

# PRIMARY HEALTH LISTS

The Tribunal Procedure (First-Tier Tribunal) (Health, Education and Social Care) Rules 2008

IN THE MATTER OF THE NATIONAL HEALTH SERVICE (PERFORMERS LISTS) (ENGLAND) REGULATIONS 2013

[2020] 4096.PHL VKINLY

Heard by Video Link on 9-11 February 2021  
Panel Deliberation: 11 March 2021

Before:

Judge Mr H Khan  
Mr M Green (Specialist Member)  
Ms L Jacobs (Lay Member)

BETWEEN:

Mr Roshan Karunasekara

Appellant

-v-

NHS England

Respondent

DECISION

## The Appeal

1. This is an appeal by Mr Roshan Karunasekara (“the Appellant”), made pursuant to Regulation 17 of the National Health Service (Performers Lists) (England) Regulations 2013 (“the 2013 Regulations”), against a decision made by the Performers List Decision Panel (“PLDP”) on 29 June 2020 (communicated by a letter dated 5 July 2020) to remove the Appellant from the National Health Service Performers List (“Performers List”) for dental performers.

## **The Hearing**

2. The hearing took place on 9-11 February 2021. This was a remote hearing which has not been objected to by the parties. The form of remote hearing was by video. A face-to-face hearing was not held because it was not practicable, and no-one requested the same and we considered that all issues could be determined in a remote hearing. The documents that we were referred to are in the electronic hearing bundle (620 pages and the additional late evidence) provided for the hearing.
3. The Tribunal took account of the Appellant being unrepresented and made adjustments to enable the Appellant to fully participate in the proceedings such as ensuring that the Appellant was reminded about the decision that the Tribunal was considering, pausing the evidence of Mr Allan midway in order to allow the Appellant witnesses, Mr Dawson and Mr Nathan to give their evidence. Both Mr Dawson and Mr Nathan had their dental clinics and as a consequence had limited availability. Mr Dawson was only available on the morning of 10 February 2020 whilst Mr Nathan was only available between the hours of 1-2pm on the same day.
4. In dealing with procedural issues and in giving directions on the management and conduct of the final hearing, the Tribunal at all times took account of the Tribunal's overriding objective to deal with the case fairly and justly.

## **Attendance**

5. The Appellant represented himself at the hearing and gave oral evidence. The Appellant's witnesses were Mr P Dawson and Mr Suresh Nathan
6. The Respondent was represented by Ms G Thomas (Counsel). The Respondent called Mr S Allan (Dental Practice Adviser for NHSE/Improvement)
7. Ms Emma Wild and Mr Alex Pleydell observed the hearing.

## **Late Evidence**

8. The Tribunal was asked to admit additional evidence by the Appellant which comprised of the following:
  - a. A witness statement from a former colleague in 2011, Dr Suresh Nathan;
  - b. Unsigned letters (or draft letters) in response to complaints from around 2009-2010;

- c. Documents relating to the Avenue Dentistry / Ashton, Leigh and Wigan Primary Care NHS Trust/ NHS Manchester from 2011-2012 ('the Leigh Manchester documents');
  - d. Documents from 2017 relating to correspondence with the Yorkshire Deanery (part of Health Education England);
  - e. Recent CPD documentation from 2021.
  - f. An extract from the COPDEND website (application made on day 10 February 2021)
9. The Respondent position was that the additional evidence was not received until 26 January 2021. However, the Respondent did not object to the admission of (b)-(e) despite it being submitted late.
10. The Respondent objected to the late evidence of Dr Nathan. The Respondent's submissions were that the statement of Dr Nathan relates to a period in 2011 when the Principal at the Avenue Practice was Mr Philip Price. The Respondent has attempted to contact Mr Price, but had been informed that he retired several years ago. In the time available, it has not been possible to make contact with him.
11. Furthermore, within the "Leigh-Manchester" documents recently submitted there are a number of letters from Mr Price dealing with concerns he had in relation to the Appellant. In particular, there is a letter from Mr Price dated 12th July 2012 which summarises the problems Mr Price had identified since the Appellant started at the practice, leading to the Appellant's summary dismissal from employment. The Respondent has contacted the surgery, but the surgery has not been able to assist in providing any further documentation in relation to these matters.
12. In considering any late evidence, the Tribunal applied rule 15 and took into account the overriding objective as set out in rule 2 of the Tribunal Procedure (First Tier Tribunal) (Health Education and Social Care Chamber) Rules 2008. We admitted the late evidence insofar as its admission was agreed between the parties and it was relevant to the issues in dispute.
13. We specifically considered the witness statement of Dr Nathan. We acknowledge that the Respondent did not have a substantial amount of time to consider this evidence and to make enquiries as it would have preferred. We acknowledged that the evidence of Dr Nathan related to a period in 2011. However, we recognise that the Appellant is representing himself and we gave him the benefit of the doubt as to why this evidence was not produced earlier. We considered that we would admit the evidence and invite representations as to what weight should be attached to Dr Nathan's evidence. Furthermore, as Dr Nathan attended the hearing as a witness, any concerns regarding his evidence could be put directly to him.

14. We admitted the evidence from the COPDEND website regarding the guidelines for British citizens with an EEA or non-UK, non-EEA, overseas dental degree. There was no objection to the admission of this evidence. Although we acknowledge that the website set out the position with regards to the current position for UK and overseas dentists, nevertheless, we considered it appropriate to admit this evidence to allow the Appellant to set out how he considered it was relevant to the issues that arose in this appeal.

### **Background**

15. There is a detailed history to the matter. It is set out in the papers. We have summarised some of the relevant history.

16. The Appellant first obtained a degree in Bio-Medical Material Science from the University of Birmingham in 2001. He subsequently applied for a place to study dentistry in Prague and commenced the course in September 2002.

17. The Appellant returned to the United Kingdom in the latter part of 2008 after obtaining the degree which entitled him to be automatically included on the General Dental Council (GDC) register in February 2009.

18. It appears that over the period 2009-2014, The Appellant worked in eight different practices. The total period in practice appears to have been approximately three years:

- a) Post 1: Sudbury (June 2009) unclear, perhaps up to four months
- b) Post 2: Wivenhoe (August – October 2009) up to three months
- c) Post 3: Suffolk (Jan 2010- July 2010) unclear, perhaps up to seven months
- d) Post 4: Haslingden (October 2010) up to six months
- e) Post 5: Bury (May 2011) up to six months
- f) Post 6: Merseyside (March 2014) up to six months
- g) Post 7: up to six months
- h) Post 8: 5 weeks

19. None of these appointments resulted in a period of continuous employment of significantly more than 6 months. They were not vocational training posts.

20. In the case of three clinical posts (Suffolk, Leigh and St Helens), Mr Karunasekara was dismissed as a result of concerns about his clinical practice and/or behaviour.

21. In July 2016, the Professional Conduct Committee of the GDC imposed conditions after finding fitness to practise was impaired due to serious and significant departures from fundamental tenets of the profession, clinical care far below the required standard in a number of cases and potential and actual harm to patients.

22. The Appellant does not seek to challenge the findings as to the concerns about his clinical practice, as found both by the GDC and NHS England.
23. In January 2015, the PLDP determined that the Appellant should have conditions attached to his continued inclusion on the Performers List. In June 2015, this was further reviewed, and conditions adjusted to address the health concerns of the Appellant. In August 2017, a further review was carried out and conditions adjusted to address health concerns. In October 2016, the PLDP imposed conditions to mirror those imposed by the GDC. In April 2018, PLDP extended conditions with a slight variation to last for 18 months. In April 2019, the conditions put in place by NHS England lapsed.
24. There are presently GDC conditions imposed on the Appellant. These were renewed on 10 February 2021. The parties provided the tribunal with a copy of that decision as part of their closing submissions.

### **The Agreed Issues for the Tribunal**

25. The central issue is whether the Appellant should be removed under National Health Service (Performers Lists) (England) Regulations 2013 (the “Regulations”) to remove a performer from the Medical Performers List on the following grounds:
- a) Regulation 14(5) (removal of a performer who has not performed primary care services for 12 months or more);
  - b) Regulation 14(3)(b) (removal of a performer on the grounds of efficiency);
  - c) Regulation 14(3)(c) (removal of a performer on the grounds of unsuitability);

### **The Respondent’s position**

26. The Respondent’s position was that the Appellant is unsuitable to be kept on the Performers List.

### **The Appellant’s position**

27. The Appellant’s case was that he should be allowed to remain on the Performers list for a defined period within which to obtain a clinical post in order to commence clinical remediation.

### **The Regulatory Framework**

28. The legal framework was set out in the Respondent’s skeleton argument. There was no dispute between the parties as to its application. We have therefore broadly adopted the legal framework as set out in the Respondents skeleton argument.
29. The 2013 Regulations provide a self-contained, statutory regime for

maintaining the Performers Lists for NHS medical, dental and ophthalmic practitioners in England. The Regulations govern the eligibility to apply, application by practitioners for inclusion on the list and the removal of practitioners from the Performers List.

### 30. Non-Performance of Services for Over Twelve Months

Regulation 14(5) states that:

*(5) Where a Practitioner cannot demonstrate that the Practitioner has performed the services, which those included in the relevant performers list perform, during the preceding twelve months, the Board may remove that Practitioner from the relevant performers list.*

### 31. Regulation 14(3)(b) provides that the Board may remove a Practitioner from the performers list where -

*(b) the Practitioner's continued inclusion in that performers list would be prejudicial to the efficiency of the services which those included in that performers list perform ("an efficiency case")*

### 32. Under Regulation 14, grounds for "Removal from the Performers List,

Regulation 14(3) states:

*(3) The Board may remove a Practitioner from a performers list where any one of the following is satisfied—*

*(d) the Practitioner is unsuitable to be included in that performers list ("an unsuitability case").*

### 33. Under Regulation 15, "Criteria for Removal" it is provided:

*(1) Where the Board is considering whether to remove a Practitioner from a performers list under regulation 14(3)(d) (an unsuitability case), it is to consider—*

*(a) any information relating to that Practitioner which it has received pursuant to regulation 9;*

*(b) any information held by the NHSLA about past or current investigations or proceedings involving or relating to that Practitioner, which information the NHSLA must supply if the Board so requests; and*

*(c) the matters set out in paragraph (2).*

*(2) Those matters are—*

*(a) the nature of any event which gives rise to a question as to the suitability of the Practitioner to be included in the performers list;*

*(b) the length of time since the event and the facts which gave rise to it occurred;*

*(c) any action taken, or penalty imposed by any regulatory or other body (including the police or the courts) as a result of the event;*  
*(d) the relevance of the event to the Practitioner's performance of the services which those included in the relevant performers list perform, and any likely risk to any patients or to public finances;*

34. "Suitable" in this context means suitable to undertake NHS primary care services. "Unsuitable" is not defined in the Regulations. It is a plain English word, which is to be given its normal, everyday meaning.
35. While there is a power, in some cases, to impose conditions on a practitioner's inclusion on the Performers List there is no power to impose conditions because a practitioner is unsuitable to remain on the list: see Regulation 10.
36. Regulation 10 provides that conditions may be imposed where it is *"appropriate for the purpose of preventing any prejudice to the efficiency of the services which those included in a performers list perform."*
37. The appeal is governed by Regulation 17 of the 2013 Regulations and procedurally by the Tribunal Procedure (First-Tier Tribunal) (Health, Education and Social Care) Rules 2008 ("the 2008 Rules").
38. Regulation 17(4) provides that on appeal the First-tier Tribunal may make any decision which the Board could have made. It is common ground that the First-tier Tribunal is not required to review the decision and reasons of the PLDP. It is required to make a fresh decision in light of all the information before it, which includes new information not available to the PLDP. The standard of proof is the balance of probabilities.

## **Evidence**

39. We received an indexed bundle from both parties. We do not rehearse their contents as these are a matter of record. We have summarised the evidence insofar as it relates to the issues we determined.
40. Mr Allan set out that his first involvement with this matter was when he assessed an application to transfer the Performers List from Suffolk to Manchester from the Appellant when working for NHS Manchester in 2013. He prepared a report for the Performers List Decision Panel (PLDP), this involved an interview in addition to considering the relevant documentation. This included the application to Suffolk PCT in July 2009 in which the Appellant had ticked the box indicating that he was a graduate of an EC Dental School and not a British National; therefore exempting him from the requirement to undergo Vocational Training. However, the Appellant was a British national and although he qualified in the Czech Republic he would have been required to undertake Vocational Training or equivalent.
41. Mr Allan stated that the successful and safe practice of dentistry requires not only the detailed knowledge of oral disease but also a high degree of

manual dexterity and hand/eye coordination. These skills rapidly decay if not used regularly and have been compared to playing a musical instrument to a high level where regular practice is required. For this reason, for example, applicants to the Performers List by Validated Experience scheme will not be admitted to this training scheme unless the candidate can demonstrate working in primary care dentistry for at least 3 months within the last 24.

42. Mr Allan acknowledged that conditions which have been imposed on the Appellant by the GDC and previously by PLDP, made engaging the Appellant as an associate less attractive. However, he explained that since 2008, there had been over 40 individuals who had conditions imposed on them. This included an individual who had conditions which were similar to the Appellant. However, all of them have demonstrated remediation and had conditions removed save for one who was removed from the Performers List. Mr Allan accepted that the back to work plan was comprehensive.
43. Mr Dawson set out that he was aware of the background of the Appellant. He understood that the findings of the GDC had identified serious concerns. He explained that he had been performing the role of the Appellant's mentor since August 2019. He had had numerous meetings with the Appellant as well as telephone and email conversations.
44. Mr Dawson explained that a bespoke back to work plan was constructed and approved by the GDC. However, his prospective principal/workplace supervisor had issues regarding his CQC inspection to the extent that the Respondent withdrew their support for this particular Principal to be the Appellant's supervisor. However, he made it clear that he did not challenge the basis upon which the support was withdrawn.
45. Mr Dawson did not seek to challenge the findings as to the concerns about the Appellant's clinical practice, as found by the GDC and NHS England. He acknowledged that the Appellant's fitness to practice was impaired. He also acknowledged that the Appellant was de-skilled and would need to go to a "clinical skills classroom". Mr Dawson explained that the Appellant would have to demonstrate that he can meet the key milestones in the back to work plan before he could perform NHS services in a safe manner.
46. Mr Dawson explained that due to the pandemic, it was harder to obtain an employment position. If there had not been a national lockdown, the Appellant would have had a greater chance to get a job. He considered that the Appellant had an opportunity to pursue a position with MyDentist. The Appellant had indicated to him that he was content to geographically relocate in order to ensure that he was successful in any job application. Mr Dawson felt that a further period of 12 months would be sufficient to allow the Appellant to demonstrate sufficient clinical remediation to remain in the Performers List. However, Mr Dawson made it clear that this was on the basis that the Appellant obtained a clinical post and commenced clinical remediation within 12 months. Effectively, Mr Dawson was asking for the Appellant to be given a further and final opportunity. Mr Dawson explained



that before the Appellant was allowed to practise again unsupervised, he would have to meet a number of significant milestones and the Appellant would have to meet the cost of any training to reach those milestones.

47. Mr Nathan confirmed that he and the Appellant had worked together at the Avenue Dental Practice in 2011. He acknowledged that at the time, he was a dental associate. He confirmed that he was not aware of any complaints regarding the Appellant and wasn't aware of the Appellant's issues at his previous workplace in Suffolk and had no supervision responsibilities for the Appellant.
48. After the Appellant had left the Avenue Practice in 2011, he did examine and treat many of the patients whom the Appellant had examined and treated. To the best of his knowledge and recollection, he did not find the examinations and treatment that the Appellant had undertaken as particularly memorable, in that his treatment did not "standout" as being improper. He acknowledged that he could only comment on the Appellant's competence at the time he was working at the Avenue Dental Practice in 2011.
49. The Appellant's evidence was contained in his witness statement. He confirmed that he last worked in dental practice in 2014. He did not challenge previous findings regarding clinical practice.
50. The Appellant explained that he had been keeping some aspects of his dental knowledge up to date by attending CPD in person when available as well as sourcing content that he could find online. This was done at a personal cost to himself.
51. He had applied to different practices but had not been successful. He felt he was at a disadvantage when compared to other candidates who did not have conditions like him. The Appellant accepted the need for conditions.
52. He explained that he had only recently managed to find himself a mentor, Mr Philip Dawson. He believed that the involvement of Mr Dawson had helped him past the preliminary clinical screening for two corporate dental bodies MyDentist and Roderick's Dental and considered that he had got positive feedback from them.
53. He believed that due to the recent Covid 19 pandemic, he had not had the opportunity to obtain employment. He considered that he was "literally within touching distance" and that this would happen within a short timeframe.
54. He made it clear that he understood why the original decision to remove him from the Performers List was made. He considered that due to the involvement of Mr Dawson he would secure a post within a short space of time. He was confident he would be able to secure a permanent dental appointment. He was willing to relocate and was also willing to incur the financial cost of bringing his clinical skills up to date.

55. Dentistry had been a major part of his life for almost the past 20 years. He wanted to be given a further opportunity in order to obtain a post and demonstrate that he could practice safely.

### **The Tribunals Conclusions with Reasons**

56. We took into account all the evidence that was included in the hearing bundle and presented at the hearing. We took into account the closing written submissions provided by both parties. We had permitted the parties to provide written submissions after the hearing as the Appellant had spent the final day giving evidence at length and we considered it appropriate to give him time to consider his closing submissions. We have also taken into account the GDC decision made on the 10<sup>th</sup> February 2021 which was provided to us after the hearing although we recognise that those are different proceedings considered under different statutory provisions.

57. We wish to place on record our thanks to the Appellant and Mr Thomas for their assistance at the hearing. We would also like to thank the witnesses who dialled into the hearing and gave evidence.

58. We noted that there were some technical issues which prevented Mr Thomas from dialling into the hearing by video on day 2. However, Mr Thomas indicated that he was content to continue by phone and we proceeded on that basis.

59. We reminded ourselves that the Tribunal is considering the appeal at the date of the hearing and makes its decision on the basis of all of the evidence available to it, including any oral evidence at the hearing and is not restricted to matters available to the PLDP.

60. We concluded that in our view, having considered all the circumstances of the case, it was appropriate, pursuant to regulation 10 of the 2013 regulations for the purposes of preventing any prejudice to the efficiency of the services which those included in the performers list perform that it was appropriate to impose conditions on the Appellant's continued inclusion on the performers list. Our reasons for doing so are set out below.

61. We reminded ourselves that the Appellant does not seek to challenge the findings as to the concerns about his clinical practice, as found both by the GDC and NHS England. In the circumstances, there is no reason for the Tribunal to go behind those findings. The Appellant, in fairness, made it clear that he accepted the findings and did not dispute them although he provided some explanation as to why some incidents occurred.

62. Furthermore, Mr Dawson, who was the Appellant's witness and mentor also made it clear that the findings of the GDC were not being challenged and that the Appellant accepted that his fitness to practise was impaired and accepted the status quo.

63. In our view, efficiency of services would encompass not doing acts which

undermine the efficiency of NHS primary care services. Therefore, actions or omissions that result in patient complaints, or the need for a second colleague to see the patient, and perhaps to redo or take over dental work, or the treatment plan would be prejudicial to the efficiency of services.

64. The issue then was whether rather than removing the Appellant from the Performers List, he ought to be allowed one final opportunity to obtain a clinical post within the NHS that would enable him to fully remediate, and to be in a position to demonstrate that he had remediated the serious problems previously identified and was suitable to be on the Performers List.
65. We found the evidence of Mr Allan to be credible. Mr Allan's evidence was well reasoned and he demonstrated a detailed knowledge of the Appellant's case. We rejected the Appellant's suggestion that his long involvement and knowledge of the history of the case somehow led to the conclusion that he was not considering the situation as it was today nor with any objectivity. We found Mr Allan's evidence to be extremely fair. He acknowledged aspects of the Appellant's case which were positive such as the back to work plan and the involvement of Mr Dawson. He was entitled to set out his professional opinion, that based on the facts of the case, the Appellant should be removed from the Performers List at this stage.
66. We also found the evidence of Mr Dawson to be credible. We found Mr Dawson to be realistic in his assessment as to where the Appellant was at this stage and in particular the low baseline. We also found him to be sincere in his efforts to assist the Appellant in securing an NHS position that would enable him to fully remediate and to be in a position to demonstrate that he had remediated.
67. We observed that there was not much disagreement between Mr Dawson and Mr Allan. Both accepted that the Appellant had received insufficient/inadequate vocational training at the start of his dental career. They both agreed that the Appellant's skills had deteriorated to a level that meant that he was not, at present, fit to practise without any further intervention. Furthermore, both accepted that he had taken reasonable and relevant steps to keep his clinical knowledge up-to-date where possible. Both agreed that academic knowledge based on continuing professional development cannot address a lack of supervised clinical practice, and would not prevent a deterioration in clinical skills. Furthermore, Mr Dawson did not seek to challenge or contradict any of the assessments or material as to the need for remediation before the Appellant could practise safely unsupervised. Furthermore, both recognised that the Appellant had made strenuous efforts to obtain a post and that the current pandemic had affected the way in which practices delivered dental care and the potential impact on recruitment.
68. We found Mr Nathan's evidence of very limited value. His evidence was historic and limited. Furthermore, the Appellant had accepted the findings around his clinical practise which had occurred since then.

69. We acknowledged the Appellant's stated desire to fully remediate and to be in a position to demonstrate that he had remediated the serious problems previously identified and to demonstrate that he was suitable to be on the Performers List.
70. Our decision, having taken into account all the circumstances of the case, was very finely balanced. We concluded that the Appellant should not be removed from the Performers List but he ought to be allowed one final opportunity to obtain a clinical post within the NHS that would enable him to fully remediate, and to be in a position to demonstrate that he had remediated the serious problems identified and was suitable to be on the list.
71. We acknowledged that in reaching our decision, the Appellant has been given previous opportunities and had conditions imposed in the past without success. However, we noted that the change now was the involvement of Mr Dawson who had taken an active role in assisting the Appellant.
72. It has been more than 5 years since Appellant last practised. We acknowledge that there will be difficulties due to the pandemic in obtaining a clinical post that he would require to achieve and demonstrate clinical remediation. However, we were particularly persuaded by the involvement and evidence of Mr Dawson that this could be achieved. In fairness, although Mr Allan took the view that this should be the endpoint, he fairly acknowledged that nothing was to be lost by allowing the Appellant a further opportunity to achieve and demonstrate clinical remediation. Mr Dawson referred to MyDentist (a corporate body) as a potential employer for the Appellant.
73. Whilst we acknowledged that the Respondent's submissions that there is a very small and a diminishing, prospect of the Appellant demonstrating sufficient clinical remediation, nevertheless, we are persuaded, on the evidence of Dr Dawson that that there remains a possibility that this could be achieved. There was now a back to work plan which the Respondent accepted which set out the relevant safeguards and expected milestones. Furthermore, as Mr Dawson made it clear, this would be time limited and on the basis that the Appellant obtains a clinical post and commences clinical remediation within 12 months. We agreed with this conclusion based on the circumstances of this case.
74. We took into account the Appellant's personal circumstances and his belief that he is within "touching distance" of obtaining a clinical post. We were persuaded by Mr Dawson's evidence that he should be allowed to remain on to pursue this potential line of employment with MyDentist or another employer for a time limited period.
75. We wish to make it clear to the Appellant that this is a final opportunity.
76. We acknowledged that, if within the next 12 months he does not obtain a

clinical post within the NHS that would enable him to fully remediate and to be in a position to demonstrate that he had remediated the serious problems identified, the case for him to remain on the Performers List will be weaker based on Mr Dawson's own assessment.

77. We concluded that we would allow the appeal but would impose conditions which shall include the conditions as set out by the GDC in their decision dated 10 February 2021 but with the additional condition that the Appellant shall obtain a clinical post and commence clinical remediation within 12 months of the date of this decision.
78. For the avoidance of any doubt, although we have not specifically referred to them, the Tribunal considered all other grounds put forward by the Respondent under regulation 14 but considered that this was the appropriate action to take in the circumstances of the case. We did not consider the Appellant to be unsuitable to be included in the Performers List at this stage.
79. We did not consider it appropriate to list the matter for the review by the First-tier Tribunal in 12 months' time. Our reasons included the fact that the parties discussed ensuring there was some limited flexibility towards the end of the 12 month period, where, for example, the Appellant had obtained a clinical post but where there was a short delay with regards to when the Appellant would commence clinical remediation. In any event, we note that any future PLDP decision would carry with it a right of appeal which would be determined on its merits.

### **Decision**

80. We concluded, therefore, that the Appellant's appeal against the decision the decision made by the Performers List Decision Panel ("PLDP") on 29 June 2020 (communicated by a letter dated 5 July 2020) to remove the Appellant from the National Held Services Performers List for dental performers shall be allowed.
81. The Appellant shall be permitted to remain on the Performers List subject to the conditions set out below:
- (a) The conditions currently applicable and as imposed by the GDC as set out in the General Dental Council decision dated 10 February 2021.
  - (b) The Appellant shall obtain a clinical post and commence clinical remediation within 12 months of the date of this decision.

**Judge H Khan**  
**Lead Judge**

**First-tier Tribunal (Health Education and Social Care Chamber)**

**Date Issued: 31 March 2021**