

winter 2007-2008

# GDC gazette

THE NEWSLETTER FROM THE GENERAL DENTAL COUNCIL



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LATEST DEVELOPMENTS  
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## PRESIDENT'S MESSAGE

Few of us are offered the opportunity to extend our lives as we wish, but that was the privilege of your Council at its meeting in Cardiff in September – subject, that is, to Privy Council approval.

Knowing that new legislation was pending, members voted to seek permission to extend their terms of office until the draft Section 60 Order – amending the Dentists Act 1984 – is published, hopefully in 2008. This will approve proposals for a new-look, smaller, fully appointed Council with an increased lay membership.

These proposals, you may remember, follow publication of the Government's White Paper *Trust, assurance and safety: the regulation of health professionals*, and they promise the GDC a strengthened role in protecting patients and regulating the dental team.

We have now completed our first audit of dentists' continuing professional development (CPD). As expected, all of the dentists who submitted their CPD records for audit had completed the 75 hours of verifiable CPD they need to do as a minimum. The vast majority in fact provided evidence exceeding this amount. The audit also revealed some examples of excellent practice. You can read more about this on page 10.

Doing CPD means that dental professionals are keeping their skills and knowledge updated. On 1 August 2008, we introduce compulsory CPD requirements to all dental care professionals too. Patients can now expect the whole dental team to maintain their knowledge and skills in relevant areas. So, if you are a dental care professional, why not think about starting to record your CPD now so that you are in the habit by next summer? More

information to get you started is on page 11.

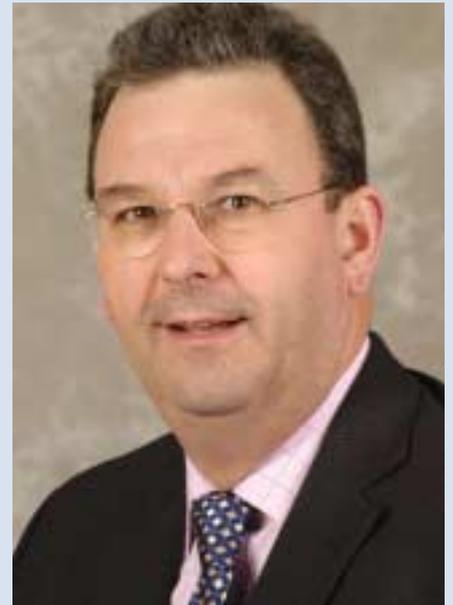
Another important issue affecting all members of the dental team is the registration of dental nurses and dental technicians. After 30 July 2008, dental nurses and technicians who continue to work without being registered will face criminal charges. The consequences are just as serious for dentists too – if you employ an unregistered dental nurse or commission work from an unregistered dental technician after the deadline, you will face fitness to practise proceedings and possible erasure from the register. So please, if you are a dental nurse or technician, register now. For all dentists reading this, please encourage your colleagues to register as soon as possible. Further information on registration is available on pages 4 and 12–15.

Finally, our meeting in Cardiff in September again highlighted for me how, although we are routinely (and perhaps glibly) described as the UK dental regulator, we operate within four separate political administrations. Each has different dental healthcare systems, and perhaps different needs and expectations when it comes to how dental professionals are regulated. Sensitively taking these needs and expectations into account is crucial if we are to continue as an effective and efficient pan-UK regulator, and this is becoming a priority. Having successfully held the Council meeting in Edinburgh in September 2006, and with our Cardiff meeting this year, we now look forward to visiting Belfast in September 2008.

Wishing you all a happy end to the year.



Hew Mathewson  
President of the GDC



Hew Mathewson, GDC President

## FROM THE EDITOR



Welcome to another packed edition of the Gazette, the last one of 2007 and my first as Editor. A lot has happened over the past few months, and I hope you find this issue a useful and informative update on the latest GDC developments.

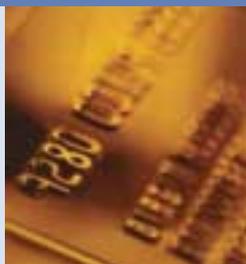
This edition also looks ahead to 2008 and the changes that will affect all dental professionals. With just over seven months to go until compulsory registration for dental nurses and dental technicians, we are urging all those who have not already done so to register now. Likewise, we are asking dentists to encourage colleagues and staff to register before the legal cut-off date in July 2008. You can do this by displaying the tear-off leaflet on the front of the Gazette to remind colleagues of the registration deadline, or sending unregistered dental nurses and dental technicians one of the postcards on the back.

We had a fantastic response to our Registration Surgery for dental care professionals (DCPs) at this year's BDTA Dental Showcase. GDC staff members were on hand to check completed registration application forms and offer advice. Further information on future events we will be attending with a registration advice service is available on the back cover.

Please pass your copy of the Gazette on to colleagues who may not have their own, particularly any unregistered DCPs. If you'd like us to add somebody to our mailing list, so they receive their own regular copy, please let me know – all DCPs will receive their own copy automatically once registered.

I would also like to encourage readers' views on the content, design and format of the Gazette. As the new Editor, I am keen to hear from you and would welcome your questions for the next issue. Please get in touch with your suggestions and comments – you can email me at [jward@gdc-uk.org](mailto:jward@gdc-uk.org) or call me on 020 7009 2746.

Jodie Ward, Editor



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## WARNING ALL DENTISTS: IS YOUR TEAM REGISTERED YET?

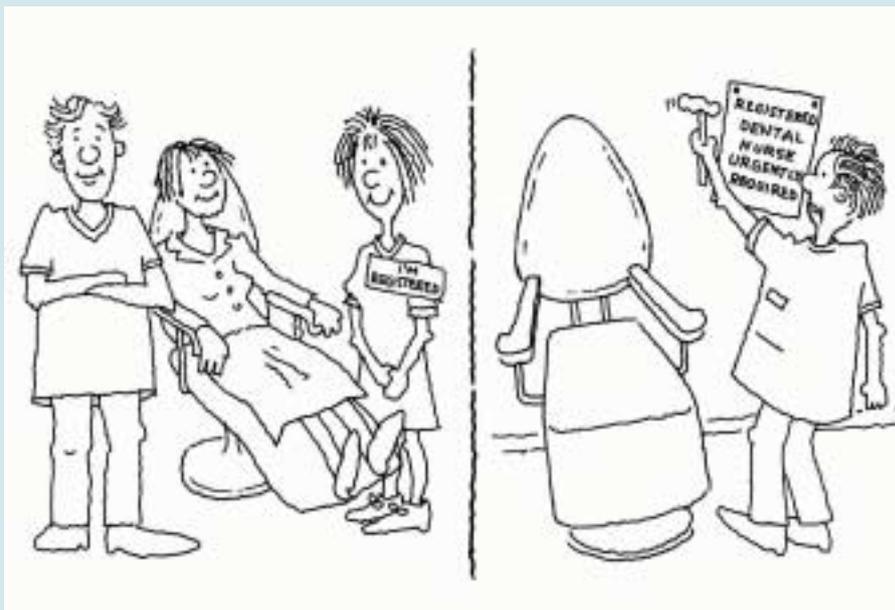
With just over seven months to go before the legal cut-off date, we are urging dentists to make sure the dental nurses and dental technicians they work with are registered in time.

After 30 July 2008, dental nurses and dental technicians will face criminal charges if they use those titles without GDC registration.

But there are serious consequences for registrants too - if you employ unregistered dental nurses or dental technicians after 30 July 2008, you may face fitness to practise proceedings and possible erasure from the register.

The application fee will go up to £96 from 1 January 2008. Dental nurses and dental technicians who get their applications to us before the end of this year will be able to take advantage of the current fee of £72. (Remember, once registered, there's nothing more to pay until the first annual retention fee is due, in July 2009.)

There's more information about registration on pages 12 to 15. Please pass this on to any dental nurses you work with to make sure they're aware of



the legal requirement to register. And why not write to the dental technicians you commission work from to ask if they've registered yet, and to encourage them to do so now if they haven't already? You'll find two postcards on the back of the Gazette to send to dental nurses or technicians to remind them of the registration deadline. Or, visit our website for a template letter which you can download and tailor to fit your needs.

For more information and/or application forms, please visit our website or contact our Registration Team on 0845 222 4141 or [GDCregistration@gdc-uk.org](mailto:GDCregistration@gdc-uk.org).

Please cut out and give to your nurses and/or technicians



## Getting it right **first time**

Would you be surprised to know that about 40 per cent of GDC registration application forms from dental nurses and dental technicians are either missing information or not completed correctly? This can mean a delay to getting registered.

When completing your application, please remember to provide proof of your:

- Identity;
- Qualification (if applicable); and
- Change of name (if different to that on your qualification certificate).

And don't forget to complete the health declaration.

Submit your application before Christmas and take advantage of the lower 2007 fee (£72), which covers you until July 2009.

If you need advice on registration, please call 0845 222 4141 or email [GDCregistration@gdc-uk.org](mailto:GDCregistration@gdc-uk.org).

## ARF PAYMENT GOES ONLINE



There are now only a few weeks left before the annual retention fee (ARF) is due on 31 December 2007. To make paying the ARF as quick and convenient as possible, we have introduced online credit and debit card payments. To pay online log onto our website [www.gdc-uk.org](http://www.gdc-uk.org) and click on the 'ARF online' button.

You can also pay by cheque, banker's draft and United Kingdom postal order if you prefer. These must be made payable to the 'General Dental Council'. Please remember to write your name and registration number on the reverse of your cheque, postal order or bank draft.

A Direct Debit can be set up to pay the ARF for 2009 onwards by completing a Direct Debit mandate form. This can be downloaded from our website.

This year we have introduced an ARF for the Specialist Lists. This is to cover the costs of maintaining the Lists and providing both a telephone and email enquiry service for the

many people looking for dental specialists. There is also now an application fee for dentists joining these Lists.

The ARF for dentists is £438 - an increase of £18 or 4.3 per cent, in line with inflation. For dental care professionals (dental hygienists, dental therapists and clinical dental technicians only at the moment) the ARF is £96 - an increase of £24 or 33 per cent.

The GDC is funded by an annual levy on our registrants. These fee increases will help ensure we are adequately resourced to not only carry out our existing functions, including registering many thousands of dental nurses and dental technicians, but also to progress new initiatives aimed at strengthening patient protection.

**If you have any queries about the ARF, please visit our website, [www.gdc-uk.org](http://www.gdc-uk.org), or contact our Income Collection Team on 020 7009 2720 or [ICT@gdc-uk.org](mailto:ICT@gdc-uk.org).**

### Fees 2008

	Dentists	DCPs*
Retention	£438	£96**
Temporary registration	£438	n/a
First registration	£37 per month from the first month of entry	£8*** per month from the first month of entry
Restoration	£110	£24
Specialist first registration	£250	n/a
Specialist retention	£52	n/a

\*DCPs include: dental hygienists, dental therapists, dental technicians, clinical dental technicians, dental nurses and orthodontic therapists.

\*\*Dental nurses and dental technicians who are already registered with the GDC do not need to pay an annual retention fee until July 2009, which will be the end of the first year of compulsory registration for these two groups.

\*\*\*Dental nurses and dental technicians who register for the first time between 1 January 2008 and 30 July 2008 (the registration deadline) will pay the £96 registration fee which will cover them up to July 2009, when their first annual retention fee is due.

## NEWS AT YOUR FINGERTIPS

Why wait for the next issue of the Gazette to hear the latest GDC news? Sign up to receive GDC news alerts and we will send an email straight to your inbox to let you know when we've added new information to our website on your chosen topics. You can choose from a range of options, including press releases, monthly newsletters and details of fitness to practise hearings.

To sign up, please visit our website today – [www.gdc-uk.org](http://www.gdc-uk.org) – and join the many users already receiving regular email updates from the GDC.

## CONGRATULATIONS TO OUR PRESIDENT!

The GDC would like to congratulate our President, Hew Mathewson, on his invitation to become an Honorary Fellow in Dental Surgery. The Board of the Faculty of Dental Surgery of the Royal College of Surgeons were unanimous in their decision to honour Hew in recognition of his outstanding personal contributions over many years.

The distinction was formally presented at the Diplomates Ceremony at the Royal College of Surgeons, London, on Friday 9 November.

# TOOTH WHITENING – AN UPDATE

The GDC believes that the practice of tooth whitening by non-dental professionals is illegal. We are committed to protecting the public by investigating and prosecuting people who are not registered with the GDC and who perform, or provide clinical advice about tooth whitening.

Each week we receive an average of ten reports about unregistered people offering tooth whitening procedures, and each of these is investigated. Complaints from members of the public who have been adversely affected by tooth whitening are given the highest priority, and we gather witness evidence with a view to putting a case forward for prosecution.

## Raising awareness

It is also vital to raise awareness of the issue with the public and those in the beauty industry and to promote the GDC position on tooth whitening wherever possible. As part of this work, the GDC's Head of Fitness to Practise Legal Services, Ros Bedward, has been speaking at conferences run by the Chartered Institute for Environmental Health Officers on managing health and safety in the beauty industry. These were aimed primarily at Health and Safety Officers who inspect beauty establishments for compliance with health and safety legislation. This was an area of great concern to Health and Safety Officers in terms of the risks posed to members of the public. As a result, we have amended our procedures to routinely notify the local Health and Safety

department of any tooth whitening complaints received. We already notify the local Trading Standards department as part of our standard response to tooth whitening complaints.

These conferences were also attended by representatives of organisations working very closely with the beauty industry, who are helping to spread the Council's message on tooth whitening to their own members and other therapists with whom they have regular contact. This included the Health and Beauty Industry Association (HABIA), which advises the industry on standards and health and safety. They have now adopted and published our position on tooth whitening.

**// We are committed to protecting the public by investigating and prosecuting people who are not registered with the GDC and who perform, or provide clinical advice about tooth whitening. //**

The British Association of Beauty Therapists and Cosmetologists (BABTAC) spoke of around 80 civil cases involving their members being sued for damages by patients who had been adversely affected by tooth whitening. One such case, involving the permanent deterioration in a patient's asthma due to bleaching, resulted in an award to the patient of £16,000 damages for which the tooth whitening company was held responsible. The tooth whitening supplier subsequently went into liquidation.

## The GDC speaks out

We have also been working hard to secure coverage in the media on tooth whitening to raise public awareness. In September, we worked closely with Which? magazine on an article on tooth whitening (available on our website). The investigation discovered that beauty salons are cashing in on the trend for Hollywood-white teeth, and allowing unqualified staff to carry out treatments that could result in permanent damage if done incorrectly.

Our President, Hew Mathewson, has since given a number of interviews, both print and broadcast, reinforcing the GDC's view that unregistered people should not be offering the treatment. These have included sections on BBC News 24 and the Radio 4 programme 'You and Yours'.

We will be looking for further opportunities in the future to work with partner agencies in publicising our message on tooth whitening. Any work undertaken in collaboration with, and directed at, the beauty industry, is likely to have maximum benefit in terms of public awareness and, ultimately, public protection.

**If anyone has any information that suggests an unregistered person may be undertaking tooth whitening, they should report this matter to us. Call us on 020 7009 2773 or email [illegalpractice@gdc-uk.org](mailto:illegalpractice@gdc-uk.org).**

## NEW APPOINTMENTS TO FITNESS TO PRACTISE PANEL

The GDC has appointed 30 more dental professionals to its independent Fitness to Practise Panel. Members of the panel are responsible for hearing cases where a registered dental professional may not be fit to work because of poor conduct, health or professional performance.

The new appointments will help meet the increasing demand on the panel which now rules on a broader range of hearings, including those about dental professionals' performance and appeals against rejected registration applications.

The panel includes lay people as well as dental professionals and now has 78 members in total: 40 dentists, 22 lay people and 16 dental care professionals.

GDC President Hew Mathewson said, "We are delighted to announce the appointment of 30 new Fitness to Practise Panel members. The new panellists will play an important role in safeguarding the public and upholding standards within the dental professions."

The new panel members are:

### Dentists

Ay e Marie McGrath  
Helen Parkinson  
Christopher Hoyle  
Nicholas Young  
Anita Nolan  
Suzanne Noble  
Sally-Anne Atkinson  
Robert Tobin  
Harneet Mangat  
John Makin  
Catherine Brady  
Jonathan Baber  
Anthony Markham  
Josephine Hassan  
Anthony Mellor  
Philip Johnstone  
Roland Kitchen  
Denise Forshaw  
Satnam Singh Moonga  
Jane Fenwick

### Dental hygienists

Pippa Stewart  
Patricia Macpherson  
Janet Reid

### Dental nurses

Margaret Saunderson  
Carol Denning-Kemp

### Dental technicians

Anthony Griffin  
David Kime  
Maja Jackson

### Dental therapists

Ruth Lovering  
Lynne Stuart

The vacancies were advertised in the dental media and applications were sought from all GDC registrant groups. The new panellists were selected through an interview process and have successfully completed a training course to enable them to start hearing cases.

Further information on the new panel members is available on our website.

## Chair of Overseas Registration Examination Board announced



Professor Elizabeth Davenport has been appointed as Chair of a new GDC board to ensure the successful delivery of the Overseas Registration Examination (ORE). She will now help establish and lead the Overseas Registration Examination Board (OREB), playing a key role in recruiting members of the Board.

Professor Davenport was originally involved in the review of the International Qualifying Examination (IQE) and the implementation of the ORE. As Professor of Dental Education and Director of Quality with the Institute of Dentistry at Barts and The London Queen Mary's School of Medicine and Dentistry, she brings over 30 years of dentistry experience to the position.

Elizabeth said, "I am delighted to be given the opportunity to take this important examination forward. The format of the ORE has been carefully considered and I believe that we are in a good position to deliver a robust examination which will be of benefit to those wishing to register with the General Dental Council and the public."

GDC President Hew Mathewson said, "I am delighted that Liz has been appointed to this position. She brings expert knowledge of examination governance and quality assurance which is critical for this role."

The ORE began with the first sitting of the Part 1 and Supplementary Paper (for candidates transferring from Parts B and

C of the IQE) on 10 and 11 September 2007, with 291 candidates taking the examination.

We have now appointed 27 external examiners who will complete their training in December 2007. These examiners will help run the ORE and ensure that each sitting of the exam meets with our high standards.

Two of these examiners will then be recruited to sit on the OREB with Professor Davenport, along with a lay and dental educationalist. We are currently interviewing for these last two positions.

Further information on the ORE and the new Board is available on our website at [www.gdc-uk.org](http://www.gdc-uk.org).



Hugh Smith,  
Head of the Dental Complaints Service

# Dental Complaints Service



## UPDATE

*helping you put things right...*

In line with its slogan, the Dental Complaints Service continues to help patients and dental professionals to “put things right” – helping to resolve an average of 30-plus complaints a week, as fairly, efficiently, transparently and swiftly as we can.

As we said in our first annual report, that is good news for patients, and good news for dental professionals, who have been overwhelmingly supportive.

### // We help to resolve an average of 30-plus complaints a week. //

You may remember that the service builds in two attempts to resolve a complaint before offering a panel meeting in a final attempt to facilitate resolution. First, when we receive a complaint, we ask whether the complainant has run it through the dental practice’s own complaints procedure. If he or she has not, we refer them back to it.

Second, if they have, our complaints advisers are there to attempt to help put things right. This may on occasion mean encouraging a patient to understand that they haven’t really got a complaint. We have done this in the past. We close three-quarters of complaints within three working days.

Only the most protracted and contentious of the 2,250-odd complaints we have received remained unresolved after the efforts described above. If a complaint hasn’t been resolved it may become the subject of a

panel meeting – our final attempt to “put things right” (though a panel may not always be appropriate).

Two particularly positive points to note are how few people need to return to us with their complaint after being referred back to their practice, and how comparatively few complaints resolution panels have met (just 32 in all), considering that they are our last attempt to help resolve a complaint.

Although we have helped resolve complaints about other members of the dental team, such as dental nurses and dental technicians, so far complaints panel meetings have been attended only by dentists and their patients.

Confidentiality clearly limits how much we can report of panel meetings: patients are more likely to use the service, and dental professionals to engage positively, if the details of a complaint remain confidential. But we can summarise.

Of the 32 panels that have met:

- 19 found a complaint to answer – in other words, in the complainant’s favour.
- On twelve occasions, panellists recommended that no further action be taken in relation to the complaint.
- One panel was adjourned.

Panels have recommended a refund of fees, on a full or partial basis, as a result of 17 meetings. Recommendations about a dentist’s

future practice have centred most frequently around in-house complaints handling procedures (in nine cases), and discussing treatment plans and costs (five cases).

Complaints considered at panel meetings have involved a variety of treatments, and in four instances more than one treatment type. Crowns and bridges have featured most often – ten times; six meetings have involved complaints about dentures, and four each about tooth whitening and fillings. Six complaints panels were about general practice.

I am delighted to report that, in each case, the recommendations of panels have been upheld by the dental professional concerned. Panels may well be the last attempt by the Dental Complaints Service to help resolve a complaint, but clearly they work because dental professionals take part overwhelmingly positively.

### // Panels work because dental professionals take part overwhelmingly positively. //

**To contact the Dental Complaints Service:**  
**Phone: 08456 120540 (local rate)**  
**Email: [info@dentalcomplaints.org.uk](mailto:info@dentalcomplaints.org.uk)**  
**Visit: [www.dentalcomplaints.org.uk](http://www.dentalcomplaints.org.uk)**

# Your questions answered



In a new feature for the Gazette, we are answering any questions you may have about any aspect of our work. Whether it's to do with fitness to practise proceedings, continuing professional development or registration. No matter what questions you have, we would like to encourage you to send them in and we will endeavour to answer as many as we can here in the Gazette.

In this edition, we're featuring a range of questions we were asked at the Dental Showcase exhibition in October, along with queries raised with our Customer Advice and Information Team.

## **I have serious concerns regarding a colleague's behaviour. What should I do?**

If you have serious concerns about the behaviour of a colleague it is your responsibility to take action. Your duty as a dental professional is to put patients' interests first and act to protect them. If you fail to do so by not raising a concern, your registration could be at risk.

The action you should take will depend on what your concern is about. Where possible, you should raise concerns first with your employer or manager. However, this may not always be possible,

especially if your employer or manager is the source of your concern. The next step is to contact your local primary care organisation or NHS hospital trust. There should be appointed people within primary care organisations who you can raise your concerns with.

If taking action at a local level is not practical or has failed, you should refer your concern to us if the problem is so severe that we clearly need to be involved (for example, issues of indecency or illegal practice) or if there is a genuine fear of victimisation or a cover-up.

## **I am retiring from dentistry. Are you able to refund my annual retention fee (ARF)?**

We do not refund the ARF. If you are retiring from dentistry you can either write to us to be removed from the register or you can elect to not pay the next ARF, therefore removing yourself from the register.

## **When will the list for corporate dentistry open?**

We expect the list for Dental Bodies Corporate to open in mid-2008. Further information will be available on our website, [www.gdc-uk.org](http://www.gdc-uk.org), once a final decision has been made.

## **Will registrants be able to send work to dental laboratories overseas or will they only be able to commission work from registered dental technicians?**

The requirement to use registered dental technicians applies to laboratories based in the UK. Laboratories based in EU member states must be registered with the competent authority in that state (equivalent to the Medical and Healthcare products Regulatory Agency in the UK) and must meet the requirements of the Medical Devices Directive.

Laboratories based outside the EU must have an 'authorised representative' within the EU who takes on the same

responsibilities in respect of providing dental devices as the manufacturer would in an EU state.

If you choose to use a non-UK laboratory, you should be aware that you are solely responsible for the standard of the device supplied to the patient if there is a problem and if the patient subsequently complains to the Council.

Further guidance to registrants will be available after December's Council meeting. Please visit our website for the latest information.

## **What work can clinical dental technicians undertake?**

Clinical dental technicians can make full dentures for edentulous patients (those that have no teeth) without the involvement of a dentist. They can also make and fit partial dentures as prescribed by a dentist, who has given the patient a full mouth examination.

**If you would like your questions answered, please email them to [communications@gdc-uk.org](mailto:communications@gdc-uk.org).**

## OBITUARY

**The GDC is very sad to have received news that former Council member Professor Brian Cooke has died.**

Professor Cooke served on the GDC for many years (1964 to 1982 when he retired) as the dentist member nominated by the University of Wales.

# GDC SEEKS EVIDENCE OF CPD

A GDC audit of dentists in the first five-year continuing professional development (CPD) cycle (1 January 2002 - 31 December 2006) has now been completed.

The audit found that over 20 per cent of verifiable CPD completed by dentists was in three core subjects recommended by the GDC - medical emergencies; disinfection and decontamination; and radiography and radiation protection.

Although core subjects were not introduced until January 2007, dentists' records showed they were already incorporating these in their CPD activities.

It is a legal requirement for dentists to make an annual declaration which, by the end of each five-year cycle, must confirm their completion of 250 hours of CPD, with at least 75 hours being verifiable. The vast majority provided evidence exceeding this amount.

A number of good practices were also highlighted, including using a personal development plan, keeping good records and staying up to date with CPD providers locally.

J H Botha, a dentist at Taverham Dental Health Centre who supplied evidence of CPD for the audit, said, "The principle of CPD is brilliant. It made me once more aware of the tremendous amount of knowledge readily available to dentists, not only the recently qualified but also for those who have been in dentistry for many years like myself. I am now much more aware of courses and dental journals than I have ever been before."

The next five-year CPD cycle is due to end on 31 December 2007. Dentists in this cycle are those first registered with the GDC:

- between 1 January 1980 and 31 December 1989,
- between 1 January 1990 and 31 December 2001 but were not on the Register at 31 December 2001, or
- anytime in 2002.

We will be asking all dentists in this cycle to confirm the amount of CPD they have completed in the previous five years at the beginning of 2008. An audit of the CPD evidence declared will then take place later in the year.

For further information on CPD for dentists, please visit our website or request a 'Continuing professional development for dentists' booklet by contacting us on 020 7009 2746 or [communications@gdc-uk.org](mailto:communications@gdc-uk.org).

## SUPPLYING CPD EVIDENCE IS EASY

Supplying evidence of compulsory continuing professional development (CPD) may seem a little daunting but there are a number of things you can do to make it as easy and straightforward as possible.

These tips will not only stand you in

good stead when supplying evidence of CPD, but are also good guidelines for best practice.

- Use a personal development plan to help you decide how you will meet the minimum requirement of 250 hours of CPD, of which at least 75 hours are verifiable.
- Decide on a recording format for your CPD activity, such as a GDC recording form (available on our website). Consider keeping separate records for

verifiable CPD and general CPD.

- Make sure you are up to date in core areas, including medical emergencies, disinfection and decontamination, and radiography and radiation protection. You should carry out a minimum number of hours in each of these areas as part of verifiable CPD.
- For all verifiable CPD, make sure you have documentary proof of your involvement, for example, a signed certificate from a course.



## CPD FOR DCPs TO COME INTO FORCE

From 1 August 2008, all dental care professionals will need to start recording their continuing professional development (CPD).

Compulsory CPD is in line with our Standards Guidance which sets out the principles that all registered dental professionals should follow – this includes the maintenance of their professional knowledge and competence. CPD for dental care professionals is also an important first step in the planned introduction of revalidation, which will mean that all members of the dental team have to regularly show that they are still fit to be on our registers.

Under the CPD requirements, all dental care professionals will need to complete and record a minimum of 150 hours of CPD in five-year cycles. A third of which (50 hours) should be verifiable CPD - amounting to ten hours per annum - while the rest can be general CPD.

Verifiable CPD means the activity must have:

- 'concise educational aims and objectives' – the activity should have a clear purpose or goal;
- 'clear anticipated outcomes' - you should know what you can expect to gain as a result of taking part in the activity;
- 'quality controls' – you should have the chance to give feedback, with a view to improving quality; and
- documentary proof (e.g. a certificate) – to prove you took part in the activity.

Dental care professionals should cover the following core subjects in their verifiable CPD:

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

Dental technicians will be able to substitute radiography and radiation protection for materials and equipment (5 hours per cycle) as radiography is not within the dental technician curriculum.

In line with the CPD requirements for dentists, we recommend that DCPs involved in the care of patients undertake CPD in legal and ethical issues and complaints handling.

There are many ways for dental care professionals to complete CPD, ranging from team training, attendance at courses and lectures, to reading journals and private study.

To find out about CPD activities in your area, please contact your local Postgraduate Dental Dean or your professional association. Courses are advertised in professional journals and Royal Colleges also run courses.

Dental care professionals must submit an annual statement of the CPD hours they complete each year. We will monitor compliance with the requirements by auditing the records of a sample of DCPs at the end of each five-year cycle. Failure to comply with the requirements may result in erasure from the register.

We will shortly be producing guidance for dental care professionals on the CPD requirements. This will be sent to all registered dental care professionals in the new year.

Further information about CPD for dental care professionals is available on the GDC website, [www.gdc-uk.org](http://www.gdc-uk.org), or by calling 0845 222 4141.

## Disinfection and decontamination

Our core guidance booklet 'Standards for dental professionals' and associated, supplementary guidance, emphasise that all dental professionals are responsible for putting patients' interests first and acting to protect them.

Central to this responsibility is the need for dental professionals to maintain knowledge of and carry out disinfection and decontamination. This is essential for those of you working in clinical and laboratory environments, and is why it's one of three core areas we recommend as part of compulsory continuing professional development (CPD).

We recommend that dentists complete at least five hours of verifiable CPD in disinfection and decontamination over each five-year cycle. This should be part of the 75 hours of verifiable CPD completed as a minimum.

When CPD is introduced for dental care professionals on 1 August 2008, we will also recommend at least five hours of verifiable CPD in disinfection and decontamination over each five-year cycle. This should be part of the 50 hours of verifiable CPD completed as a minimum.

**Both the Health Protection Agency and British Dental Association offer further guidance on disinfection and decontamination which is available on their websites: [www.hpa.org.uk](http://www.hpa.org.uk) and [www.bda.org](http://www.bda.org)**



The following four pages are dedicated to compulsory registration for dental care professionals. They include tips on how to complete the registration application form, as well as questions we have frequently been asked over the last few months regarding registration.

We're keen to find out your views on these pages. Did you find the information you were looking for? What additional information would be useful? Please contact us at [communications@gdc-uk.org](mailto:communications@gdc-uk.org) to give us your feedback or phone 0845 222 4141 for further information.

## REGISTRATION: DON'T RISK ILLEGAL PRACTICE

There are now just over seven months to go before registration becomes a legal requirement for dental nurses and dental technicians on 30 July 2008. To take advantage of the lower 2007 application fee, we are encouraging all dental nurses and dental technicians who haven't yet registered to do so now.

Nurses and technicians who apply before the end of 2007 will pay the existing fee – £72 – and no more until their first annual retention fee is due, in July 2009. The application fee goes up to £96 on 1 January 2008, so it makes sense to do it before Christmas.

If you have recently sat the exam to qualify as a dental nurse, dental technician or clinical dental technician, please refer to page 15 for more information on how to register.

So far, only 11,309 dental care professionals from the four new groups have joined the register.

### Current registration figures:

Category	Number registered*
Dental nurses	10,307
Dental technicians	944
Clinical dental technicians	58
Orthodontic therapists	0 (the first are still in training)

\* These figures are accurate on 12 November 2007

Dental nurses and dental technicians who continue to put off registration will not only pay a higher fee, but could find themselves no longer being able to work, or facing criminal charges if they continue to work without GDC registration after 30 July 2008.

**So why delay registration any longer? Get your application form to us by the end of the year and you'll not only be registered in time for the deadline, but you'll also pay the lower fee. Download a form from our website today.**

## SIMPLIFIED HEALTH CHECKS

Remember, we have made changes to the health check requirements for registration applicants. The changes recognise that the roles of some members of the dental team are more exposure-prone than others and therefore carry different degrees of risk for patients:

- **Dental technicians and dental nurses who do not work in a clinical environment** will not need to provide a health certificate.
- **Dental nurses who work in a clinical environment (i.e. the majority of dental nurses) and dental hygienists, dental therapists, clinical dental technicians and orthodontic therapists** can now have their health certificate

completed by either an employing or supervising dentist or a doctor. You will need to have worked in the practice for at least twelve months and provide evidence of your original immunisation certificates for a dentist to sign your health certificate.

**More comprehensive guidance for applicants, dentists and doctors is available on the GDC website and in the registration application pack. To request a pack, please contact our Registration Team on 0845 222 4141 or [GDCregistration@gdc-uk.org](mailto:GDCregistration@gdc-uk.org).**

# Registration: know the facts

Earlier this year, the GDC simplified the application process and introduced new streamlined application forms to make registration as easy as possible and to prevent mistakes being made which can lengthen the process.

There are now new separate application forms for dental nurses and dental technicians, so please ensure that you have the correct form.

The new application form and further information about DCP registration is available from the GDC website [www.gdc-uk.org](http://www.gdc-uk.org).

If you have one of the original application forms you can still use this, but you may find the new form easier to complete.

Completed registration forms need to be sent back to us, along with copies of supporting documents and the registration fee.

## What are the key areas I need to look out for?

### Proving identity

All applicants must be able to prove their identity by providing a **photocopy** of:

- a valid **passport**, or
- a valid **photocard driving licence**, or

- a valid **ID card** issued by the armed forces, or
- a marriage certificate or other official document if you have changed your name.

Don't forget that your character referee will need to sign to say that they have seen the original document. Please do not send us originals.

### Good character reference

A referee, who is not a family member and has known you for at least one year, must confirm your good character. This can include:

- the head of your dental training school or his/her nominee, or
- the person responsible for the supervision of your training, or
- another person of professional standing (in any country) including a dentist, doctor, person entitled to practise law, minister of religion or civil servant.

Please be aware that the reference will only be valid for three months from the date on which it was signed.

### Health certificate

The health certificate only needs to be completed if you work with patients, in which case it will show that you are fit to practise. This must be completed by a dentist if s/he has worked with you for over a year, or by a medical practitioner, who is not a member of your family.

Again, this certificate is only valid for three months from the date on which it was signed.

## What do I do if I need more information?

If you have any questions or concerns about completing the application form, please visit our website [www.gdc-uk.org](http://www.gdc-uk.org) or call our Registration Team on 0845 222 4141. They will be able to offer advice and answer any questions you have about registration.

# Qualification or experience?

Dental nurses and dental technicians who do not hold a formal qualification and want to apply on the basis of their experience must register before 30 July 2008. After the deadline, the only way on to the Dental Care Professionals Register

will be with a recognised qualification. This means that you would need to qualify from scratch. Some qualifications no longer awarded are still accepted for GDC registration if you apply by July 2008.

For more information on the amount of experience you need, or for details of the qualifications recognised for registration, please visit our website or contact our Registration Team on 0845 222 4141.

## WE'RE GDC-REGISTERED!



All four dental nurses at Jack Roberts & Associates dental practice in Wakefield have registered with the GDC.

Three nurses registered through a City & Guilds NVO level 3 in oral healthcare, whilst one nurse registered on the basis of her experience. Two other nurses are on an approved training course at a local college.

The Practice Manager Sallie Rhodes said, "I think it is fantastic that nurses now are required to register with the GDC. It brings their chosen profession into the 21st century and shows their commitment and dedication to their chosen career.

I made sure all our dental nurses registered early as I feel it shows the team and patients alike our

commitment to the nurses' continuing professional development. It also shows our patients our commitment to providing fully trained and professionally recognised nursing staff. Registration has been a long time coming. It was not so long ago that dental nurses were seen as glorified cleaners and tea ladies. Well done the GDC!"

Is your team GDC-registered? We're keen to hear from other laboratories and practices, small and large, where the whole dental team is registered. If you'd like your team to feature in a future Gazette, please get in touch and tell us why you felt it was important to register early.

Email [communications@gdc-uk.org](mailto:communications@gdc-uk.org) or call 020 7009 2746.

REGISTRATION:  
Your questions  
answered**How much is the registration fee?**

The registration fee is currently £72 but this goes up to £96 on 1 January 2008. So if you haven't registered yet, it makes sense to get your application to us before Christmas and pay the lower fee. For dental technicians and dental nurses, your initial registration fee covers you until July 2009 when your first annual retention fee will be due.

**Shouldn't my employer pay my registration fee?**

It is your own personal responsibility to register with the GDC. Your employer may agree to pay the registration fee for you but they are not obliged to.

**If I work in a dental laboratory, do I need to be registered?**

If you're a dental technician you should register. If you're eligible to register as a dental technician, you should register now, whatever work you are doing. Because in the long term, you might lose out. Don't miss the boat. You can only register on the basis of experience before 30 July 2008.

**What if I decide not to register with the GDC?**

Registration with the GDC is not optional. After 30 July 2008, dental nurses and dental technicians who are not registered with the GDC will no longer be able to work, and will face criminal charges if they do. Further information on how to register with us is available on page 13.

## REGISTRATION OPTIONS FOR OVERSEAS DCPs

A new GDC working group is looking at how best to assess overseas DCPs' suitability for registration.

The Overseas DCPs Registration Working Group aims to establish assessments for clinical dental technicians, dental hygienists, dental nurses, dental technicians, dental therapists and orthodontic therapists who do not have a UK or recognised European qualification and who wish to apply for registration to work in the UK.

The members of the Working Group are:

- Mabel Slater (Chair, GDC DCP Council member)
- David Murphy (GDC lay Council member)
- Denis Toppin (GDC dentist Council member)
- Gordon Miles (GDC executive)
- Amanda Little (GDC DCP policy leader)

The Group issued a call for ideas to all categories of stakeholders in November,

which was also available on our website. The views expressed in this broad call for ideas will inform a focused consultation on options for routes to registration for overseas DCPs, at the beginning of 2008.

For more information and the latest developments please visit [www.gdc-uk.org](http://www.gdc-uk.org).

# DENTAL NURSES IN TRAINING

Over the past few months, we have received many enquiries about dental nurse training. Here we answer some of the questions we are often asked:

**I've nearly finished my training as a dental nurse. Do I need to let you know I'm in training and should I register before the deadline?**

Well, you don't have to but it might be cheaper for you! If you hope to receive your qualification before 30 July 2008 you can send in your application form before the end of this year and only pay the 2007 fee (£72). The fee goes up by £24 on 1 January 2008. For further information on soon to be qualified dental care professionals, please see below.

We are happy for dental nurses who are working towards a registrable qualification to work without being registered with the GDC until they have finished their studies, but please remember that you do need to register with us once you have received your qualification.

**I have completed the national exam but need two years' work experience before I get my certificate – where does this leave me with registration?**

The two years' chair-side experience is part of the requirement to complete the National Certificate. So, even though you have passed your exam, the fact that you are still doing your two years in the practice means that you are still 'in

training' and can therefore work as a dental nurse. When you have completed your two years and got your certificate, you will need to register with us straight away.

We realise that there are lots of other issues around dental nurse training that still need further clarity. These are issues that the Council will be exploring further at the next meeting in December. We will keep you updated with the latest developments on our website, [www.gdc-uk.org](http://www.gdc-uk.org).

## Are you soon to be qualified?

Trainee dental care professionals who are due to qualify before 30 July 2008 can get a head start on registration and take advantage of the 2007 GDC registration fee of £72, so long as they apply before the end of this year.

The registration fee goes up to £96 on 1 January 2008, but trainee dental care professionals can submit a completed registration application before 31 December and pay the current fee.

The same arrangement is also open to trainee dental hygienists, dental therapists, clinical dental technicians and orthodontic therapists who are due to qualify before 30 July 2008 and need to register before they can work. Whether the offer is financially

beneficial for them will depend on when they want to start work following qualification - in their first year of registration they pay less the later in the calendar year they register (in 2008 the first registration fee is £8/month). It is therefore not going to be an attractive option for these groups to take advantage of this 'apply now' offer if they will receive their qualification and register after 1 April 2008. Individuals who want to practise before April will have to pay more than £72, so applying now on the current fee will be an attractive option for them.

DCPs in training who send in their application now won't be registered until they send in a copy of their qualification certificate. This must be received by us no

later than 30 July 2008. They will then be officially entered onto the Dental Care Professionals Register.

DCPs who take advantage of this offer, but later do not obtain their qualification, will be able to request a full refund.

For more information on your route to registration and to receive a registration application pack, please visit our website [www.gdc-uk.org](http://www.gdc-uk.org), or contact our Registration Team on 0845 222 4141 (local rate) or [GDCregistration@gdc-uk.org](mailto:GDCregistration@gdc-uk.org).

## GDC AT DENTAL SHOWCASE

This year's BDTA Dental Showcase was the busiest yet for the GDC, with an estimated 2,000 dental professionals and others visiting our stand between 18 and 20 October.

During these three days, a dedicated team of GDC staff was on hand at our 'Registration Surgery' to answer questions on dental care professional registration, provide the new simplified application forms, check applications and make sure they were completed correctly.

Dental technician Sue Dawson from Devon visited the Registration Surgery for more information about how to register. She said, "The GDC stand was the first one that I visited at Dental Showcase so that I could get the

information I needed first-hand. I didn't realise until I came along to the stand that the fees were going up and I am feeling much better about DCP registration now. I thank the staff for providing the correct information and would encourage others to speak to the GDC directly to find out what they need to do to register as there is a lot of misinformation out there."

Vanita Bhogaita, Marta Drubkowka, and Marzena Bogari said, "Our lives are busy so it was a good opportunity to get more information about registration here at the Dental Showcase exhibition."

**The Registration Surgery will be available at future events the GDC is attending. Please see the back cover for further details.**



Laura Hill (left), pictured with Natalie Williamson and Helen Rudge, said, "I heard about the Registration Surgery through advertising and came along today to hand in my application form. The Registration Surgery at Dental Showcase was a convenient service."

The GDC Registration Surgery at Dental Showcase 2007



## PROVIDING TREATMENT PLANS

Dental teamwork is all about working together to provide good quality dental care for patients, and is not just limited to staff who work at the same practice.

Our dental team guidance states that patients should have a full mouth assessment carried out by a dentist, who should then provide the patient with a treatment plan. The patient may take the treatment plan to any appropriate registered dental professional.

This guidance recognises that the dentist is the only member of the team with the skills to diagnose a full range of oral conditions and plan for a patient's treatment. However,

it is important for dentists to remember that this position also brings with it certain responsibilities, not only to patients but to the other members of the dental team who are able to provide some types of treatment. For example, a hygienist could carry out scaling and polishing, or a clinical dental technician (CDT) could provide a partial denture within the dentist's overall treatment plan.

If the patient wants to take their treatment plan to another member of the team able to carry out the treatment, then that is their choice. There are now even more registered members of the dental team trained and qualified to provide treatment safely for patients.

An example of this in practice is if a patient needs a partial denture. They would first need to see a dentist for a full mouth examination and treatment plan as explained previously. They might then choose to stay with the dentist to have the denture made, but they also have the right to take that prescription to any suitably trained and qualified dental professional such as a CDT in order to have the denture made.

Further guidance on dental teamwork is available from the GDC as part of the 'Standards Guidance' publications. For a copy, please call 020 7009 2746 or email [communications@gdc-uk.org](mailto:communications@gdc-uk.org).

## LATEST DEVELOPMENTS IN DENTAL EDUCATION

### GDC President visits Sheffield School of Clinical Dentistry

At the end of August 2007, Hew Mathewson, President of the GDC, visited the University of Sheffield's School of Clinical Dentistry to learn more about their clinical placement outreach programme.



President of the General Dental Council, Hew Mathewson, at The Mount Dental Practice with supervising dentists Richard Main, Amita Shahi and Scott Senior and student manager Christine Abbott.

The University has partnered with The Mount Dental Practice in Hemsworth, Pontefract, and the Thompson and Thomas practice at the new Fairlawns centre in Middlewood to provide students with the practical experience of working in a dental practice.

Hew Mathewson said, "As the UK dental regulator, one of our most important roles is setting educational standards. We encourage providers to be innovative with their programmes.

Outreach is an exciting and demanding development for dental schools and the University of Sheffield has been at the forefront of this."

The programme will continue to grow with three additional new outreach centres currently under construction.

### New dental schools open in South West and North West

The GDC plays an important role in the quality assurance of dental education. As a result, two new dental schools in the UK have been inspected and approved, and opened their doors for new cohorts of students in September 2007.

As part of our quality assurance process, each school had to submit their new programme for students to our Education Committee for approval. In April, we inspected both schools and were pleased with the progress they had made. We will continue to inspect the schools each year, with the next inspection due in Spring 2008.

The University of Central Lancashire, in partnership with Liverpool University, launched the new graduate entry dental programme for the award of Bachelor of Dental Surgery. The first cohort of 32 students was welcomed onto the programme on 3 September in the new, state of the art School of Dentistry.

The students will spend the first year on the Preston Campus, and then will be located at one of four Dental Education Centres in the Northwest – Accrington, Blackpool, Carlisle and Morecambe. Under the supervision of experienced staff, the students will start to provide dental care for

the local population whilst continuing to develop their knowledge and understanding.

The Peninsula Dental School also welcomed its inaugural cohort of students on 17 September. Hew Mathewson, President of the GDC, enjoyed meeting the new students and members of staff when he visited the Dental School on 20 September.

188 people applied for the 64 places on the four-year course, resulting in a high standard of students, all educated to graduate level, with many having clinical experience from other healthcare disciplines.

The students began their training on new phantom head facilities on the University of Plymouth campus while purpose-built facilities are developed in Devonport, Exeter and Truro. It is expected that by the time they reach their third year, the first cohort and the years below them will be training across the South West.



Professor Liz Kay, Dean of the Peninsula Dental School, with the first cohort of dental students.

### Update: Specialist Dental Education Board

The Specialist Dental Education Board (SDEB) held its third meeting on 18 October 2007. The SDEB reports to the Education Committee and considers issues relating to the training and listing of dental specialties. The Board has so far been developing curriculum guidance, which will be distributed once finalised and approved by the Education Committee. The relevant Specialist Advisory Committees will be asked to submit

new curricula in line with the framework developed by the Board. It has also begun to consider future quality assurance structures that might be adopted in specialist training.

For more information on the work of the Board, its agendas and minutes, please visit our website. Alternatively, please contact Ewen Macleod on 020 7887 3801 or [emacleod@gdc-uk.org](mailto:emacleod@gdc-uk.org).

## GDC OPENS ITS DOORS FOR PCTs

Following the successful pilot event in March, a further three open days have taken place this year, the last of which was in mid-November.

All primary care trusts (PCTs) in England were invited and feedback from the sessions has been very positive. Delegates received presentations on registering dentists and dental care professionals (including information on the Overseas Registration Examination), fitness to practise processes and revalidation.

We are hoping to organise similar events in 2008 and are looking to find ways to work with Trusts and Boards in the three other countries.

For more information, please contact Claire Kehoe on 020 7009 2784 or email [ckehoe@gdc-uk.org](mailto:ckehoe@gdc-uk.org).

## CONDUCTING CLINICAL TRIALS

The GDC has issued a statement for all registrants associated with, undertaking or involved in clinical trials and research.

Relevant standards include:

- putting the patients' interests first;
- finding out about laws and regulations which may affect your work;
- finding out about current best practice;
- acting honestly and fairly; and
- making sure patients are able to claim compensation.

Further advice and legislation can be found via the 'Standards Guidance' on the GDC website and at the Medicines and Healthcare products Regulatory Agency website, [www.mhra.gov.uk](http://www.mhra.gov.uk).

## GDC MEETS IN CARDIFF

Members of the Welsh public were given the chance find out more about the UK dental regulator and how decisions are made when the Council met in Cardiff on 18 September.

The meeting opened with an opportunity for people to put questions to the President and Council members in English or Welsh.

The Cardiff meeting was the second Council meeting to be held outside London. Last year, the Council met in Edinburgh. Next year the Council plans to meet in Belfast.

The key decisions from September's Council meeting are available on our website.

# GDC TAKES ACTION AGAINST ILLEGAL PRACTICE

The GDC is committed to protecting the public by bringing cases of illegal practice to Court. It is a criminal offence for anyone other than a registered dental professional to carry out dentistry, and as such, we will prosecute people who practise dentistry illegally. These cases are usually heard in the Magistrates Court, carrying a maximum penalty of £5,000 per offence.

The majority of our cases fall into three main categories. The provision of dentures direct to the public by unregistered technicians forms the basis of the majority of the convictions obtained by the Council. A number of individuals have been brought before the Court on numerous occasions for repeat offences.

The activity that accounts for the next largest group of cases arises where a registrant is erased for non-payment of the annual retention fee but continues to practise. Cases also occur where dentists take up employment before becoming registered with the Council, and where retired dentists

or those who have been removed from the Register continue to use their title to obtain some benefit such as prescription drugs.

Some more novel cases are also coming to light. We currently have proceedings pending against a limited company which carried on the business of dentistry with no registrants on the board. We are also preparing proceedings against the proprietor of a chain of beauty salons in relation to tooth whitening by unregistered individuals, which is explored further on page 6.

Details of recent cases brought before the Court are set out below.

### GDC v Andrew White

Mr White was convicted of two offences of the illegal practice of dentistry at Chesterfield Magistrates Court on 18 April 2007 relating to the provision of dentures direct to two members of the public. His associate, Ms Alison Wood, was convicted of one similar offence. Mr White was ordered to pay a fine

of £750 for each offence, ordered to pay compensation to the affected patients totalling £765 and to pay £3,000 towards prosecution costs. Ms Wood was also fined £750, ordered to pay compensation of £490 and £1,000 towards prosecution costs.

Mr White was convicted of a further three offences of illegal practice at the same Court on 8 August 2007 relating to his treatment of a patient over a two-year period. He was fined £750 for each offence, ordered to pay compensation of £500 and ordered to pay the Council's prosecution costs of £1,830.

### GDC v Richard Kirk

Mr Kirk was a dentist who continued in practice until early 2007 despite having been removed from the Register for non-payment of the Annual Retention Fee in January 2003. He was convicted of a single offence of the illegal practice of dentistry spanning the period August 2005 to January 2007, and was fined £1,500 and ordered to pay the Council's prosecution costs of around £3,000.

# CONDUCT CASES REVIEWED

17 conduct cases were heard between June and September 2007. There was also one application for restoration.

Conduct case outcomes  
June - September 2007  
(All cases relate to dentists)

## Conduct Cases 17

Erased with immediate suspension (including the new rules case) 5

Suspended 1

Postponed judgment 2

Admonished 3

Case concluded 1

Not guilty of serious professional misconduct 2

Adjourned 2

Conditions 1

## Restoration Cases 1

Not restored 1

## Total 18

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.

Respondent	Registration Number	Type of Case	Outcome
<b>CACCHI,</b> Cesare	100066	Conduct	Guilty of serious professional misconduct: erased with immediate suspension
<b>CHYZY,</b> Joanna	84125	Conduct (Resumed)	Guilty of serious professional misconduct: erased with immediate suspension
<b>CINGARI,</b> Roberto	71591	Conduct	Not guilty of serious professional misconduct: case concluded
<b>DIBA,</b> Pirooz	72462	Conduct	Not guilty of serious professional misconduct: case concluded
<b>EISENBERG,</b> Philip Alan	63467	Conduct (Resumed)	Guilty of serious professional misconduct: case concluded
<b>HEPPLESTON,</b> David Geoffrey *	59270	Conviction	Adjourned: date for resumption to be confirmed
<b>HICKS,</b> Sigvard Uriel	73572	Conduct	Guilty of serious professional misconduct: erased with immediate suspension
<b>HUANG,</b> Wei-Tzen	78858	Conduct	Guilty of serious professional misconduct: admonished
<b>JEDEIKIN,</b> Larry	75334	Conduct	Guilty of serious professional misconduct: admonished
<b>JESSA,</b> Amish	75340	Conduct	Guilty of serious professional misconduct: judgement postponed for 9 months
<b>KEE CHO,</b> John	81883	Conduct	Guilty of serious professional misconduct: judgement postponed for 12 months
<b>KONO ABE,</b> Martin Junior *	84301	Conviction	Fitness to practise impaired by conviction: erased with immediate suspension
<b>KRSTIC,</b> Branco	73676	Conduct	Guilty of serious professional misconduct: suspended for 12 months
<b>LIANDRAKIS,</b> Vicki *	71398	Conduct	Fitness to practise impaired by conduct: erased with immediate suspension
<b>PHOTAY,</b> Parkash Singh	44764	Conduct	Adjourned until 5 October 2007
<b>RAZA,</b> Haider	69231	Conduct	Guilty of serious professional misconduct: admonished
<b>SHAH,</b> Mohamed *	75210	Conduct	Fitness to practise impaired by conduct: conditions imposed for 3 years
<b>TOUKHI,</b> Mohammad Daud *	75640	Restoration	Not restored to the Dentists Register

\*These cases were heard under our new fitness to practise rules which came into force on 31 July 2006. All cases that were initiated before this date are considered under the previous rules.

## CASE DETAILS

The following are a selection of the cases considered by the Professional Conduct Committee between June and September 2007. All cases are listed in the table on page 19 but limited space in the Gazette means we are unable to report in detail on all of them.

If you would like more details of any of the cases, including the full determination, please visit the 'General public' section of our website ([www.gdc-uk.org](http://www.gdc-uk.org)) or contact our Hearings Team:

Phone: 020 7887 3821

Email: [hearings@gdc-uk.org](mailto:hearings@gdc-uk.org)

### CACCHI, Cesare (Registration number 100066)

Mr Cacchi did not attend the hearing and was not represented. Mr Cacchi was practising privately as a dentist at the Auchtermuchty Dental Centre in Fife, Scotland, from December 2005 until June 2006. Mr Cacchi did not have indemnity cover during this period.

On 20 January 2006 Mr Cacchi examined a patient who presented with pain. After radiographs were taken, he concluded that the patient required fillings, extractions and root canal treatment. He did not then proceed to immediately extract the roots. On this date, the respondent also failed to explain the diagnosis to the patient or his mother and neither were the risks and the benefits of the proposed treatment covered. He did not discuss potential outcomes if the treatment was not carried out, nor did he mention possible alternative treatments. On 27 January 2006 the same patient returned to the practice without an appointment. Mr Cacchi diagnosed an infection and prescribed a five day course of Amoxicillin to control it. On 30 January he extracted the roots. A few days later, the patient returned and stated that he had a further infection, so the respondent gave another prescription of Amoxicillin. Mr Cacchi had failed to adequately investigate the cause of the pain and whether the pain was due to a cause other than an infection. He further omitted to indicate on the prescription the number of capsules to be disbursed by the pharmacist.

The Committee found proved the fact that Mr Cacchi was not indemnified against claims for professional negligence between December 2005 and June 2006. Evidence was put forward which satisfied that Mr Cacchi was in fact told by the Council of the obligation to be indemnified. They also noted that he claimed that he was unaware of this basic professional requirement. The Committee concluded that for the

respondent to practise whilst not being indemnified, was a serious departure from professional standards; he left patients unprotected and was liable to undermine confidence in the profession.

Mr Cacchi failed to provide adequate and immediate treatment for a patient who consulted him for the relief of persistent and severe dental pain. He did not adopt a systematic approach to the diagnosis of this condition and he did not communicate adequately with the patient. These failures were found to be clear breaches of the ethical guidelines in force at the relevant time, as set out in Standards for Dental Professionals. Mr Cacchi's long and apparently unblemished professional career, his remorse, the apparent absence of professional support while he was in the United Kingdom, his poor knowledge of English and his unfamiliarity with UK requirements were all taken into account by the Committee.

Ultimately, however, the Committee found Mr Cacchi guilty of serious professional misconduct and felt that erasure from the Dentists Register with immediate suspension was the only sanction that would adequately protect the public.

### HICKS, Sigvard Uriel (Registration number 73572)

The Committee found that from July 1997 to May 2006, Mr Hicks practised dentistry despite knowing that he was suffering from Hepatitis C. In particular, he carried out treatments that might have posed a risk of exposure to his patients. Despite knowing about his condition, Mr Hicks did not seek appropriate health advice, and failed to let either his patients or his colleagues know that he was suffering from Hepatitis C, putting his own interests above those of his patients or colleagues. He also failed to take any, or adequate, precautions to protect his patients and colleagues from exposure to infection.

In response to a submission by Mr Hicks and given the fact that the allegations concerned Mr Hicks' health, the Committee agreed to the hearing being conducted in private. They did not however, agree to the determination being read in private.

In reaching a finding of serious professional misconduct, the Committee considered Mr Hicks' behaviour both unethical and dishonest; he had put his own interests before those of his patients and colleagues. In view of his dishonesty and lack of concern for the safety of his patients, the Committee determined that the only sanction which appropriately reflected the seriousness of Mr Hicks' actions was to erase him from the Dentists Register with immediate suspension. This reflected the Committee's view that public protection was paramount, as was the need to uphold public confidence in the profession.

The Committee was acutely aware that making their findings public might cause serious concern amongst Mr Hicks' former patients. It therefore

delayed making a public determination for one day. This was to allow the Torbay NHS Care Trust and local Primary Care Trusts time to put into place any mechanisms it decided were necessary to answer queries from patients treated by Mr Hicks.

### HUANG, Wei-Tzen (Registration number 78858)

Ms Huang admitted that during the period of 2001 and 2002 she submitted, or caused or allowed to be submitted, in the name of the principal of her practice, claims for treatment in respect of 22 patients which were inappropriate and misleading. The claims were made for extractions of special difficulty, when they were actually simple extractions. Ms Huang also admitted that she practised for a period of one month in 2002 whilst not registered with the General Dental Council.

The Committee accepted that there was no dishonesty on Ms Huang's part, but found serious shortcomings in her practice. It was Ms Huang's duty to ensure that the claims made were correct, and to make enquiries to ensure that she had the appropriate knowledge to make the claims.

The Committee also noted that Ms Huang made a deliberate decision not to notify the General Dental Council of her change of address when she left her previous employment. The reason she gave for this was to avoid complications with her visa. As a result, Ms Huang did not receive correspondence. Taking all the circumstances into account, the Committee found her guilty of serious professional misconduct.

The Committee noted that Ms Huang was in a new country faced with a new system of remuneration, and had not received a formal induction into the practice's administrative procedures. Whilst neither of these matters amounted to an excuse, they were relevant in considering the disposal in this case. The Committee in particular noted Ms Huang's remorse and her apologies, and concluded the case with an admonition.

### JEDEIKIN, Larry (Registration number 75334)

Mr Jedeikin perforated a root canal during a post crown preparation, and failed on several occasions to inform the patient of this fact or to offer a referral to an appropriate specialist. Mr Jedeikin also refused to accede to repeated requests from the patient to provide copies of dental records. He destroyed the original records and re-wrote them.

The Committee found that these actions amounted to a failure by Mr Jedeikin to protect the interests of the patient and to face up to his professional responsibilities. While perforation of a root canal during post crown preparation does not necessarily indicate poor clinical performance, it is the responsibility of the dentist to proceed in the most appropriate manner after

diagnosing such a condition; namely, to inform the patient and provide the necessary care which may include making a referral. Mr Jedeikin did not fulfil those responsibilities during the period in which he was treating the patient. It was also totally inappropriate to destroy contemporaneous records, which are highly important for the continuing care of the patient. Taking all aspects of his conduct into account, the Committee found Mr Jedeikin guilty of serious professional misconduct.

The Committee noted that this case involved only one patient, and that Mr Jedeikin was otherwise of good character with no other complaints recorded against him. It determined that it would be disproportionately harsh to suspend or erase him. The Committee concluded the case with an admonition.

#### KEE CHO, John (Registration number 81883)

Mr Kee Cho came before the Committee on allegations concerning the treatment he provided to three patients between about March 2004 and February 2005. He provided orthodontic treatment to one patient and extensive implant treatment to two others. The Committee found that Mr Kee Cho attempted treatment clearly beyond his competence, which included:

- Undertaking treatment when he had insufficient command and understanding of the English language to communicate effectively with patients.
- Inadequate preparation for the procedures to be undertaken by way of significant deficiencies in history taking, diagnosis, radiographic examination and the materials and equipment used.
- Incompetence in the execution of individual clinical procedures.
- Ignoring clearly defined and readily available professional standards and guidelines.
- Inadequate preparation of the patients and failing to gain informed consent by failing to provide sufficiently detailed and balanced advice concerning the treatment options and their potential consequences.
- Inadequate information given to patients with regard to the progress of their treatment, steps they needed to take to ensure their teeth and gums remained healthy during treatment and what subsequent self-care would be necessary.
- Inadequate, incomplete, and confusing clinical notes indicative of overall poor record keeping.
- Making no effort to engage with referral services.
- Deserting patients in the midst of treatment without appropriate arrangements being made for their continuing care.

Patients suffered significant emotional and permanent physical damage as a result of the treatment provided and rescue treatment was necessary.

As a dentist newly arrived from overseas Mr Kee Cho had failed in his obligations to familiarise himself with current ethical guidance and standards of practice in the UK, and the Committee found him guilty of serious professional misconduct.

In considering sanction, the Committee noted that Mr Kee Cho had accepted responsibility for these failings, that he had admitted all of the underlying facts, and had also demonstrated remorse. Mr Kee Cho had also apologised to the patients. The Committee also bore in mind the positive actions Mr Kee Cho had taken in joining voluntarily the Adverse Risk Member (ARM) programme of Dental Protection Limited (DPL) and the fact he had been mentored and monitored since August 2005. Through his counsel, Mr Kee Cho stated publicly that he did not intend to carry out implantology and orthodontics in the foreseeable future, and the Committee accepted this.

Evidence from his mentor on the ARM programme concerning Mr Kee Cho's communication skills and his clinical and radiographic skills was positive and indicated that he was no longer a risk to patients within his current restricted practice. However, the Committee had concerns about his isolated practice, and the fact that his current continuing professional development record was very focused on distance learning, suggesting an apparent lack of contact with clinical peers.

The Committee determined it appropriate and proportionate to postpone judgement for a period of twelve months, which would enable the Committee, on resumption of the case, to decide whether the marked improvement in Mr Kee Cho's practice since 2004/2005 had been maintained and whether it could confidently be concluded that in future he would practise safely.

#### KONO ABE, Martin Junior (Registration number 84301)

On 21 March 2007 Mr Kono Abe was convicted at Preston Crown Court of sexual assault on a female. He was later sentenced to carry out 80 hours of unpaid work; to be supervised for twelve months by a social worker appointed by the Edinburgh Sheriffdom; and to register with the police under the Sex Offenders Act 2003 for a period of five years.

The Committee heard the case under the new rules. In the light of Mr Kono Abe's conviction, the penalties imposed on him, and the requirement to register under the Sex Offenders Act 2003, the Committee found his conduct fundamentally incompatible with the standards expected of a professional person and accordingly found his fitness to practise impaired by reason of his conviction.

The Committee noted the seriousness of the offence, which occurred in the work-place when Mr Kono Abe was in a position of authority over a young member of staff. This constituted a breach of trust.

The Committee gave careful consideration to the need to protect the public given Mr Kono Abe's obligation to remain on the Sex Offenders Register for a period of five years. Having considered relevant guidance and case-law, for the protection of the public the Committee erased Mr Kono Abe from the Dentists Register, with immediate suspension.

#### KRSTIC, Branko (Registration number 73676)

On 21 September 2005 Mr Krstic carried out treatment on a referred patient. He was to carry out three fillings and extractions of four deciduous lower incisor teeth using conscious sedation. However, he failed to carry out an adequate examination of the patient's mouth, nor did Mr Krstic gain informed consent for his revised treatment plan which comprised three fillings and extraction of the four upper deciduous incisor teeth. At the end of the treatment Mr Krstic realised that he had not carried out the treatment as prescribed on the referral form and in attempting to cover up his mistake he altered the referral form which was subsequently shown to the patient's mother.

This was dishonest and designed to mislead and to place the blame for Mr Krstic's mistake on his referring colleague. Furthermore, from 21 September 2005, and in his evidence to the GDC, Mr Krstic compounded his dishonesty by maintaining that he did not alter the referral form and that his treatment of the patient was in accordance with the referral form. The Committee found him guilty of serious professional misconduct.

In persisting in denying that he was responsible for altering this document, Mr Krstic demonstrated no insight into the seriousness of his position and the need for him, as a dentist, to conduct all aspects of his professional life with honesty and candour.

The Committee found Mr Krstic to be a competent dentist and that there would be no risk to patients if he were allowed to continue in practice. However, it considered that the appropriate sanction was suspension from the Register for a period of twelve months in light of the effect of Mr Krstic's misconduct on public confidence in the profession and the need to maintain proper standards of conduct and behaviour.

#### LIANDRAKIS, Vicki (Registration number 71398)

In February 2006 Ms Liandrakis was present at a meeting of the Preliminary Proceedings Committee (PPC) which suspended her for three months on the basis of allegations that, for approximately one month in late 2005, after fitting a removable appliance to a patient, she took a lengthy absence from her clinic. In her absence, she failed to let her patient know that she would be away and failed to make any arrangements for her patient's continuing care.

## conduct cases reviewed

In April 2006 her suspension was extended for a further three months while the Committee awaited evidence of Ms Liandrakis' financial resources. In May 2006 Ms Liandrakis' again appeared before the PPC, during which she stated that she was not currently working and had not worked since January 2006.

Subsequently, Ms Liandrakis appeared before the Professional Conduct Committee (PCC) in June 2006. In the course of giving her evidence, Ms Liandrakis again declared that she was not working. Ms Liandrakis' registration remained suspended.

At a further meeting of the PCC, at which Ms Liandrakis was not represented and which she did not attend, the Committee found that between March and early June 2006, and again, later in June 2006 she had treated the patient who had brought the initial complaint. This treatment was during the period that her registration had been suspended on an interim basis which contradicted her previous assertions to both the Preliminary Proceedings Committee and the Professional Conduct Committee that she had not worked during the first half of 2006. The patient had not been told that she was being treated whilst Ms Liandrakis' dental registration was suspended.

The Committee considered that by continuing to practise during her suspension, and by lying to two GDC Committees, Ms Liandrakis had shown both a cynical disregard of her profession as well as a lack of responsibility towards her patient. This was in addition to the initial charge of failing to provide a care programme for her patient whilst away from the practice. The Committee noted the serial nature of her dishonesty towards the GDC Committees. In conclusion, it agreed that only the sanction of erasure from the Dentists Register with immediate suspension could properly reflect the severity of the findings.

### Restoration Application (New rules)

#### ■ TOUKHI, Mohammad Daud (Former Registration number 75640)

Mr Toukhi was erased on 31 March 2006 following the finding of serious professional misconduct in relation to very serious charges, which included:

- Failing to note a patient's recorded allergy to penicillin, subsequently prescribing a type of penicillin and failing to note the alternative medicine prescribed.
- Behaving in an inappropriate, unprofessional or intimidatory manner to another dental professional, to a member of staff, and a member of her family, being verbally and physically abusive, and making a threat to kill.
- Not making adequate provision for the continuing care of patients after he had left the surgery in January 2004, which was not in their best interests.

At the restoration hearing on 11 September 2007 Mr Toukhi was not restored to the Dentists Register because the Committee was concerned on several counts:

- Mr Toukhi failed to show sufficient understanding, both before and during the restoration hearing, of the importance of the proceedings. He made assertions that were not supported by appropriate documentary evidence. He also asserted that stress had affected his behaviour and professional conduct in the United Kingdom, and that he sought the advice and treatment of a psychologist, but provided no documentary evidence from any medical source to support this.
- There were inconsistencies in Mr Toukhi's oral evidence in relation to both his current practice and his past conduct, which led to a lack of credibility and made it difficult for the Committee to accept much of his evidence. Mr Toukhi also failed to display sufficient insight in relation to both his clinical and behavioural deficiencies and the need to address these.

Whilst the General Dental Council had accepted that Mr Toukhi had fulfilled the statutory requirements for continuing professional development (CPD), the Committee was concerned that the CPD he undertook did not address any of the clinical concerns highlighted by the previous Committee, such as inappropriate prescribing, poor record keeping in relation to prescribing and communication skills.

Furthermore, during the hearing Mr Toukhi denied that he had any deficiencies in this regard and said that he did not need to adjust or change his knowledge. The Committee found that Mr Toukhi had failed to satisfy it that he was fit to practise as a dentist and that he was of good character.

#### ■ RAZA, Haider (Registration number 69231)

Between November 2004 and May 2006, Mr Raza prescribed diamorphine for patient A on 14 occasions in connection with the provision of bone fide dental treatment. The Committee found however, that his prescribing extended beyond an area in which he was professionally competent and was not in the patient's best interests. Mr Raza had naively allowed himself to be guided by patient A rather than by obtaining appropriate expert advice or by consultation with the patient's general medical practitioner. Mr Raza also failed to keep adequate records of both the patient's medical history and of six occasions on which he prescribed diamorphine. He was found guilty of serious professional misconduct.

The Committee took into consideration that in prescribing for patient A Mr Raza followed a previously established practice protocol and not only recorded that there was discussion with the

patient about his medication and condition, but also recorded his efforts to find alternatives to pharmacological pain relief. The Committee also accepted evidence that Mr Raza photocopied the diamorphine prescriptions, that there was a medical history recorded on the front of the chart and that these had subsequently been mislaid or destroyed. The Committee also noted that Patient A remained very positive about Mr Raza's clinical care.

From an early stage Mr Raza apologised and admitted that his behaviour was inappropriate and inadequate. He had made changes to the governance of his practice and in particular had upgraded practice protocols in relation to taking medical histories and to prescribing for patients.

The Committee determined that it was sufficient to conclude the case with an admonition and without making a direction which affected Mr Raza's registration.

#### ■ SHAH, Mohamed (Registration number 75210)

During March 2006 Mr Shah had treated a patient by removing eight amalgam fillings and replacing them with ceramic fillings whereas the patient had only consented to the removal and replacement of one filling. Mr Shah failed to provide a written treatment plan or to provide an estimate of the cost of such treatment, and so failed to obtain the consent of the patient to the course of treatment. Furthermore, Mr Shah failed to have in place an adequate complaints procedure and failed to respond to the patient's complaint regarding this treatment. Consequently the Committee found Mr Shah's fitness to practise to be impaired.

The Committee found no criticisms of the standard of the treatment itself and found that the treatment was not carried out with the motive of coercing money from the patient. The Committee also recognised that a complaint was received from only one patient, but regarded the absence of an adequate complaints procedure as an indication of a substantial problem within the management of the practice.

The Committee determined that the appropriate and proportionate sanction was for Mr Shah's registration to be subject to the following conditions for a period of three years:

1. That he work with a Postgraduate Dental Deanery, or other appropriate professional body approved by the Registrar of the General Dental Council, to formulate, within three months, a Personal Development Plan specifically designed to address the following areas of his practice:

- patient consent;
- treatment planning; and
- complaints handling.

2. To provide evidence of his engagement in audit activities in each of those three areas of practice to the Registrar of the General Dental

Council by 1 March 2008 and thereafter at intervals of not longer than six months.

3. Within three months, to take the steps in relation to complaints handling set out below:

- i) To provide the Registrar of the General Dental Council with a detailed Complaints Handling Procedure designed to inform patients of how to pursue a complaint. This procedure must include a reference to the availability and full contact details of the external complaints resolution service of the Dental Complaints Service.
- ii) A detailed Complaints Handling Procedure must be available to all of the patients of his practice.
- iii) The leaflets, website and posters in the practice waiting rooms must contain sufficient information to enable patients to obtain a copy of the detailed Complaints Handling Procedure, including the reference to the availability and full contact details of the external complaints resolution service of the Dental Complaints Service.
- iv) The letters used by the practice in responding to complaints must contain the reference to the availability and full contact details of the external complaints resolution service of the Dental Complaints Service.

When concluding the case, the Committee made it clear to Mr Shah that at a resumed hearing the Committee could then give a direction varying, revoking or adding to those conditions, or could suspend his registration if they considered it necessary.

### New rules, old rules...

On 31 July 2006, we introduced new fitness to practise procedures. Some of the cases reported in this Gazette have been heard under the new procedure rules, while others (those initiated before 31 July 2006) have been heard under the old rules. In new rules cases, the Professional Conduct Committee has to consider if the respondent's fitness to practise is impaired. If they find that it is, they can:

- Strike them off the register;
- Suspend them;
- Set restrictions ('conditions') on their registration; or
- Reprimand them.

They can also refer the case to the Health or Professional Performance Committee.

### What are 'conditions'?

Conditions amount to a restriction on registration. Under the new rules, a Committee may impose conditions on a respondent if they deem it a sanction that might properly address any identified shortcomings that pose a risk to the public.

Such conditions must be realistic and achievable.

Committees must be mindful of guidance on what situations are appropriate for conditions and how to structure them. For example, Committees are urged to consider the registrant's capacity for compliance as this gives an indication of integrity and insight and they are asked to formulate conditions in such a way that compliance can be verified objectively.

The types of cases in which conditions have been imposed are those where the respondent's errors were limited and related to specific shortcomings that could be addressed by putting structured measures in place. Committees will always require respondents to provide certificates, reports or other documentation demonstrating that the conditions have been complied with.

### Restoration under the new rules

All applications for restoration are now dealt with under the new rules.

The new rules require the GDC case presenter to inform the Committee of the background to the case, any relevant evidence previously considered, any relevant evidence not previously put to the Committee and make submissions on the matters being considered.

The respondent and/or their representative are entitled to present relevant evidence on which they intend to rely and make submissions on the matters being considered.

Generally, a restoration hearing is not the appropriate forum for a respondent to attempt to refute allegations that were found proved against them at the original substantive hearing. If such attempts are made, it may well be seen by the Committee as an indication of a lack of insight on the part of the applicant and may hamper attempts to be restored.

### Individual professional responsibility

The GDC Guidance, Standards for Dental Professionals, states that a dental professional must be familiar with and understand current standards and relevant guidelines.

Principles of Dental Team Working, at paragraphs 3.1 and 3.2 states that dental professionals are accountable for the treatment and processes undertaken by them and those that they manage.

The general message that dental professionals should take on board is the importance of taking full responsibility for their own actions and omissions as well as actions and omissions by others that they are in charge of. Furthermore, it is up to individuals fully to inform themselves of the scope of this responsibility.

In a number of recent cases, it has been apparent that respondents have been unfamiliar with the current ethical guidance, and Committees have been moved to stress the importance of these principles. They have highlighted that ignorance will not be an acceptable reason for non-compliance.

## Glossary of terms

### Case concluded

No further action by the Council about this particular offence or misconduct.

### Admonishment

If the allegations have been found proved and have amounted to a finding of misconduct, the Committee may decide not to suspend or erase the dental professional but to conclude the case with a public admonishment. Registration is not affected.

### Postponed judgement

The misconduct or conviction is sufficiently serious for the Committee to decide that it is not appropriate to conclude the case or give an admonishment. The Committee postpones its decision for up to twelve months. At the end of that period the registrant supplies testimonials relating to the intervening period, and the Committee considers whether these demonstrate reform.

### Referred to Health Committee

If the Committee concludes that the evidence raises the question that the dentist's fitness to practise might be seriously impaired by their physical or mental condition, it can refer the matter to the Health Committee.

### Immediate suspension

If the Committee suspends or erases a dentist it may be necessary for the protection of the public, or in the best interests of the dentist, to suspend his or her registration immediately.

# PAYING THE ARF BY DIRECT DEBIT

Each year a small number of registrants are removed from our registers for non payment of the annual retention fee (ARF). To ensure you do not fall into this group, we encourage you to sign up to pay your ARF by Direct Debit.

If you would like to pay your 2009 fee by Direct Debit, you need to complete and return a mandate form to us by **31 October 2008**. You can download one from our website or get in touch with us and we will send one to you.

## What are the benefits of paying by Direct Debit?

1. Direct Debit is the easiest and most convenient way to pay. Once you've set up a Direct Debit, there are no more cheques to write and no more worry about meeting payment deadlines.
2. Payments by Direct Debit can help us keep the ARF as low as possible. We pay significantly less for a Direct Debit payment to be processed than we do for other types of payment. If all registrants paid by Direct Debit, we'd make big savings on our administration costs. Savings which we would take into account when we review the ARF.

## For a Direct Debit mandate form:

Visit: [www.gdc-uk.org](http://www.gdc-uk.org) (go into the ARF page of the 'Current registrant' section)

Email: [ICT@gdc-uk.org](mailto:ICT@gdc-uk.org)

Call: 020 7009 2720

## diary of events

### SOME DATES FOR THE DIARY...

For more details of any of these meetings, hearings and events, please visit the event sections of our website.



#### Council meetings

Our Council meetings are open to the public. Each meeting begins with a public question and answer session. More information, including the agenda and papers, is available on our website in advance of each meeting. We also publish a summary of the decisions made by the Council on our website following the meeting.

Council meeting dates in 2007:

- 6 December (London)

Council meeting dates in 2008:

- 5 March (London)
- 5 June (London)
- 3 September (Belfast)
- 3 December (London)

#### Fitness to practise hearings

For a list of dates and details of public hearings into allegations against dental professionals, please visit our website or contact our Hearings Team:

Phone: 020 7887 3821

Email: [hearings@gdc-uk.org](mailto:hearings@gdc-uk.org)

Outcomes of recent hearings are available on our website.

#### Out and about

We're taking part in the following dental events over the next few months. We look forward to meeting as many of you as possible at these events. Come and hear the latest GDC news, share your views and get your questions answered.

- 1-3 May - **British Dental Association Conference and Exhibition 2008**, Manchester

Find us at Stand C42

- 9-10 May - **Dental Technology Show 2008**, Ricoh Arena, Coventry

Find us at Stand E20

We will be providing a DCP registration application checking and advice service at both of these events.

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