

● GDC Gazette

The magazine for the dental team | Summer 2011

www.gdc-uk.org



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**General
Dental
Council**

protecting patients,
regulating the dental team

● Welcome

First word

We're increasingly seeing the benefits of conducting specific research to inform the wide range of our regulatory work. We need to listen to and understand the views of the public, patients and registrants to develop the policies which result in proportionate and therefore effective dental regulation. We use a range of research and consultation methods to produce robust evidence and to reach as wide and diverse an audience as possible. So, if you are invited to participate, please take time to tell us your views.

Recently we were able to draw on research showing that an overwhelming majority of patients consider that tooth whitening should only be undertaken by regulated professionals. We are also currently gathering considerable evidence from registrants to help shape the review of 'Standards for dental professionals.'

And the work continues. We are running a consultation on temporary registration. Tell us of your experiences of working alongside, supervising or employing a temporary registrant. Your input will help us to improve the process. You can respond to the online consultation before it closes on 22 July.

Another date for the diary is 31 July – the deadline for DCPs to pay the ARF. If you are an employer you can set up a multiple Direct Debit to pay for your whole DCP team. DCPs who miss the deadline will have their names removed from the register and therefore be unable to work legally in the UK as a dental professional. They can apply to re-join the register (see page 8 for details) but this can be costly and time consuming. See the back page for convenient ways to pay.

Full details about ARF expenditure are set out in the annual report and accounts for 2010, due to be laid in all UK Parliaments and assemblies this month. The report will also be posted on our website once officially published.

GENERAL DENTAL COUNCIL,
37 Wimpole Street, London W1G 8DQ

If you would like a large print version of this newsletter, please contact information@gdc-uk.org or call **0845 222 4141**.

Photography: Michael Donald

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Front cover (l-r): Priya Pillai, dental nurse, Michael Edwards, dentist, and Shweta Patel, dental nurse (see pg 6 for their story)

GDC Gazette is published and produced by the General Dental Council.

All information correct at the time of publication. To share your views contact the editor: **0845 222 4141** or information@gdc-uk.org

● Events

You and the GDC

In keeping with our promise to meet registrants face to face this year we organised four events across the UK to get your views on changes to the Standards guidance and to discuss your responsibilities as a registrant.

Groups in Belfast, Birmingham, Edinburgh and Cardiff were extremely positive about the opportunities these events provided.

94% of delegates from Belfast felt they had the opportunity to get their views across and contribute to the discussion

“The workshops were great for discussions and to get different views and ideas.”

Natalie Sloan, Dental hygienist

96% of participants in Birmingham felt listened to

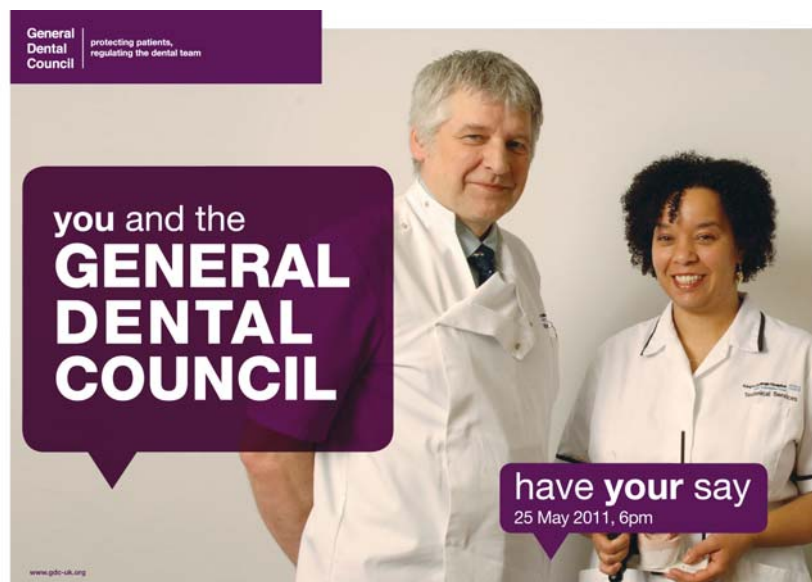
“Each group was able to present their views and given the opportunity to ask questions.”

Kerry Bartlett, dental nurse

84% of the Edinburgh delegates felt the event was a good way of engaging with the GDC

“The event gave me information more fully and question time was very informative.”

Valerie McGirr, dental nurse



Given the success of these events and the overwhelming response we had to booking places, we're organising more dates for later this year. Check the website for dates and the topics we'll cover.

If you didn't get a chance to meet us at the recent British Dental Conference and Exhibition you can still catch us at events held by other organisations this year.

BDTA Showcase

When: 20-22 October

Where: Birmingham


BSDHT Oral Health Conference & Exhibition

When: 18-19 November

Where: Bournemouth

● Update

When should I send in my CPD?

 As well as paying your ARF in July DCPs need to make sure your CPD records are up to date. You can do this by logging your activities and hours using your eGDC account or by filling out the form we send you.

You don't need to send us evidence of your activities (e.g. certificates) unless we ask you to, but you must keep your verifiable CPD certificates for your whole 5-year cycle (and for 5 years afterwards).

An easy way to keep track of your general and verifiable CPD is to record activities on a log – you can download a template from the eGDC website or log your hours online.

We do take action when people don't complete their CPD as required. A registrant recently appealed against their removal from the register for CPD non-compliance, but the Registration Appeals panel determined that the registrant should be removed with costs also being awarded against them.

● **Visit www.eGDC-uk.org to set up your account and keep on top of CPD**

Easier access to information

We've re-launched our website to make it easier for you to find the right information when you need it.

Changes include:

- Making it easier to check registration details from the homepage
- Highlighting information aimed at different groups of users, whether members of the public or groups of registrants
- Better search function when looking for a specific topic
- A one-stop shop for contacting the GDC.

“It's got to be something with up-to-date guidelines where we can access and download documents and find out whatever's in the news.” (Research response from a Newcastle dentist).

● **Send us your feedback through the 'Contact us' section at www.gdc-uk.org**

Council meetings 2011

Thursday 22 September

Thursday 8 December

Agendas are published on our website a week ahead of each meeting. Registrants and the public are welcome to attend.

● Standards



Our public opinion survey found that:

86%

agreed tooth whitening should only be carried out by registered, trained and qualified dental professionals



1 in 5

of those however, who have had or plan to have tooth whitening, would choose a beauty clinic, salon, or home tooth whitening kit for treatment

75%

thought the GDC should prosecute anyone practising tooth whitening illegally

We know that you and your patients are concerned about tooth whitening being carried out illegally.

We believe that tooth whitening should always be carried out by a trained, registered and qualified dental professional, working under the prescription of a dentist.

We've carried out research to establish the extent of illegal practice and public attitudes.

Our mystery shoppers posed as patients interested in booking tooth whitening appointments and contacted 100 beauty salons to ask whether their staff were trained. We found substantial evidence of tooth whitening being carried out without any dental training or qualifications.

What are we doing about it?

In the first case of its kind we successfully prosecuted a non-registrant for performing tooth whitening in March.

Paul Hill of Warrington, Director of PW Healthcare Consulting Limited, pleaded guilty to four offences including practising dentistry while not registered as a dentist or dental care professional.

Mr Hill was ordered to pay £6,265 in fines and costs and PW Healthcare Consulting Limited, which traded nationally as Style Smile Clinics, has been ordered to pay a total of £6,765. The amounts include costs

of £5,500 for the GDC.

As the Gazette went to print charges relating to two other people and one other company were being considered. Keep an eye on the website for up to date news.

Which registrants can undertake tooth whitening?

- Dentists
- Dental hygienists and dental therapists (on the prescription of a dentist as an additional skill)
- Dental nurses can, as an additional skill, take impressions and make bleaching trays to a dentist's prescription

● If you work outside your scope of practice – even in a different workplace such as a beauty salon – the GDC can take fitness to practise action.

Survey carried out by TNS Research International with a representative sample of 1,021 adults in the United Kingdom, December 2010. Please see our website for full details of results.

● Standards



It's a year since the European Union Directive affecting how you provide and manufacture appliances came into force.

Remember:

- You must remind patients that they can ask for a Statement of Manufacture and provide it on request. Not doing so is a criminal offence.
- Keep a record of whether your patient accepts a copy. If not, keep the statement for the device's lifetime.
- If you prescribe or sub-contract manufacture to a non-GDC registrant outside the UK you're responsible for safety

“Patients have a right to know where their appliances are coming from and being open and honest from the outset could prevent complaints in the future.”
David Smith, Council member and Chair of the GDC's Standards Committee

and quality. This includes sharing the Statement (or if outside of the EU, name and address of the manufacturer) with the prescriber and patient.

- Visit the website to read our full statement on this.

Standards and scope reviews

We're gathering evidence to help us make changes to 'Standards for dental professionals' and 'Scope of Practice'.

We've launched two short online questionnaires to gather evidence. These early comments will help to make sure that we focus our work on the right areas. We'll be consulting on draft guidance later in the process.

'Standards for dental professionals'

The questionnaire aims to find out whether the guidance is still fit for purpose. It asks:

- Which documents do you find helpful?

- What do you think patients expect from you and how could GDC guidance help?
- Is there anything missing or that could be left out?

'Scope of Practice'

Does 'Scope of Practice' still accurately reflect the roles performed by each member of the dental team?

- Does it provide clarity?
- Does it encourage more effective team working?
- What barriers have you encountered when trying to increase your scope?

- Visit the website to complete the questionnaires or email comments to standards@gdc-uk.org

● Update

Dental Complaints Service

The DCS helps private patients and professionals put things right when problems arise. Around 100 volunteer panel members recently attended training sessions across the UK.

Role play, case studies and sharing past experiences helped them understand what kinds of complaints they might see and how best to resolve them.

“The DCS system is speedy, so there's very fast resolution. The whole process is non-adversarial, that's the important part.”

Michael Rich, dentist and panel member.

- Visit the website or call their local rate number to find out how the DCS can help you and your patients:
www.dentalcomplaints.org.uk
 08456 120 540

Statement of Manufacture

Facts for patients

If you need help explaining the Statement of Manufacture and what it means to your patients you can download a patient information leaflet on the subject from our website.

This sheet explains:

- What a dental appliance is
- What a Statement of Manufacture is and what it will include
- When this happened and why
- Where the GDC fits in
- Where to find out more



Are your contact details up to date?

It's a requirement of your registration that you tell us about any changes to your registered name, address or other contact details. Remember, the registered address you use will be available to the public online on our registers.

To update your record:

- Create an online account using eGDC and change your details there
- Email your new details to registration@gdc-uk.org
- Fill out and return a 'change of address' form (available on our website)
- Write to us

● Education and Training



Left-right:
Priya Pillai,
dental nurse
and trainee
hygienist/therapist,
Zena Twining,
dental nurse and
Deep Jethwa,
trainee dentist

Team focus from day one

You've joined the registers and know your Standards and Scope of Practice. But do you know what other members of your team can do, and how you can work together to provide the best possible care?

In 'Standards for dental professionals' we expect you to 'Co-operate with other members of the dental team and other healthcare colleagues in the interests of patients.'

Dental nursing and hygiene and therapy students at the University of Portsmouth Dental Academy and dentists in their final year at King's College London Dental Institute are learning the benefits of team work before they start their careers.

King's students have joined their peers in Portsmouth to work in a team-based environment that will prepare all the students for general practice.

Every student and patient is assigned to a practice at the Academy. On Fridays the teams meet and a student presents a case study. The whole team discusses diagnosis, treatment and prognosis. They learn from each other's experience and relationships with patients.

Student dentist Deep Jethwa finds the team ethos incredibly useful. "I wasn't aware of all the things hygienists and therapists can do. I'm learning how to refer properly which gives me more time with patients and more time to see more patients." His colleague Ravi Mehta agreed: "It's a very efficient system. Everyone has a role and things run smoothly."

Priya Pillai and Shweta Patel, registered dental nurses

“The essential ethos of our service and training is built on team work. We have the support of the local community and healthcare providers and encourage our students to learn from and about each other.”

Sara Holmes, Director, University of Portsmouth Dental Academy

training to be hygienists/therapists are also motivated by the system. Priya said: “It’s very much like the real working environment. The dentists know our scope and we can discuss referrals with them directly. Team work is paramount to providing high quality care.” Shweta was similarly impressed: “All the work can be delegated in the patient’s best interest and the whole team learns the importance of shared care and team work.”

Zena Twining is a registered dental nurse and oversees the work of some of the students. She said: “I feel like I’m taking everything I’ve ever learned in practice and am passing this on. It’s great to see the students’ confidence grow.”

Michael Edwards spends one day a week as a dental tutor at the Academy overseeing students’ work. He said: “Working with the students is very satisfying. We bounce ideas off each other and the team ethos can spread the pressure for everyone.”

It’s not just registrants who are part of the team. Christine Tyler is the Patient Services Administrator and ensures clinics run smoothly. She said: “We’re the front line for patients and help make their appointment as easy as

Perspective

John Weld
Dentist and
Clinical Director,
University of
Portsmouth
Dental
Academy



“One of the aims of the Academy is to prepare students for the realities of the working environment.

Our clinics are effectively run by experienced senior dental nurses and the students have to fit in with their plans. With the growth of corporate and community dentistry, graduates may not necessarily work for themselves immediately, so it’s good experience for them to be managed at this stage in a similar way. The system brings people down to earth and grounds them in the systems, policies and regulations required for modern dental care.”

possible, and make sure the students see enough patients.” Chris has been given training in medical emergencies and the opportunity to sit in on a clinic so that the Standards have real relevance.

● Update

Learning outcomes

We’re planning new education guidelines to make sure students have the right knowledge, skills and behaviour to qualify and register.

We’ve used consultation feedback and worked with dental public health experts, patients, educators and the profession on four key areas for training:

- Clinical
- Communication
- Professionalism
- Management and Leadership

Inspections will focus on how providers ensure that the outcomes are being met – we’ll check that trainees and students are being properly assessed in their clinical placements and exams.

● Keep an eye on the website for the standards your new colleagues will meet.

What core subjects must my CPD cover?

As well as your chosen areas of CPD we strongly recommend you complete the following number of suggested minimum hours in core subjects as part of your verifiable CPD:

- medical emergencies – 10 hours per cycle
- disinfection and decontamination – 5 hours per cycle
- radiography and radiation protection – 5 hours per cycle

We also recommend that you keep up to date in areas such as legal and ethical issues, and handling complaints.

Dental technicians can substitute radiography and radiation protection for materials and equipment (5 hours per cycle).

Revalidation

The Government recently emphasised that regulation must be proportionate and effective, imposing the least cost and complexity possible while securing safety and confidence for patients and the public.

With this in mind we are taking stock of progress, helped by the findings of our recent consultation. We will monitor the revalidation pilots for general practitioners. We are determined to develop a scheme of revalidation which builds on existing systems – one which is proportionate to risk. We are also reviewing our CPD process to ensure it dovetails with a revalidation scheme.

“We have time to develop and test a scheme and to ensure that the profession is well prepared for its introduction, which is unlikely to be required before 2014.”

Evelynne Gilvarry, Chief Executive and Registrar

● Get in touch

We answer thousands of calls and emails every month. If you've got a question about registration or our standards guidance get in touch – we may even print your query to help others in similar situations.



Email or write to us with your views and questions. Contact details can be found on page 2.

Re-joining

Q How can I re-join the register?

A If you're no longer registered because you've been working abroad, taken a career break, or been removed from the register for not completing CPD or paying the ARF you need to apply for restoration.

To apply, send us a completed form, pay the fee, and send CPD evidence and a letter of good standing (if necessary).

The fee depends on when you want to restore and whether you're a DCP or dentist.

If you've been working in the UK while you weren't on the register, you'll need to write a letter to us and explain why as this could be illegal practice. If this has

happened you should contact your solicitor or defence organisation before submitting your application.

If you're planning a break, for example maternity or working abroad, you might want to keep paying your ARF. Depending on how long you're away, it might be cheaper to pay yearly than to restore.

Lead liability

Q I am the designated infection control supervisor/decontamination lead for our practice. Am I liable if other members of staff do not meet the required standards?

A As lead member of staff, you have a responsibility to ensure the appropriate procedures are in place, and

Fluoride

Q Can a registered, qualified dental nurse apply fluoride varnish to children's teeth on a school visit?

A This topic from the spring issue raised further questions, so we've worked with the Department of Health and clarified the following guidance.

Dental nurses (or hygienists or therapists) who are trained and competent to do so may administer fluoride varnish, provided that it has been properly acquired by a person who could prescribe it. The varnish does not need to be prescribed via a PGD.

In community-based schemes, such as those where dental nurses go into a school and apply fluoride varnish to the teeth of all the children without a dentist being present, this is done under a protocol agreed with a consultant in dental public health.

you and your colleagues have a responsibility to follow them. The GDC does not define these procedures but would expect you to follow the relevant current guidance on decontamination in the country you are working in.

So, all registrants are responsible to some degree. In this instance, the infection control supervisor/decontamination lead is responsible for ensuring the practice procedures follow current guidance, but senior managers or clinicians also have a responsibility to ensure staff are properly trained, and (through checking and auditing), that the correct procedures are followed. Individual registrants are responsible for ensuring they are aware of the correct procedures and are following them.

● Investigating Committee learning

Once a caseworker assesses a complaint and decides that it raises a question about the registrant's fitness to practise, the matter is referred to the Investigating Committee (IC) for consideration.

The Committee is made up of professionals and lay members who decide whether cases should be closed at that point, dealt with by them or referred on to a hearing before a Professional Conduct, Performance or Health Committee. The IC makes decisions on hundreds of cases, and often sees the same issues time and time again.

Here we describe some of those issues and how you can avoid them affecting your patients, colleagues and you.

As well as referring the case on to a practice committee for a hearing the IC can:

- Close the case and take no further action
- Issue a private warning letter to the registrant
- Adjourn the case for further information
- Issue a public warning letter to the registrant
- Issue a letter of advice to the registrant
- (published on our website).



Abiding by legal requirements

As well as working within our guidance 'Standards for dental professionals' you must follow the law and regulations which apply to your work, premises, equipment and business.

Dentistry operates within the wider arena of healthcare, where organisations such as the Department of Health, NHS, Health Protection Agency and NICE require you to comply with their clinical guidelines. You should also take time to consider areas of the law such as discrimination law, employment law, data protection and health and safety guidelines. These rules are in place to provide a safe and fair environment for patients and colleagues alike.

Make sure your equipment has up to date certificates of inspection, that your team is up to date in emergency care and CPR, that you store medicines appropriately and dispose of them when they become out of date. Follow X-ray and radiography guidelines for the safety of you, your patients and your team.

We work with organisations on consultations and policies and share updates, but it's your personal responsibility to make sure you're up to date with the latest requirements.

Read your professional association's newsletter and visit our website for links to organisation newsletters for news and advice, and sign up for PCT emails or updates from websites where changes to laws are posted. Share information with your colleagues so that everyone on the team knows what they should and shouldn't be doing.

Case file

Equipment

In brief: We're receiving complaints about equipment that is not used properly or kept up to date.

Some dental surgery equipment must, by law, be regularly maintained and certificated for use. We've seen cases where compressor, autoclave and oxygen cylinder documentation isn't up to date, and where X-ray tests and inspections aren't taking place. Equally, non-clinical but required practice equipment such as fire extinguishers must be maintained.

All members of the team who use equipment must be trained and competent to do so, and patients should not be allowed to operate equipment.



Wherever you see a 'Learning points' arrow you'll find info on our Standards, guidance and expectations.

Case file

Medicines

In brief: We see a lot of cases where medicines are not stored or used correctly.

We have issued both published warning and advice letters to registrants who aren't managing medicines properly. This can include where out of date therapeutic or emergency drugs are being kept, or where medicines aren't being stored properly. We've received complaints where materials that are not recognised for NHS use have been favoured for treatment, and when professionals have offered general anaesthetic in a non-hospital environment. Complaints have also been logged where drugs are inappropriately dispensed to patients or not labelled properly.

Case file

Cross-infection control

In brief: Patients and professionals are often concerned about cross-infection and decontamination.

We regularly hear from patients and team members who are concerned with the level of cross-infection control at practices. Professionals who let pets into both clinical and non-clinical areas are reported, as well as cases where rodents have been spotted.

We hear about professionals who re-use single-use equipment such as gloves or disposable impression trays, or who don't use gloves at all.

● Conduct case files

These examples are a summary of some of the cases considered by the Professional Conduct and Professional Performance Committees between 27 November 2010 and 22 March 2011.

Cases have been selected to illustrate learning points about regulatory standards and fitness to practise, and may not include all allegations of the case considered at the hearing.



Read the 'Learning points' for Standards guidance on each topic.



Abuse of patients and colleagues

Treat patients politely and with respect, in recognition of their dignity and rights as individuals.

'Standards for dental professionals' 2.1

Treat all team members and other colleagues fairly and in line with the law. Do not discriminate against them.

'Standards for dental professionals' 4.2

Patient well-being is at the heart of dental care and regulation. As well as providing the best possible clinical care you should provide a positive, professional service. All patients have the right to be treated equally and with respect.

We can take action if we receive evidence of physical or verbal abuse, deliberate failure to deliver adequate care and breaches of equality guidelines.

The effect on colleagues of abusive or discriminatory behaviour should not be underestimated. Good dental care is delivered by a dental team – undermining a colleague's skills or confidence can affect patient care and create a difficult working environment. You should co-operate with other team members and respect their role in caring for patients.

It is your responsibility to raise any concerns you have that patients may be at risk because of your own or a colleague's behaviour or professional performance.

Case file

Abuse of patients and colleagues

Name: WALTON, Matthew Robert

Profession: Dentist

Registration No: 76696

Outcome: Fitness to practise impaired – erased with immediate suspension

Matthew Walton's employer received a number of complaints from patients and colleagues about his manner and personal behaviour.

The Committee heard that Mr Walton belched and broke wind, swore and made rude gestures

behind the backs of patients and in front of staff.

The evidence of dental nurses and reception staff showed that Mr Walton made discriminatory comments about patients' employment status, their disabilities and ethnic origin. Mr Walton offended patients by asking them to produce evidence that they could pay for appointments, demanding they pay at reception before he provided treatment or return another day if they could not show they could pay.

As well as mistreating patients Mr Walton alienated staff and made it very difficult for them to work as a team. His dental

nurse was occasionally absent from the treatment room because she had difficulty coping with his personal behaviour and manner towards patients. Mr Walton also admitted that he didn't allow dental nurses to communicate directly with patients.

Mr Walton has not practised as a dentist (save for one day) since he left the practice in question, but had not taken any steps to keep his skills up to date. The Committee also noted that Mr Walton had failed to comply with conditions imposed by Shropshire County PCT and erased Mr Walton from the register with immediate suspension.

Case file

Abuse of patients and colleagues

Name: ISMAEL, Abdul Rezak

Profession: Dentist

Registration No: 74150

Outcome: Fitness to practise impaired – immediate conditions for three years

Abdul Ismael was verbally abusive to colleagues, treated staff disrespectfully by shouting at them, left a patient untreated and told another distressed patient to leave the surgery.

In the presence of patients and staff Mr Ismael shouted at another dentist, swearing at him and making racist comments about him to a patient. Mr Ismael also shouted abuse at this colleague out of the practice window as he walked to his car.

The Committee also believed Mr Ismael behaved disgracefully when a nervous patient said "ouch" during drilling – he told the patient he would not put up with it, told her to get out of the surgery and then left himself. He told another patient that he did not want to treat her and told her to leave the surgery.

The Committee was concerned by Mr Ismael's lack of insight into his behaviour and concluded it could therefore be repeated. It determined that patients and other dental staff could be at risk if he had unrestricted practice, and applied conditions to Mr Ismael's registration for three years.

Case file

Abuse of patients and colleagues

Name: WESOLOWSKI, Peter Kenneth

Profession: Dentist

Registration No: 80267

Outcome: Fitness to practise impaired – erased with immediate suspension

The Committee found that Peter Wesolowski failed to treat patients and staff with care and respect, that he was overfamiliar with patients and staff both verbally and physically, and that he made racist comments.

Mr Wesolowski made lewd remarks and inappropriately touched several female patients. In the case of one he suggested he would treat her for free and that she could pay him back 'in other ways.' He repeatedly commented to his dental nurse that he wanted a sexual relationship with the patient. Another patient complained that Mr Wesolowski had discussed his nurse's virginity in front of her.

Two patients complained that Mr Wesolowski touched their bottoms and continued with treatment despite them indicating that they were in pain and wanted to stop.

A member of staff gave evidence that, as a result of being warned by others and from her own personal experience, she found it necessary to protect the dignity of female patients when they sat in the dental chair.

The Committee found that Mr Wesolowski had repeatedly

compromised his professional relationship with female patients and members of staff, and that this fundamental and persistent attitude problem was not likely to improve. Mr Wesolowski had had ample opportunity to fix these failings, which had been pointed out in written warnings from his practice. The Committee decided to erase Mr Wesolowski's name from the register.



Money matters

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

'Standards for dental professionals' 6.1

While we do not set price bands for NHS treatment or make recommendations for private care costs, we expect you to adhere to any NHS requirements for NHS patients and provide them with cost effective care.

Patients need to be able to make an informed decision about their care so you should provide them with all reasonable treatment options for any problems, describing clearly the cost implications for each. You should ensure that you put your patients' interests first at all times before your own or your business when recommending a particular treatment option.

NHS dentists in England and Wales are currently paid according to how many Units of Dental Activity (UDAs) they do in a year. Make sure you charge patients for a treatment only, rather than for the number of appointments each treatment takes. Units of Orthodontic Activity (UOAs) are similarly paid and should be charged accordingly.

If you are responsible for handling payments or your practice's accounts, make sure you are honest and law abiding in financial matters. As well as responding to patient complaints we take action where a professional has been convicted of a criminal offence.

Case file

Money matters

Name: HIRJI, Mohammed Raza

Profession: Dentist

Registration No: 72668

Outcome: Fitness to practise impaired – suspension for 12 months with a review

Mohammed Hirji made UDA and UOA claims for 38 patients on the basis of appointments for treatment rather than courses of treatment. He was also dishonest in relation to UDA claims he made for 18 of those patients.

He was required to repay the money he over-claimed, but when giving evidence failed to demonstrate much insight into his actions. He continued to deny responsibility for his actions and blamed others.

The Committee found Mr Hirji's fitness to practise impaired. They decided on a suspension as the dishonesty related to a specific period of time which ended over two years ago and was unlikely to happen again.

Case file

Money matters

Name: HAMMOND, Joanne

Profession: Dental nurse

Registration No: 156627

Outcome: Fitness to practise impaired – erased with immediate suspension

Joanne Hammond pleaded guilty to four offences of theft at North Tyneside Magistrates' Court. In three cases this related to theft from her employing dental practice, in the fourth to theft of donations made to a Marie Curie charity. Ms Hammond was sentenced to a Community Order with an Unpaid Work Requirement of 200 hours and supervision for 12 months, and ordered to pay compensation to her employer and Marie Curie.

● Conduct case files

Beyond the court conviction the Committee also found that in order to disguise her thefts Ms Hammond failed to make entries in the practice's cash accounts ledger which she also removed from the practice.

When considering whether Ms Hammond was currently impaired the Committee was concerned at her level of dishonesty and its persistence over a long period of time. Her actions also led to other staff being unnecessarily placed under suspicion.

Having seen no evidence of remorse and no information that Ms Hammond was complying with her Community Order, the Committee erased Ms Hammond's name from the register.

Case file

Money matters

Name: BRADBURY, Nigel James Lester

Profession: Dentist

Registration No: 48441

Outcome: Suspension continued

At a hearing in 2010 the Committee found that Nigel Bradbury intentionally misled a patient into believing that NHS treatment options would be inferior to private options. He put pressure on the patient to agree to being treated as a private patient, and this continued for several years.

The Committee suspended Mr Bradbury's name from the register for nine months.

At this review the Committee noted the very limited progress made by Mr Bradbury in addressing the concerns outlined at the earlier hearing and heard that there is no on-going engagement with a Deanery as required.

The Committee ordered a further suspension for 12 months with a review.

Record keeping

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. 'Standards for dental professionals' 1.4

Keeping accurate and up to date records is key to providing safe on-going care for your patients and as a basis for keeping your business accounts.

Records can be paper-based or stored on a computer. If you keep written records you must not use pencil or products such as Tippex to correct entries. Where necessary, strike a single line through any mistakes, adding the date, time and your signature. Dating all your notes can help if someone claims that a record has been altered after the event.

You should make an effort to keep your handwriting clear and only use abbreviations where these can be understood by someone else reading the file.

Computer records must record exactly the same information as paper records. They must also have a system in place so that you can record any alterations.

You should take and record a medical history for all patients, but sensitive information (such as a patient's HIV status) should only be recorded if it is needed to treat the patient properly and safely, and the patient has given their consent.

You should store records securely and don't leave them where they might be seen by other patients, unauthorised healthcare staff or members of the public.

Case file

Record keeping

Name: EDWARDS, Paul Wynne

Profession: Dentist

Registration No: 62550

Outcome: Fitness to practise impaired – immediate conditions for 14 months with a review

Paul Edwards provided dental care and treatment for a patient over several years without keeping adequate records. He made no record of dental or periodontal charting, treatment planning, discussion of treatment options, consent, justification for taking radiographs or evaluation of radiographs, and failed to keep an up to date medical history.

At his hearing Mr Edwards showed evidence of improvements to his record keeping, but the Committee noted that these were only made after interim conditions were

imposed, and that the measures were not extensive enough.

The Committee found Mr Edwards' fitness to practise impaired and imposed conditions. These require him to draw up a Personal Development Plan to address the deficiencies in his record keeping. He must undertake record-keeping audits every six months and submit verified reports to the GDC, as well as at least 20 anonymised patient records after nine months.

Case file

Record keeping

Name: GRIFFITHS, Philip William

Profession: Dentist

Registration No: 60420

Outcome: Fitness to practise impaired – immediate conditions for 18 months with a review

Over a period of 20 years Philip Griffiths failed to keep adequate

records in the case of a single patient. He failed to log a medical history, any prescriptions issued, periodontal assessments, soft tissue examinations, treatment options or the state of his patient's oral hygiene. During that time he provided fillings but failed to diagnose or record carious lesions to several teeth.

Similarly, in the cases of three other patients over periods between two months and five years he did not adequately record assessments, radiographs or poor prognoses.

The Committee imposed conditions on Mr Griffiths' registration. He must use a Personal Development Plan to address deficiencies in record keeping (including medical history) and forward this to the GDC, and run at least two record-keeping audits before his review.

Case file

Record keeping

Name: PATEL, Sachin

Profession: Dentist

Registration No: 80027

Outcome: Fitness to practise impaired – reprimand

Sachin Patel treated a single patient for just over a year. He did not make adequate records of examinations, treatments or medical history, and did not make a written evaluation of radiographs taken.

When the patient complained about treatment provided, Mr Patel made additions to the patient's dental records.

The Committee was satisfied that Mr Patel had put considerable effort into addressing his clinical deficiencies, but was more concerned with the misconduct related to altering clinical notes. They did not accept evidence that these alterations were made in order to give a more accurate picture of events.

Having looked at the additions, the Committee decided that Mr Patel added to the account of events in order to put himself in a better light.

The Committee found the consistency of the additions worrying, concluding that they required careful thought on the dentist's part.

The Committee found making additions to a patient's clinical notes wholly unacceptable, and found Mr Patel's fitness to practise impaired. They concluded the case with a reprimand, making it clear to the profession and the public that the behaviour was unacceptable.

Case file

Record keeping

Name: MIKLEWSKA, Grazyna

Profession: Dentist

Registration No: 106829

Outcome: Suspension revoked – conditions for 12 months with a review

At this review hearing the Committee considered a suspension imposed on Grazyna Miklewska's registration in 2010. During the earlier hearing it was found that Ms Miklewska's fitness to practise was impaired, in part because of failures in record keeping.

Her notes in relation to the patient concerned were written in Polish, and once translated into English for the purposes of the hearing were inadequate. They did not describe her patient's history, diagnosis or reasons for treatment. Ms Miklewska also used terminology that was not recognisable by a dentist and third party reading the notes. The Committee suspended Ms Miklewska for six months.

That time having passed, the Committee was encouraged to hear of Ms Miklewska's efforts to improve her English language skills. She had attended the

University of Bath's Dental Profession Language Test and obtained a score which satisfied the Department of Health's requirements for inclusion in the Primary Care Trust Dental Performers Lists.

The Committee found that the original deficiencies in Ms Miklewska's performance extended beyond issues of communication in English, and found her fitness to practise remained impaired. They imposed conditions to replace the suspension. These include development of a Personal Development Plan to address deficiencies in record keeping and submission of this to the GDC. Ms Miklewska must also conduct two record-keeping audits.

● Visit the website for full details and to find out about upcoming hearings.

● Case listings

The Professional Conduct Committee (PCC) heard 34 conduct cases between 27 November 2010 and 22 March 2011. The registrants listed may also be subject to decisions made by other GDC Committees and to sanctions imposed at earlier hearings.

Case outcomes

Erased	7
Suspended	3
Suspension continued	1
Suspension lifted	1
Conditions	5
Conditions replacing suspension	1
Conditions lifted	7
Reprimanded	2
Fitness to Practise not impaired	3
Adjourned	1
Postponed judgement	1
Referred to Health Committee	2
Total	34

The registrants listed here may share identical or similar names with other registrants on our registers and confusion could cause serious distress and professional embarrassment to those who have not been involved in fitness to practise proceedings. To confirm the identity of the registrants involved in fitness to practise proceedings we have listed their unique registration number next to their name.

Name	Registration number	Type of case	Outcome
BHANDAL, Baljit Singh	62671	PCC	Adjourned.
BISIKIEWICZ, Mateusz	85662	PCC – Review	Conditions terminated. Case concluded.
BRADBURY, Nigel James Lester	48441	PCC – Review	Suspension continued for 12 months with a review.
BURGER, Schalk Petrus Philippus	80064	PCC	Fitness to practise not impaired. Case concluded.
BUTT, Omer Shaukat	77992	PCC – Review	Conditions terminated. Case concluded.
EDWARDS, Paul Wynne	62550	PCC	Fitness to practise impaired. Immediate conditions for 14 months with a review.
EDWARDS, Shaun Allan	70958	PCC	Fitness to practise impaired. Immediate suspension for 12 months with a review.
FAQIR, Abid	75815	PCC – Review	Conditions terminated. Case concluded.
FAWEHINMI, Olawale Oludolapo	75732	PCC – Review	Conditions terminated. Case concluded.
FOLCHERT, Christian	84178	PCC	Fitness to practise impaired. Erased with immediate suspension.
FORBES, John Maxwell	50728	PCC	Fitness to practise impaired. Erased with immediate suspension.
GAGOH, Oscar Kwame	71260	PCC	Fitness to practise impaired. Reprimand.
GLITHERO, Mark James	148536	PCC	Referred to the Health Committee.
GRIFFITHS, Philip William	60420	PCC	Fitness to practise impaired. Immediate conditions for 18 months with a review.
HAMMOND, Joanne	156627	PCC	Fitness to practise impaired. Erased with immediate suspension.
HIRJI, Mohammed Raza	72668	PCC	Fitness to practise impaired. Suspended for 12 months with a review.
HOLMES, Julian Charles	60720	PCC – Postponed judgement	Judgement postponed for a further 24 months.

Name	Registration number	Type of case	Outcome
HULME-RIGBY, Ian	51232	PCC	Fitness to practise impaired. Immediate conditions for 24 months with a review.
HUNDLE, Surinder Singh	65528	PCC	Fitness to practise impaired. Suspended for 3 months.
ISMAEL, Abdul Rezak	74150	PCC	Fitness to practise impaired. Immediate conditions for 36 months with a review.
JAMALI, Nisreen	86173	PCC – Review	Conditions terminated. Case concluded.
KLEIN, Roger Marcus Frazer	70724	PCC	Fitness to practise impaired. Erased with immediate suspension.
MIKLEWSKA, Grazyna	106829	PCC – Review	Suspension revoked and conditions imposed for 12 months with a review.
PATEL, Sachin	80027	PCC	Fitness to practise impaired. Reprimand.
RAO, Kasturi Naval	73875	PPC	Fitness to practise impaired. Immediate conditions for 18 months with a review.
ROBERTS, David Antony Saul	38153	PCC – Review	Conditions terminated. Case concluded.
ROWORTH, Dan	75613	PCC	Fitness to practise not impaired. Case concluded.
SHAH, Mohamed	75210	PCC	Fitness to practise impaired. Erased with immediate suspension.
SHARMA, Steven-Bal	61037	PCC – Review	Conditions terminated. Case concluded.
SMITH, Anthony Paul	56658	PCC – Review	Suspension terminated. Case concluded.
VAN STRATEN, Jacob	65659	PCC – Review	Referred to the Health Committee.
WALTON, Matthew Robert	76696	PCC	Fitness to practise impaired. Erased with immediate suspension.
WESOLOWSKI, Peter Kenneth	80267	PCC	Fitness to practise impaired. Erased with immediate suspension.
WRIGHT, John Seamus	72012	PCC	Fitness to practise not impaired. Case concluded.

PCC procedures

The PCC hears evidence and decides whether allegations are proved, then whether any proven facts make a registrant's fitness to practise impaired.

They can impose the following sanctions:

- Conclude the case with or without a reprimand
- Conditions for up to three years
- Suspension for up to one year
- Erasure from the register.

For conviction cases the procedure is different – the Committee must accept the findings of Court and decide whether further action needs to be taken.

Glossary

Case concluded: No further action to be taken.

Reprimand: The PCC expresses its disapproval – registration is unaffected.

Conditions: Conditions are designed to bring standards back to an appropriate level, e.g. monitoring and training or not carrying out certain types of treatment.

Suspension: Registration may be suspended for any period (to a maximum 12 months), often with a review.

Erasure: The behaviour of the registrant is so serious that it is in the public interest to stop them practising.

Immediate conditions or suspension: Unless conditions or suspension are immediate, sanctions do not take effect until after 28 days.

If immediate suspension is not imposed and a registrant appeals, they can continue to practise until the appeal is decided by the High Court. If immediate suspension is imposed, the dental professional may not practise until any appeal is decided.

● **Full details are available on our website.**

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