a good job"* for your patients in Dalton and that you could not reduce the number of UDAs in your contract. As previously indicated, the Committee considered that you were not fully frank in your evidence. You argued, for example, that you had sometimes used water with the air rotor, whereas there was clear evidence that you did not do so.

In relation to remediation, the Committee acknowledged that you spent a considerable amount of money refurbishing Dalton Dental Care and that Mr Fulford's last inspection revealed that it now meets the appropriate standards for all aspects of cross infection control. You no longer have any interest in Dalton Dental Care. Further, the Committee heard that you are now an expert, upon and somewhat evangelical, about cross infection control procedures. In these circumstances the Committee is satisfied that you have remedied the problems you faced in relation to cross infection control issues.

In the Committee's view you still have not fully accepted and remedied your poor clinical performance. Whilst the Committee has found that you knowingly provided poor treatment in Dalton, it notes that you say that in Lampeter you were trying to provide *"textbook dentistry"*. It is, therefore, worrying that Ms Young gave evidence (which the Committee accepts) of ongoing clinical concerns relating to the use of the air rotor without water, the inappropriate use of *"Ledermix"* as a liner and the inappropriate use of root planing. Whilst these matters may be remediable, they have not been remedied as yet and there is an ongoing risk of repetition in the future.

Finally, the Committee were of the clear view that your trustworthiness and judgment are of ongoing concern. As already stated, the Committee does not believe that your evidence was fully frank and realistic. Further, the evidence from Ms Young about your placement at her practice showed that it was fraught with problems. Whilst it does seem that this was not an ideal placement for you, it was, nevertheless, an opportunity for you to demonstrate your ability to behave appropriately and professionally. However, we heard that you upset your supervisor by conducting an audit without her permission, upset the nursing staff with personal remarks and lost your temper.

Your "attitudinal" failings are not easily remediable and the Committee is not satisfied that they have been fully remedied. Your mentor, Mr Renshaw, stated in his evidence that he was only just "*beginning to trust you"*, that it was still *"work in progress"* and that there was still a long way to go before you reached the required standards expected of a dental professional. In his view it would be unsafe to allow you to practise unrestricted at this stage and the Committee agrees with this.

Finally, the Committee reminded itself of the recent guidance from the High Court in the case of *CHRE v NMC and Grant* [2011], which stated that when considering impairment it must:

> *'Not lose sight of the need to protect the public and the need to declare and uphold proper standards of conduct and behaviour so as to maintain public confidence in the profession. The Committee should consider not only whether the practitioner continued to present a risk to members of the public in his or her current role, but also whether the need to uphold proper professional standards and public confidence in the profession would be undermined if a finding of impairment were not made in the circumstances of the case.'*

In all the above circumstances the Committee reached the clear view that your fitness to practise is impaired by your misconduct.

Sanction

The Committee next considered what sanction, if any, to impose. It had regard to the Guidance for the Professional Conduct Committee dated November 2009.
The Committee reminded itself that the sanction is not intended to be punitive. Its purpose is to protect the public, uphold public confidence in the profession and maintain appropriate standards. It must be a proportionate response balancing your interests with those of the public.

In her submissions, Ms Norton on behalf of the GDC argued that only two of the sanctions open to the Committee were potentially appropriate in this case, namely Conditions of Registration and Erasure. Mr Fortune on your behalf sought to persuade the Committee that conditions would be sufficient.

Nevertheless, the Committee first considered whether to conclude the case with or without a reprimand. It decided that in view of the seriousness of the facts admitted and found proved, such an outcome would not be proportionate and would not take into account protection of the public and maintenance of public confidence in the profession.

The Committee next considered whether it would be sufficient to impose conditions on your registration. It considered whether conditions could be sufficient to protect the public, uphold public confidence in the profession and maintain appropriate standards, and whether you have sufficient insight to meet such conditions.

As far as your clinical work is concerned, the Committee is satisfied that you are capable of learning how to practise to a good standard and it is willing to accept your indication that you want to do so. You told us yourself that it would not be appropriate for you to practise without supervision. We entirely agree but believe that with appropriate and lengthy supervision and support you could be able to establish good working practices.

What the Committee found very much more difficult was the issue of your lack of integrity and trustworthiness. Arguably, such issues are not easily remediable and you have demonstrated only partial insight into these problems. This caused the Committee great concern because trustworthiness is a vital and fundamental tenet of practice as a professional person. In particular, a practitioner who cannot be trusted always to put his patients' interests before his own will not be fit to practise without restriction.

The Committee gave very lengthy consideration to this aspect of your case and came very close to concluding that conditions could not provide sufficient protection for the public. If it had done so, the outcome may well have been an erasure order as both parties indicated that a period of suspension would not have been appropriate in this case.

However, eventually the Committee decided, just, that conditions could be sufficient. It was willing to accept Mr Renshaw's view that you have made some advance on your insight and general trustworthiness, although this is clearly *"work in progress"*. It was also willing, as Mr Fortune invited us, to give you a final chance to demonstrate your trustworthiness. The

Committee noted too that the GDC did not submit that erasure was the only appropriate sanction in this case.

The GDC did submit that if conditions were imposed they would need to be stringent and lengthy. Your legal team and mentor did not suggest otherwise. Mr Renshaw, who told us that he drafted the conditions imposed on you by a First Tier Health Tribunal hearing in July 2010, gave his view that conditions should be in place for 3 years. Mr Fortune told us that he did not raise issue with any of the conditions currently in place.

The Committee has drafted the conditions set out below, all of which it considers to be necessary for the protection of the public. In drafting these conditions the Committee has borne in mind that they must be workable and it is entirely satisfied that they are. It recognises that they may not be easy to comply with but it believes they represent the minimum that is necessary in order to protect the public.

By way of explanation, the Committee would like you to understand that it is requiring you to work in a vocational training practice and then only when at least one other dentist is also working. This is for two main reasons; first, your evidence was that your clinical failings arose, in part, from your professional isolation and secondly, because the Committee is concerned that you have practised a poor standard of dentistry for so long that many bad practices have become ingrained. In the circumstances, the Committee considers it is vital you work only in a supportive, learning environment where excellent standards of practice are in place.

The Committee was well aware that any sanction must not only protect patients but also uphold public confidence in the profession and maintain appropriate standards. It concluded that the conditions set out below, taken as a whole, were the minimum necessary to achieve that end.

The Committee wishes to emphasise that it will be vital for you to comply with these conditions and to take this opportunity to demonstrate that you can and will practise in an entirely safe and trustworthy manner in the future. If there are any breaches of these conditions by you, or if you fail to meet the standards of conduct expected, it is this Committee's view that it is very unlikely that a reviewing committee would permit you to continue in practice at all.

The conditions will apply for 3 years and will appear in the Dentists Register as follows:

1. He must notify the GDC promptly of any professional appointment he accepts and provide the contact details of his employer and any PCT on whose Dental Performers List he is included.

2. At any time that he is employed, or providing dental services, which require him to be registered with the GDC, he must place himself and remain under the supervision of a workplace supervisor appointed in consultation with the Postgraduate Dental Dean (or nominated deputy). The workplace supervisor shall work at the same practice as he and shall report to the GDC every 3 months on his fitness to practise.

3. He must restrict himself to working in a practice that has been approved by the Postgraduate Deanery as an NHS vocational training practice.

4. He must allow the GDC to exchange information with his employer, or any contracting body for which he provides dental services.

5. He must advise the GDC of the full contact details of a professional colleague (not working at the same practice) who would be prepared to keep his conditions under review and to report every 6 months to the GDC on his fitness to practise. He must advise the GDC of the name of any new professional colleague if the nominated professional colleague changes, within two weeks of the change. The professional colleague must be a registered dental practitioner and his or her appointment shall be subject to the agreement of the GDC.

6. He must inform the GDC of any formal disciplinary proceedings taken against him, from the date of this determination.

7. He must inform the GDC if he applies for dental employment outside the UK.

8. He must work with the Postgraduate Dental Dean (or a nominated deputy) to formulate a Personal Development Plan, specifically designed to address professional ethics and the deficiencies in the following areas of his clinical practice:
   a. Record keeping
   b. Prescribing
   c. Use of radiographs
   d. Periodontal assessment and treatment
   e. Treatment planning
   f. Use of lining materials

9. He must meet with the Postgraduate Dental Dean (or a nominated deputy) on a regular basis to discuss his progress towards achieving the aims set out in his Personal Development Plan. The frequency of his meetings is to be set by the Postgraduate Dean or a nominated deputy.

10. He must allow the GDC to exchange information about the standard of his professional performance and his progress towards achieving the aims set out in his Personal Development Plan with the Postgraduate Dental Dean (or a nominated deputy) and any other person involved in his retraining and supervision.

11. At any time that he is employed, or providing dental services, which require him to be registered with the GDC, he must place himself and remain under the supervision of a remedial supervisor appointed in consultation with the Postgraduate Dental Dean (or a nominated deputy) and agreed by the GDC. The remedial supervisor will be expected to provide him with support and advice on his professional and career development, identify learning needs and appropriate courses, and assist in the preparation and implementation of his Personal Development Plan. The remedial supervisor will also be expected to assess samples of clinical records to ensure that he is now following best current clinical practice in

the areas where his practice was found to be deficient. The remedial supervisor may be the same person as the professional colleague referred to in condition 5 above.

12. He shall permit, at his own cost, his remedial supervisor, or another person nominated by that supervisor, to undertake annually an audit of not less then 50 sets of patient records, selected randomly, to assess the standard of his dentistry with particular reference to:
    a. General standard of record keeping
    b. Prescribing
    c. Use of radiographs
    d. Periodontal assessment and treatment
    e. Treatment planning
    f. Use of lining materials

    and to report on the findings to the GDC.

13. He must engage in dental practice only at a practice he does not own, at premises where another dentist or dentists are working at the same time as he is working, and with whom each day he has made personal contact before he commences treatment of patients.

14. He must confine his practice to general dental practice posts.

15. He must not be responsible for the administration or management of any dental practice.

16. He shall only practise dentistry when assisted by a registered dental nurse.

17. He must not work as a locum or undertake any out-of-hours work or on-call duties.

18. He must agree to the appointment of a mentor, appointed in consultation with the Postgraduate Dental Dean (or a nominated deputy). For the avoidance of doubt this should be an experienced colleague who is able to offer guidance and support. His relationship with his mentor is confidential and the GDC does not therefore expect the mentor to provide reports.

19. He must keep his professional commitments under review and limit his dental practice in accordance with his workplace supervisor's advice.

20. He must inform immediately the following parties that his registration is subject to the conditions, listed at 1 to 19, above:
    - Any organisation or person employing or contracting with him to undertake dental work
    - Any prospective employer (at the time of application)
    - Any PCT in whose Dental Performers List he is included, or seeking inclusion (at the time of application)

21. He must permit the GDC to disclose the above conditions, 1 to 20, to any person requesting information about his registration status.

Before the end of the period of this order, this matter will be considered at another meeting of the Professional Conduct Committee which you will be expected to attend. The next Committee will expect to see evidence of your full compliance with the above conditions. It will expect to receive all the reports produced over the three year period from your remedial supervisor, your work place supervisor and the professional colleague relating to your progress, the standard of your dentistry, the audits referred to in condition 12 above, and your conduct and trustworthiness in general. It will also expect to receive a report from the Postgraduate Dental Dean (or a nominated deputy) on your progress towards meeting the targets set out in your Personal Development Plan. Additionally, you should present evidence of your Continuing Professional Development.

The Committee is minded to consider imposing these conditions on your registration with immediate effect, but before taking that decision it must first seek submissions from both parties.

Having heard submissions from both parties, the Committee is satisfied that it is necessary for the protection of the public, is otherwise in the public interest and is in your own interest that the conditional registration order should be imposed with immediate effect.

The interim order currently in place is hereby revoked.

That concludes the case."