

HEARING HEARD IN PUBLIC

UTA, Carmen Oana

Registration No: 110191

PROFESSIONAL PERFORMANCE COMMITTEE

OCTOBER 2015 – OCTOBER 2018

Most recent Outcome: Suspended indefinitely**

** See page 23 for the latest determination

Carmen Oana UTA, a dentist, [address redacted] DMD Bucharest 2003, was summoned to appear before the Professional Performance Committee on 26 October 2015 for an inquiry into the following charge:

Charge (as amended)

"That being registered under the Dentists Act 1984:

1. You were practising in general dentistry:
 - a. between September 2010 and January 2012 at Market Place Dental Practice, 1 Bridewell Street, Wymondham, Norfolk, NR18 0AR ("Market Place").
 - b. between April 2012 and August 2012 at SCA Trafalgar Dental Practice, 108 New Road, Buckland, Portsmouth, PO2 7RJ ("SCA Trafalgar").
2. You provided dental treatment to 26 patients (Schedule A) between 1 September 2010 and 31 July 2012, referred to as Patient A to HH ("the Patients").

SCA Trafalgar

Patient A

3. Your care and treatment of Patient A was substandard in that between 4 April 2012 and 30 April 2012 you did not obtain an adequate radiograph, or radiographs of diagnostic value.
4. Your communication in respect of Patient A was substandard in that on 4 April 2012 you did not inform Patient A that a bridge was available on the NHS.

Patient B

5. Your care and treatment of Patient B was substandard in that between 2 April 2012 and 11 April 2012 you did not place a restoration of an appropriate material at UL4.

Patient D

6. Your communication in respect of Patient D was substandard in that on 27 June 2012 you did not inform Patient D that a bridge was available on the NHS.
7. Your care and treatment in respect of Patient D was substandard in that in that on one or more occasions between 27 June 2012 and 23 July 2012:
 - a. you did not obtain an adequate radiograph, or radiographs of diagnostic value;

- b. you did not adequately diagnose the patient's periodontal status.

Patient H

- 8. Your care and treatment in respect of Patient H was substandard in that between 16 April 2012 and 15 May 2012 you fitted a partial denture without investigating the retained root at UL5.
- 9. Your record keeping in respect of Patient H was substandard in that on 16 April 2012 you failed to record an accurate BPE score.

Patient I

- 10. Your care and treatment in respect of Patient I was substandard in that on 30 July 2012 you did not adequately treat caries at UL4.

Patient J

- 11. Your care and treatment in respect of Patient J was substandard in that on one or more occasions between 4 July 2012 and 1 August 2012:
 - a. you did not obtain an adequate radiograph;
 - b. you did not diagnose and/or treat irreversible pulpitis at LL6;
 - c. issued a prescription for antibiotics without adequate clinical justification on 4 July 2012.

Patient L

- 12. Your care and treatment in respect of Patient L was substandard in that on 1 May 2012:
 - a. you did not adequately treat caries at LL7;
 - b. you did not carry out a scale and polish.

Patient O

- 13. Your care and treatment in respect of Patient O was substandard in that on 18 April 2012 you did not place a restoration of an appropriate material at UL7.

Patient P

- 14. Your record keeping in respect of Patient P was substandard in that on 4 April 2012 you failed to record an accurate BPE.

Patient Q

- 15. Your care and treatment in respect of Patient Q was substandard in that on 16 April 2012 you did not plan and/or provide appropriate treatment for a non-vital tooth at UL2.
- 16. Your record keeping in respect of Patient Q was substandard in that on 16 April 2012 you failed to record an accurate BPE score.

Patient R

- 17. Your care and treatment in respect of Patient R was substandard in that on one or more occasions between 9 July 2012 and 18 July 2012 you did not obtain an adequate radiograph, or radiographs of diagnostic value.

18. Your record keeping in respect of Patient R was substandard in that on 9 July 2012 you failed to record an accurate BPE score.

Patient S

19. Your care and treatment in respect of Patient S was substandard in that on 4 April 2012:
- a. you did not obtain an adequate radiograph;
 - b. you did not provide appropriate anaesthesia to treat caries at LL6;
 - c. you did not adequately treat caries at LL6.

Market Place

Patient T

20. Your communication in respect of Patient T was substandard in that 16 August 2011 you did not inform the patient that a white composite filling was available on the NHS.

Patient U

21. Your care and treatment in respect of Patient U was substandard in that on one or more occasions between 19 August 2010 and 7 June 2011:
- a. you did not provide adequate extended periodontal treatment on the NHS;
 - b. you issued a prescription for antibiotics without adequate clinical justification on 11 February 2011.

Patient V

22. Your care and treatment in respect of Patient V was substandard in that on one or more occasions between 7 October 2010 and 19 May 2012:
- a. you did not obtain an adequate radiograph;
 - b. you did not adequately plan to treat and/or treat caries at LL8;
 - c. you did not adequately treat caries at UL7 between 12 October 2010 and 13 June 2011.

Patient X

23. Your communication in respect of Patient X was substandard in that on 7 July 2011 you did not inform the patient that a white composite filling was available on the NHS.

Patient Y

24. Your communication in respect of Patient Y was substandard in that on 7 February 2011 you did not inform the patient that a bridge was available on the NHS.

Patient Z

25. Your care and treatment in respect of Patient Z was substandard in that on 10 May 2011 you did not obtain an adequate radiograph.
26. Your communication in respect of Patient Z was substandard in that on 10 May 2011 you did not inform the patient that periodontal treatment was available on the NHS.

Patient AA

27. Your care and treatment in respect of Patient AA was substandard in that on one or more occasions between 31 May 2011 and 4 July 2011 you did not obtain an adequate radiograph.
28. Your communication in respect of Patient AA was substandard in that on 31 May 2011 you did not inform the patient that a white composite filling was available on the NHS.

Patient BB

29. Your care and treatment in respect of Patient BB was substandard in that on 5 April 2011 you did not obtain an adequate radiograph.

Patient CC

30. Your care and treatment in respect of Patient CC was substandard in that on one or more occasions between 11 April 2011 and 5 May 2011 you did not obtain an adequate radiograph.
31. Your communication in respect of Patient CC was substandard in that on 11 April 2011:
 - a. you did not inform the patient that a white composite filling was available on the NHS;
 - b. you did not inform the patient that a bridge was available on the NHS;
 - c. you did not inform the patient that extended periodontal treatment was available on the NHS.

Patient DD

32. Your care and treatment in respect of Patient DD was substandard in that on 21 June 2011 you issued a prescription for antibiotics without adequate clinical justification.

Patient EE

33. Your care and treatment in respect of Patient EE was substandard in that on one or more occasions between 7 April 2011 and 9 May 2011:
 - a. you did not obtain an adequate radiograph
 - b. you did not provide appropriate treatment for a cariously exposed tooth at LL7.
34. Your communication in respect of Patient EE was substandard in that on 7 April 2011 you did not inform the patient that a white composite filling was available on the NHS.

Patient FF

35. Your care and treatment in respect of Patient FF was substandard in that on 9 September 2010 you did not obtain an adequate radiograph.

Patient GG

36. Your communication in respect of Patient GG was substandard in that on 26 July 2011 you did not inform the patient that a white composite filling was available on the NHS.

Patient HH

37. Your care and treatment in respect of Patient HH was substandard in that on one or more occasions between 16 November 2010 and 24 November 2010 you did not obtain an adequate radiograph.
38. Your communication in respect of Patient HH was substandard in that on one or more occasions between 16 November 2010 and 24 November 2010 you did not inform the patient that extended periodontal treatment was available on the NHS.

And that, by reason of the facts alleged, your fitness to practise is impaired by reason of:

- (i) your deficient professional performance, and/or
- (ii) your misconduct.”

On 27 October 2015 as Ms Uta did not attend and was not represented at the hearing, the Chairman made the following statement regarding proof of service and the findings of facts.

“PRELIMINARY MATTERS**Decision on Service of Notice of Hearing:**

Ms Uta was neither present nor represented at this hearing today. In her absence, the Committee had to consider whether notice of this hearing had been served in accordance with rules 13 and 65 of the General Dental Council (Fitness to Practise) Rules 2006 (“The Rules”).

The Committee received a copy of the Notification of Hearing, dated 23 September 2015, which was sent to Ms Uta by way of international post, first class post and by email. The Committee also had sight of the extract from the Royal Mail Track and Trace website showing the item was received at the international mail centre and that delivery was attempted. The Committee also had sight of an email dated 23 September 2015 to Ms Uta enclosing a copy of the Notification of Hearing and a letter dated 23 September 2015 setting out further details about the hearing. The Committee was satisfied that the correspondence to the Registrant contained proper notification of this hearing, including its time, date and location, as well as notification that the Committee has the power to proceed with the hearing in the absence of Ms Uta.

The Committee was satisfied, having regard to the submissions made by Ms Scarbrough on behalf of the GDC, and the advice of the Legal Adviser, that the notice of this hearing was served on Ms Uta in accordance with the rules.

Decision on Proceeding in the absence of Ms Uta:

The Committee then considered proceeding in the absence of Ms Uta. The Committee had regard to the submissions made by Ms Scarbrough and the advice of the Legal Adviser.

The Committee was mindful that this discretion must be exercised with the utmost care and caution, as referred to in the case of R. v Jones (Anthony William), (No.2) [2002] UKHL 5. The Committee was aware that this discretion was not absolute, but it must consider all the circumstances of Ms Uta’s absence, and the nature of the case against her when reaching any decision regarding proceeding in her absence.

In deciding whether to proceed in the absence of Ms Uta, the Committee weighed its responsibilities for public protection and the expeditious disposal of the case with Ms Uta's right to a fair hearing.

Ms Scarbrough submitted that the Committee could reasonably and properly come to the conclusion that Ms Uta has voluntarily absented herself from this hearing. The Committee noted that Ms Uta has not engaged with the GDC and has not substantively responded to several attempts by the GDC to contact her, the last contact from her being an email dated 4 February 2015 to the solicitors for the GDC which states that she does not live in the UK and has 'been living and working in another country for 4 years now.' The Committee considered that it is unlikely that any adjournment, would serve any useful purpose in the circumstances nor would it be likely to result in Ms Uta's attendance on any future date. The Committee was aware that the charges in this case are serious and Ms Uta has not provided written submissions, nor appointed a representative to attend on her behalf. The Committee considered that, based on the information before it, Ms Uta has voluntarily absented herself from today's hearing.

Having weighed the interests of Ms Uta with those of the GDC and the public interest in an expeditious disposal of this hearing, the Committee has determined to proceed in Ms Uta's absence.

Decision and reasons on application to amend charge:

Shortly after the Committee's decision to proceed in Ms Uta's absence it heard an application made by Ms Scarbrough under rule 18 to amend typographical errors in charges 23 and 24.

With regard to charges 23 and 24, the body of the charges make reference to 'Patient T'. However, the heading for each of these charges refers to 'Patient X' and 'Patient Y' respectively. Ms Scarbrough submitted that the references to Patient T in charges 23 and 24 are currently drafted are typographical errors and that charge 23 should refer to Patient X and charge 24 should refer to Patient Y as detailed in the headings.

Ms Scarbrough submitted that there would be no prejudice to Ms Uta were the charge to be amended to correct these typographical errors.

The Committee accepted the advice of the Legal Adviser in respect of amending the charge.

The Committee was of the view that the amendments to the charge sought was to correct typographical errors. In the circumstances, the Committee determined to accede to the application and allow the amendments applied for.

In the course of its deliberations the Committee noticed that the date contained in charge 35 - 9 May 2011 - did not match the evidence relied on by the GDC, which related to a single appointment on 9 September 2010. In open session this was drawn to Ms Scarbrough's attention and an application was made to amend charge 35 accordingly. After taking the advice of the Legal Adviser, the Committee decided to permit the amendment as there would be no injustice to Ms Uta in doing so.

FINDINGS OF FACT

In reaching its decisions on the facts, the Committee considered all the evidence presented in this case. The Committee had regard to the submissions made by Ms Scarbrough.

The Committee accepted the advice of the Legal Adviser. In accordance with that advice, it has considered each charge separately. The Committee drew no adverse inference from the non-attendance of Ms Uta.

The Committee was conscious that the burden of proof rests on the GDC, and that the standard of proof is the civil standard, namely the balance of probabilities. This means that the facts of a charge will only be proved if the Committee finds that it is more likely than not that the facts occurred as alleged. The Committee reminded itself that Ms Uta was not required to prove or disprove anything.

The evidence put before the Committee included a number of documents, including an expert report prepared by Ms HJ Firestone dated 8 May 2015, the dental records of all of the Patients referred to in the charge, and radiographs for Patients A, B, D and R. The Committee also had sight of the written statements of Witness 1, 2 and 3 with exhibits including patient records. The Committee took into account that this evidence had not been tested in cross examination.

The Committee heard oral evidence from one witness called by the GDC, namely Ms Firestone, the GDC expert witness. The Committee found Ms Firestone, a part-time General Dental Practitioner and a Part-Time Clinical Teaching Fellow in Restorative Dentistry, to be a credible witness who is experienced and knowledgeable in her field.

The Committee made the following findings:

1. a.	<p>Found Proved</p> <p>This charge, like charge 1.b. and charge 2., merely sets the context for the allegations against Ms Uta.</p> <p>On the basis of the documentary evidence before it including the clinical records, the Committee finds this charge proved.</p>
1. b.	<p>Found Proved</p> <p>On the basis of the documentary evidence before it including the clinical records, the Committee finds this charge proved.</p>
2.	<p>Found Proved</p> <p>On the basis of the documentary evidence before it including the clinical records of the 26 patients, the Committee finds this charge proved.</p>
Patient A	
3.	<p>Found Proved</p> <p>The Committee reviewed the dental records for Patient A. It accepted the opinion set out at paragraph 5.9 of Ms Firestone's report. Accordingly, the Committee finds this charge proved.</p>
4.	<p>Found Proved</p> <p>The Committee considered the dental records for Patient A. The records do not detail that the patient was advised a bridge was available on the NHS. The Committee accepted the opinion set out at paragraphs 5.11 and 5.12 of Ms Firestone's report. Accordingly, the Committee finds this charge proved.</p>

Patient B	
5.	<p>Found Proved</p> <p>The Committee considered the dental records for Patient B. It accepted the opinion set out at paragraph 6.12 of Ms Firestone's report. Accordingly, the Committee finds this charge proved.</p>
Patient D	
6.	<p>Found Proved</p> <p>The Committee considered the dental records for Patient D. There is no record that the patient was informed that a bridge was available on the NHS. The Committee accepted the opinion set out at paragraphs 7.16 and 7.17 of Ms Firestone's report. Accordingly, the Committee finds this charge proved.</p>
7. a.	<p>Found Proved</p> <p>The Committee considered the dental records for Patient D. It accepted the opinion set out at paragraph 7.15 of Ms Firestone's report. Accordingly, the Committee finds this charge proved.</p>
7. b.	<p>Found Proved</p> <p>The Committee considered the dental records for Patient D. It accepted the opinion set out at paragraphs 7.10 to 7.14 of Ms Firestone's report. Accordingly, the Committee finds this charge proved.</p>
Patient H	
8.	<p>Found Proved</p> <p>The Committee considered the dental records for Patient H. It accepted the opinion set out at paragraph 8.9 of Ms Firestone's report. Accordingly, the Committee finds this charge proved.</p>
9.	<p>Found Proved</p> <p>The Committee considered the dental records for Patient H. It accepted the opinion set out at paragraph 8.7 of Ms Firestone's report. Accordingly, the Committee finds this charge proved.</p>
Patient I	
10.	<p>Found Proved</p> <p>The Committee reviewed the dental records for Patient I and accepted the opinion set out at paragraph 9.10 of Ms Firestone's report. Accordingly, the Committee finds this charge proved.</p>
Patient J	
11. a.	<p>Found Proved</p> <p>The Committee reviewed the dental records for Patient J and accepted the opinion set out at paragraph 10.11 of Ms Firestone's report.</p>

	Accordingly, the Committee finds this charge proved.
11. b.	Found Proved The Committee reviewed the dental records for Patient J and accepted the opinion set out at paragraphs 10.11 and 10.12 of Ms Firestone's report. Accordingly, the Committee finds this charge proved.
11. c.	Found Proved The Committee reviewed the dental records for Patient J and accepted the opinion set out at paragraph 10.10 of Ms Firestone's report. Accordingly, the Committee finds this charge proved.
Patient L	
12. a.	Found Proved The Committee reviewed the dental records for Patient L and accepted the opinion set out at paragraph 11.18 of Ms Firestone's report that the Registrant failed to remove all of the caries when she restored the LL7. Accordingly, the Committee finds this charge proved.
12. b.	Found Not Proved The Committee reviewed the dental records for Patient L and accepted the opinion set out at paragraph 11.10 of Ms Firestone's report. The dental records indicate that the Registrant recorded BPE scores of 1 and that she gave oral hygiene instruction. Ms Firestone told the Committee that it would have been good practice for the Registrant to have offered a scale and polish to patient L as she was pregnant. However, Ms Firestone sets out in her report at paragraph 11.10 that the failure to provide a scale and polish was 'only just below standard' as there is no duty to give a scale and polish for BPE scores of 1. As there was no duty for the Registrant to provide a scale and polish to this patient, the Committee does not find this charge proved.
Patient O	
13.	Found Proved The Committee reviewed the dental records for Patient O. It accepted the opinion set out at paragraph 12.4 of Ms Firestone's report. Accordingly, this charge is found proved.
Patient P	
14.	Found Proved The Committee reviewed the dental records for Patient P. It accepted the opinion set out at paragraph 13.6 of Ms Firestone's report. There is no record of a BPE having been done and no charting. Accordingly, the Committee finds this charge proved.
Patient Q	
15.	Found Proved

	The Committee reviewed the dental records for Patient Q. It accepted the opinion set out at paragraphs 14.8 to 14.15 of Ms Firestone's report. Accordingly, this charge is found proved.
16.	Found Proved The Committee reviewed the dental records for Patient Q. On 16 April 2012 the Registrant recorded a BPE score of 1 for the Upper Left posterior sextant. However, the charting indicates that there are no teeth present in that sextant. Accordingly, this charge is found proved.
Patient R	
17.	Found Proved The Committee reviewed the dental records for Patient R. It accepted the opinion set out at paragraph 15.9 of Ms Firestone's report that one of the bitewing radiographs was of no diagnostic value and needed to be retaken. Accordingly, this charge is found proved.
18.	Found Proved The Committee reviewed the dental records for Patient R. It accepted the opinion set out at paragraph 15.8 of Ms Firestone's report that BPE values were recorded for areas with no teeth. Accordingly, this charge is found proved.
Patient S	
19. a.	Found Proved The Committee reviewed the dental records for Patient S. It accepted the opinion set out at paragraph 16.7 of Ms Firestone's report. Accordingly, this charge is found proved.
19. b.	Found Proved The Committee reviewed the dental records for Patient S. It accepted the opinion set out at paragraph 16.8 and 16.9 of Ms Firestone's report. Accordingly, this charge is found proved
19. c.	Found Proved The Committee reviewed the dental records for Patient S. It accepted the opinion set out at paragraph 16.8 of Ms Firestone's report that Ms Uta clearly left caries at LL6. Accordingly, this charge is found proved.
Patient T	
20.	Found Proved The Committee reviewed the dental records for Patient T. It accepted the opinion set out at paragraph 18.6 of Ms Firestone's report. There is no record that the Patient was advised that a white composite filling was available on the NHS. Accordingly, this charge is found proved.
Patient U	

21. a.	Found Proved The Committee reviewed the dental records for Patient U. It accepted the opinion set out at paragraphs 19.13 and 19.14 of Ms Firestone's report. Accordingly, this charge is found proved
21. b.	Found Proved The Committee reviewed the dental records for Patient U. It accepted the opinion set out at paragraphs 19.11 and 19.12 of Ms Firestone's report. Accordingly, this charge is found proved.
Patient V	
22. a.	Found Proved The Committee reviewed the dental records for Patient V. It accepted the opinion set out at paragraphs 20.11 to 20.13 of Ms Firestone's report. Accordingly, this charge is found proved.
22. b.	Found Proved The Committee reviewed the dental records for Patient V. It accepted the opinion set out at paragraph 20.15 of Ms Firestone's report. It notes that although caries at LL8 is recorded there is no record of a plan to treat or treatment of the caries. Accordingly, this charge is found proved.
22. c.	Found Proved The Committee reviewed the dental records for Patient V. It has accepted the opinion set out at paragraph 20.14 of Ms Firestone's report. Accordingly, this charge is found proved.
Patient X	
23.	Found Proved The Committee considered paragraph 21.8 of Ms Firestone's report. It reviewed the dental records for Patient X, which detail that the Patient was offered a white composite filling privately but that there is no record that the patient was advised that a white composite filling was also available on the NHS. Accordingly, this charge is found proved.
Patient Y	
24.	Found Proved The Committee considered paragraphs 22.6 and 22.7 of Ms Firestone's report. It has reviewed the dental records for Patient Y, which detail that a private bridge was offered as a treatment option but which do not detail that the patient was informed that a bridge was available on the NHS. Accordingly, this charge is found proved.
Patient Z	
25.	Found Proved The Committee reviewed the dental records for Patient Z and has had

	<p>regard to the opinion at paragraph 23.6 of Ms Firestone's report.</p> <p>As there is no record of radiographs having been taken the Committee finds this charge proved.</p>
26.	<p>Found Not Proved</p> <p>The Committee reviewed the dental records for Patient Z. It notes that it is recorded on 10 May 2011 '<i>Discussed options of nhs periodontal treatment or hygienist referral with Lisa and privatefees explained.</i>' As there is an entry in the records detailing that NHS periodontal treatment options were discussed this charge is found not proved.</p>
Patient AA	
27.	<p>Found Proved</p> <p>The Committee considered the dental records for Patient AA and has had regard to the opinion at paragraph 24.14 of Ms Firestone's report. The Committee notes that the patient was seen three times in the period specified and that no radiographs were taken for a patient who had a broken tooth. Accordingly, this charge is found proved.</p>
28.	<p>Found Proved</p> <p>The Committee considered the dental records for Patient AA and notes that they detail that the Patient was offered a white composite filling privately but that there is no record that the patient was advised that a white composite filling was also available on the NHS. Accordingly, this charge is found proved.</p>
Patient BB	
29.	<p>Found Proved</p> <p>The Committee considered the dental records for Patient BB and has accepted the opinion contained in paragraph 25.4 to 26.9 of Ms Firestone's report that no radiographs were taken for patient BB by the Registrant. Accordingly, this charge is found proved.</p>
Patient CC	
30.	<p>Found Proved</p> <p>The Committee considered the dental records for Patient CC and has accepted the opinion contained in paragraphs 26.7 to 26.9 of Ms Firestone's report that Ms Uta failed to take radiographs for patient CC. Accordingly, this charge is found proved.</p>
31. a.	<p>Found Proved</p> <p>The Committee considered the dental records for Patient CC which detail that on 11 April 2011 '<i>adv pt that they have 2 options on the filling 1) white filling y private 2) NHS Amalgam filling £47 band 2 NHS</i>'. The records do not detail that the Registrant informed the patient that a white composite filling was available on the NHS. Accordingly, this charge is found proved.</p>

31. b.	Found Proved The Committee considered the dental records for Patient CC which detail that a private bridge was offered as a treatment option but which do not detail that the patient was informed that a bridge was available on the NHS. Accordingly, this charge is found proved.
31. c.	Found Not Proved The Committee reviewed the dental records for Patient CC which detail on 11 April 2011 ' <i>Discussed options of nhs period tt or hygienist referral</i> '. The Committee is satisfied that on the balance of probabilities the reference to ' <i>nhs period tt</i> ' is to NHS periodontal treatment. As there is therefore an entry in the records detailing that NHS periodontal treatment options were discussed this charge is found not proved.
Patient DD	
32.	Found Proved The Committee considered the dental records for Patient DD which it considers do not contain a clinical justification for the prescription of antibiotics. The records show that the patient had a lateral periodontal abscess. The records do not detail that there were any systemic symptoms or anything to suggest that this was anything other than a local problem therefore the Committee considers that antibiotics would not have been clinically justified. Accordingly, this charge is found proved.
Patient EE	
33. a.	Found Proved The Committee reviewed the dental records for Patient EE and notes that no radiographs appear to have been taken for this patient. Accordingly, this charge is found proved.
33. b.	Found Proved The Committee considered the dental records for Patient EE and has accepted the opinion set out at paragraphs 27.9 to 27.14 of Ms Firestone's report. Accordingly, this charge is found proved.
34.	Found Proved The Committee reviewed the dental records for Patient EE which detail that on 7 April ' <i>adv pt that they have 2 options on the filling 1) white filling y private £120 2)NHS Amalgam filling £47 band 2 NHS</i> '. The records do not detail that the Registrant informed the patient that a white composite filling was available on the NHS. Accordingly, this charge is found proved.
Patient FF	
35.	Found Proved The Committee reviewed the dental records for Patient FF and the opinion set out in the expert report. It notes that no radiographs were taken on 9 September 2010 and accordingly this charge is found proved.

Patient GG	
36.	<p>Found Proved</p> <p>The Committee reviewed the dental records for Patient GG which state ‘Options for Treatment plan given amalgam nhs or white fill private pt chooses nhs’. The records do not detail that the Registrant informed the patient that a white composite filling was available on the NHS. Accordingly, this charge is found proved.</p>
Patient HH	
37.	<p>Found Proved</p> <p>The Committee had regard to the dental records for Patient HH which do not contain radiographs and has accepted the opinion in Ms Firestone’s expert report that there was a failure to take bitewing radiographs for this patient. Accordingly, this charge is found proved.</p>
38.	<p>Found Not Proved</p> <p>The Committee considered the dental records for Patient HH which do not contain any entries in the period specified in the charge to suggest that this patient required extended periodontal treatment. The Committee concluded that there would therefore have been no requirement for the Registrant to inform the patient that extended periodontal treatment was available on the NHS. Accordingly, this charge is found not proved.</p>

We move to Stage Two.”

On 28 October 2015 the Chairman announced the determination as follows:

“Having announced its findings on the facts, the Committee heard submissions on the matters of misconduct, deficient professional performance, impairment and sanction.

The charges against Ms Uta relate to 26 patients across two practices. The Committee has found the majority of the facts proved. It found failings in a number of areas including radiography, record keeping, use of inappropriate restorative materials, treatment of caries, inappropriate prescription of antibiotics and substandard communication with patients regarding NHS treatment options.

The Committee considered all the information before it, including the submissions made by Ms Scarbrough on behalf of the General Dental Council (GDC). It considered the information provided at this stage by Ms Scarborough regarding the Registrant’s fitness to practice history, which consists of a determination by the Professional Conduct Committee in June 2015 that the Registrant was impaired by reason of deficient professional performance in respect of thematically similar issues. The reasons given by that Committee show that, like the matters before this Committee, the charges were based on expert analysis of a sample of patients treated by Ms Uta in a period going up to around the end of July 2012. The Committee noted the sanction imposed by the Professional Conduct Committee in June 2015 was suspension for a period of 12 months.

The Committee accepted the advice of the Legal Adviser and had regard at all times to the Guidance for the Practice Committees, including Indicative Sanctions Guidance (October 2015).

In its deliberations the Committee had regard to the following paragraphs of GDC's 'Standards for Dental Professionals' (May 2005) which state:

As a dental professional, you are responsible for doing the following.

1.4 Make and keep accurate and complete patient records, including a medical history, at the time you treat them. Make sure that patients have easy access to their records.

2.4 Listen to patients and give them the information they need, in a way they can use, so they can make decisions. This will include: communicating effectively with patients; explaining options (including risks and benefits); and giving full information on proposed treatment and possible costs

5.1 Recognise that your qualification for registration was the first stage in your professional education. Develop and update your knowledge and skills throughout your working life.

5.2 Continuously review your knowledge, skills and professional performance. Reflect on them, and identify and understand your limits as well as your strengths.

5.3 Find out about current best practice in the fields in which you work. Provide a good standard of care based on available up-to-date evidence and reliable guidance.

Decision on Misconduct

The Committee first considered whether the facts that have been found proved constitute misconduct. In deciding this the Committee exercised its own independent judgement.

In light of the findings of fact that it has made, the Committee concluded that Ms Uta's practice in a number of areas constitutes acts and omissions which fell far short of the standards reasonably expected of a registered dentist. The Committee was particularly concerned about the shortcomings in communication with a number of patients regarding the availability of treatment options such as bridges and white composite fillings on the NHS.

The Committee considered Ms Uta's communication with patients in relation to the availability of NHS treatment options lacked the necessary components of providing a full range of treatment options, and a clear explanation of costs to the patient. The consequence of these shortcomings was that the patients did not have a complete understanding of the options available for their treatment. The Committee considered that failures to communicate effectively with patients in respect of the availability of treatment options on the NHS were serious and fell far below the standards reasonably expected of a registered dentist. Given the nature of the failings in this regard, their number and importance to the interests of the patients, the Committee considered that they amount to misconduct.

On this basis, the Committee determined that the findings that it has made against you in relation to heads of charge 4, 6, 20, 23, 24, 28, 31 a, 31 b, 34 and 36 amount to misconduct.

Decision on Deficient Professional Performance

The Committee next considered whether the remaining aspects of the charges which it has found proved constitute deficient professional performance.

The findings of the Committee, taken in their totality, represent a pattern of poor performance that falls far below the standards expected of a registered dentist. There were repetitive, basic failures involving 26 patients at two practices. Furthermore the Committee found that aspects of its findings represent dentistry well below the standards required; in particular, Ms Uta's repeated failure to take radiographs, or the taking of radiographs of little or no diagnostic value, and her failure to adequately treat caries. The Committee further considered that Ms Uta's issuing of prescriptions for antibiotics without adequate clinical justification were serious matters. In the circumstances, the Committee determined that the remaining facts found proved amounted to deficient professional performance.

Decision on Impairment

The Committee considered that Ms Uta's failings are remediable. However, because Ms Uta has failed to engage with the GDC, it has no information before it which indicates that she has taken any steps towards remediation of her practice. The Committee also has no evidence that Ms Uta has reflected on her deficient professional performance or has any insight into it. For these reasons, the Committee finds that Ms Uta is likely to repeat her poor practice and that she represents an on-going risk to patient safety. Furthermore, it considered that if it were to make a finding that Ms Uta's fitness to practise is not currently impaired, public confidence in the profession would be undermined. A finding of impairment is necessary to declare and uphold standards of the profession. Accordingly, the Committee determined that Ms Uta's fitness to practise is currently impaired by reason of her misconduct and deficient professional performance.

Decision on Sanction

The Committee considered what sanction, if any, would be appropriate in light of the findings that it has made. The Committee recognises that the purpose of a sanction is not punitive, although it may have that effect, but is instead imposed in order to protect patients and safeguard wider public interests.

In reaching its decision the Committee has taken into account the GDC's Guidance for the Practice Committees, including Indicative Sanctions Guidance (October 2015). The Committee applied the principle of proportionality, balancing the public interest with the Registrant's own interests. The Committee considered any possible mitigation at this stage, including the fact that Ms Uta qualified elsewhere and may not have been properly inducted into UK dentistry. However, the Committee considered that, Ms Uta was a professional and it was her responsibility to ensure that she knew and was compliant with the basic standards of dentistry in this country.

The Committee considered the range of sanctions available to it, starting with the least serious. In the light of the findings made against Ms Uta, the Committee has determined that it would not be appropriate to conclude this case with no action. The misconduct and deficient professional performance that it has found raised concerns about public protection and public confidence, and accordingly, the Committee considered that some action must be taken.

The Committee next considered whether it would be proportionate and appropriate to conclude the case with a reprimand. It has determined that, in light of its findings of misconduct and deficient professional performance in a number of key areas of Ms Uta's practice of dentistry, it could not reasonably and responsibly dispose of the case in that way. Indeed, if it were to do so, the Committee considers that a mere reprimand would undermine

public confidence in the profession and would not provide the necessary safeguards for public protection.

The Committee went on to consider whether conditions would be the appropriate sanction. The Committee considered Ms Uta's failings are remediable, but as she has not engaged with the process the Committee could not be assured that any conditions would be workable. The Committee had no evidence that Ms Uta's has insight nor has it any knowledge of her current practice arrangements and, therefore, it could not be satisfied that conditions would be workable or that Ms Uta would comply with any conditions it might impose. Moreover, Ms Uta is currently subject to the suspension order imposed in June 2015.

The Committee determined that the proportionate sanction is that of suspension. It examined whether erasure would be more appropriate, but decided that this would be disproportionate, having regard to the fact that Ms Uta's impairment is amenable to remedy if she chooses to engage with the process.

The Committee determined that the appropriate suspension period is 12 months. The period was selected having regard to the length of time that it expects Ms Uta will need to engage with the process and demonstrate any meaningful remediation and insight, in view of her total failure to engage with the GDC for an extended period of time which remains on-going. There will be a review which Ms Uta will be expected to attend. The Committee considers that the review ought to take place in the second half of the period of suspension at the same time as the review of the suspension order imposed by the Professional Conduct Committee in June 2015.

In line with the findings of the Professional Conduct Committee in June 2015, the Committee considers that the reviewing Committee would be assisted by:

- Ms Uta's attendance at the review hearing;
- Evidence of remediation by Ms Uta, including retraining and personal reflection undertaken by Ms Uta in the intervening period in order for her to satisfy that Committee that her insight is at a sufficient level to enable it to allow her to return to practice with or without further restriction.

The Committee invites submissions as to whether an immediate order for suspension is necessary in this case."

"The Committee considered the submissions made on behalf of the GDC and has accepted the advice of the Legal Adviser.

It has determined, having regard to its findings that Ms Uta represents an on-going risk to patient safety, that an immediate order for suspension is necessary for the protection of the public and is otherwise in the public interest.

The effect of the foregoing direction and order is that Ms Uta's registration is suspended from when notice of this decision is deemed served upon her and, unless she exercises her right of appeal, she will be suspended for a further period of 12 months after 28 days have elapsed.

That concludes the case."

On 7 July 2016 at the review hearing the Chairman announced the determination as follows:

“This is a resumed hearing for the purposes of section 27C of the Dentists Act 1984 (‘the Act’).

Service of notices of hearing and proceeding in the absence of the respondent

Ms Uta was neither present nor represented at this hearing. The Committee first considered whether the Notices of Resumed Hearing had been sent to Ms Uta in accordance with Rules 28 and 65 of the General Dental Council (Fitness to Practise) Rules Order of Council 2006. It saw a copy of the notice of hearing letter dated 7 June 2016 which was sent to Ms Uta’s registered address via special delivery. It also saw a copy of the Royal Mail track and trace printout. A copy of the notice of hearing was also sent to Ms Uta by email to an address held by the GDC. The Committee was satisfied that the notice of hearing had been duly sent to Ms Uta in accordance with the Rules.

The Committee then went on to consider whether to exercise its discretion under Rule 54 to hear this case in the absence of Ms Uta. You submitted that the notice of hearing was sent in excess of the required 28 days and that all reasonable efforts had been made by post, email and telephone to notify Ms Uta of this hearing. Various attempts were recently made to contact her via telephone as well. You informed the Committee that Ms Uta did not attend the previous hearings. The Committee had regard to the legal advice that it must exercise its discretion with the utmost care and caution. There is no information from Ms Uta regarding attendance at this hearing and there is no request for an adjournment from her. The Committee concluded that Ms Uta has voluntarily absented herself from this hearing. It concluded that an adjournment was unlikely to secure her attendance at a future date. In light of Ms Uta’s non-attendance at the previous hearings, her non-engagement with the GDC and the serious nature of this case, the Committee was satisfied that the public interest in proceeding with this hearing outweighs Ms Uta’s interests.

On 18 June 2015 the Professional Conduct Committee (PCC) found that Ms Uta’s fitness to practise was impaired by reason of her misconduct in that it found failings in relation to radiography, record keeping, use of inappropriate restorative materials, diagnosis and treatment of caries and inappropriate prescription of antibiotics.

That PCC found that the facts found proved, taken in their totality, represent a pattern of poor performance that falls far below the standards expected of a registered dentist, and therefore amounted to misconduct, as it was serious and persisted over a significant period of time. It held that Ms Uta’s fitness to practise was impaired and imposed an order for suspension for 12 months. That Committee also determined that the next reviewing Committee would be assisted by her attendance and evidence of remediation including retraining and personal reflection.

On 28 October 2015 the Professional Performance Committee (PPC) heard similar matters relating to 26 patients across two practices. That Committee found that Ms Uta’s fitness to practise was impaired by reason of her misconduct and her deficient professional performance in that it found failings in a number of areas including radiography, record keeping, use of inappropriate restorative materials, treatment of caries, inappropriate prescription of antibiotics and substandard communication with patients regarding NHS treatment options.

The findings of that Committee, taken in their totality, represented a pattern of poor performance that fell far below the standards expected of a registered dentist. There were

repetitive, basic failures involving 26 patients at two practices. It also held that Ms Uta's fitness to practise was impaired and imposed an order for suspension for 12 months. That Committee also determined that the next reviewing Committee would be assisted by her attendance and evidence of remediation including retraining and personal reflection.

Today, the Committee reviewed both orders of suspension. In doing so, it has considered all the evidence that has been presented to it. It has taken account of the submissions made by Mr Round on behalf of the General Dental Council (GDC). The Committee accepted the advice of the Legal Adviser.

The Committee considered whether Ms Uta's fitness to practise remains impaired by reason of the matters determined against Ms Uta by both the PCC and the PPC. In reaching its decision, the Committee exercised its own independent judgement. It bore in mind that its duty is to protect the public interest, which includes the protection of patients, the maintenance of public confidence in the profession and the declaring and upholding of proper standards of conduct and behaviour.

Impairment

The Committee first considered whether Ms Uta's fitness to practise remains impaired. In reaching its decision, the Committee exercised its own independent judgement. It bore in mind that its duty is to consider the public interest which includes the protection of patients, the maintenance of public confidence in the profession and the declaring and upholding of proper standards of conduct and behaviour.

Impairment by reason of her misconduct

The Committee was of the view that the failings found proved are remediable. However Ms Uta has not engaged with these proceedings or with the GDC. There is nothing before this Committee to show that she has remedied the concerns identified by the previous Committee. Ms Uta has not demonstrated any meaningful remediation or insight into her past failures. Therefore, those concerns remain and as such the risk of repetition is high. The Committee determined that Ms Uta's fitness to practise remains impaired by reason of her misconduct.

Impairment by reasons of deficient professional performance

The Committee considered that Ms Uta's failings are remediable. However, because Ms Uta has failed to engage with the GDC since the last two substantive hearings, it has no information before it which indicates that she has taken any steps towards remediation of her practice. The Committee also has no evidence that Ms Uta has reflected on her deficient professional performance or has any insight into it. For these reasons, the Committee finds that Ms Uta is likely to repeat her poor practice and that she represents an on-going risk to patient safety. Furthermore, it considered that if it were to make a finding that Ms Uta's fitness to practise is not currently impaired, public confidence in the profession would be undermined. A finding of impairment is necessary to declare and uphold standards of the profession. Accordingly, the Committee determined that Ms Uta's fitness to practise is currently impaired by reason of her deficient professional performance.

Disposal

The Committee has considered what sanction if any to impose on Ms Uta's registration. It reminded itself that the purpose of sanctions is not to be punitive, but to protect patients and the wider public interest. The Committee applied the principle of proportionality, balancing

the public interest with Ms Uta's own interests. The means of disposal available to this Committee are set out in section 27C (1)(a), (b), (c) of the Act.

The Committee was of the view that it would be inappropriate to revoke the suspension and make no order in light of the serious nature of the misconduct found and the lack of information about Ms Uta's current insight and reflection into her failings. The Committee considered that conditions would not be appropriate or workable given Ms Uta's lack of engagement with these proceedings.

The Committee concluded that given the serious nature of the impairment found, the absence of any evidence of remediation and insight, it is appropriate to continue to suspend Ms Uta's registration.

Accordingly the Committee directed that Ms Uta's registration in respect of the first order directed in June 2015, be suspended for a further period of 12 months with a review prior to the end of that period.

The Committee has also determined that the second order of suspension directed in October 2015 be suspended for a further period of 12 months, with a review prior to the end of that period.

In line with the findings of the previous Committee's, this Committee considers that the next reviewing Committee would be assisted by:

- Ms Uta's attendance at the review hearing;
- Evidence of remediation by Ms Uta, including retraining and personal reflection undertaken by Ms Uta in the intervening period in order for her to satisfy that Committee that her insight is at a sufficient level to enable it to allow her to return to practice with or without further restriction.

That concludes the case for today."

On 18 July 2017 at the review hearing the Chairman announced the determination as follows:

"This is a resumed hearing of both the Professional Conduct Committee (PCC) and the Professional Performance Committee (PPC) for the purposes of section 27C of the Dentists Act 1984. Ms Uta was neither present nor represented. Mr Ahmed, on behalf of the General Dental Council (GDC), applied for the hearing to proceed, notwithstanding her absence.

Service and absence of the respondent

In respect of both matters, the Committee first considered whether service had been effected in accordance with Rules 28 and 65 of the General Dental Council (Fitness to Practise) Rules 2006. A notice of hearing letter dated 20 June 2017 was sent to Ms Uta at her registered address in Romania via International Tracked delivery. The Royal Mail track and trace document records that the item was delivered on 27 June 2017.

The Committee was satisfied that the notice of hearing had been duly sent to Ms Uta in accordance with the Rules.

A copy of the notice of hearing was also sent to Ms Uta by email on 20 June 2017 using a secure file sharing service.

The Committee next considered whether it was in the interests of justice to proceed in the absence of Ms Uta. It reminded itself that the discretion to proceed in absence should be exercised with the utmost care and caution, and that while fairness to Ms Uta was of prime importance, it also had to consider fairness to the GDC, the wider public interest and the duty to ensure the expeditious conduct of its regulatory function.

The Committee was satisfied that all reasonable efforts had been made by the GDC to notify Ms Uta of this hearing and its purpose. Ms Uta had not attended her previous hearings and there has been no evidence of any engagement with the GDC since October 2015. There is no application before the Committee for an adjournment and nothing to suggest one would make Ms Uta's attendance more likely in the future. Further, the suspension on Ms Uta's registration is due to expire 20 July 2017. In all the circumstances, the Committee was satisfied that Ms Uta had voluntarily absented herself from this hearing and that it would be fair and in the interests of justice to proceed, notwithstanding her absence.

Background

On 18 June 2015 the PCC found Ms Uta's fitness to practise to be impaired by reason of her deficient professional performance and directed that her registration be suspended for a period of 12 months with a review. That Committee summarised its findings in the following terms:

The findings of the Committee, taken in their totality, represent a pattern of poor performance that falls far below the standards expected of a registered dentist. There were repetitive, basic failures in the three month period when Ms Uta was practising at the Practice. Furthermore the Committee found that aspects of its findings represent dentistry well below the standards required. In particular, Ms Uta's failure to diagnose and treat five carious teeth in the course of treating Patient P was markedly substandard and represented a clear failure to maintain a patient's oral health and provide adequate treatment. The Committee is of the view that the facts relating to Ms Uta's failure in many of the cases to take radiographs of little or no diagnostic value and her failure to diagnose and treat caries were serious matters...

In finding Ms Uta impaired, the Committee stated that:

...Ms Uta's failings are remediable. However, because Ms Uta has failed to engage with the GDC, it has no information before it which indicates that she has taken any steps towards remediation of her practice. The Committee also has no evidence that Ms Uta has reflected on her deficient professional performance or has any insight into it. For these reasons, the Committee finds that Ms Uta is likely to repeat her poor practice and that she represents an on-going risk to patient safety...

On 28 October 2015 the PPC considered a different set of allegations and found Ms Uta's fitness to practise to also be impaired in relation to those allegations by reason of her misconduct and deficient professional performance. It stated:

The charges against Ms Uta relate to 26 patients across two practices. The Committee has found the majority of the facts proved. It found failings in a number of areas including radiography, record keeping, use of inappropriate restorative materials, treatment of caries, inappropriate prescription of antibiotics and substandard communication with patients regarding NHS treatment options.

As to misconduct, the Committee concluded:

Ms Uta's practice in a number of areas constitutes acts and omissions which fell far short of the standards reasonably expected of a registered dentist. The Committee

was particularly concerned about the shortcomings in communication with a number of patients regarding the availability of treatment options such as bridges and white composite fillings on the NHS.

The Committee considered Ms Uta's communication with patients in relation to the availability of NHS treatment options lacked the necessary components of providing a full range of treatment options, and a clear explanation of costs to the patient. The consequence of these shortcomings was that the patients did not have a complete understanding of the options available for their treatment. The Committee considered that failures to communicate effectively with patients in respect of the availability of treatment options on the NHS were serious and fell far below the standards reasonably expected of a registered dentist. Given the nature of the failings in this regard, their number and importance to the interests of the patients, the Committee considered that they amount to misconduct.

And as to deficient professional performance:

The findings of the Committee, taken in their totality, represent a pattern of poor performance that falls far below the standards expected of a registered dentist. There were repetitive, basic failures involving 26 patients at two practices. Furthermore the Committee found that aspects of its findings represent dentistry well below the standards required; in particular, Ms Uta's repeated failure to take radiographs, or the taking of radiographs of little or no diagnostic value, and her failure to adequately treat caries. The Committee further considered that Ms Uta's issuing of prescriptions for antibiotics without adequate clinical justification were serious matters. In the circumstances, the Committee determined that the remaining facts found proved amounted to deficient professional performance.

The October 2015 PPC directed that Ms Uta's registration be suspended for a period of 12 months with a review, noting that "*the reviewing Committee would be assisted by: Ms Uta's attendance at the review hearing; Evidence of remediation by Ms Uta, including retraining and personal reflection undertaken by Ms Uta in the intervening period in order for her to satisfy that Committee that her insight is at a sufficient level to enable it to allow her to return to practice with or without further restriction.*"

On 7 July 2016 the PCC and PPC reviewed to the two directions for suspension together. Ms Uta did not attend the hearing, nor had she otherwise supplied any evidence of remediation. The two Committees accordingly found that Ms Uta's fitness to practise remained impaired on the same grounds as were found at the initial hearings. The Committees directed that the two directions for suspension each be extended for a further period of 12 months, reiterating to Ms Uta that she should attend the review hearing and supply evidence of remediation.

The Committee heard the submissions made by Mr Ahmed and accepted the advice of the Legal Adviser.

The Committee had regard to Guidance for the *Practice Committees, including Indicative Sanctions Guidance* (October 2016).

Decision

The Committee today first convened as the PCC to review the finding of impairment which was originally made in June 2015 in relation to Ms Uta's deficient professional performance. The findings against Ms Uta were of serious and wide ranging clinical failings. There had been breaches of basic and fundamental aspects of dental practice. Ms Uta has shown no

insight or remediation whatsoever in relation to those most serious findings. There was a persuasive burden on her to demonstrate to this reviewing Committee that she has addressed that matters which led to the finding of impairment.

In these circumstances, there remains a high risk of repetition, with a real risk of harm to patients should Ms Uta be allowed to practise without restriction. Given her complete lack of insight and remediation, public confidence in the profession would also be seriously undermined if Ms Uta's fitness to practise was found to be no longer impaired.

Accordingly, the Committee finds that Ms Uta's fitness to practise as a dentist remains impaired by reason of deficient professional performance. There are no conditions of practice which could be formulated to be workable, measurable or proportionate, given Ms Uta's complete lack of engagement. The suspension of her registration remains necessary and proportionate. The Committee determined that it would appropriate to direct that her registration be suspended indefinitely, as there is nothing to suggest that Ms Uta will engage with her regulatory body in the future.

The Committee then convened as the PPC to review the finding of impairment by reason of misconduct and of deficient professional performance, which were originally made in October 2015. The matters found against her were also most serious and involved wide spread failings in basic and fundamental aspects of dental practice.

There is again no evidence whatsoever of any insight or remediation, given Ms Uta's complete lack of engagement in this regulatory process. There is therefore also a high risk of repetition in relation to the matters found by the PPC, with a real risk of harm to patients should Ms Uta be allowed to practise without restriction. Given her complete lack of insight and remediation, public confidence in the profession would also be seriously undermined if Ms Uta's fitness to practise was found to be no longer impaired.

For the reasons already given by the PCC, the suspension of Ms Uta's registration remains necessary and proportionate. There is no power for the PPC to direct indefinite suspension. This is because in relation to the matters before the PPC, the suspension of Ms Uta's registration (i) will not have lasted for at least two years; and (ii) it is in any event more than two months before the date on which the period of suspension in question would otherwise expire.

In these circumstances, the Committee directs that the period of suspension be extended for a further period of 12 months beginning with the date on which it would otherwise expire with a review, when jurisdiction to direct indefinite suspension will accrue and will therefore be an option available for consideration by the reviewing PPC.

Disposal

Accordingly, (i) in relation to the proceedings before the PCC, this Committee sitting as the PCC directs that Ms Uta's registration be indefinitely suspended; (ii) in relation to the proceedings before the PPC, this Committee sitting as the PPC directs that Ms Uta's registration be suspended for further period of 12 months with a review.

That concludes the hearing today."

At a review hearing on 24 October 2018 the Chairman announced the determination as follows:

"This is a resumed hearing for the purposes of s 27C of the Dentists Act 1984. On 28 October 2015 the Professional Performance Committee (PPC) found Ms Uta's fitness to practise to be impaired by reason of her misconduct and deficient professional performance

and directed that her registration be suspended for a period of 12 months with a review. In respect of misconduct of deficient professional performance, the initial PPC stated:

...Ms Uta's practice in a number of areas constitutes acts and omissions which fell far short of the standards reasonably expected of a registered dentist. The Committee was particularly concerned about the shortcomings in communication with a number of patients regarding the availability of treatment options such as bridges and white composite fillings on the NHS.

The Committee considered Ms Uta's communication with patients in relation to the availability of NHS treatment options lacked the necessary components of providing a full range of treatment options, and a clear explanation of costs to the patient. The consequence of these shortcomings was that the patients did not have a complete understanding of the options available for their treatment. The Committee considered that failures to communicate effectively with patients in respect of the availability of treatment options on the NHS were serious and fell far below the standards reasonably expected of a registered dentist. Given the nature of the failings in this regard, their number and importance to the interests of the patients, the Committee considered that they amount to misconduct.

...

The Committee next considered whether the remaining aspects of the charges which it has found proved constitute deficient professional performance.

The findings of the Committee, taken in their totality, represent a pattern of poor performance that falls far below the standards expected of a registered dentist. There were repetitive, basic failures involving 26 patients at two practices. Furthermore the Committee found that aspects of its findings represent dentistry well below the standards required; in particular, Ms Uta's repeated failure to take radiographs, or the taking of radiographs of little or no diagnostic value, and her failure to adequately treat caries. The Committee further considered that Ms Uta's issuing of prescriptions for antibiotics without adequate clinical justification were serious matters. In the circumstances, the Committee determined that the remaining facts found proved amounted to deficient professional performance.

Ms Uta was neither present nor represented at the initial PPC hearing: there had been no engagement from her at all. The PPC noted that Ms Uta's registration was also suspended by the Professional Conduct Committee (PCC) in respect of a separate finding of misconduct. In directing a 12 month suspension with a review, the PPC stated:

The period was selected having regard to the length of time that it expects Ms Uta will need to engage with the process and demonstrate any meaningful remediation and insight, in view of her total failure to engage with the GDC for an extended period of time which remains on-going. There will be a review which Ms Uta will be expected to attend. The Committee considers that the review ought to take place in the second half of the period of suspension at the same time as the review of the suspension order imposed by the Professional Conduct Committee in June 2015.

In line with the findings of the Professional Conduct Committee in June 2015, the Committee considers that the reviewing Committee would be assisted by:

- Ms Uta's attendance at the review hearing;
- Evidence of remediation by Ms Uta, including retraining and personal reflection undertaken by Ms Uta in the intervening period in order for her to satisfy that Committee that her insight is at a sufficient level to enable it to allow her to return to practice with or without further restriction.

The suspension was reviewed on 7 July 2016 by a panel sitting as both the PCC and PPC. There continued to be no attendance or engagement from Ms Uta and her fitness to practise continued to be impaired:

The Committee considered that Ms Uta's failings are remediable. However, because Ms Uta has failed to engage with the GDC since the last two substantive hearings, it has no information before it which indicates that she has taken any steps towards remediation of her practice. The Committee also has no evidence that Ms Uta has reflected on her deficient professional performance or has any insight into it. For these reasons, the Committee finds that Ms Uta is likely to repeat her poor practice and that she represents an on-going risk to patient safety. Furthermore, it considered that if it were to make a finding that Ms Uta's fitness to practise is not currently impaired, public confidence in the profession would be undermined. A finding of impairment is necessary to declare and uphold standards of the profession. Accordingly, the Committee determined that Ms Uta's fitness to practise is currently impaired by reason of her deficient professional performance.

The suspensions in respect of both proceedings were extended for a further period of 12 months, with a review.

The next review took place on 18 July 2017 by a panel sitting first as the PCC and then as the PPC. The panel announced the determination in respect of both sets of proceedings in the same document. There continued to be no attendance or engagement from Ms Uta. In respect of the PCC proceedings, a direction for indefinite suspension was given; in respect of the PPC proceedings, the suspension was extended for a further period of 12 months with a review:

...There is again no evidence whatsoever of any insight or remediation, given Ms Uta's complete lack of engagement in this regulatory process. There is therefore also a high risk of repetition in relation to the matters found by the PPC, with a real risk of harm to patients should Ms Uta be allowed to practise without restriction. Given her complete lack of insight and remediation, public confidence in the profession would also be seriously undermined if Ms Uta's fitness to practise was found to be no longer impaired.

For the reasons already given by the PCC [earlier in the determination], the suspension of Ms Uta's registration remains necessary and proportionate. There is no power for the PPC to direct indefinite suspension. This is because in relation to the matters before the PPC, the suspension of Ms Uta's registration (i) will not have lasted for at least two years; and (ii) it is in any event more than two months before the date on which the period of suspension in question would otherwise expire.

In these circumstances, the Committee directs that the period of suspension be extended for a further period of 12 months beginning with the date on which it would otherwise expire with a review, when jurisdiction to direct indefinite suspension will accrue and will therefore be an option available for consideration by the reviewing PPC...

It is the role of the Committee sitting today as the PPC to review the suspension in respect of the PPC proceedings.

Service and proceeding in absence

Neither party is present today. There has been no response or other engagement from Ms Uta. In its written submissions, the General Dental Council (GDC) requests that the matter be reviewed on the papers and submits that the Committee should give a direction for indefinite suspension:

41. The Council would therefore submit that an indefinite suspension, in accordance with section 27(1)(d) of the Dentist Act 1984, would be appropriate. The Registrant has consistently failed to display insight into her failings and has failed to engage with her regulator. As set out above, the Council have not received any information to suggest that the Registrant has developed any insight following the previous hearings, and there is no information before the Committee which would suggest that this will change in the short-term future. The Council

would further submit that any lesser sanction would not adequately protect patients' interests and would serve to undermine the public confidence in the profession.

42. It is the Council's position that a sanction of indefinite suspension would save the Council the costs of additional hearings in light of the Registrant's non-engagement. The Committee will note that the Registrant is already suspended indefinitely in respect of the Professional Conduct matter. In the event that the Registrant chooses to engage at a later date, she will have the power to call a review of the order.

The Committee was satisfied that the notification of hearing dated 17 September 2018 contained the required information under Rule 28 of the General Dental Council (Fitness to Practise) Rules 2006; and that it had been served on her in accordance with Rule 65 by virtue of it being sent by Royal Mail International Delivery to her registered address in Romania. Whilst the Committee do not have proof of delivery, service is effected under the Rules by the act of sending the notification by registered post to the registered or last known address. It is Ms Uta's professional responsibility to ensure that her contact details are kept up to date. The Committee noted that unsuccessful attempts had also been made to contact her by telephone or email.

The Committee next considered whether to exercise its discretion to proceed in Ms Uta's absence. This is a discretion which must be exercised with the utmost care and caution. Ms Uta has the right to attend this hearing and/or to be represented. As stated to her in the notification of hearing, her non-attendance is *"likely to be severely prejudicial to your case and may lead to a more severe sanction being imposed by the Committee"*. In that notification, Ms Uta was also informed of the ability to attend this hearing remotely via video link or telephone.

The Committee was satisfied that the GDC has made all reasonable efforts to notify Ms Uta of this hearing and its purpose. There has been no response or other engagement from her in respect of this hearing or her previous hearings before the PPC. There is no application for a postponement and there is nothing to suggest that an adjournment would make Ms Uta's attendance any more likely at a future date. There has been no engagement from her whatsoever over a period of years. In this context, the Committee was satisfied that she has voluntarily absented herself from this hearing and that she has waived her right to attend.

Accordingly, having regard to all the circumstances, including the need for the expeditious disposal of these proceedings, the Committee was satisfied that it would be fair and in the interests of justice to proceed, notwithstanding the absence of Ms Uta. The Committee further determined that it would be appropriate to review the matter on the papers.

Decision on review

The Committee accepted the advice of the Legal Adviser.

The Committee had regard to the *Guidance for the Practice Committees, including Indicative Sanctions Guidance* (October 2016).

The Committee noted the parallel proceedings before the PCC and that Ms Uta's registration is already suspended indefinitely in respect of those proceedings. However, it confined the focus of its review to the proceedings before the PPC and disregarded the fact Ms Uta's registration is already suspended in respect of other proceedings.

Ms Uta's fitness to practise was found to be impaired in respect of her wide ranging basic and fundamental clinical failings in her care and treatment of 26 patients between 2010 and 2012. There is a persuasive burden on any registrant at a review hearing to demonstrate that they have addressed the matters relating to their impairment. In the opinion of the

Committee Ms Uta's failings are remediable but as she has not engaged at all there is no evidence whatsoever of any remediation, reflection or insight.

Ms Uta's fitness to practise therefore remains impaired by reason of her deficient professional performance. A continued sanction on her registration remains necessary to protect the public, to declare and uphold proper professional standards and to maintain public confidence in the profession and in its regulation. Although her failings are remediable, conditions could not be formulated which would be workable, measurable or proportionate as she is not engaging in these proceedings. The suspension of her registration therefore remains necessary and proportionate.

The Committee first considered whether to direct that Ms Uta's registration be suspended for a fixed period. It noted that there has been no engagement from her in three years. She has had ample opportunity to respond to these proceedings and to show engagement. There is nothing to suggest that she would engage in any future hearing. Directing a period of suspension with a review would therefore serve no purpose.

Accordingly, the Committee directs that Ms Uta's registration be suspended indefinitely.

That concludes the hearing today."