

**Professional Conduct Committee
Remitted Hearing**

1 – 2 May 2024

Name: BALACHANDRA, Manori Dilini

Registration number: 78310

Case number: CAS-191992

General Dental Council: Fraser Coxhill, Counsel
Instructed by Capsticks

Registrant: Present
Represented by Simon Butler, Counsel
Instructed by BSG Solicitors

Outcome: Suspension (with a review)

Duration: Two months

Immediate order: No order

Committee members: Andrea Hammond (Chair, Dental Care Professional member)
Deborah Gould (Lay member)
Robin Barber (Dentist member)

Legal adviser: Richard Ferry-Swainson

Committee Secretary: Sara Page

Ms Balachandra,

1. This is a Professional Conduct Committee (PCC) hearing. The members of the Committee, as well as the Legal Adviser and the Committee Secretary, conducted the hearing remotely via Microsoft Teams in line with current General Dental Council (GDC) practice.
2. You were present at the hearing and represented by Mr Simon Butler, Counsel, instructed by BSG Solicitors.
3. Mr Fraser Coxhill, Counsel, appeared as Case Presenter on behalf of the GDC.

Background

4. On 2 February 2023, a differently constituted PCC (referred to hereafter as “the original PCC”) made an order to erase you from the GDC register and imposed an immediate suspension order to cover the appeal period.
5. On 1 March 2023, you submitted an appeal to the High Court. The appeal was heard by Mr Justice Ritchie in December 2023 with a written judgment handed down on 10 January 2024.
6. In summary, the learned Judge set aside many of the original PCC findings and upheld several grounds of appeal. An amended charge sets out the position following the appeal:

Heads of charge set aside / found “not proved” by the original PCC:
1 – 11, 15, 16, 17, 22, 23, 24.

Heads of charge found proved by the original PCC and not the subject of appeal:
12, 13, 14, 18, 19, 20, 21.

7. In respect of sanction, Mr Justice Ritchie said:

“Because I have set aside many of the most serious charges, I consider that this case should be remitted to the PCC for reconsideration of the sanction... The decision on sanction shall be remitted for hearing by a differently constituted Committee”.

Decision of the original PCC

Summary of the allegations

8. The charges that were considered by the original PCC can be summarised as follows:

Charge 12

You caused or permitted claims to be made in your name for Units of Dental Activity (‘UDA’) under the provisions of the National Health Service (‘NHS’) in a higher UDA Band than appropriate to the treatment provided in respect of the following claims set out in Schedule 2: Claim 6 (Patient 3) and Claim 26 (Patient 9).

Charge 13

You caused or permitted separate claims to be made in your name for UDAs under the provisions of the NHS which should have been the subject of a single claim in respect of the following claims set out in Schedule 2: Claims 20 and 21 (Patient 7).

Charge 14

You caused or permitted a Band 1 Urgent claim for UDAs to be made in your name under the provision of the NHS when this was not justified in respect of Claim 17 as set out in Schedule 2.

Charge 18

On a date or dates after 19 June 2017 you caused or permitted backdated handwritten letters to be prepared which indicated that requests had been made to the NHS Business Services Authority ('NHSBSA') for claims to be withdrawn/deleted, when no such requests had been made.

Charge 19

On a date or dates after 19 June 2017 you caused or permitted retrospective entries to be made in electronic clinical records which contained inaccurate information as to the need to withdraw/delete claims

Charge 20

You caused or permitted each of the entries in the handwritten entries at each of paragraphs 16 and 17 above and/or the handwritten letters at paragraph 18 above to be provided to NHS England and the GDC.

Charge 21

Your conduct at Charges 18, 19, and 20 was misleading and dishonest, in that your intention was to mislead.

Summary of Stage 1

9. The original PCC's relevant findings of fact can be summarised as follows:

Charges 12, 13, and 14

You caused or permitted "inappropriate" claims to be made in your name for UDAs under the provision of the NHS when such claims were not justified. Charges 12(a), (b), 13(b) and 14 were therefore found proved.

However, these were not found to be dishonest and amounted to "mistakes".

Charge 18

In a Clinical Adviser's report, dated 19 June 2017, the Clinical Adviser deemed claims for NHS treatment submitted electronically by you to be inappropriate (or at least raised concerns). You then fabricated handwritten letters ("the handwritten letters") which indicated that you had previously sent written requests to NHS BSA to delete claims

referred to by the Clinical Adviser in their report. The letters were not genuine and no requests for deletion were ever made by you, and they were retrospectively created by you as a response to the concerns raised by the Clinical Adviser.

Charges 18(a), (b), (c), (d), (e) were therefore found proved.

Charge 19

You then caused retrospective entries to be made to the records of three patients which contained non-contemporaneous and inaccurate modifications to justify the letters of deletion.

Charges 19(a), (b), (c) were therefore found proved.

Charge 20

You then caused or permitted the handwritten letters to be sent to NHS England in 2018 and the GDC in 2019.

Charges 20(a) and (b) were therefore found proved.

Charge 21

The conduct set out above was both misleading and dishonest (in that your intention was to mislead).

Charges 21(a) and (b) were therefore found proved.

Summary of Stage 2 (misconduct)

10. The original PCC's decision on misconduct relating to the matters before this Committee can appear to be summarised as follows:
 - Charges 12, 13 and 14 ("the inappropriate claims") did not "*reach the threshold for a finding of misconduct*".
 - The dishonesty as found proved "*was a serious departure from a fundamental tenet of the dental profession, and that it is behaviour that amounts to misconduct.*" The original PCC noted that you had conceded as much.
 - The proven conduct did not represent a "*single isolated incident*". There were "*various strands*" to your dishonesty, including making retrospective entries in electronic clinical records in order to justify false letters which was compounded when you provided the fabricated clinical records and false deletion letters to the GDC.

Summary of Stage 2 (impairment)

11. The original PCC's decision on impairment, based on all the findings of fact at the time, except 12, 13 and 14 which did not pass the threshold for misconduct, can be summarised as follows:
 - The original PCC found that your fitness to practice was impaired by reason of your misconduct. It did not equate the defence put forward with any lack of insight.

- The original PCC recognised that dishonesty is more difficult to remedy than concerns of a clinical nature. There is no evidence that the likelihood of repeating such serious misconduct is low. In the absence of adequate evidence to demonstrate insight, reflection or remediation it concluded that there is a risk that you could act dishonestly in the context of your clinical practice in future.
- Furthermore, the original PCC found that a finding of impairment is necessary for the protection of the public and in the wider public interest. In view of the “gravity” of your dishonesty, it considered that public confidence in the dental profession would be undermined if a finding of impairment were not made in all the circumstances.

Purpose of today’s hearing

13. Against that background and the original PCC’s decision on misconduct and impairment, the matter is therefore listed before the currently constituted PCC today (referred to hereafter as “the Committee”) to reconsider sanction for the remaining heads of charge.
14. The Committee is required only to reconsider the issue of sanction.
15. The Committee is required to rely on and apply the original PCC’s findings in respect of Stage 1 (those findings which remain and have not been quashed by the judge in the appeal hearing) and Stage 2, and to use its professional judgment to decide the appropriate sanction. The Committee was cognisant of the need to approach the original PCC’s findings on misconduct and impairment with care, as those decisions were made based on many more findings of fact, now set aside by the High Court. It was important, therefore, to extrapolate from the original PCC’s findings, their reasoning pertinent to heads of charge 18 to 21 only. An important distinction is that the original PCC’s finding of impairment based on public protection grounds, was related to the clinical failings found proved. Those failings were all removed by the High Court. Accordingly, the Committee considered you to be impaired on public interest grounds alone, there being no evidence to suggest the findings in relation to heads of charges 18 to 21 raised issues of public protection.

The Committee’s decision on sanction

16. Having considered the original PCC’s decision on the facts and the decision made by Mr Justice Ritchie, the Committee must therefore consider what sanction to impose in this case.
17. In accordance with Rule 20 of the Fitness to Practise Rules 2006, the Committee heard submissions from Mr Coxhill, on behalf of the GDC, and from Mr Butler, on your behalf, in relation to the matter of sanction.
18. The Committee heard and accepted the advice of the Legal Adviser.

Evidence

19. The Committee also had regard to 19 documents, which included all the evidence put before the original PCC with the addition of the following:
 - A further witness statement from you dated 26 April 2024;
 - References and testimonials, dated between 24 – 26 April 2024; and
 - Continual Professional Development (CPD) certificates, dated between 12 October and 31 December 2023.

Submissions

20. Mr Coxhill, on behalf of the GDC, invited the Committee to erase you from the register. He submitted that your conduct was so seriously below the appropriate standards that you are fundamentally unsuited for registration as a dental professional and the only appropriate and proportionate sanction is one of erasure.
21. Mr Coxhill referred the Committee to the GDC's document, '*Guidance for the Practice Committees, including Indicative Sanctions Guidance 2016 (revised December 2020)*' (referred to hereafter as "the ISG"), in particular to paragraphs 54 – 65, specifically relating to dishonesty. He took the Committee through what the GDC considers to be the aggravating and mitigating factors in your case.
22. In light of his submissions, Mr Coxhill invited the Committee to find that the only appropriate and proportionate sanction, bearing in mind the public interest in maintaining confidence in the profession, is erasure. He confirmed that no immediate order is sought by the GDC-because there are no longer any public protection issues in this case.
23. Mr Butler, on your behalf, invited the Committee to consider the imposition of a suspension order for a short period.
24. To assist with the Committee's decision, Mr Butler submitted that it is important to note that you do not pose any direct risk to the safety of the public. He said that there has never been any challenge at all to your competence and diligence as a dentist. He stated that you have continued practising for many years since the letters were sent in June 2017, without any other concerns being raised. Mr Butler submitted that the same can be said of permitting retrospective entries to be made in electronic records which contained inaccurate information as to the need to withdraw/delete claims.
25. Mr Butler confirmed that there has not been any adverse complaint of any kind since 2017 relating to this conduct. He invited the Committee to find that in your case there has been no financial gain; that there was no benefit to you as a result of the misconduct; that you admitted changing electronic records from which there was no harm to patients as they reflected the original documents; and that you had sent documentation to two bodies who had requested them. He stated that you have an otherwise unblemished history and there are no clinical concerns in this case. As a result, he submitted that the Committee may consider this is a "public interest" case and that there are no public protection concerns.
26. If a sanction is to be imposed on the ground of public interest alone, Mr Butler submitted that it must be considered necessary to do so on the facts. He told the Committee that there has been no repetition of this conduct, either before the period in question – which occurred some seven years ago – or since.
27. In reference to Mr Coxhill's submissions, Mr Butler took the Committee through the relevant section in the ISG pertaining to erasure. He submitted that a number of factors indicating that erasure may be appropriate (at paragraph 6.34 of the ISG) are not present in your case and therefore a sanction of erasure is inappropriate.
28. Mr Butler referred the Committee to the research on the views of the general public and professionals conducted by 'The Professional Standards Authority (PSA) for Health and Social Care' entitled '*Dishonest behaviour by health and care professionals*'. He stated that when considering public interest as a reason for the imposition of a sanction, it is imperative to have regard to necessity, proportionality, and public perception.

29. Mr Butler submitted that public interest requires an objective view based on what the public would think of the sanction being imposed and cited that public views have changed dramatically over the last few years, as demonstrated by the PSA's report.
30. Mr Butler referred the Committee to relevant case law which he considered may assist in its decision making and invited it to carefully consider the findings in those cases and how it may apply to this case.
31. In summary, Mr Butler invited the Committee to find that the decision to erase you from the register was wrong in all the circumstances and that the appropriate sanction was an order of suspension for a period that takes into account the 11 months and nine days that you have already been suspended from practice as a consequence of the immediate order made by the original PCC.

Committee's decision

32. In coming to its decision on sanction, the Committee considered what action, if any, to take in relation to your registration. It took into account the ISG and reminded itself that any sanction imposed must be proportionate and appropriate and, although not intended to be punitive, may have that effect.
33. The Committee took into account the background of the case and its role today in considering the matter of sanction. The Committee noted that the misconduct arose as a result of a complaint which led to your UDA billing being assessed. After the matter was assessed by the Clinical Adviser, issues were raised regarding aspects of your clinical care and billing. The Committee noted that there are no adverse findings in relation to clinical care at this stage of this hearing and there are no findings that you were dishonest in your billing, albeit some errors were highlighted.
34. Against that context, you had fabricated some letters in response to concerns raised by the Clinical Adviser. This was to give the impression that you had asked NHSBSA to delete several incorrectly made claims *prior* to the Clinical Adviser having raised the concerns. It has not been made clear why you decided to fabricate those letters, but the original PCC found that the letters were created when no such request had been made.
35. In order to support the letters, the original PCC found that you altered the clinical records of three patients to reflect that you had requested the deletion of the incorrectly made UDA claims, when you knew this was not the case. It was unsurprising that NHS England and the GDC requested copies of these letters during their own investigations, and you supplied them to both parties despite knowing that the requests for deletion had not been made and that you had created the letters to support the dishonest assertion that you had done so. The Committee noted that, at the time that NHS England and the GDC had requested the letters, you had two options; to either tell the truth about the letters or to provide them. You chose to perpetuate your dishonest conduct and provided the letters. It is this misconduct that the Committee must consider in its decision on sanction.
36. The Committee took into account the following aggravating features:
 - Persistent dishonesty;
 - premeditated misconduct, in the alteration of the clinical records;
 - misconduct sustained or repeated over a period of time;
 - attempts to cover up wrongdoing;
 - personal gain, albeit not financial; and
 - breach of trust.

37. The Committee considered the dishonesty in this case to be persistent in that you created the letters some time after 19 June 2017. You then changed the clinical records. In 2018, you provided copies of those to NHS England. Then in 2019, you had provided copies to the GDC. The Committee was satisfied that this must consist of a number of incidents over a significant period.
38. In relation to Mr Butler's submission that your conduct was a single incident, the Committee concluded that this was not the case; it considered that the dishonesty occurred on a number of occasions to include writing the letters, amending the patient records, and subsequently providing the letters to both parties. The Committee accepted, however, that it was essentially one course of conduct, with all elements relating to the original attempt to provide an answer to the queries raised by the Clinical Adviser. Ironically, the original PCC found the discrepancies in the billing to be mistakes and not dishonest and thus there was no need for you to have ever gone down this path.
39. Although there is no evidence of financial gain, you had created the letters in an attempt to mislead the recipients in order to support your assertion that you had requested deletion of claims, when you knew you had not. The Committee was satisfied that this was an example of personal and/or professional gain, as in doing so you would have been "covering up" for the incorrectly made claims. The Committee considered the retrospective amendments to the clinical records of Patient 2, Patient 5, and Patient 11 to be a serious departure from the relevant standards. For a registrant to access clinical records and make amendments that are known not to be true is indicative of an attitudinal issue. In respect of the letters, the Committee also concluded that you had a choice regarding whether or not to provide the letters to NHS England and the GDC but had decided to send them, knowing them to contain inaccurate information. It concluded that this also raises concerns regarding an attitudinal issue which would undoubtedly affect the trust that members of the public would have in you as a professional and in the GDC as your regulator.
40. The Committee also took into account the following mitigating features:
- Evidence of good conduct following the incident in question, particularly any remedial action;
 - evidence of steps taken to avoid repetition;
 - time elapsed since the incident;
 - evidence of previous good character;
 - some evidence of developing insight;
 - no financial gain on the part of the Registrant;
 - no direct, or indirect, patient harm.
41. The Committee noted that you acted dishonestly in creating the letters, changing the records, and then, when your conduct was being investigated, you continued along the same path by providing information to the GDC you knew was inaccurate and untrue. When considering whether or not you have remedied your dishonesty, the Committee referred to your statement. It took into account that you have changed systems, thereby ensuring that patient clinical records cannot be amended manually without an audit trail. However, without directly addressing the dishonesty that led you to have amended the records, the Committee considered that whilst this goes some way to prevent future recurrences, it did not negate the risk that you could act dishonestly again – only that it would be harder for you to cover up any dishonest conduct. In the absence of sufficient evidence of insight into your dishonesty, including why you behaved as you did, the Committee could not be satisfied that the risk of repetition of you behaving dishonestly has been sufficiently reduced.

42. Mr Butler informed the Committee that aside from the period in question, you have not been the subject of fitness to practice concerns and are otherwise of good character. The Committee bore in mind the references you have provided. Whilst the references were positive and spoke highly of you as an individual, the Committee was noted that a number of the referees had described you as “an honest person”, despite the dishonesty found in this case. As a result, the Committee placed less weight on the references.
43. Similarly, the Committee bore in mind the numerous CPD certificates you have provided. Whilst it was encouraged that you have undertaken a volume of CPD, it noted three things. First, the CPD was undertaken on three days during a two-month period and there is no evidence of you undertaking any other CPD since December 2023. Second, you have undertaken courses that are not directly related to the dishonesty. The courses you have undertaken include how to manage particular medical conditions, appraising staff performance, and decontamination of equipment, to name a few. Third, the Committee noted that you have not completed any reflective learning for any of the courses. Overall, the Committee was unable to establish what elements of the misconduct you have addressed by way of your CPD and how, or if, this has negated the risk of repetition in the future.
44. Regarding insight, the Committee took into account that you have provided a written statement, reflecting on your misconduct. In your statement, you confirmed that you were conscious of the findings that still stand and how they continue to affect your patients, colleagues and the reputation of the profession. You apologised to the Committee and to all who have been adversely affected by your actions. You acknowledged that honesty is a cornerstone of the dental profession and that it builds trust between professionals and their patients. The Committee carefully considered your written statement and noted that you addressed a number of aspects, including the impact of what happened on you, the shame you have experienced as a result, and the loss of trust from your patients and peers. Whilst the Committee accepted this was demonstrative of some insight on your part, it found your insight to be somewhat inward-facing and did not directly address the dishonesty found proved.
45. The Committee took into account that since the period of time in question (2017 – 2019), there have been no further findings concerning your practice. It acknowledged that you were suspended by the original PCC in February 2023 until the High Court determined your appeal in December 2023.
46. As the Committee has already determined, there is no evidence of financial gain on your part. Whilst it was satisfied that you had acted as you did in order to cover up your behaviour, patients were not directly harmed as a result of your actions.
47. The Committee had regard to the original PCC’s findings on misconduct and impairment in coming to its decision and considered each sanction in ascending order of severity.
48. The Committee first considered whether to take no action or to issue a reprimand but concluded that this would be wholly inappropriate in view of the seriousness of the conduct in this case. The Committee did not consider the conduct to be at the lower end of the spectrum and therefore it would be neither proportionate nor in the public interest to allow you to return to practice without some form of restriction in place.
49. The Committee next considered whether placing conditions on your registration would be a sufficient and appropriate response. The Committee considered the ISG, which states conditions may be suitable where most of the following factors are present:
 - There are discrete aspects of your practice that are problematic;

- any deficiencies are not so significant that patients will be put at risk directly or indirectly as a result of continued – albeit restricted – registration;
 - you have shown evidence of insight and willingness to respond positively to conditions; and
 - it is possible to formulate conditions that will protect the public during the period they are in force.
50. The Committee was of the view that any concerns regarding your clinical conduct has already been addressed by the implementation of a new electronic records system. Given the nature of the dishonest misconduct, the Committee concluded that it would not be able to formulate practical or workable conditions. In addition, it did not consider that conditions would adequately address the public interest in this case.
51. The Committee then went on to consider whether a suspension would be the appropriate sanction. The ISG states suspension may be suitable where most of the following factors are present:
- There is evidence of repetition of the behaviour;
 - you have not shown insight and/or poses a significant risk of repeating the behaviour;
 - patients' interests would be insufficiently protected by a lesser sanction;
 - public confidence in the profession would be insufficiently protected by a lesser sanction; and
 - there is no evidence of harmful deep-seated personality or professional attitudinal problems.
52. This is not a public protection case; this is a public interest case. This case involves dishonesty which took place over a period between 2017 and 2019 and had a number of different elements. However, the Committee considered that whilst the dishonesty had a number of different “strands”, the dishonest was confined to a “single path”. The original PCC determined that it arose out of your attempts to cover up mistakes in billing.
53. The Committee took into account that you have demonstrated some insight, which is still developing, and have put processes in place to avoid a risk of repetition of similar conduct in the future with regards to amending patient records or falsifying documents. The Committee considered that the findings against you, coupled with you having been suspended for a year, will have had a significant impact on you and it is likely you have learned a salutary lesson. As a result, the Committee concluded that it was unlikely that you would create false letters and amend patient clinical records again in the future.
54. In relation to public interest, the Committee acknowledged the previous decision of the original PCC and the effect of the immediate suspension order followed by you lodging your appeal will have had a significant punitive effect. The Committee also acknowledged that, following your successful appeal, many of the original facts found proved against you were removed and accordingly the High Court Judge decided it would be appropriate for a freshly constituted Committee to consider the question of sanction, in light of the significantly reduced heads of charge remaining in your case.
55. Whilst the Committee acknowledged that dishonest conduct always raises concerns about deep-seated personality or professional attitudinal problems, your history and the positive testimonials suggest this behaviour was out of character. You have made some admissions, have accepted some of the original PCC's findings, and have engaged throughout the regulatory and High Court appeal processes. However, the Committee still does not have any explanation from you about why you chose to behave in this way and in the absence of such an explanation and a clear demonstration of your insight into your dishonest behaviour, there remains a residual concern that, if faced with a similar situation in the future, you may act dishonestly again.

56. That said, despite the seriousness of the misconduct in this case, the Committee was satisfied that you are continuing to develop your insight into your misconduct and are continuing to take remedial steps to avoid repetition. It noted that since your suspension in February 2023, you have been unable to practice as a dentist, which you described as “*devastating*”. You stated that you dedicated your life and passion to dentistry for the past 25 years and that this process has reaffirmed your commitment to your profession and the ethical standards it demands.
57. In all the circumstances the Committee concluded that a sanction of suspension would be appropriate and proportionate in this case. It would reflect the significant reduction in the matters proved against you, whilst taking into account the seriousness of the dishonest conduct remaining. The Committee considered that a period of suspension with a review would allow you more time to reflect on your behaviour and to satisfy a reviewing Committee that you fully accept your dishonest behaviour, the impact of that behaviour on the profession and the public and an opportunity to reassure a reviewing Committee that you will not behave dishonestly in the future.
58. In order to consider all options available to it, the Committee did go on to consider erasure. However, taking into account all of the information before it, and the mitigation provided, the Committee determined that this would be disproportionate in the circumstances. It was satisfied that your misconduct, whilst serious, was not fundamentally incompatible with remaining on the register, given the particular circumstances of this case. Had you taken these actions to cover up financial dishonesty or clinical incompetence, it would have met the threshold for erasure. Whilst the Committee acknowledges that a suspension may have a punitive effect, it would be unduly punitive to direct erasure at this time.
59. Balancing all these factors, the Committee directs your registration be suspended for a period of two months with a review.
60. In reaching this decision the Committee took into account the period of 11 months and nine days that you have already been suspended from practice as a consequence of your appeal and the immediate order of suspension that was made by the original PCC. The Committee was referred by the parties and the Legal Adviser to the case of *Aga v General Dental Council* [2023] EWHC 3208 (Admin). In that case it was said that where the sanction is one of suspension, any time spent on an immediate order of suspension is to be treated as time served and deducted from the substantive order of suspension. This was not quite the position here as your sanction was one of erasure, not suspension. However, since this Committee has now decided to suspend you, it considered the general principle to be applicable and that it was only right and fair to take into account the time you had already been suspended.
61. The Committee was also referred to the case of *Adil v General Medical Council* [2023] EWCA Civ 1261. In that case the Court was considering the appropriate way to approach any time spent on an interim suspension order. The Court said that as a matter of common fairness account should be taken of the punitive and deterrent effect of having already been deprived of the ability to practice for a period under an interim suspension order. The Legal Adviser advised that the same would apply to a period of immediate suspension, which had a similar effect. However, set against that, time spent suspended from practice may have no direct bearing on the length of a suspension, where the suspension is necessary for the removal of impairment, removal of the risk of repetitions and maintaining the safety of the public.
62. In this case the Committee has already indicated that the safety of the public is not an issue. However, concerns about repetition remain. Accordingly, the Committee concluded that the time already spent suspended from practice did have a bearing on the length of the suspension. The Committee considered that it was fair, appropriate and proportionate, in accordance with the

principles derived from the cases of *Aga* and *Adil*, to take into account the time already served when deciding on the length of suspension now. Had you not already been suspended for 11 months and nine days, the Committee would have made the suspension one of 12 months.

63. The Committee concluded that two months is necessary to enable you to fully reflect on your misconduct, develop your insight which includes understanding the seriousness of your own actions and their impact on the wider public interest and the dental profession. It will also allow you to undertake focused learning to support this reflective work and thereby demonstrate remediation of the concerns identified.
64. This is necessary to maintain and uphold public confidence in the profession, whilst sending the public and the profession a clear message about the standards of practice required of a dentist.
65. The Committee noted the hardship the suspension may continue to cause you, however this is outweighed by the public interest in this regard.
66. The Committee directs that this order be reviewed before its expiry, and you will be informed of the date and time in writing. The reviewing Committee will consider what action it should take in relation to your registration following an assessment of the concerns affecting your fitness to practise.
67. The reviewing PCC may be assisted to receive:
 - A detailed reflective piece focusing on why your behaviour was dishonest, how your actions reflect on your own practice and reputation and their impact upon the profession, and how the public view dentists; and
 - Targeted CPD regarding the dishonesty. This may include professional ethics and the importance of professional standards.
68. The Committee determined that an immediate order is not necessary in the circumstances of this case as there are no issues of public protection. Therefore, the order will come into effect 28 days after you have been notified of the Committee's decision.
69. This decision will be confirmed to you in writing in accordance with the Act.
70. That concludes the determination.