

Report of Dr Raj Kumar
Expert field in General Dentistry, Implantology and Invisalign orthodontics
On behalf of the General Dental Council

In the matter of

EXPERT REPORT FOR THE GENERAL DENTAL COUNCIL AND DR. FAID ASSOM

Final report for the Fitness to Practice hearing 001234

Dated 14th March 2020

On behalf of
On the instructions of

General Dental Council
Capsticks solicitors

Subject matter

Report dealing with issues relating to the
treatment of Mr Jerome Xavier. Records
provided in their entirety by Dr Assom following
a subject access request made by Mr Xavier

Dr Raj Kumar BDS, LDSRCS, MSc ImpDent, PGCert IUFC PGCert Orthodontics Expert Witness

65 London Wall
EC2M 5TU

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1 Report

1.01 The writer

I am Dr Raj Kumar. My expertise is in General Dentistry having over 28 years' experience in both NHS and Private dentistry. I have over 20 years' experience in placing implants and over 15 years' experience in utilising Invisalign orthodontics. I hold dental degrees BDS and LDSRCS, an MSc in dental implantology and a certificate in head and neck facial aesthetics.

I am an expert in the Invisalign orthodontic system with a special interest in dental implantology.

I have referred to guidelines produced by the Faculty of General Dental Practice (FGDP), in the publications as follows:

Standards in Dentistry

Clinical examination and record keeping

Selection criteria for dental radiography

And the guidelines laid down by the British Endodontic society (BES)

To the best of my knowledge I have no conflicts of interest relating to this case.

I confirm that I will observe confidentiality and will not disclose any of the details involved in this case.

1.02 Summary background of the case

The report concerns the dental treatment of Mr Jerome Xavier (JX) by Dr F Assom (FA). The General Dental Council alleges poor treatment planning and a lack of informed consent. There is a chronology of events XXXX

I have been asked to give an opinion on these allegations.

1.03 Summary of conclusions

This report will show that in my professional opinion Mr Xavier received ill-informed advice and unnecessary dental treatment. There is evidence of possible overtreatment due to the lack of corroborating recorded evidence.

1.04 Those involved

I refer to the dental surgeon Dr F Assom (FA) and the patient Mr Xavier (JX).

1.05 Technical terms

I have indicated any technical term in bold type. I have defined these terms and included them in a glossary in appendix 4.

I have also included extracts of published works I refer to in my report in appendix 3.

2 Issues to be addressed and a statement of instructions

2.01 I was instructed by Capsticks solicitors to prepare a report based on the dental records of Mr Xavier. The report must address the issues of whether appropriate treatment was carried out by Dr F Assom and whether Mr Xavier understood all the options that were available.

2.02 Purpose of the report was to ascertain whether the standard of treatment fell below or well below the expected standard.

2.03 Did Dr Assom owe a duty of care to Mr Xavier?

2.04 Did Dr Assom carry out a full assessment of the patient?

2.05 Did Dr Assom provide all available options to the patient?

2.06 Did Dr Assom provide enough information to allow Mr Xavier to reply with informed consent?

2.07 Was the treatment carried out to a standard expected of his peers?

2.08 Did Dr Assom breach his duty?

2.09 Was any harm done to Mr Xavier?

3 Chronology of treatment received

- 3.01 25th January 2013 patient JX attended the clinic of Dr FA in pain with the upper left first premolar (UL4). A **peri-apical radiograph** was taken that showed deep **caries** on both UL4 and upper second left premolar (UL5). 5 photos were taken that showed numerous **amalgam** and **composite** restorations. It was recorded that UL4 and UL5 had failed restorations.
Patient was warned that both teeth would need **root canal treatment** (RCT).
Patient agreed to treatment of UL4 only and was anaesthetised.
UL4 was opened up and the nerve removed. The canal was irrigated with **chlorhexidine** and dressed with a medicament. A temporary restoration was placed.
- 3.02 28th January 2013 UL4 had RCT and built up with a **core**. 2 radiographs were taken. UL5 had RCT and filled, and 2 radiographs were taken.
1 **bitewing radiograph** taken on the contralateral side and **caries** detected.
It was recommended that upper right second premolar (UR5) would require a **crown**, but patient declined. Dietary advice given.
- 3.03 28th May 2013 UL4, UL5 and UR5 were prepared for crowns.
Lower right first premolar (LR4) and lower right second premolar (LR5) refilled due to caries.
JX also saw the hygienist.
Fees for work were accounted against website engineering work done by JX.
- 3.04 No other notes were available.
- 3.05 Lower pair of radiographs were mounted upside down.

4 OPINION ON TREATMENT RECEIVED

I will now set out my opinions on the issues raised.

- 4 Your standard of care and treatment of patient JX fell below that reasonably expected of a dental practitioner in that:
- 4.01 On the 25th January 2013 you did not carry out sufficient pre-treatment investigations prior to root canal treatment of UL4 and UL5 including taking a medical history.
Patient JX attended in pain in the upper left region on 25th January 2013. A reasonable dentist may have asked what his aspirations were with regards to the teeth.
Although mentioned in the notes, there is no evidence of a diagnostic radiograph of UL4 and UL5.
There are 5 clinical photographs, but they are inconclusive and do not aid diagnosis. There are no notes on testing the **vitality** of the teeth.
Dental charting has not been provided.
An assessment of the **periodontal** condition has not been assessed.
There is no evidence of a medical history.
- 4.001 In my opinion pre-treatment investigations were not carried out prior to the completion of the restorations on UL 4 and UL5, including the taking of a medical history. This fell well below the recommended standard.
- 4.02 On the 25th January 2013 you did not have a pre-treatment peri-apical radiograph of the UL4 and UL5.
- 4.002 In my opinion a pre-treatment was necessary to aid in the diagnosis and treatment of the canals. Although mentioned, it is not within the notes. This fell below the recommended standard.
- 4.03 In the alternative on the 25th January 2013 you did not provide a **justification** or **grade** the radiograph.
- 4.003 In my opinion this fell below the recommended standard.
- 4.04 On the 28th January 2013 you failed to take a bitewing radiograph of the left-hand side to supplement your clinical diagnosis, to evaluate the depths of the lesions, to check bone levels and presence of caries.

- 4.004 In my opinion a general practitioner should always take a pair of bitewings. This fell below the recommended standard.
- 4.05 On the 28th January 2013 you failed to mention caries upper right molar UR6, or in the alternative you failed to provide a charting to confirm the report.
- 4.005 In my opinion there are caries lesions on the bitewing which have been mentioned in the notes, but not to any specific tooth. This fell below the recommended standard.
- 4.06 On the 28th January 2013 you failed to mention the large open contact UR5.
- 4.006 You did mention that due to the size of the restoration the UR5 may need a crown. This would also encompass the failed contact. In my opinion this did not fall below the recommended standard.
- 4.07 You failed to provide a recall period based on risks.
- 4.007 Based on the National Institute of Clinical excellence (NICE) it is recommended that all patients must be advised on when to reattend for an examination and given a recall period. This fell below the recommended standard.
- 4.08 On the 28th January 2013 you failed to protect the airway in that you did not use a **rubber dam**.
- 4.008 Based on the guidelines set out by the Endodontic Society the airway must be protected by the presence of a rubber dam. In my opinion there was an inherent danger of inhaling a **root canal file** and this fell well below the recommended standard.
- 4.09 On the 28th May 2013 you failed to carry out a dental examination or medical history.
- 4.009 There was no evidence of an examination or medical history. This fell well below the recommended standard.
- 4.10 On the 28th May 2013 you failed to carry out an examination of the external and internal soft tissues.
- 4.010 There was no evidence of the evaluation of the head, neck or internal soft tissues; this is a must for assessing the presence of malignancies or other soft tissue lesions. This fell well below the recommended standard.

- 4.11 On the 28th May 2013 you failed to carry out an assessment of the periodontal condition, occlusion or the presence of attrition.
- 4.011 There was no evidence of a **basic periodontal examination** (BPE), yet JX had hygiene treatment. There was no evidence of an **index on attrition** or the occlusion and yet JX had 3 crowns and 2 fillings carried out. This fell well below the recommended standard.
- 4.12 On the 28th May 2013 you failed to take pre-treatment radiographs of the UL4, UL5 and LR5 including a new bitewing to check for caries change.
- 4.012 Prior to preparing crowns it is recommended that pre-treatment radiographs are taken. This is to ensure that there is no pathology associated with the teeth. Prior to removing caries noted 5 months ago, it was prudent to have taken a new bitewing of the left-hand side to see if after following dietary advice if any lesions had changed in size. This fell well below the recommended standard.
- 4.13 On the 28th May 2013 prior to preparing the LR5 for a crown a **vitality test** was not carried out.
- 4.013 In order to exclude the crowning of a non-vital tooth that has not had root canal treatment it is advised that a vitality test is undertaken. This fell below the recommended standard.
- 4.14 On the 28th May 2013 you failed to mention any alternatives, materials or risks for the 3 crowns provided.
- 4.014 JX was not offered any alternatives or choices on the types of crowns that he may have. There was no discussion on risks and benefits. This fell below the recommended standard.
- 4.15 On the 28th May 2013 you failed to treat caries UR6 molar.
- 4.015 Although smaller caries on the LR5 was treated, there was another larger lesion on the UR6 that was not treated. Although dietary advice was given this fell below the recommended standard.
- 4.16 You failed to provide full records after the 28th May 2013 or in the alternative the patient failed to
- 4.016 It is subject to interviewing the patient if he returned to have the crowns cemented or not. If he did then this fell below the recommended standard.

- 4.17 On 28th May 2013 you failed to provide the patient with all treatment options including no treatment.
- 4.017 The patient was not offered the choice of no treatment as an alternative. The notes do not mention if he was having any problems. This fell well below the recommended standard.
- 4.18 On 28th May 2013 you failed to obtain informed consent.
- 4.018 You did not mention alternatives to treatment, risks and benefits and any warnings associated with treatment choices. You failed to obtain informed consent. This fell below the recommended standard.
- 4.19 On the 25th January 2013 you failed to make a diagnosis.
- 4.019 A diagnosis of irreversible pulpitis was not made. This fell below the recommended standard.
- 4.20 You failed to provide a treatment plan to JX during both phases of treatment.
- 4.021 During both phases of extensive treatment the patient was not furnished, or you did not retain signed copies of the treatment plans. This fell below the recommended standard.

5 OPINION ON RECORD KEEPING

- 5 Your standard of record keeping in respect of patient JX fell below that reasonably expected of a dental practitioner in that:
- 5.01 On the 25th January 2013 you did not record sufficient pre-treatment investigations prior to root canal of UL4 and UL5 including taking a medical history.
- 5.001 This fell below the recommended standard.
- 5.02 On the 25th January 2013 you did not provide evidence of a pre-treatment apical radiograph of the UL4 and UL5.
- 5.002 This fell below the recommended standard.

- 5.03 In the alternative on the 25th January 2013 you did not record a justification or grade of the pre-treatment radiograph.
- 5.003 This fell below the recommended standard.
- 5.04 On the 28th January 2013 you failed to record caries upper right molar UR6, or in the alternative you failed to provide a charting to confirm the report.
- 5.004 This fell below the recommended standard.
- 5.05 You failed to record a recall period based on risks.
- 5.005 This fell below the recommended standard.
- 5.06 On the 28th January 2013 you failed to record the use a rubber dam.
- 5.006 This fell well below the recommended standard.
- 5.07 On the 28th May 2013 you failed to record a dental examination or medical history.
- 5.007 This fell well below the recommended standard.
- 5.08 On the 28th May 2013 you failed to record an examination of the external and internal soft tissues.
- 5.008 This fell well below the recommended standard.
- 5.09 On the 28th May 2013 you failed to record an assessment of the periodontal condition, occlusion and the presence of attrition.
- 5.009 This fell well below the recommended standard.
- 5.10 On the 28th May 2013 you failed to record pre-treatment radiographs of the UL4, UL5 and LR5 including a new bitewing to check for caries resolution.
- 5.010 This fell well below the recommended standard.
- 5.11 On the 28th May 2013 prior to preparing the LR5 for a crown a vitality test was not recorded.
- 5.011 This fell below the recommended standard.

5.12 On the 28th May 2013 you failed to record any alternatives, materials or risks for the 3 crowns provided.

5.012 This fell below the recommended standard.

5.13 On 28th May 2013 you failed to record all treatment options including no treatment.

5.013 This fell well below the recommended standard.

5.14 On 28th May 2013 you failed to record informed consent has been given.

5.014 This fell below the recommended standard.

5.15 You failed to record treatment after the 28th May 2013 or in the alternative that the patient failed to return.

5.015 This fell below the recommended standard.

6 Summary of opinion

6.01 Dentist owed a duty of care to patient JX. FA breached that duty. Patient JX received extensive dental treatment over a period of 5 months. There was little evidence of why root canal treatment was started which also involved the placement of two large restorations on UL4 and UL5. There was little evidence of discussions pertaining to these two teeth. After a period of five months there was more invasive treatment namely three crowns and two fillings. There was little evidence of discussions, reasons for treatment and options given. Dentist FA purely treated presenting problems without fully assessing the patient and lacked any recording of other factors such as a full and comprehensive examination over both periods of treatment. There were examples of carrying out restorations on the following:
teeth without any supporting evidence
teeth with little disease
and one example of failing to restore a tooth. There is a potential that treatment was not necessary and may have been weighted against internet maintenance fees due to JX by FA. There is a potential that harm was done to patient JX. Overall the lack of full assessment, discussions and options, treatment that was not necessary and the failure to restore one tooth leads to dentist Dr F Assom to have fallen well below the expected standards.

7 Statement of compliance

I understand my duty as an expert witness is to the court. I have complied with that duty and will continue to comply with it. This report includes all matters relevant to the issues on which my expert evidence is given. I have given details in this report of any matters which might affect the validity of this report. I have addressed this report to the court. I further understand that my duty to the court overrides any obligation to the party from whom I received instructions.

8 Declaration of Awareness

I confirm that I am aware of the requirements of Part 35 and Practice Direction 35, and the Guidance for the Instruction of Experts in Civil Claims 2014.

9 Statement of truth

I confirm that I have made clear which facts and matters referred to in this report are within my own knowledge and which are not. Those that are within my own knowledge I confirm to be true. The opinions I have expressed represent my true and complete professional opinions on the matters to which they refer.

Appendix 1 My experience and qualifications

Name	Raj Kumar
Special interest	General Dentistry, Invisalign orthodontics, Dental implantology
Address for correspondence	65 London Wall London EC2M 5TU
E-mail	contact@dentalexpert.me
Telephone Number	07802 456 804
Degrees and Qualifications	1989 BDS (Univ.London) 1990 LDSRCS (London) 2018 MSc ImpDent (Madrid) 2018 Cert IUFC (Nice)

Career History:

Associate Sachdev Dental practice Whitehorse Rd. Croydon	1990-1991
Associate Vegad Dental practice Heathfield Rd. Birmingham	1991-1993
Associate Golar Dental practice Craven Rd. London	1994-1995
Partner Vegad Dental practice Heathfield Rd Birmingham	1993-2010
Partner Tooth Clinic South Molton St. London	1995-2001
OwnerForma Dental Care 86 Harley St. London	2001-2016
Owner Kumar Dental practice Birchfield Rd. Birmingham	2010-2017
Owner Forma Dental Care 128 Harley St. London	2017-2018
Owner Forma Smile 2-3 Salisbury Court London	2018-2019
Owner Forma Smile 65 London wall London	2019-

Major courses attended:

Completed Osteoti dental implant course	S Harding	1994
Completed 2 year part time restorative course	Paul Tipton	1994
Completed 2 year part time implant course	Ashok Sethi	1995
Completed Maxillary bone manipulation course	Ashok Sethi	1995
Completed 1 week implant course	Eddie Scher	2002
British Academy of Aesthetic Dentistry meeting	BAAD	2002
Association of Dental Implantology meeting	ADI	2003
Simplant training	University of Genk	2003
Facial aesthetics course	Osteocare	2004
Botox course	Osteocare	2003
Invisalign UK certification	Align Technology	2004
Facial aesthetics in dentistry	Royal College of Physicians	2004
Certificate of audit and peer review	West Midlands NHS	2004
ADI members national forum	ADI	2004
Association of Dental Implantology masterclass	David Garber	2003
Completed Implant and Reconstructive dentistry	A Sethi	2004
Completed Implant and Reconstructive dentistry	P Sochor	2004
Facial Aesthetics course	Osteocare	2004
Implant surgery masterclass	Daniel Buser	2004
Invisalign USA	Align	2005
Advanced surgical techniques	Royal College of Surgeons	2006
Invisalign Europe	Align	2006
Invisalign workshop UK	Align	2006
Irmer training	R DeCann	2006
Occlusion continuum 1	Pankey Institute	2006
Invisalign USA	Align	2007
Facial aesthetics by NexGen	Howard Katz	2008
Simplant conference	Simplant	2008
GIDE cert in implants Gide institute USA	S Jovanovich	2009
Introduction to Implantology	Royal college of Surgeons	2009
Implant surgery techniques	Royal college of Surgeons	2009
Immediate implants and loading	Royal college of Surgeons	2009
Bone grafts and GBR	Royal college of Surgeons	2009
Socket preservation	Royal college of Surgeons	2009
Nerve lateralisation	Royal college of Surgeons	2010
Implant impression techniques	Royal college of Surgeons	2010
Sinus grafting and block grafts	University of Goethe	2010
Biomaterials	Royal college of Surgeons	2010

Implant prosthetics	University of Tubingen	2010
Sinus Lift/grafting	Royal college of Surgeons	2010
Distraction osteogenesis	Royal college of Surgeons	2010
Invisalign UK meeting	Align	2010
Invisalign Europe	Align	2011
Incognito ortho certification	3M	2012
Invisalign workshop UK	Align	2012
Invisalign G5 meeting	Align	2014
Strategies for uprighting roots	Fast Braces	2014
NHS return to work	Kings College	2016
Aligners	Clearcorrect	2017
MSc Dental Implantology	University of Madrid	2017
Certificate in facial aesthetics	University of Nice	2018
CUBS expert witness course		2018-2020
Certificate in orthodontics	Cephtastics	2019-2020

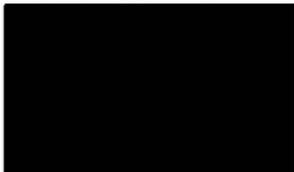
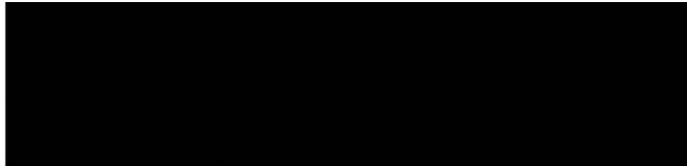
Course provided by Dr Kumar:

Hands on ortho course for GDPs	2013
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Publications written:

Invisalign	Health care	2004
Secret smile	Grazia	2008
Smile Saver	Brand New You	2008
Invisalign for extreme crowding	PPD	2013
Aligning extreme crowding	Orthodontic practice	2013
Correcting overjets	The Dentist	2013
How to treat a dental phobic	Dental Practice	2013
Invisalign versus implant therapy	Dentistry	2013
Can't do without	PPD	2014

Appendix 2 Record card



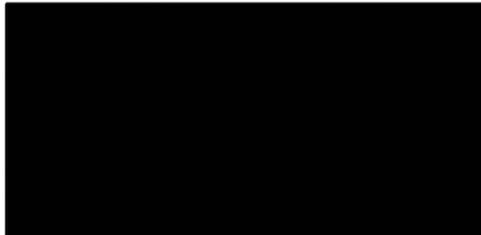
9th April 2014



Re: Release of clinical records.

Following your request for your clinical records which was made to us on 14th March 2014 please find enclosed as requested.

I have also enclosed an invoice for our fee of £50.00 for the release of clinical records.



[REDACTED]

Patient Details

Printed On 09/04/2014 11:16
 Printed By BMC

Patient Details

Code: [REDACTED] Dentist: [REDACTED]
 Name: [REDACTED] Occupation:
 Date of Birth: [REDACTED] Work Address:
 Address: [REDACTED]
 Phone: [REDACTED] Work Phone:
 Paying Pat.: [REDACTED]

Patient Notes

25/01/13 17:09 FA please print estatment on monday
 08/11/13 11:45 HD we need her Medical History plus a valid contact number in his ne=xt app

Treatment History

Void	Date	Details	Done	Debit	Credit
Historical					
	25/01/13	FA AUTONOTE, Note Clinical Notes: C/O sever pain from UL4 evidendce of failed restorations detected from UL4&5			
	25/01/13	FA EXRAY-S, Small Radiograph(s) Clinical Notes: pa showed deep caries lesion on 24 and 25 pt informed the poss of rct on both teeth pt was aware of it but wishes to sort out for now and will come back for UL5 on Monday LA 2.2 ml lignocaine 2% + adrenaline 1:80,000 Buccal infiltration Pt warned re soft tissue trauma whilst numb//exp date 2013/06... and batch no.00586aa... 1X 2.2 ml lignospan nerve extipated canal irrigated with cxd temp dressed with ledermix past and G;l Justification		10.00	
	28/01/13	FA RCT3 UL4, Root Canal Treatment Clinical Notes: 2x LA 2.2 ml lignocaine 2% + adrenaline 1:80,000 Buccal infiltration Pt warned re soft tissue trauma whilst numb//exp date 2013/06... and batch no.00586aa... Septanest 2.2ml tooth opened 18mmWL(mm)=18mm MB= 21 P =21 irrigation naocl edta preaped protaper f.. dried pp: filled 2x F3 2x X-rays opturation POIG Patient given instruction in the case of pain/swelling to take pain relief. Patient understands re-infection may occur. I have explained to the patient that a root filled tooth may require a crown at a later date. comp core build up		195.00	
	28/01/13	FA RCT3 UL5, Root Canal Treatment		195.00	

		<p>Clinical Notes: 2x LA 2.2 ml lignocaine 2% + adrenaline 1:80,000 Buccal infiltration Pt warned re soft tissue trauma whilst numb//exp date 2013/06... and batch no.00586aa... Septanest 2.2ml tooth opened 18mmWL(mm)=18mm MB= 21 P =21 irrigation naocl edta preaped protaper f .. dried pp: filled 2x F3 2x X-rays opturation POIG Patient given instruction in the case of pain/swelling to take pain relief. Patient understands re-infection may occur. I have explained to the patient that a root filled tooth may require a crown at a later date. comp core build up FCP UL5 MO, Posterior Composite Filling FCP UL4 DO, Posterior Composite Filling AUTONOTE, Note</p>
28/01/13	FA	
28/01/13	FA	
28/01/13	FA	<p>Clinical Notes: 1x BW caries detected as charted and informed patint also advised to reduce suger intake AUTONOTE, Note</p>
28/01/13	FA	<p>Clinical Notes: also due to the size of restoration on UR5 it was advised to have a crown on UR5 pt is going to thjnk about it</p>
28/05/13	FA	<p>C1 UL4, Crown Preparation And Impression(s) 1 x LA 2.2 ml lignocaine 2% + adrenaline 1:80,000 Buccal infiltration Pt warned re soft tissue trauma whilst numb//exp date 2014/06... and batch no.04451aa... apposing alginate imp taken, provil imp/ bite reg/ temp cr(comp) Lab; Aesth shade; a2 due back: 10.06.13 POIOG</p>
		<p>Invoice Notes: patient informed that with any advanced restoration such as crowns, veneers and bridge preparations there is a substantial tooth tissue reduction which may cause sensitivity or pain. Any advanced restoration requires regular maintenance and replacement. patient agreed to reduce the appropriate fees for Highfield SEO for the total amount of his treatment</p>
28/05/13	FA	C1 UL5, Crown Preparation And Impression(s)
28/05/13	FA	C1 UR4, Crown Preparation And Impression(s)
28/05/13	FA	C1 UR5, Crown Preparation And Impression(s)
28/05/13	HYG	FCP LR5 MO, Posterior Composite Filling
28/05/13	HYG	FCP LR4 DO, Posterior Composite Filling
28/05/13	HYG	AUTONOTE, Note
		<p>Clinical Notes: 1 x lidnocane (in date) 2 %ID block LA: achieved LR4: prepped DO, decay removed. LR5: prepped MO, min decay removed Material: etch, bond, A2 comp placed. Occlusion: checked POIG Informed pt: about today's trt, Pt happy</p>

28/5/2013 LHS bitewing

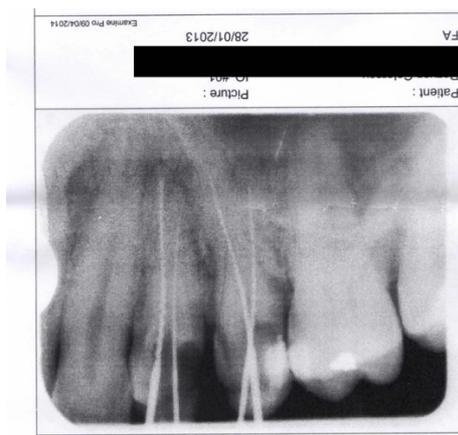
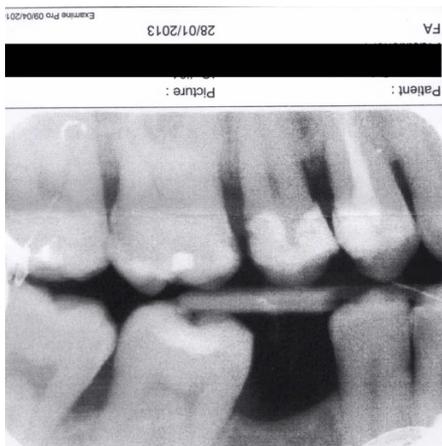
28/01/2013 UL45 RCT complete

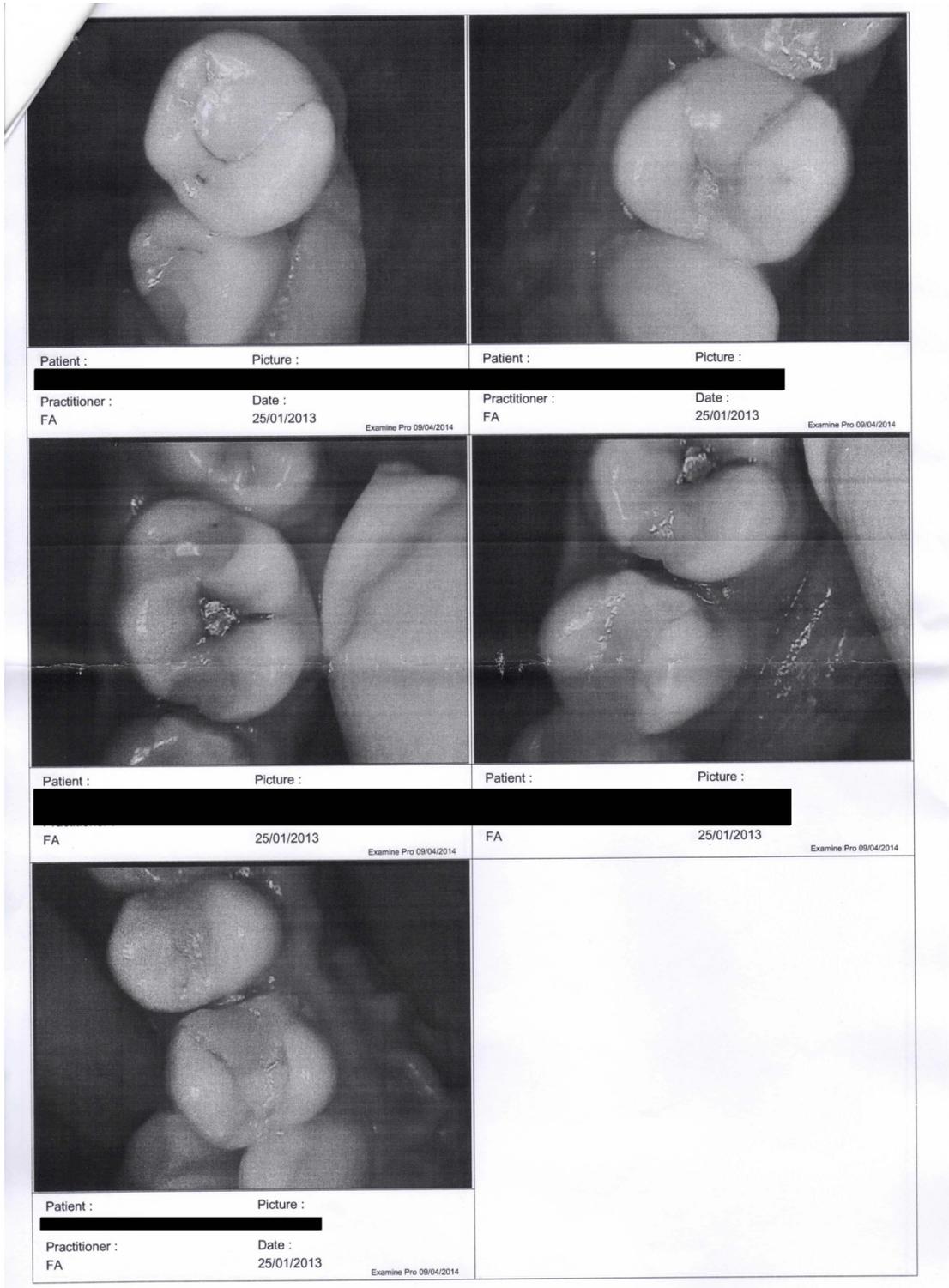


Lower two images are upside down and are rotated below

28/1/2013 RHS bitewing

28/01/2013 UL45 working files





[REDACTED]

24th April 2014

[REDACTED]

Further to your recent email request for your complete clinical records please find below details outlining our decision not to grant you access to these documents.

Our laboratory documents do not have full patient details recorded on them, therefore any laboratory documentation remains the property of the company. Unless the information recorded on the laboratory document clearly identifies the patient in full, as in, name, address and patients date of birth then laboratory documents remain the property of the company and not the patient.

Furthermore, our laboratory invoices do not record the patient details in full, as in name, address and date of birth, thus, our laboratory invoices also remain the private and confidential business property of the company. Our laboratory invoices are not specifically about individual patients and therefore we are not obliged to disclose them.

[REDACTED]

“The duty to comply promptly with a SAR clearly implies an obligation to act without unreasonable delay but, equally clearly, it does not oblige you to prioritise compliance over everything else. The 40-day long-stop period is generally accepted as striking the right balance in most cases between the rights of individuals to prompt access to their personal data and the need to accommodate the resource constraints of organisations to which SARs are made. Provided that you deal with the request in your

normal course of business, without unreasonable delay, and within the 40-day period, you are likely to comply with the duty to comply promptly.” (Information Commissioner’s Office. Subject Access Code of Practice. Dealing with requests from individuals for personal information. (pg 18) 2014.), guidance that I am confident to say we consistently upheld.



For this reason I will no longer be handling any of your matters with us. I have now removed your email address from my system and any further emails to my email address or to the practice email address will now be forwarded directly to [REDACTED] solicitor. Likewise, I would strongly suggest that any future correspondence from you is also done through your own solicitor.

On a final note, I am disappointed that our correspondence with you has reached this stage. However, I strongly believe that the use of solicitors in this matter is a more appropriate method of communication for all parties involved, including the [REDACTED] as a company, you as a former patient and myself as an employee.

Yours faithfully



Appendix 3 Details of literature for referred to for guidance

Faculty of General Dental Practice (FGDP):

Standards in Dentistry (first edition with revisions)	2007
Clinical examination and record keeping (second edition)	2009
Selection criteria for dental radiography (third edition)	2013
British Society of Periodontology	2011
European Society of Endodontology	2006

Photocopy extracts upon request

Appendix 4 Glossary of terms

peri-apical radiograph	radiograph of a tooth/teeth that exposes the apex/apices
amalgam	silver/mercury metal alloy used as a permanent restoration
composite	plastic resin and quartz filled white restoration
root canal treatment	the removal of infected nerve tissue, cleansing, reshaping and filling of a root canal system
chlorhexidine	antiseptic oral rinse used for soft tissue infections and as an inhibitor of post-operative infection
core	usually a basic permanent restoration that is built to support a crown
bitewing radiograph	radiograph of one side of the mouth in the bite position, which exposes the crowns and bone levels on that side
caries	the introduction of bacteria into the tooth hard tissues with accompanying acid dissolution and inflammatory responses
crown	a permanent restoration that covers the whole of the tooth above the gum; it can be made of many alternative materials