

HEARING HEARD IN PUBLIC

ROUSSOS, Ioannis

Registration No: 63552

PROFESSIONAL CONDUCT COMMITTEE

FEBRUARY 2016 – MARCH 2018

Most recent outcome: Suspended indefinitely **

**** See page 42 for the latest determination**

Ioannis ROUSSOS, a dentist, DipDS Thessaloniki 1980, was summoned to appear before the Professional Conduct Committee on 22 February 2016 for an inquiry into the following charge:

Charge (as amended on 29 February 2016)

“That, being a registered dentist:

1. Between 2007 and 2013 you were in general dental practice offering treatment under the provisions of the NHS at:
 - (a) The Little London Dental Care, Chichester, from May 2007 to February 2013;
 - (b) The Causeway Dental Practice, Horsham, West Sussex, from June 2013 to July 2013.
2. You provided care and treatment to the patients listed in Schedule A¹.

Patient 2

3. On 21 June 2013 you failed to carry out a Basic Periodontal Examination (‘BPE’).
4. You failed to adequately record:
 - (a) checking the medical history;
 - (b) an extra-oral examination;
 - (c) an intra-oral examination including soft tissues;
 - (d) assessment of the existing prosthesis;
 - (e) discussion of treatment options including risks and benefits.

Patient 3

5. On 28 June 2013 you:
 - (a) failed to undertake radiographic investigation of caries at UL7 and/or UL8;
 - (b) inappropriately advised the use of desensitising toothpaste rather than the application of fluoride to initial caries lesions at UL7 and/or UL8.
6. You failed to adequately record discussion of treatment options including risks and benefits.

¹ Please note that the schedule is a private document and cannot be disclosed

Patient 4

7. On 28 June 2013 you failed to:
 - (a) take an appropriate periapical radiograph of the UR6 recorded as “receded palatally over 6mm”;
 - (b) take appropriate periapical radiographs to determine the integrity of crowns recorded as “outdated, leaking” and/or to record vitality testing of such teeth if symptomless;
 - (c) carry out pocket depth charting following BPE scores of 3 and 4.
8. You failed to adequately record:
 - (a) a diagnosis of periodontal disease;
 - (b) any discussion of treatment options including risks and benefits;
 - (c) a treatment plan in respect of:
 - (i) periodontal disease;
 - (ii) defective crown restorations.

Patient 6

9. On 18 June 2013 you inaccurately recorded BPE scores of 2 in all sextants.
10. You failed to take any, or any adequate, radiographs in order to investigate:
 - (a) periodontal disease;
 - (b) caries.
11. You failed to adequately record:
 - (a) dental caries at:
 - (i) LR7;
 - (ii) LR5;
 - (iii) LR4;
 - (b) a diagnosis of periodontal disease;
 - (c) periapical periodontitis and/or periapical infection at LR4;
 - (d) the provision of any oral hygiene advice;
 - (e) any supra and sub-gingival scaling;
 - (f) discussion of treatment options including risks and benefits.

Patient 7

12. On 20 June 2013 you:
 - (a) inappropriately provided scaling following BPE scores of 1 in all sextants;
 - (b) failed to take bitewing radiographs to investigate caries.
13. You failed to adequately record:
 - (a) the provision of oral hygiene instruction;
 - (b) the use of local anaesthetic on 28 June 2013;
 - (c) discussion on or after 20 June 2013 of treatment options including the risks and benefits;

- (d) the provision of an amalgam filling at UL8 on 28 June 2012 in that you incorrectly recorded the use of both a matrix band and a wedge.

Patient 8

- 14. You failed to adequately record a justification for and/or report on radiographs dated 2 July 2013.
- 15. You failed to diagnose caries at:
 - (a) LL6;
 - (b) LR8.
- 16. You failed to adequately record discussion of treatment options including risks and benefits.

Patient 9

- 17. On 28 June 2013 you inaccurately recorded BPE scores of 2 in all posterior sextants.
- 18. You failed to adequately or appropriately treat periodontal disease.
- 19. You failed to adequately record:
 - (a) a diagnosis of established chronic periodontal disease;
 - (b) discussion of treatment options including risks and benefits.

Patient 10

- 20. On 18 June 2013 you failed to:
 - (a) carry out a BPE;
 - (b) take bitewing radiographs to investigate caries.
- 21. You failed to adequately record:
 - (a) reason for attendance;
 - (b) dental history;
 - (c) extra-oral examination;
 - (d) intra-oral examination;
 - (e) charting;
 - (f) caries risk assessment;
 - (g) use of local anaesthetic;
 - (h) discussion of treatment options including risks and benefits.
- 22. You failed to accurately record the provision of an amalgam filling at UL6 on 18 June 2012 in that you incorrectly recorded the use of both a matrix band and a wedge.

Patient 11

- 23. On 25 June 2013 you:
 - (a) failed to carry out a BPE;
 - (b) failed to take bitewing radiographs to investigate caries;
 - (c) provided a substandard restoration at UL6 in that there was a substantial overhang.

24. You failed to adequately record:
- (a) medical history;
 - (b) dental history;
 - (c) extra-oral examination;
 - (d) intra-oral examination;
 - (e) discussion of treatment options including risks and benefits.

Patient 14

25. You failed to provide appropriate periodontal treatment following BPE scores of 2s and/or 3s on:
- (a) WITHDRAWN.
 - (b) 27 June 2013.
26. You failed to adequately record:
- (a) the use of anaesthetic on 27 June 2013;
 - (b) discussion of treatment options including risks and benefits.

Patient 15

27. On 2 and/or 5 July 2013 you:
- (a) failed to take appropriate radiographs to aid root canal treatment to LL3;
 - (b) failed to use a rubber dam;
 - (c) supplied an inappropriate impression for the construction of a post-retained crown at LL3.
28. You failed to adequately record:
- (a) diagnostic and/or working lengths;
 - (b) the use of a rubber dam;
 - (c) discussion of treatment options including risks and benefits.

Patient 16

29. On 27 June 2013 you inappropriately:
- (a) proceeded to an extraction when you considered there was insufficient access and/or visualisation;
 - (b) extracted LL6 which did not require extraction.
30. You failed to adequately record the use of anaesthetic.

Patient 17

31. Between 2010 and 2013 you failed to:
- (a) carry out any, or any adequate, BPEs;
 - (b) obtain any, or any sufficient, bitewings to investigate caries;
 - (c) obtain any, or any sufficient, intra oral radiographs to monitor periodontal disease.
32. You inappropriately advised “salty water” for the patient’s periodontal symptoms on:

- (a) 26 June 2012;
 - (b) 9 January 2013.
33. You failed to adequately record:
- (a) a diagnosis of periodontal disease;
 - (b) any BPE on 9 January 2013;
 - (c) a consultation on 15 January 2013;
 - (d) the reason for the patient's attendance on,
 - (i) 11 November 2010;
 - (ii) 12 May 2011;
 - (iii) 15 November 2011;
 - (iv) 9 January 2013;
 - (e) the use of anaesthetic on:
 - (i) 11 November 2010;
 - (ii) 15 January 2013;
 - (f) discussion of treatment options including risks and benefits.

Patient 18

34. Between 2010 and 2013 you failed to:
- (a) carry out any, or any adequate, BPEs;
 - (b) obtain any, or any sufficient, bitewings to investigate caries;
 - (c) obtain any, or any sufficient, intra oral radiographs to monitor periodontal disease.
35. You inappropriately advised "salty water" for the patient's periodontal symptoms on:
- (a) 10 May 2011;
 - (b) 12 November 2012.
36. You inappropriately prescribed antibiotics on 28 May 2012 without adequate clinical justification.
37. You failed to adequately record:
- (a) a full medical history or update after 10 May 2012;
 - (b) your prescription for antibiotics on 28 May 2012;
 - (c) any BPE on 12 November 2012;
 - (d) all treatment appointments in respect of the provision of a denture;
 - (e) discussion of treatment options including risks and benefits.
38. You failed to keep full and accurate records of care and treatment provided on:
- (a) 31 March 2010;
 - (b) 15 April 2010;
 - (c) 26 May 2010;
 - (d) 13 October 2010;

- (e) 10 May 2011.

Patient 19

39. Between 2010 and 2013 you failed to:
- (a) carry out any, or any adequate, BPEs;
 - (b) obtain any, or any sufficient, bitewings to investigate caries.
40. You failed to adequately report on a radiograph dated 29 November 2012 which showed;
- (a) a large radiolucency associated with the roots of UR5 and UR4;
 - (b) a large mesial carious lesion at UR4.
41. You failed to appropriately treat the lesion at UR4.
42. You failed to keep full and accurate records of care and treatment provided on:
- (a) 26 January 2010;
 - (b) 14 October 2011;
 - (c) 24 October 2011;
 - (d) 9 November 2012;
 - (e) 25 January 2013.
43. You failed to adequately record:
- (a) a medical history and/or update on:
 - (i) 2 September 2010;
 - (ii) 17 March 2011;
 - (iii) 24 August 2012;
 - (b) a prescription for antibiotics dated 9 November 2012;
 - (c) discussion of treatment options including risks and benefits.

Patient 20

44. Between September 2010 and January 2013 you failed to:
- (a) carry out any, or any adequate, BPEs;
 - (b) obtain any, or any sufficient, bitewings to investigate caries.
45. You inappropriately advised “salty water” for the patient’s periodontal symptoms on 24 January 2013.
46. You failed to adequately record a justification for and/or report on a radiograph dated 27 September 2011.
47. You failed to adequately record:
- (a) the use of anaesthetic on 9 May 2012;
 - (b) any BPE dated 24 January 2013;
 - (c) discussion of treatment options including risks and benefits.

Patient 25

48. Between 29 May 2007 and 28 August 2008 you failed to adequately record:
- (a) a medical history;

- (b) a dental history;
 - (c) a social history;
 - (d) an extra-oral examination;
 - (e) a complete intra-oral examination;
 - (f) any oral hygiene assessment;
 - (g) a BPE;
 - (h) treatment provided to LL7 on 3 December 2007 and/or 17 July 2008;
 - (i) any diagnosis in respect of the patient's signs and symptoms on 3 July 2008;
 - (j) discussion of treatment options, including risks and benefits;
49. Between 29 May 2007 and 28 August 2008 you failed to carry out sufficient treatment planning.
50. On 3 July 2008, or on a date before permanently restoring the LL6, you failed to vitality test the LL6.
51. You failed to undertake appropriate radiographic investigation in that you:
- (a) failed to take bitewings on 29 May 2007 or soon thereafter;
 - (b) failed to take a periapical of the LL6 on 19 June 2008 or soon thereafter.
52. You failed to diagnose and/or adequately treat periodontal disease.

Breach of Conditions

53. You breached the terms of your conditional inclusion in the NHS Dental Performers' List in that, contrary to your conditions, you:
- (a) undertook a locum post at Hartley Dental Practice, Basin Road, Chichester from 28 April 2014 until the breach was discovered and your employment terminated on 21 May 2014;
 - (b) failed to engage with the Deanery in order to arrange for your practice to be assessed and a Personal Development Plan ('PDP') be developed.
54. You failed to disclose to Elite Dental Agency and/or your employer at Hartley Dental Practice that you were the subject of NHS England conditions and/or GDC fitness to practise proceedings.
55. Your conduct as set out above at 54 was:
- (a) misleading;
 - (b) dishonest.

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

- (i) in respect of paragraphs 3 - 52, misconduct and/or deficient professional performance;
- (ii) in respect of paragraphs 53 - 55, misconduct."

Mr Roussos was not present and was not represented. On 29 February 2016 the Chairman announced the findings of fact to the Counsel for the GDC:

“Ms Barnfather

Mr Roussos was neither present nor represented at today’s hearing. In his absence, the Committee first considered whether notice of this hearing had been served on him by the General Dental Council (GDC) in accordance with Rules 35 and 65 of the Rules.

The Committee received a copy of the Notification of Hearing, dated 22 January 2016, which was sent to Mr Roussos’ registered address by way of Special Delivery and first class post. It also had sight of the corresponding Royal Mail track and trace receipt which confirms that the letter was delivered on 23 January 2016 and signed for in the name of “Rousses”. The Committee was satisfied that the letter contained proper notification of today’s hearing, including its time, date and location, as well as notification that the Committee has the power to proceed with the Professional Conduct Committee hearing in Mr Roussos’ absence.

On the basis of the documentation before it, the Committee was satisfied that the notice of this hearing was served on Mr Roussos in compliance with the Rules.

The Committee then went on to consider whether to exercise its discretion under Rule 54 to proceed with the hearing in Mr Roussos’ absence. You have invited the Committee to do so in the light of Mr Roussos’ clear indication to the GDC that he will not be attending today’s hearing. The Committee has accepted the advice of the Legal Adviser and was mindful that proceeding in the absence of a respondent was a discretion that must be approached with the utmost care and caution.

The Committee had regard to emails from Mr Roussos. In his email dated 07 December 2015, in reply to an email from the GDC which contains the dates of the hearing, Mr Roussos states “I will not be available to a hearing that is made up”. In his email dated 21 February 2016 to Capsticks Mr Roussos stated “I do not expect to be present on the hearing’s day, as I feel I would not get a fair hearing”.

On the basis of Mr Roussos’ confirmation to the GDC dated 21 February 2016 that he did not intend to attend today’s hearing, the Committee was satisfied that he has chosen not to attend. He has not asked for an adjournment and the Committee does not consider that an adjournment would assist in securing the attendance of Mr Roussos. In these circumstances, having weighed the interests of Mr Roussos with those of the GDC and the public interest in an expeditious disposal of this hearing, the Committee has determined to proceed in his absence.

During the hearing you made applications under rule 18 of the General Dental Council (Fitness to Practise) Rules Order of Council 2006 to amend the allegations in the charge as follows:

- Sub-head of charge 13.b) be amended to read ‘the use of local anaesthetic on 28 June 2013’;
- Head of charge 17 to have the word ‘posterior’ inserted between ‘all’ and ‘sextants’;
- Sub-head of charge 25.a) be withdrawn;
- Sub-head of charge 33.e) be amended to read ‘11 November 2010’;
- Head of charge 40 be amended to read ‘ you failed to adequately report on a radiograph dated 29 November 2012 which showed:’;
- Sub-head of charge 43.a) i) be amended to read ‘2 September 2010’; and
- Head of charge 46 be amended to read ‘You failed to adequately record a justification for and/or report on a radiograph dated 27 September 2011’.

You submitted that the proposed amendments would not result in any prejudice to Mr Roussos since they were typographical errors, or were amendments in Mr Roussos' favour.

The applications to amend were granted by the Committee.

The Charge

The GDC's case against Mr Roussos involves concerns relating to treatment of fifteen patients at two practices, and his compliance with professional obligations. The concerns include issues relating to examination and assessment, radiography (including reporting) and providing inappropriate treatment. Charges 1-47 inclusive arise from an audit of patient records initiated by NHS England which, you submitted, represent a fair sample. Charges 48-52 inclusive arise from a patient complaint made to the GDC. The remainder of the charges relate to concerns about Mr Roussos' probity.

The Oral Evidence

The Committee heard oral evidence from Mr Vaid on behalf of NHS England, and Mr O'Hara from the Causeway Dental Clinic.

The Committee considered both witnesses to be clear and credible.

The Expert Opinion

The Committee also received written and oral evidence from Mr Entwistle on behalf of the GDC. The Committee considered the evidence of Mr Entwistle to be clear and credible, and the Committee had the opportunity to test the evidence through Committee questions.

The Committee accepted the advice of the Legal Adviser, which included:

- The Committee must restrict its considerations to the matters making up the charge;
- The Committee must have proper regard to any written material submitted by Mr Roussos and give these anxious scrutiny;
- The Committee has the benefit of hearing from an expert witness, who is uniquely able to offer opinion evidence. The case of ***Council for the Regulation of Health Care Professionals v General Medical Council and Basiouny*** [2005] EWHC 68 (Admin) set out that although the panel was a specialist tribunal with expertise of its own, it would have to have clear and compelling reasons to reject expert evidence.
- In respect of the test for dishonesty, the proper test is that set out in ***Professional Standards Authority for Health and Social Care v Health and Care Professions Council, David*** [2014] EWHC 4657, endorsing a modified Ghosh test. The Committee needs to be satisfied that the Registrant's conduct was dishonest by the standards of honest and reasonable dentists, and that he was aware that it would be considered dishonest by those standards on a balance of probabilities;
- The Committee must give reasons for its decision. These need not be elaborate or lengthy, but should be sufficient to explain in broad terms why it has reached the decision it has.

The Committee reminded itself that the burden of proof rests with the GDC. Further, as the standard of proof is the civil standard, the Committee noted that the GDC must prove on the balance of probabilities, each individual head and sub-head of charge.

The Committee has considered each head and sub-head of charge separately. In doing so the Committee has taken into account all the evidence presented to it.

I will now announce the Committee's findings in relation to each head of charge:

1.a	<p>Found proved from 1 September 2007 until 2013.</p> <p>The Committee acknowledged Mr Roussos' submission that he did not commence work there until September 2007, and the Committee has before it evidence of an NHS letter dated 26 February 2010 setting out that Mr Roussos' contract at the Little London Practice commenced on 1 September 2007.</p> <p>On this basis the Committee finds this sub-head of charge proved from 1 September 2007.</p>
1.b	<p>Found proved.</p> <p>It is not disputed that from June 2013 to July 2013 Mr Roussos worked at the Causeway Dental Practice.</p>
2.	Found proved.
Patient 2	
3.	<p>Found proved.</p> <p>The entry in the clinical records for the appointment for 21 June 2013 is brief and contains no indication that a BPE was carried out. The Committee is satisfied, as more likely than not, that the absence of such records demonstrates that Mr Roussos did not carry out the procedure required or indicated.</p> <p>The Committee therefore finds this head of charge proved.</p>
4.a	<p>Found proved.</p> <p>The Committee has reviewed the complete clinical records and is satisfied that there is no evidence of a record showing Mr Roussos checked the medical history which was completed by the patient.</p> <p>The Committee therefore find this sub-head of charge proved.</p>
4.b	<p>Found proved.</p> <p>The Committee has accepted the expert opinion that it was Mr Roussos' duty to record detail of an extra oral examination.</p> <p>The Committee has reviewed the complete clinical records and is satisfied that there is no evidence of this.</p> <p>The Committee therefore finds this sub-head of charge proved.</p>
4.c	<p>Found proved.</p> <p>The Committee has accepted the expert opinion that it was Mr Roussos' duty to record detail of an intra oral examination, including soft tissues.</p> <p>The Committee has reviewed the complete clinical records and is satisfied that there is no evidence of this.</p> <p>The Committee therefore finds this sub-head of charge proved.</p>
4.d	Found proved.

	<p>The Committee has accepted the expert opinion that it was Mr Roussos' duty to record detail of an assessment of the existing prosthesis.</p> <p>The Committee has reviewed the complete clinical records and is satisfied that there is no evidence of this.</p> <p>The Committee therefore finds this sub-head of charge proved.</p>
4.e	<p>Found proved.</p> <p>The Committee has accepted the expert opinion that it was Mr Roussos' duty to record detail of treatment options including risks and benefits.</p> <p>The Committee has reviewed the complete clinical records and is satisfied that there is no evidence of this.</p> <p>The Committee therefore finds this sub-head of charge proved.</p>
Patient 3	
5.a	<p>Found proved.</p> <p>The Committee has reviewed the complete clinical records and noted that Mr Roussos recorded 'caries small detected' and that the caries risk in this patient was high.</p> <p>The Committee has accepted the expert opinion that in those circumstances it was Mr Roussos' duty to undertake a radiographic investigation of caries at the UL7 and / or UL8.</p> <p>The Committee is satisfied, as more likely than not, that the absence of such records demonstrates that Mr Roussos did not carry out the procedure required or indicated.</p> <p>The Committee therefore finds this sub-head of charge proved.</p>
5.b	<p>Found proved.</p> <p>The Committee has reviewed the complete clinical records and notes that Mr Roussos recorded advising the use of desensitising toothpaste.</p> <p>The Committee has accepted the expert opinion that this was not appropriate advice for initial carious lesions.</p> <p>The Committee therefore finds this sub-head of charge proved.</p>
6.	<p>Found proved.</p> <p>The Committee has accepted the expert opinion that it was Mr Roussos' duty to record discussion of treatment options, including risks and benefits.</p> <p>The Committee has reviewed the complete clinical records and is satisfied that there is no evidence of this.</p> <p>The Committee therefore finds this sub-head of charge proved.</p>
Patient 4	
7.a	<p>Found not proved.</p> <p>The Committee received expert opinion that it was Mr Roussos' duty to take a radiograph of the UR6 in the circumstances.</p>

	<p>The Committee has reviewed the complete clinical records and notes that Mr Roussos assessed this tooth as being firm and having “no symptoms”, and that he placed a watch on this tooth.</p> <p>The Committee acknowledges the expert view but is not persuaded that all dentists would necessarily take a radiograph of this symptomless tooth.</p> <p>The Committee therefore finds this sub-head of charge not proved.</p>
7.b	<p>Found proved in part.</p> <p>The Committee received expert opinion that it was Mr Roussos’ duty to take periapical radiographs or undertake a vitality test to establish the integrity of crowns recorded as “outdated, leaking”.</p> <p>The Committee accepted the expert opinion in relation to taking radiographs but considers that Mr Roussos would not be expected to undertake a vitality test on a crowned tooth when the tooth was described as symptomless.</p> <p>The Committee therefore finds this sub-head of charge proved only in respect of a failure to take radiographs.</p>
7.c	<p>Found proved.</p> <p>The Committee has accepted the expert opinion that it was Mr Roussos’ duty to carry out pocket depth charting on this patient. There is nothing to indicate that such charting was carried out.</p> <p>The Committee is satisfied, as more likely than not, that the absence of such records demonstrates that Mr Roussos did not carry out the procedure required or indicated.</p> <p>The Committee therefore finds this sub-head of charge proved.</p>
8.a	<p>Found proved.</p> <p>The Committee has accepted the expert opinion that it was Mr Roussos’ duty to record a diagnosis of periodontal disease.</p> <p>The Committee has reviewed the complete clinical records and is satisfied that there is no evidence of this.</p> <p>The Committee therefore finds this sub-head of charge proved.</p>
8.b	<p>Found proved.</p> <p>The Committee has accepted the expert opinion that it was Mr Roussos’ duty to record discussion of treatment options including risks and benefits.</p> <p>The Committee has reviewed the complete clinical records and is satisfied that there is no evidence of this.</p> <p>The Committee therefore finds this sub-head of charge proved.</p>
8.c.i	<p>Found proved.</p> <p>The Committee has accepted the expert opinion that it was Mr Roussos’ duty to record a treatment plan in respect of the patient’s periodontal disease.</p> <p>The Committee has reviewed the complete clinical records and is</p>

	<p>satisfied that there is no evidence of this.</p> <p>The Committee therefore finds this sub-head of charge proved.</p>
8.c.ii	<p>Found proved.</p> <p>The Committee has accepted the expert opinion that it was Mr Roussos' duty to record a treatment plan in respect of restoration of defective crowns.</p> <p>The Committee has reviewed the complete clinical records and is satisfied that there is no evidence of this.</p> <p>The Committee therefore finds this sub-head of charge proved.</p>
Patient 6	
9.	<p>Found proved.</p> <p>The Committee was provided with a radiograph dated 8 August 2013 which showed clear evidence of generalised bone loss. The Committee accepted the expert evidence that this was incompatible with a BPE score of 2, recorded in June. The expert concluded that the BPE scores of 2 were inaccurate.</p> <p>The Committee accepted this view and accordingly finds this sub-head of charge proved.</p>
10.a	<p>Found proved.</p> <p>The Committee has accepted the expert opinion that it was Mr Roussos' duty to take radiographs to investigate periodontal disease.</p> <p>The Committee is satisfied, as more likely than not, that the absence of such records demonstrates that Mr Roussos did not carry out the procedure required or indicated.</p> <p>The Committee therefore finds this sub-head of charge proved.</p>
10.b	<p>Found proved.</p> <p>The Committee has accepted the expert opinion that it was Mr Roussos' duty to take radiographs to investigate caries.</p> <p>The Committee is satisfied, as more likely than not, that the absence of such records demonstrates that Mr Roussos did not carry out the procedure required or indicated.</p> <p>The Committee therefore finds this sub-head of charge proved.</p>
11.a.i	<p>Found proved.</p> <p>The Committee has accepted the expert opinion that caries would have been clinically detectable at the LR7 and that it was Mr Roussos' duty to record the caries.</p> <p>The Committee has reviewed the complete clinical records and is satisfied that there is no evidence of this.</p> <p>The Committee therefore finds this sub-head of charge proved.</p>
11.a.ii	<p>Found proved.</p> <p>The Committee has accepted the expert opinion that caries would have been clinically detectable at the LR5 and that it was Mr Roussos' duty to</p>

	<p>record the caries.</p> <p>The Committee has reviewed the complete clinical records and is satisfied that there is no evidence of this.</p> <p>The Committee therefore finds this sub-head of charge proved.</p>
11.a.iii	<p>Found proved.</p> <p>The Committee has accepted the expert opinion that caries would have been clinically detectable at the LR4 and that it was Mr Roussos' duty to record the caries.</p> <p>The Committee has reviewed the complete clinical records and is satisfied that there is no evidence of this.</p> <p>The Committee therefore finds this sub-head of charge proved.</p>
11.b	<p>Found proved.</p> <p>The Committee has accepted the expert opinion that periodontal disease would have been clinically detectable at the appointment of 18 June 2013 and that it was Mr Roussos' duty to record this.</p> <p>The Committee has reviewed the complete clinical records and is satisfied that there is no evidence of this.</p> <p>The Committee therefore finds this sub-head of charge proved.</p>
11.c	<p>Found proved.</p> <p>The Committee accepted the expert opinion that periapical periodontitis and / or periapical infection would been clinically detectable at the appointment and that it was Mr Roussos' duty to record this.</p> <p>The Committee has reviewed the complete clinical records and is satisfied that there is no evidence of this.</p> <p>The Committee therefore finds this sub-head of charge proved.</p>
11.d	<p>Found proved.</p> <p>The Committee has accepted the expert opinion that it was Mr Roussos' duty to record the provision of any oral hygiene advice.</p> <p>The Committee has reviewed the complete clinical records and is satisfied that there is no evidence of this.</p> <p>The Committee therefore finds this sub-head of charge proved.</p>
11.e	<p>Found proved.</p> <p>The Committee has accepted the expert opinion that it was Mr Roussos' duty to record the provision of any supra and sub-gingival scaling.</p> <p>The Committee has reviewed the complete clinical records and is satisfied that there is no evidence of this.</p> <p>The Committee therefore finds this sub-head of charge proved.</p>
11.f	<p>Found proved.</p> <p>The Committee has accepted the expert opinion that it was Mr Roussos' duty to record discussion of treatment options including risks</p>

	<p>and benefits.</p> <p>The Committee has reviewed the complete clinical records and is satisfied that there is no evidence of this.</p> <p>The Committee therefore finds this sub-head of charge proved.</p>
Patient 7	
12.a	<p>Found not proved.</p> <p>The Committee noted the expert's opinion that it was inappropriate for Mr Roussos to provide scaling following BPE scores of 1.</p> <p>He was asked by the Committee whether there may be circumstances (such as where the patient had a build-up of plaque or was a smoker) where scaling would nevertheless be appropriate. The Committee was not persuaded by his response to that question and considers that there could be such occasions.</p> <p>The Committee therefore finds this sub-head of charge not proved.</p>
12.b	<p>Found proved.</p> <p>The Committee has accepted the expert opinion that it was Mr Roussos' duty to take bitewing radiographs to investigate caries.</p> <p>The Committee accepts the expert view and notes that the patient had not attended a dentist for 5 years, prior to the appointment, and that bitewings should therefore have been taken.</p> <p>The Committee is satisfied, as more likely than not, that the absence of such records demonstrates that Mr Roussos did not carry out the procedure required or indicated.</p> <p>The Committee therefore finds this sub-head of charge proved.</p>
13.a	<p>Found proved.</p> <p>The Committee has accepted the expert opinion that it was Mr Roussos' duty to record the provision of any oral hygiene advice.</p> <p>The Committee has reviewed the complete clinical records and is satisfied that there is no evidence of this.</p> <p>The Committee therefore finds this sub-head of charge proved.</p>
13.b	<p>Amended and found not proved.</p> <p>The Committee heard evidence from the expert about the need to record local anaesthetic when used and to record a decision not to use. When questioned on this, the expert agreed that it would not always be necessary to record non-use.</p> <p>The Committee has not seen evidence that local anaesthetic was used, and therefore it is not satisfied that the duty to record local anaesthetic arose.</p> <p>The Committee does not consider that the GDC has discharged its burden in respect of this sub-head of charge and finds it not proved.</p>
13.c	<p>Found proved.</p> <p>The Committee has accepted the expert opinion that it was Mr Roussos' duty to record detail of treatment options including risks and</p>

	<p>benefits.</p> <p>The Committee has reviewed the complete clinical records and is satisfied that there is no evidence of this.</p> <p>The Committee therefore finds this sub-head of charge proved.</p>
13.d	<p>Found proved.</p> <p>The Committee heard evidence on the use of matrix bands and wedges in relation to the provision of fillings. The Committee accepted the expert evidence that these would not have been used in a filling of the type provided.</p> <p>The Committee was satisfied that on the balance of probabilities a matrix band and wedge was not used in respect of this filling and that the record was accordingly incorrect.</p> <p>The Committee therefore finds this sub-head of charge proved.</p>
Patient 8	
14.	<p>Found proved.</p> <p>The Committee has accepted the expert opinion that it was Mr Roussos' duty to record a justification for and/or a report on radiographs dated 2 July 2013.</p> <p>The Committee has reviewed the complete clinical records and is satisfied that there is no evidence of this.</p> <p>The Committee therefore finds this sub-head of charge proved.</p>
15.a	<p>Found proved.</p> <p>The Committee has accepted the expert opinion that caries was visible in the radiograph and would have been clinically detectable at the LL6. The Committee further accepts that it was Mr Roussos' duty to diagnose and record the caries.</p> <p>The Committee is satisfied, as more likely than not, that the absence of such records demonstrates that Mr Roussos did not carry out the procedure required or indicated.</p> <p>The Committee therefore finds this sub-head of charge proved.</p>
15.b	<p>Found not proved.</p> <p>The Committee accepted the expert opinion that caries would have been clinically detectable at the LR8 and that Mr Roussos was under a duty to diagnose this.</p> <p>The Committee noted that, when the patient saw a different dentist on 3 July, he reported that Mr Roussos had advised extraction of the LR8. In the light of this, and the evidence that Mr Roussos had taken radiographs on 2 July, the Committee considers that on the balance of probabilities Mr Roussos did diagnose the caries at LR8 and accordingly finds this sub-head of charge not proved.</p>
16.	<p>Found proved.</p> <p>The Committee has accepted the expert opinion that it was Mr Roussos' duty to record detail of treatment options including risks and</p>

	<p>benefits.</p> <p>The Committee has reviewed the complete clinical records and is satisfied that there is no evidence of this.</p> <p>The Committee therefore finds this sub-head of charge proved.</p>
Patient 9	
17.	<p>Amended and found proved.</p> <p>There is evidence that at appointments before and after this appointment (in February 2012 and February 2014), the patient was assessed as having BPE scores of 3s and 4s.</p> <p>The Committee received expert opinion on the nature of periodontal disease and that it would be highly unlikely to have improved at the time of the appointment on 28 June 2013. As a result he concluded that the BPE scores of 2 were inaccurate.</p> <p>The Committee accepted this view and accordingly finds this sub-head of charge proved.</p>
18.	<p>Found proved.</p> <p>The Committee has accepted the expert opinion that periodontal disease would have been clinically detectable at this appointment. The Committee further accepts that it was Mr Roussos' duty to treat that periodontal disease.</p> <p>The Committee is satisfied, as more likely than not, that the absence of such records demonstrates that Mr Roussos did not carry out the procedure required or indicated.</p> <p>The Committee therefore finds this sub-head of charge proved.</p>
19.a	<p>Found proved.</p> <p>The Committee has accepted the expert opinion that periodontal disease would have been clinically detectable at this appointment. The Committee further accepts that it was Mr Roussos' duty to record a diagnosis of chronic periodontal disease.</p> <p>The Committee has reviewed the complete clinical records and is satisfied that there is no evidence of this.</p> <p>The Committee therefore finds this sub-head of charge proved.</p>
19.b	<p>Found proved.</p> <p>The Committee has accepted the expert opinion that it was Mr Roussos' duty to record detail of treatment options including risks and benefits.</p> <p>The Committee has reviewed the complete clinical records and is satisfied that there is no evidence of this.</p> <p>The Committee therefore finds this sub-head of charge proved.</p>
Patient 10	
20.a	<p>Found proved.</p> <p>The entry in the clinical records for the appointment for 18 June 2013 is</p>

	<p>brief and contains no indication that a BPE was carried out.</p> <p>The Committee is satisfied, as more likely than not, that the absence of such records demonstrates that Mr Roussos did not carry out the procedure required or indicated.</p> <p>The Committee therefore finds this sub-head of charge proved.</p>
20.b	<p>Found proved.</p> <p>The Committee has accepted the expert opinion that it was Mr Roussos' duty to take bitewing radiographs to investigate caries.</p> <p>The Committee is satisfied, as more likely than not, that the absence of such records demonstrates that Mr Roussos did not carry out the procedure required or indicated.</p> <p>The Committee therefore finds this sub-head of charge proved.</p>
21.a	<p>Found not proved.</p> <p>The Committee heard evidence from the expert about the need to record the reason for attendance by a patient.</p> <p>Whilst the Committee accepts that it may be good practice to record the reason for attendance, it is not satisfied that there was a specific obligation upon Mr Roussos to record this.</p> <p>The Committee does not consider that the GDC has discharged its burden in respect of demonstrating that there was a duty which was not met.</p> <p>Accordingly the Committee finds this sub-head of charge not proved.</p>
21.b	<p>Found proved.</p> <p>The Committee has accepted the expert opinion that it was Mr Roussos' duty to record detail of the patient's dental history.</p> <p>The Committee has reviewed the complete clinical records and is satisfied that there is no evidence of this.</p> <p>The Committee therefore finds this sub-head of charge proved.</p>
21.c	<p>Found proved.</p> <p>The Committee has accepted the expert opinion that it was Mr Roussos' duty to record detail of an extra-oral examination.</p> <p>The Committee has reviewed the complete clinical records and is satisfied that there is no evidence of this.</p> <p>The Committee therefore finds this sub-head of charge proved.</p>
21.d	<p>Found proved.</p> <p>The Committee has accepted the expert opinion that it was Mr Roussos' duty to record detail of an intra-oral examination.</p> <p>The Committee has reviewed the complete clinical records and is satisfied that there is no evidence of this.</p> <p>The Committee therefore finds this sub-head of charge proved.</p>
21.e	<p>Found proved.</p>

	<p>The Committee has accepted the expert opinion that it was Mr Roussos' duty to record detail of charting.</p> <p>The Committee has reviewed the complete clinical records and is satisfied that there is no evidence of this.</p> <p>The Committee therefore finds this sub-head of charge proved</p>
21.f	<p>Found proved.</p> <p>The Committee has accepted the expert opinion that it was Mr Roussos' duty to record detail of the patient's caries risk assessment.</p> <p>The Committee has reviewed the complete clinical records and is satisfied that there is no evidence of this.</p> <p>The Committee therefore finds this sub-head of charge proved</p>
21.g	<p>Found not proved.</p> <p>The Committee heard evidence from the expert about the need to record local anaesthetic when used and also to record a decision not to use.</p> <p>When questioned on this, the expert agreed that it would not always be necessary to record non-use.</p> <p>The Committee has not seen evidence that local anaesthetic was in fact used at this appointment, and therefore it is not satisfied that the duty to record local anaesthetic arose.</p> <p>The Committee does not consider that the GDC has discharged its burden in respect of this sub-head of charge and finds it not proved.</p>
21.h	<p>Found proved.</p> <p>The Committee has accepted the expert opinion that it was Mr Roussos' duty to record detail of treatment options including risks and benefits.</p> <p>The Committee has reviewed the complete clinical records and is satisfied that there is no evidence of this.</p> <p>The Committee therefore finds this sub-head of charge proved.</p>
22.	<p>Found proved.</p> <p>The Committee heard evidence on the use of matrix bands and wedges in relation to the provision of fillings. The Committee accepted the expert evidence that these would not have been used in a filling of the type provided.</p> <p>The Committee was satisfied that on the balance of probabilities a matrix band and wedge was not used in respect of this filling and that the record was accordingly incorrect.</p> <p>The Committee therefore finds this sub-head of charge proved.</p>
Patient 11	
23.a	<p>Found proved.</p> <p>The entry in the clinical records for the appointment for 25 June 2013 is brief and contains no indication that a BPE was carried out.</p>

	<p>The Committee is satisfied, as more likely than not, that the absence of such records demonstrates that Mr Roussos did not carry out the procedure required or indicated.</p> <p>The Committee therefore finds this head of charge proved.</p>
23.b	<p>Found proved.</p> <p>The Committee has accepted the expert opinion that it was Mr Roussos' duty to take radiographs to investigate caries.</p> <p>The Committee is satisfied, as more likely than not, that the absence of such records demonstrates that Mr Roussos did not carry out the procedure required or indicated.</p> <p>The Committee therefore finds this sub-head of charge proved.</p>
23.c	<p>Found proved.</p> <p>The Committee heard expert opinion on the standard of the restoration provided, and reviewed the radiograph.</p> <p>The Committee accepts the expert's view that there is a substantial overhang and that as a result the restoration was substandard.</p> <p>The Committee therefore finds this sub-head of charge proved.</p>
24.a	<p>Found proved.</p> <p>The Committee has accepted the expert opinion that it was Mr Roussos' duty to record detail of the patient's medical history.</p> <p>The Committee has reviewed the complete clinical records and is satisfied that there is no evidence of this.</p> <p>The Committee therefore finds this sub-head of charge proved.</p>
24.b	<p>Found proved.</p> <p>The Committee has accepted the expert opinion that it was Mr Roussos' duty to record detail of the patient's dental history.</p> <p>The Committee has reviewed the complete clinical records and is satisfied that there is no evidence of this.</p> <p>The Committee therefore finds this sub-head of charge proved.</p>
24.c	<p>Found proved.</p> <p>The Committee has accepted the expert opinion that it was Mr Roussos' duty to record detail of an extra oral examination.</p> <p>The Committee has reviewed the complete clinical records and is satisfied that there is no evidence of this.</p> <p>The Committee therefore finds this sub-head of charge proved.</p>
24.d	<p>Found proved.</p> <p>The Committee has accepted the expert opinion that it was Mr Roussos' duty to record detail of an intra-oral examination.</p> <p>The Committee has reviewed the complete clinical records and is satisfied that there is no evidence of this.</p> <p>The Committee therefore finds this sub-head of charge proved.</p>

24.e	<p>Found proved.</p> <p>The Committee has accepted the expert opinion that it was Mr Roussos' duty to record detail of treatment options including risks and benefits.</p> <p>The Committee has reviewed the complete clinical records and is satisfied that there is no evidence of this.</p> <p>The Committee therefore finds this sub-head of charge proved.</p>
Patient 14	
25.a	WITHDRAWN.
25.b	<p>Found proved.</p> <p>The Committee has accepted the expert opinion that it was Mr Roussos' duty to provide periodontal treatment following BPE scores of 2s and 3s.</p> <p>The Committee is satisfied, as more likely than not, that the absence of such records demonstrates that Mr Roussos did not carry out the procedure required or indicated.</p> <p>The Committee therefore finds this sub-head of charge proved.</p>
26.a	<p>Found proved.</p> <p>The Committee heard expert opinion on the type of restoration provided on 27 June 2013 and that it would have required the use of local anaesthetic. The Committee considers that on the balance of probabilities local anaesthetic was used at this appointment and that a result details should have been recorded of this anaesthetic.</p> <p>The Committee has reviewed the complete clinical records and is satisfied that there is no evidence of this.</p> <p>The Committee therefore finds this sub-head of charge proved.</p>
26.b	<p>Found proved.</p> <p>The Committee has accepted the expert opinion that it was Mr Roussos' duty to record detail of treatment options including risks and benefits.</p> <p>The Committee has reviewed the complete clinical records and is satisfied that there is no evidence of this.</p> <p>The Committee therefore finds this sub-head of charge proved.</p>
Patient 15	
27.a	<p>Found proved.</p> <p>The Committee has accepted the expert opinion that it was Mr Roussos' duty to take radiographs to aid root canal treatment to the LL3.</p> <p>The Committee is satisfied, as more likely than not, that the absence of such records demonstrates that Mr Roussos did not carry out the procedure required or indicated.</p> <p>The Committee therefore finds this sub-head of charge proved.</p>

27.b	<p>Found not proved.</p> <p>The Committee heard evidence from the expert about the need to use a rubber dam during root canal treatment. The Committee has seen no evidence that a rubber dam was not used.</p> <p>The Committee considers that the use of a rubber dam is such a basic and fundamental part of root canal treatment that, on the balance of probabilities, Mr Roussos would have used one.</p> <p>The Committee does not consider that the GDC has discharged its burden in respect of this sub-head of charge and finds it not proved.</p>
27.c	<p>Found proved.</p> <p>The Committee was provided with a photograph of the impression supplied for the post retained crown. It has accepted the expert opinion that this was inappropriate.</p> <p>The Committee therefore finds this sub-head of charge proved.</p>
28.a	<p>Found proved.</p> <p>The Committee has accepted the expert opinion that it was Mr Roussos' duty to record diagnostic and / or working lengths used in the root canal treatment.</p> <p>The Committee has reviewed the complete clinical records and is satisfied that there is no evidence of this.</p> <p>The Committee therefore finds this sub-head of charge proved.</p>
28.b	<p>Found proved.</p> <p>The Committee has accepted the expert opinion that it was Mr Roussos' duty to record detail of the use of a rubber dam during root canal treatment.</p> <p>The Committee has reviewed the complete clinical records and is satisfied that there is no evidence of this.</p> <p>The Committee therefore finds this sub-head of charge proved.</p>
28.c	<p>Found proved.</p> <p>The Committee has accepted the expert opinion that it was Mr Roussos' duty to record detail of treatment options including risks and benefits.</p> <p>The Committee has reviewed the complete clinical records and is satisfied that there is no evidence of this.</p> <p>The Committee therefore finds this sub-head of charge proved.</p>
Patient 16	
29.a	<p>Found proved.</p> <p>The Committee heard evidence from Mr O'Hara, and saw the description of the incident written by Mr Roussos in the clinical notes. In these, and in his subsequent discussion with Mr O'Hara, he explained that he had not had adequate access to the patient because of the positioning of the patient's chair, and consequently had inadequate sight of the tooth to be extracted. The Committee is satisfied that to</p>

	<p>proceed in these circumstances was inappropriate, as confirmed by the expert.</p> <p>The Committee therefore finds this sub-head of charge proved.</p>
29.b	<p>Found proved.</p> <p>Mr Roussos has always acknowledged that he extracted the LL6 tooth, which did not require extraction, by mistake.</p> <p>Accordingly the Committee finds this sub-head of charge proved.</p>
30.	<p>Found proved.</p> <p>The Committee heard expert opinion on the extraction undertaken on 27 June 2013 and that it would have required the use of local anaesthetic. The Committee considers that on the balance of probabilities local anaesthetic was used at this appointment and that as a result details should have been recorded of this anaesthetic.</p> <p>The Committee has reviewed the complete clinical records and is satisfied that there is no evidence of this.</p> <p>The Committee therefore finds this sub-head of charge proved.</p>
Patient 17	
31.a	<p>Found not proved.</p> <p>There is an entry in the clinical records for the appointment of 9 January 2013 stating "bpe-chkd". The Committee considers this to be evidence that Mr Roussos carried out a BPE on that date. The Committee is satisfied that it has no evidence before it whether that BPE was inadequate.</p> <p>The Committee therefore concludes that the GDC has not proved this sub-head of charge to the requisite standard.</p>
31.b	<p>Found proved.</p> <p>The Committee has accepted the expert opinion that Mr Roussos should have taken bitewing radiographs to investigate caries at this appointment.</p> <p>The Committee is satisfied, as more likely than not, that the absence of such records demonstrates that Mr Roussos did not carry out the procedure required or indicated.</p> <p>The Committee therefore finds this sub-head of charge proved.</p>
31.c	<p>Found proved.</p> <p>The Committee has accepted the expert opinion that Mr Roussos should have taken intra oral radiographs to monitor periodontal disease in the presenting circumstances.</p> <p>The Committee is satisfied, as more likely than not, that the absence of such records demonstrates that Mr Roussos did not carry out the procedure required or indicated.</p> <p>The Committee therefore finds this sub-head of charge proved.</p>
32.a	<p>Found proved.</p> <p>The Committee accepted expert evidence that Mr Roussos'</p>

	<p>recommendation of “salty water” to treat periodontal symptoms was inappropriate.</p> <p>The Committee therefore finds this sub-head of charge proved.</p>
32.b	<p>Found proved.</p> <p>The Committee accepted expert evidence that Mr Roussos’ recommendation of “salty water” to treat periodontal symptoms was inappropriate.</p> <p>The Committee therefore finds this sub-head of charge proved.</p>
33.a	<p>Found proved.</p> <p>The Committee accepts that it was Mr Roussos’ duty to record full details of diagnoses, and the treatment provided at appointments.</p> <p>The Committee has reviewed the complete clinical records and is satisfied that there is no record of a diagnosis of periodontal disease.</p> <p>The Committee therefore finds this sub-head of charge proved.</p>
33.b	<p>Found proved.</p> <p>The Committee has reviewed the clinical records and in particular relating to the 9 January 2013 which states ‘bpe-chkd’. There is no record of BPE score. The Committee considers that it is insufficient to record that a BPE has been done without also recording the findings.</p> <p>The Committee therefore finds this sub-head of charge proved.</p>
33.c	<p>Found proved.</p> <p>The Committee accepts that it was Mr Roussos’ duty to record full details of appointments.</p> <p>The Committee has reviewed the complete clinical records. There is no entry in these for a consultation on 15 January 2013. However, the patient summary shows that there was a consultation on that date.</p> <p>The Committee therefore finds this sub-head of charge proved.</p>
33.d.i	<p>Found not proved.</p> <p>The Committee heard evidence from the expert about the need to record the reason for attendance by a patient.</p> <p>Whilst the Committee accepts that it may be good practice to record the reason for attendance, it is not satisfied that there was a specific obligation upon Mr Roussos to record this.</p> <p>The Committee does not consider that the GDC has discharged its burden in respect of demonstrating that there was a duty which was not met.</p> <p>Accordingly the Committee finds this sub-head of charge not proved.</p>
33.d.ii	<p>Found not proved.</p> <p>There is evidence of an examination on 12 May 2011 and the Committee considers that this is sufficient to demonstrate that the patient attended for a routine examination.</p> <p>The Committee therefore finds this sub-head of charge not proved.</p>

33.d.iii	<p>Found not proved.</p> <p>There is evidence of an examination on 15 November 2011 and the Committee considers that this is sufficient to demonstrate that the patient attended for a routine examination.</p> <p>The Committee therefore finds this sub-head of charge not proved.</p>
33.d.iv	<p>Found not proved.</p> <p>There is evidence of an examination on 9 January 2013 and the Committee considers that this is sufficient to demonstrate that the patient attended for a routine examination.</p> <p>The Committee therefore finds this sub-head of charge not proved.</p>
33.e.i	<p>Amended and found proved.</p> <p>The Committee heard expert opinion on the type of restoration provided on 11 November 2013 and that it would have required the use of local anaesthetic. The Committee considers that on the balance of probabilities local anaesthetic was used at this appointment and that as a result details should have been recorded of this anaesthetic.</p> <p>The Committee has reviewed the complete clinical records and is satisfied that there is no evidence of this.</p> <p>The Committee therefore finds this sub-head of charge proved.</p>
33.e.ii	<p>Found proved.</p> <p>The Committee heard expert opinion on the type of restoration provided on 15 January 2013 and that it would have required the use of local anaesthetic. The Committee considers that on the balance of probabilities local anaesthetic was used at this appointment and that as a result details should have been recorded of this anaesthetic.</p> <p>The Committee has reviewed the complete clinical records and is satisfied that there is no evidence of this.</p> <p>The Committee therefore finds this sub-head of charge proved.</p>
33.f	<p>Found proved.</p> <p>The Committee has accepted the expert opinion that it was Mr Roussos' duty to record detail of treatment options including risks and benefits.</p> <p>The Committee has reviewed the complete clinical records and is satisfied that there is no evidence of this.</p> <p>The Committee therefore finds this sub-head of charge proved.</p>
Patient 18	
34.a	<p>Found not proved.</p> <p>The Committee accepted the expert opinion that Mr Roussos was under a duty to carry out BPEs.</p> <p>The Committee has reviewed the complete clinical records and notes an entry on 12 November 2013 of 'bpe-chkd'. The Committee has not seen any evidence that BPEs taken were not adequate and considers that the GDC has not discharged its burden in respect of this sub-head</p>

	<p>of charge.</p> <p>The Committee therefore finds this sub-head of charge not proved.</p>
34.b	<p>Found proved.</p> <p>The Committee has accepted the expert opinion that in the presenting circumstances Mr Roussos should have taken bitewing radiographs to investigate caries.</p> <p>The Committee is satisfied, as more likely than not, that the absence of such records demonstrates that Mr Roussos did not carry out the procedure required or indicated.</p> <p>The Committee therefore finds this sub-head of charge proved.</p>
34.c	<p>Found proved.</p> <p>The Committee has accepted the expert opinion that Mr Roussos should have taken intra oral radiographs to monitor periodontal disease in the presenting circumstances.</p> <p>The Committee is satisfied, as more likely than not, that the absence of such records demonstrates that Mr Roussos did not carry out the procedure required or indicated.</p> <p>The Committee therefore finds this sub-head of charge proved.</p>
35.a	<p>Found proved.</p> <p>The Committee accepted expert evidence that Mr Roussos' recommendation of "salty water" to treat periodontal symptoms was inappropriate.</p> <p>The Committee therefore finds this sub-head of charge proved.</p>
35.b	<p>Found proved.</p> <p>The Committee accepted expert evidence that Mr Roussos' recommendation of "salty water" to treat periodontal symptoms was inappropriate.</p> <p>The Committee therefore finds this sub-head of charge proved.</p>
36.	<p>Found proved.</p> <p>The Committee has accepted the expert evidence that it was incumbent upon Mr Roussos to justify any prescription for antibiotics.</p> <p>The Committee has reviewed the complete clinical records and is satisfied that there is no evidence of a justification for the prescription of antibiotics on 28 May 2012.</p> <p>The Committee therefore finds this sub-head of charge proved.</p>
37.a	<p>Found proved.</p> <p>The Committee has accepted the expert opinion that it was Mr Roussos' duty to record detail of the patient's medical history.</p> <p>The Committee has reviewed the complete clinical records and is satisfied that there is no evidence of this.</p> <p>The Committee therefore finds this sub-head of charge proved.</p>

37.b	<p>Found proved.</p> <p>As set out at head of charge 36, there is no evidence in the records of a justification for the prescription of antibiotics on 28 May 2012.</p> <p>The Committee therefore finds this sub-head of charge proved.</p>
37.c	<p>Found proved.</p> <p>The Committee has accepted the expert opinion that it was Mr Roussos' duty to record a BPE score on 12 November 2012.</p> <p>The Committee has reviewed the complete clinical records and is satisfied that there is no evidence of this.</p> <p>The Committee therefore finds this sub-head of charge proved.</p>
37.d	<p>Found proved.</p> <p>The Committee noted that there are clinical record entries for the majority of appointments related to the provision of a denture. However there is evidence in the patient summary of a try-in appointment on 30 September 2011 which does not appear in the clinical record entries.</p> <p>The Committee is therefore satisfied that Mr Roussos did not record all appointments and finds this sub-head of charge proved.</p>
37.e	<p>Found proved.</p> <p>The Committee has accepted the expert opinion that it was Mr Roussos' duty to record detail of treatment options including risks and benefits.</p> <p>The Committee has reviewed the complete clinical records and is satisfied that there is no evidence of this.</p> <p>The Committee therefore finds this sub-head of charge proved.</p>
38.a	<p>Found proved.</p> <p>The Committee accepts that it was Mr Roussos' duty to record full details of the treatment provided at appointments.</p> <p>The Committee has reviewed the complete clinical records and is satisfied that the entry relating to the 31 March 2010 is insufficient.</p> <p>The Committee therefore finds this sub-head of charge proved.</p>
38.b	<p>Found proved.</p> <p>The Committee has reviewed the complete clinical records and is satisfied that the entry relating to the 15 April 2010 is insufficient.</p> <p>The Committee therefore finds this sub-head of charge proved.</p>
38.c	<p>Found proved.</p> <p>The Committee has reviewed the complete clinical records and is satisfied that the entry relating to the 26 May 2010 is insufficient.</p> <p>The Committee therefore finds this sub-head of charge proved.</p>
38.d	<p>Found proved.</p> <p>The Committee has reviewed the complete clinical records and is satisfied that the entry relating to the 13 October 2010 is insufficient.</p>

	The Committee therefore finds this sub-head of charge proved.
38.e	<p>Found not proved.</p> <p>The Committee reviewed the clinical records for the appointment on 10 May and considered that, although very abbreviated, it contained adequate detail of the treatment provided at the appointment.</p> <p>The Committee therefore finds this sub-head of charge not proved.</p>
Patient 19	
39.a	<p>Found not proved.</p> <p>The Committee accepted the expert opinion that Mr Roussos was under a duty to carry out BPEs.</p> <p>The Committee has reviewed the complete clinical records and notes an entry on 14 January 2013 of 'bpe-chkd'. The Committee has not seen any evidence that BPEs taken were not adequate and considers that the GDC has not discharged its burden in respect of this sub-head of charge.</p> <p>The Committee therefore finds this sub-head of charge not proved.</p>
39.b	<p>Found proved.</p> <p>The Committee has accepted the expert opinion that in the presenting circumstances Mr Roussos should have taken bitewing radiographs to investigate caries.</p> <p>The Committee is satisfied, as more likely than not, that the absence of such records demonstrates that Mr Roussos did not carry out the procedure required or indicated.</p> <p>The Committee therefore finds this sub-head of charge proved</p>
40.a	<p>Found proved.</p> <p>The Committee heard expert evidence that radiographs taken on 29 November 2012 showed a large radiolucency associated with the roots of UR5 and UR4 which indicated an infection and a substantial lesion. The Committee considered that the clinical record entry of "shows infection" was insufficient as it did not detail the site of the infection.</p> <p>The Committee therefore finds this sub-head of charge proved.</p>
40.b	<p>Found proved.</p> <p>As set out in respect of sub-head of charge 40.a) above, the Committee heard evidence of a large carious lesion at UR4. There is no report of this in the clinical records and as a result the Committee finds this sub-head of charge proved.</p>
41.	<p>Found proved.</p> <p>The Committee accepts that Mr Roussos treated the lesion following a radiograph on 24 October 2011, but accepts the expert evidence that Mr Roussos should have treated the lesion again following the November 2012 radiograph.</p> <p>The Committee has reviewed the complete clinical records and is satisfied that there is no evidence of Mr Roussos providing such</p>

	<p>treatment.</p> <p>The Committee therefore finds this sub-head of charge proved.</p>
42.a	<p>Found proved.</p> <p>The Committee accepts that it was Mr Roussos' duty to record full details of the treatment provided at appointments.</p> <p>The Committee has reviewed the complete clinical records and is satisfied that the entry relating to the 26 January 2010 is insufficient.</p> <p>The Committee therefore finds this sub-head of charge proved.</p>
42.b	<p>Found proved.</p> <p>The Committee has reviewed the complete clinical records and is satisfied that the entry relating to the 14 October 2011 is insufficient.</p> <p>The Committee therefore finds this sub-head of charge proved.</p>
42.c	<p>Found proved.</p> <p>The Committee has reviewed the complete clinical records and is satisfied that the entry relating to the 24 October 2011 is insufficient.</p> <p>The Committee therefore finds this sub-head of charge proved.</p>
42.d	<p>Found proved.</p> <p>The Committee has reviewed the complete clinical records and is satisfied that the entry relating to the 9 November 2012 is insufficient.</p> <p>The Committee therefore finds this sub-head of charge proved.</p>
42.e	<p>Found proved.</p> <p>The Committee has reviewed the complete clinical records and is satisfied that the entry relating to the 25 January 2013 is insufficient.</p> <p>The Committee therefore finds this sub-head of charge proved.</p>
43.a.i	<p>Amended and found proved.</p> <p>The Committee accepts that it was Mr Roussos' duty to update and record the patient's medical history.</p> <p>The Committee has reviewed the complete clinical records and is satisfied that there is no evidence of a medical history on 2 September 2008.</p> <p>The Committee therefore finds this sub-head of charge proved.</p>
43.a.ii	<p>Found proved.</p> <p>The Committee has reviewed the complete clinical records and is satisfied that there is no evidence of a medical history on 17 March 2011.</p> <p>The Committee therefore finds this sub-head of charge proved.</p>
43.a.iii	<p>Found proved.</p> <p>The Committee has reviewed the complete clinical records and is satisfied that there is no evidence of a medical history on 24 August 2012.</p>

	The Committee therefore finds this sub-head of charge proved.
43.b	<p>Found proved.</p> <p>The Committee accepts that it was Mr Roussos' duty to record details of prescriptions.</p> <p>The Committee has reviewed the complete clinical records and is satisfied that there is insufficient detail of the prescription for antibiotics dated 9 November 2012.</p> <p>The Committee therefore finds this sub-head of charge proved.</p>
43.c	<p>Found proved.</p> <p>The Committee has accepted the expert opinion that it was Mr Roussos' duty to record detail of treatment options including risks and benefits.</p> <p>The Committee has reviewed the complete clinical records and is satisfied that there is no evidence of this.</p> <p>The Committee therefore finds this sub-head of charge proved.</p>
Patient 20	
44.a	<p>Found not proved.</p> <p>The Committee accepted the expert opinion that Mr Roussos was under a duty to carry out BPEs.</p> <p>The Committee has reviewed the complete clinical records and notes an entry on 24 January 2013 of 'bpe-chkd'. The Committee has not seen any evidence that BPEs taken were not adequate and considers that the GDC has not discharged its burden in respect of this sub-head of charge.</p> <p>The Committee therefore finds this sub-head of charge not proved.</p>
44.b	<p>Found proved.</p> <p>The Committee has accepted the expert opinion that in the presenting circumstances Mr Roussos should have taken bitewing radiographs to investigate caries.</p> <p>The Committee is satisfied, as more likely than not, that the absence of such records demonstrates that Mr Roussos did not carry out the procedure required or indicated.</p> <p>The Committee therefore finds this sub-head of charge proved</p>
45.	<p>Found proved.</p> <p>The Committee accepted expert evidence that Mr Roussos' recommendation of "salty water" to treat periodontal symptoms was inappropriate.</p> <p>The Committee therefore finds this sub-head of charge proved.</p>
46.	<p>Amended and found Proved.</p> <p>The Committee has accepted the expert opinion that it was Mr Roussos' duty to record a justification for and / or a report on radiographs dated 27 September 2012.</p>

	<p>The Committee has reviewed the complete clinical records and is satisfied that there is no evidence of this.</p> <p>The Committee therefore finds this sub-head of charge proved.</p>
47.a	<p>Found proved.</p> <p>The Committee has accepted the expert opinion that it was Mr Roussos' duty to record the use of anaesthetic on 9 May 2012.</p> <p>The Committee has reviewed the complete clinical records and is satisfied that there is no evidence of this.</p> <p>The Committee therefore finds this sub-head of charge proved.</p>
47.b	<p>Found proved.</p> <p>The Committee has accepted the expert opinion that it was Mr Roussos' duty to record a BPE on 24 January 2013.</p> <p>The Committee has reviewed the complete clinical records and is satisfied that there is no evidence of this.</p> <p>The Committee therefore finds this sub-head of charge proved.</p>
47.c	<p>Found proved.</p> <p>The Committee has accepted the expert opinion that it was Mr Roussos' duty to record detail of treatment options including risks and benefits.</p> <p>The Committee has reviewed the complete clinical records and is satisfied that there is no evidence of this.</p> <p>The Committee therefore finds this sub-head of charge proved.</p>
Patient 25	
48.a	<p>Found proved limited to between 1 September 2007 and 28 August 2008.</p> <p>The Committee has accepted the expert opinion that it was Mr Roussos' duty to record a medical history and updates.</p> <p>The Committee has reviewed the complete clinical records and is satisfied that there is no evidence of medical history between 1 September 2007 and 28 August 2008.</p> <p>The Committee therefore finds this sub-head of charge proved.</p>
48.b	<p>Found proved.</p> <p>The Committee has accepted the expert opinion that it was Mr Roussos' duty to record detail of the patient's dental history.</p> <p>The Committee has reviewed the complete clinical records and is satisfied that there is no evidence of dental history between 1 September 2007 and 28 August 2008.</p> <p>The Committee therefore finds this sub-head of charge proved.</p>
48.c	<p>Found not proved.</p> <p>The Committee heard evidence from the expert about taking social history, in which he described this practice as "helpful" and "useful". The Committee does not, however, accept that there was a duty on Mr</p>

	<p>Roussos to take a social history and as a result the Committee does not consider this omission to be a failure.</p> <p>The Committee therefore finds this sub-head of charge not proved.</p>
48.d	<p>Found proved.</p> <p>The Committee has accepted the expert opinion that it was Mr Roussos' duty to conduct an extra-oral examination.</p> <p>The Committee has reviewed the complete clinical records and is satisfied that there is no evidence of this between 1 September 2007 and 28 August 2008.</p> <p>The Committee therefore finds this sub-head of charge proved.</p>
48.e	<p>Found proved.</p> <p>The Committee has accepted the expert opinion that it was Mr Roussos' duty to conduct a complete intra-oral examination.</p> <p>The Committee has reviewed the complete clinical records and is satisfied that there is no evidence of this between 1 September 2007 and 28 August 2008.</p> <p>The Committee therefore finds this sub-head of charge proved.</p>
48.f	<p>Found proved.</p> <p>The Committee has accepted the expert opinion that it was Mr Roussos' duty to record an assessment of the patient's oral hygiene.</p> <p>The Committee has reviewed the complete clinical records and is satisfied that there is no evidence of this between 1 September 2007 and 28 August 2008.</p> <p>The Committee therefore finds this sub-head of charge proved.</p>
48.g	<p>Found proved.</p> <p>The Committee has accepted the expert opinion that it was Mr Roussos' duty to record taking BPEs.</p> <p>The entries in the clinical records for this patient, between 1 September 2007 and 28 August 2008 contain no indication that a BPE was carried out.</p> <p>The Committee therefore finds this sub-head of charge proved.</p>
48.h	<p>Found proved in part.</p> <p>The Committee reviewed the clinical record for 3 December 2007 which details "c/o#117 lingually, temp fill, chem fil'.</p> <p>The Committee accepted the expert evidence that this record was inadequate in that it did not contain information of whether, for example, an anaesthetic was used, or indeed any other relevant details.</p> <p>As regards treatment provided on 17 July 2008, the Committee notes that the clinical records entry in the patient summary sheet shows 'p' alongside the treatment description, which the expert indicated probably meant it was proposed treatment. There is no evidence of the treatment actually being carried out on 17 July 2008 and so there were no details which needed to be recorded.</p>

	Accordingly the Committee finds this sub-head of charge proved in respect of 3 December 2007, and not proved in relation to 17 July 2008.
48.i	<p>Found proved.</p> <p>The Committee has accepted the expert opinion that Mr Roussos was under a duty to record his diagnoses.</p> <p>The Committee has reviewed the complete clinical records and is satisfied that there is no evidence of a diagnosis on 3 July 2008.</p> <p>The Committee therefore finds this sub-head of charge proved.</p>
48.j	<p>Found proved.</p> <p>The Committee has accepted the expert opinion that it was Mr Roussos' duty to record detail of treatment options including risks and benefits.</p> <p>The Committee has reviewed the complete clinical records and is satisfied that there is no evidence of this.</p> <p>The Committee therefore finds this sub-head of charge proved.</p>
49.	<p>Found proved limited to between 1 September 2007 and 28 August 2008.</p> <p>There is insufficient evidence of treatment planning in the clinical records and Mr Roussos acknowledged, in his then solicitors' written submissions to the GDC Investigating Committee, that he did not carry out sufficient treatment planning.</p> <p>The Committee therefore finds this head of charge proved.</p>
50.	<p>Found not proved.</p> <p>The Committee received expert evidence in respect of whether a vitality test was necessary and whether an omission to vitality test constituted a failing. Although the Committee accepts that it may be best practice to vitality test a tooth in these circumstances, it was not persuaded that Mr Roussos was under a duty to do so.</p> <p>The Committee therefore found this head of charge not proved.</p>
51.a	<p>Found not proved.</p> <p>On the basis that the Committee has accepted that Mr Roussos was not working at the Little London Dental Care in May 2007, the Committee consequently finds this sub head of charge not proved.</p>
51.b	<p>Found not proved.</p> <p>The Committee found no evidence that Mr Roussos took a periapical radiograph on 19 June 2008. However, there is evidence of a periapical radiograph having been taken on 10 July 2008. Mr Roussos' evidence in his solicitors' submissions to the Investigating Committee was that he took this radiograph. The Committee accepts this and considers this was sufficiently soon after 19 June 2008.</p> <p>The Committee therefore finds this sub-head of charge not proved.</p>
52.	<p>Found proved.</p> <p>The Committee has accepted the expert opinion that in the presenting</p>

	<p>circumstances it was Mr Roussos' duty to diagnose and treat periodontal disease in this patient.</p> <p>The Committee has reviewed the complete clinical records and is satisfied that there is no evidence of this.</p> <p>The Committee therefore finds this sub-head of charge proved.</p>
Breach of Conditions	
53.a	<p>Found proved.</p> <p>The Committee reviewed the conditions imposed on Mr Roussos in February 2014 and that they include a condition that "you must not work as a locum".</p> <p>The Committee notes that the role at Hartley Dental Practice, which Mr Roussos began on 28 April 2014 was as a locum and as a result the Committee is satisfied that this sub-head of charge is proved.</p>
53.b	<p>Found proved.</p> <p>The Committee saw evidence from the Deanery, and a written acknowledgement from Mr Roussos, that he did not make contact with the Deanery, as was required by the conditions.</p> <p>Accordingly, the Committee is satisfied that this sub-head of charge is proved.</p>
54.	<p>Found proved in part.</p> <p>The Committee heard evidence that Mr Roussos did not disclose to either Elite Dental Agency, or Hartley Dental Practice, that he was subject to NHS England conditions, or that he was the subject of a complaint to the GDC.</p> <p>The Committee considers that there was no explicit duty to disclose the NHS conditions, but that there was an implied duty on the basis that they affected his ability to work as an NHS dentist. The Committee is therefore satisfied that not disclosing the fact of his conditions did constitute a failure.</p> <p>In respect of the GDC, the Committee does not consider that there was a duty to disclose anything at the time of his dealings with Elite Dental Agency or Hartley Dental Practice. The complaint made against him was in the very early stages of the process, and the literature provided to him by the GDC did not advise that disclosure was required. The Committee does not consider that a duty to disclose the fitness to practise proceedings had arisen at that point and consequently there was no failing.</p> <p>The Committee therefore finds this head of charge proved in respect of the NHS England conditions only.</p>
55.a	<p>Found proved.</p> <p>The Committee considers that the failure to disclose his conditions was misleading by omission because it was factually not correct.</p> <p>The Committee therefore finds this head of charge proved.</p>
55.b	<p>Found proved.</p>

	<p>The Committee considered whether Mr Roussos' failure to disclose the fact of his conditions would be considered dishonest by the standards of honest and reasonable dentists.</p> <p>The Committee was satisfied that it would be considered dishonest, in that by not disclosing the conditions, Mr Roussos was able to obtain employment which he almost certainly would not have been able to secure if he had disclosed his conditions.</p> <p>The Committee then considered whether Mr Roussos was aware that that his conduct would be considered dishonest. The Committee notes that there is evidence from Mr Roussos that he knew that the conditions prevented him from taking up a locum post and that he would not be employed if he disclosed the conditions.</p> <p>There is further evidence that he understood that he should have disclosed the conditions and planned to do so at a point in the future, and by his own admission he felt "guilty" for not doing so.</p> <p>The Committee is satisfied that Mr Roussos was aware that his non-disclosure of the conditions would be considered dishonest by the standards of honest and reasonable dentists, and he realised this.</p> <p>Accordingly, the Committee finds this head of charge proved.</p>
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We move to Stage Two."

On 29 February 2016 the Chairman announced the determination as follows:

"Ms Barnfather

The Committee has considered all of the evidence presented to it, both written and oral.

The Committee has taken into account your submissions on behalf of the General Dental Council (GDC). It has also had particular regard to the correspondence within the bundle containing Mr Roussos' comments on his care of patients and his behaviour. The Committee has accepted the advice of the Legal Adviser.

Misconduct

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

In its deliberations the Committee had regard to the following paragraphs of GDC's '*Standards for Dental Professionals*' (May 2005) and '*Standards for the Dental Team*' (effective from September 2013) that were relevant at the respective times. These state that as a dentist one must:

- "1.1 Put patients' interests before your own or those of any colleague, organisation or business."
- "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."
- "2.2 Recognises and promote patients' responsibility for making decisions about their bodies, their priorities and their care, making sure you do not

take any steps without patients' consent (permission). Follow our guidance 'Principles of patient consent'."

"2.4 Listen to patients and give them the information they need, in a way that they can use, so that 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 field in which you work. Provide a good standard of care based on available up-to-date evidence and reliable guidance."

"5.4 Find out about laws and regulations which affect your work, premises, equipment and business, and follow them."

And from September 2013:

"1.3.1 You must justify the trust that patients, the public and your colleagues place in you by always acting honestly and fairly in your dealings with them. This applies to any business or education activities in which you are involved as well as to your professional dealings."

"1.3.2 You must make sure you do not bring the profession into disrepute."

In light of the findings of facts that it has made, the Committee has concluded that Mr Roussos' practice overall in a number of areas constitutes acts and omissions which fell far short of the standards reasonably expected of a registered dentist and that such falling short was serious.

The clinical issues in this case are wide ranging and involve basic and fundamental areas of dentistry, such as investigating and treating caries, assessing and treating periodontal disease, giving inappropriate advice and keeping clear and adequate records.

The Committee particularly notes that Mr Roussos' treatment of 'Patient 16' resulted in irreversible harm by the extraction of a healthy tooth.

The Committee is satisfied that the clinical issues alone would have given significant cause for concern, and that there is substantial evidence that Mr Roussos badly let down his patients.

The Committee further considers that its finding that Mr Roussos dishonestly failed to disclose his NHS conditions in order to work as a locum, when this had been explicitly prohibited by his conditions, misled his employer thereby demonstrating a disregard for the systems regulating the profession.

The Committee considers that these failures, taken together, indicate a serious departure from the standards expected of Mr Roussos as a registered dentist. Given their nature, duration and importance to the safe practice of dentistry, and

maintenance of public confidence in the dental profession, the Committee considers that they amount to serious professional misconduct.

Impairment

The Committee then went on to consider whether Mr Roussos' fitness to practise is currently impaired by reason of his misconduct. In doing so, it has exercised its independent judgement.

Throughout its deliberations, it has borne in mind that its primary duty is to address 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.

The Committee firstly considered whether the misconduct was remediable, and concluded that with embedded learning it may be possible for Mr Roussos to address the clinical aspects of his practice. Where the behaviour involves a dishonesty the Committee considers that with proper reflection and insight this too may be capable of remediation. This is particularly true when there is a single incidence of dishonesty, by a person of otherwise good character.

The Committee next considered whether any of the failings identified have been remedied. It has seen no evidence of any training or learning undertaken by Mr Roussos, nor any reflective piece or personal development plan, which might indicate to the Committee that Mr Roussos has acknowledged his failings and understood why they occurred.

Moreover, the Committee is disappointed that Mr Roussos chose not to attend the hearing, although it notes his expressed concerns that he would not get a fair hearing. Therefore the Committee is limited to considering his correspondence in order to assess his insight.

The Committee considers that there is some evidence of Mr Roussos' regret for his dishonesty, in his correspondence with NHS England in June 2014. In this he explained his fraught financial circumstances at the time, which led him to take up a locum post, and his intention to let his employers know about his NHS England conditions. He also stated in that correspondence that he felt "guilty" about what he had done.

However, the Committee has seen very little evidence before it of Mr Roussos' insight into the importance of the issues in this case, either in respect of patient protection or in respect of the reputation of the profession.

The Committee further notes that Mr Roussos has been subject to a period of interim suspension, which could have served as an opportunity for reflection prior to this hearing, and that there is no evidence before the Committee that Mr Roussos has taken steps to do so during this time.

The Committee is therefore not satisfied that Mr Roussos' deficiencies have been remedied and in consequence the Committee considers that there remains a significant risk that the clinical issues will occur again.

Further, it considers that in respect of the finding of dishonesty, a finding of impairment is required to maintain public confidence in the profession, confidence in the system of regulation of dental professionals, and to declare and uphold proper professional standards.

In consequence the Committee considers that Mr Roussos' fitness to practise is currently impaired by reason of misconduct.

Sanction

The Committee then determined 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 has applied the principle of proportionality, balancing the public interest with Mr Roussos' own interests.

The Committee has considered the range of sanctions available to it, starting with the least serious.

In the light of the findings made against Mr Roussos, the Committee has determined that it would not be appropriate to conclude this case with no action. The misconduct that it has found raises concerns about public protection, public confidence, and the declaring and upholding of appropriate professional standards. Consequently, the Committee is satisfied 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 dishonesty and misconduct in areas of Mr Roussos' practice of dentistry which resulted in patient harm, it could not reasonably and responsibly dispose of the case in that way. The Committee considers that a reprimand would not provide the necessary safeguards for public protection, as it would permit unrestricted practice. Further, as a result a reprimand would not maintain public confidence in the profession and would not adequately declare and uphold appropriate professional standards.

The Committee then considered whether it would be sufficient and proportionate to place conditions on Mr Roussos' registration. It took into account that any conditions imposed must be clear, workable, measurable and verifiable. The Committee considered that, whilst some of the issues in this case could be adequately addressed by conditions, the Committee did not have confidence in Mr Roussos' compliance with conditions, given that the conduct in the case includes a breach of conditions, and that Mr Roussos has not substantially engaged with the current process, or shown sufficient insight.

The Committee then considered whether a suspension order would be appropriate. In doing so it took account of its Guidance, and in particular that suspension may be appropriate when "the registrant has not shown insight and/or poses a significant risk of repeating the behaviour" and patients' interests and public confidence would be insufficiently protected by a lesser sanction. The Committee considered that an order for suspension would sufficiently protect patients and would sufficiently mark the public interest in protecting the reputation of the profession, and in upholding and declaring proper standards of conduct. The Committee noted that the dishonesty in this case was a single occurrence, and Mr Roussos has no previous history of dishonesty. The Committee therefore considers that a suspension order would afford the opportunity to address the issues identified, whilst ensuring the public are sufficiently protected, until such time as a future Committee can be satisfied that Mr Roussos is fit to practise.

The Committee gave careful consideration to whether there was "evidence of harmful deep seated personality or professional attitudinal problems (which might make erasure the appropriate order)". It considered that, whilst Mr Roussos' recent correspondence with the GDC focussed on the effect of the proceedings on him, he had shown some insight, albeit limited, into his dishonesty in his correspondence with

the NHS in June 2014. There was therefore insufficient evidence to conclude that his attitude was 'deep seated'.

The Committee considered that this case falls on the cusp of erasure but, in all the circumstances, and balancing Mr Roussos' interests with the public interest, decided that it would be proportionate to afford Mr Roussos the opportunity, during his period of suspension, to reflect on his misconduct and address his shortcomings.

The Committee considered that it would be disproportionate at this time to erase Mr Roussos.

The Committee is therefore satisfied that it is necessary and proportionate to suspend Mr Roussos from the Dentists Register for a period of 12 months.

The Committee has further directed that this suspension should be reviewed prior to expiry. The reviewing Committee would be assisted by evidence of Mr Roussos having engaged with the matters that have brought him before the Regulator, evidence of insight, and evidence that he is safe to practise.

Interim order

In accordance with Rule 21 (3) of the General Dental Council (Fitness to Practise) Rules 2006 the extant interim order of suspension in place on your registration is hereby revoked.

Immediate order

Having directed that Mr Roussos' registration be suspended, the Committee considered whether to impose an immediate order in accordance with Section 30 (2) of the Dentists Act 1984 (as amended).

The Committee considered your submissions that an immediate order should be made on the grounds that it is necessary for the protection of the public and otherwise in the public interest. You applied for this order to cover any possible appeal period and submitted that this would be entirely consistent with the Committee's findings in respect of the public interest, and that there remains a significant risk of repetition of the clinical issues.

The Committee accepted the advice of the Legal Adviser.

In all the circumstances, the Committee determined that it is necessary for the protection of the public and is otherwise in the public interest to impose an order for immediate suspension of Mr Roussos' registration.

The Committee has had regard to its Guidance and decided that, given the risks that it has identified, it would not be consistent or appropriate to allow Mr Roussos to practise during the intervening appeal period. The Committee has had particular regard to the fact that any appeal would be unlikely to be concluded for a considerable period of time.

The effect of the foregoing determination and this immediate order is that Mr Roussos' registration will be suspended immediately. Unless Mr Roussos exercises his right of appeal, the substantive suspension order will be recorded in the Dentists' Register 28 days from the date of deemed service. Should Mr Roussos exercise his right of appeal, this immediate order of suspension will remain in place until the resolution of any appeal.

That concludes this case."

At a review hearing on 10 March 2017 the Chairman announced the determination as follows:

“Mr Roussos is not present at this hearing of the Professional Conduct Committee (PCC) and is not represented in his absence. Ms Nicole Meehan of the GDC’s In-House Legal Prosecution Service appears for the Council.

Purpose of hearing

The purpose of today’s hearing is to undertake a review of a substantive suspension order imposed on Mr Roussos’ registration for a period of 12 months by the PCC on 29 February 2016. The hearing is being held in accordance with Section 27C of the Dentists Act 1984 (as amended) (‘the Act’).

Service

The Committee first considered whether notice of this hearing has been served in accordance with the General Dental Council (Fitness to Practise) Rules 2006 (‘the Rules’). The Committee has heard that notice of today’s hearing was sent to Mr Roussos’ registered address on 2 February 2017 using the Royal Mail’s Special Delivery service. A copy of the notice was also sent to Mr Roussos’ known email address on that same date.

The Committee accepted the advice provided by the Legal Adviser. Having regard to the information presented to it the Committee was satisfied that service has been properly effected in accordance with the Rules.

Proceeding in absence

The Committee then went on to consider whether to exercise its discretion to proceed in the absence of Mr Roussos in accordance with Rule 54 of the Rules. It was mindful that the discretion to proceed in the absence of a registrant is to be exercised with the utmost care and caution.

The Committee again accepted the advice of the Legal Adviser. The Committee noted that Mr Roussos has confirmed in writing that he is aware of today’s proceedings and considered that he has voluntarily waived his right to attend this hearing. The Committee considered that an adjournment of the hearing would serve no purpose as it would be unlikely to secure Mr Roussos’ attendance. The Committee also noted that Mr Roussos has not sought any such postponement. The Committee was also mindful of the public interest in proceeding with this hearing, particularly given the imminent expiry of the extant order of suspension.

The Committee therefore determined that it would be appropriate and fair to proceed with the hearing in the absence of Mr Roussos.

Existing order

In February 2016 the PCC heard allegations about Mr Roussos which had been referred to it by the Investigating Committee. The allegations that the Committee were asked to consider, the majority of which they subsequently found proved, related to the standard of care and treatment that Mr Roussos provided to 17 patients in the period 2007 to 2013. It also found that Mr Roussos breached the terms of his conditional inclusion on the NHS Dental Performers’ List, and failed to disclose to his employers and a potential employer that he was subject to those conditions as well as to an investigation by the GDC. The Committee found that this non-clinical conduct was dishonest.

The Committee went on to find that the failings amounted to misconduct and that Mr Roussos’ fitness to practise was impaired by reason of his misconduct. The Committee

decided to suspend his registration for a period of 12 months, with a review hearing to take place prior to the expiry of the suspension.

Committee's determination

The Committee has carefully considered all of the information presented to it, including the written documentation and oral submissions provided by Ms Meehan on behalf of the GDC and the written submissions submitted by Mr Roussos.

The Committee has accepted the advice of the Legal Adviser. In its deliberations the Committee has had regard to the GDC's *Guidance for the Practice Committees, including Indicative Sanctions Guidance* (October 2016).

Impairment

The Committee has determined that Mr Roussos' fitness to practise remains impaired. Mr Roussos has not presented any information to suggest that he has begun to develop any insight into the matters that culminated in his suspension. Further he has not provided any evidence of any steps taken to acknowledge, address and remedy the shortcomings that were identified, despite having been reminded by the GDC of the recommendations of the previous PCC in that regard. The written representations that Mr Roussos has submitted instead suggest an ongoing lack of acknowledgement and understanding of the serious failings that the previous PCC found, characterised as they are by a tendency to blame others and to limit and downplay his own culpability.

The Committee considers that, because of the lack of insight and remediation demonstrated by Mr Roussos, the failings that have previously been identified cannot be said to be unlikely to recur. The Committee is also of the view that public confidence in the profession would be undermined if a further finding of impairment were not made.

The Committee has therefore concluded that the same risks to patient safety and public confidence persist, and that accordingly Mr Roussos' fitness to practise remains impaired.

Sanction

The Committee next considered whether it could formulate conditions which would be workable and which would address the risks that have been identified. The Committee concluded that it could not formulate any conditions which would be practicable or workable because of Mr Roussos' persistent lack of meaningful engagement, his lack of insight, and the absence of any information to suggest that he is willing to acknowledge, address and remedy the specific deficiencies that have been identified in his practice. The Committee is also mindful that some of the factual findings made by the previous PCC relate to his lack of compliance with conditions imposed on him by NHS England, and it is all the more difficult for the Committee to be satisfied that Mr Roussos would comply with conditions, even if such a disposal would be proportionate.

The Committee then went on to consider whether to extend the current period of suspension. It has determined that suspension remains the proportionate and appropriate sanction in this case. The Committee is satisfied that that extended period of registration is proportionate to the risks that it has identified. The Committee has determined that the period of suspension should be extended by 12 months. It considers that a lesser period of time would not be sufficient for Mr Roussos to develop and demonstrate the insight and remediation that is required should he wish to do so. The Committee further directs that the extended period of suspended registration be reviewed prior to its expiry.

That concludes this case for today.”

At a review hearing on 20 March 2018 the Chairman announced the determination as follows:

“This is a resumed hearing pursuant to s 27C of the Dentists Act 1984, to review the suspension of Mr Roussos’ registration.

The proceedings before the Professional Conduct Committee

On 29 February 2016, the Professional Conduct Committee (PCC) found Mr Roussos’ fitness to practise to be impaired by reason of his misconduct in respect of his care and treatment of 17 patients, among other matters. The initial PCC summarised the misconduct as follows:

...The clinical issues in this case are wide ranging and involve basic and fundamental areas of dentistry, such as investigating and treating caries, assessing and treating periodontal disease, giving inappropriate advice and keeping clear and adequate records.

The Committee particularly notes that Mr Roussos’ treatment of ‘Patient 16’ resulted in irreversible harm by the extraction of a healthy tooth.

The Committee is satisfied that the clinical issues alone would have given significant cause for concern, and that there is substantial evidence that Mr Roussos badly let down his patients.

The Committee further considers that its finding that Mr Roussos dishonestly failed to disclose his NHS conditions in order to work as a locum, when this had been explicitly prohibited by his conditions, misled his employer thereby demonstrating a disregard for the systems regulating the profession.

The Committee considers that these failures, taken together, indicate a serious departure from the standards expected of Mr Roussos as a registered dentist. Given their nature, duration and importance to the safe practice of dentistry, and maintenance of public confidence in the dental profession, the Committee considers that they amount to serious professional misconduct.

In finding Mr Roussos fitness to practise to be impaired, the initial PCC stated:

...[The Committee] has seen no evidence of any training or learning undertaken by Mr Roussos, nor any reflective piece or personal development plan, which might indicate to the Committee that Mr Roussos has acknowledged his failings and understood why they occurred.

Moreover, the Committee is disappointed that Mr Roussos chose not to attend the hearing, although it notes his expressed concerns that he would not get a fair hearing. Therefore the Committee is limited to considering his correspondence in order to assess his insight.

The Committee considers that there is some evidence of Mr Roussos’ regret for his dishonesty, in his correspondence with NHS England in June 2014. In this he explained his fraught financial circumstances at the time, which led him to take up a locum post, and his intention to let his employers know about his NHS England

conditions. He also stated in that correspondence that he felt “guilty” about what he had done.

However, the Committee has seen very little evidence before it of Mr Roussos’ insight into the importance of the issues in this case, either in respect of patient protection or in respect of the reputation of the profession.

...there remains a significant risk that the clinical issues will occur again.

Further, it considers that in respect of the finding of dishonesty, a finding of impairment is required to maintain public confidence in the profession, confidence in the system of regulation of dental professionals, and to declare and uphold proper professional standards.

The initial PCC directed that Mr Roussos’ registration be suspended for 12 months with a review, stating that: *“The reviewing Committee would be assisted by evidence of Mr Roussos having engaged with the matters that have brought him before the Regulator, evidence of insight, and evidence that he is safe to practise.”*

The review took place on 10 March 2017, when the PCC found that Mr Roussos’ fitness to practise continued to be impaired and directed that the suspension of his registration be extended for a further period of 12 months, with a review:

...Mr Roussos has not presented any information to suggest that he has begun to develop any insight into the matters that culminated in his suspension. Further he has not provided any evidence of any steps taken to acknowledge, address and remedy the shortcomings that were identified, despite having been reminded by the GDC of the recommendations of the previous PCC in that regard. The written representations that Mr Roussos has submitted instead suggest an ongoing lack of acknowledgement and understanding of the serious failings that the previous PCC found, characterised as they are by a tendency to blame others and to limit and downplay his own culpability...

It is the role of the Committee today to undertake the review directed by the March 2017 PCC. Neither party is present today. In its written submissions dated 13 March 2018, the General Dental Council (GDC) submits that notification of this hearing had been served on Mr Roussos in accordance with the General Dental Council (Fitness to Practise) Rules 2006 (the “Rules”) and that the hearing should proceed in his absence, with the suspension to be reviewed on the basis of the papers before the Committee.

Service and proceeding in absence

The notification of hearing dated 6 February 2018 was sent to Mr Roussos at his registered address by Special Delivery. Royal Mail ‘Track and Trace’ records that the item was “Returned to Sender” on or before 12 February 2018. The Committee was satisfied that the notification of hearing contained the information required under Rule 28, including the time, date and venue of this hearing; and had been served on Mr Roussos in accordance with Rule 65, by virtue of it being sent to his registered address. It is the responsibility of all registered dental professionals to keep their registered address up to date and to be contactable at that address.

A copy of the notification of hearing was also sent to Mr Roussos on 8 February 2018 by email, using a secure file sharing service. A further email was sent to Mr Roussos on 5 March 2018 to provide him with a copy of the bundle for use at today’s hearing. In that email, the GDC’s lawyer stated:

In my previous email to you dated 8 February 2018, I advised that the GDC would like to hold the matter on the papers in the absence of both parties. The GDC would provide written submissions to the Committee, asking for your registration to be indefinitely suspended, and the Committee would consider any written submissions from you. I requested that you respond to me by 20 February 2018.

I note that I have not received a response. I would be grateful for your response as soon as possible.

A further email was sent to Mr Roussos on 9 March 2018 by the GDC lawyer, stating:

...we would like to hold the matter on the papers in the absence of both parties. The GDC would provide written submissions to the Committee, asking for your registration to be indefinitely suspended, and the Committee would consider any written submissions from you.

I kindly requested that you revert to us by 20 February 2018 to advise if you had any concerns to this matter being heard on the papers. I note that I have not received a response.

I would be grateful if you could confirm as soon as possible:

1. Whether you are content for the matter to be considered on the papers?
2. Whether you are content with the Council's submissions, in this case for your registration to be indefinitely suspended.

There is no record before the Committee of any response being received from Mr Roussos to any of the above emails. A telephone attendance note prepared by a lawyer of the GDC records that, on 13 March 2018, she attempted to phone Mr Roussos on his mobile and home phones regarding this hearing: the mobile phone number appeared as invalid and the home phone number rang out with no option to leave a voicemail.

The Committee was satisfied that the GDC had made all reasonable attempts to notify Mr Roussos of this hearing and its purpose. There has been no response from him. There is no application for a postponement or an adjournment. There is nothing to suggest to the Committee that an adjournment would make Mr Roussos' attendance any more likely before direction for suspension expires in 10 days on 30 March 2018. This Committee is called upon to review that suspension. The PCC will lose jurisdiction if the suspension is not reviewed prior to expiry. This would result in Mr Roussos being free to practise without restriction in circumstances where his fitness to practise has been found to be impaired by the last two PCCs and where there would be no further review as to whether or not the impairment continues.

Having regard to all the circumstances, the Committee is satisfied that Mr Roussos has voluntarily absented himself from this hearing. Balancing the public interest, which includes the need to review the suspension prior to its expiry, with Mr Roussos' interests, the Committee determined that it would be fair and in the interests of justice to proceed, notwithstanding his absence.

Decision

The Committee had regard to all the documents contained in the main and addendum bundle and considered the written submissions of the GDC. The GDC submitted that since the last hearing Mr Roussos has not sought to engage in these proceedings and has not provided any evidence of remediation or a reflective statement. The GDC

therefore submits that Mr Roussos' fitness to practise continues to be impaired and that indefinite suspension is appropriate.

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).

There is no evidence whatsoever before the Committee of any insight, reflection or remedial steps taken by Mr Roussos since the last hearing. He is not engaging in these proceedings and has only ever shown very limited insight into his serious and wide-ranging clinical failings and his dishonesty. In the absence of any evidence of remediation, there remains a significant risk of repetition. There is therefore a real risk of harm to the public should Mr Roussos be allowed to practise without restriction.

Further, wider public confidence in the profession and this regulatory process would also be seriously undermined if a finding of continued impairment were not made today, given Mr Roussos' lack of insight, reflection and remediation into both his clinical failings and his dishonesty.

Accordingly, the Committee finds that Mr Roussos' fitness to practise as a dentist continues to be impaired by reason of his misconduct.

A sanction remains necessary for the protection of the public and to maintain public confidence in the profession, given the risk of repetition and the seriousness of Mr Roussos' unpremeditated misconduct. There is nothing to suggest to the Committee that Mr Roussos would comply with any conditions on his registration, as he is not currently engaging in these proceedings. A period of suspension remains necessary and proportionate for the protection of the public and for the maintenance of public confidence in the profession.

Mr Roussos has failed to demonstrate any meaningful engagement throughout this regulatory process and has now ceased engaging. He demonstrates no insight or remediation to this reviewing Committee, notwithstanding the seriousness of the findings against him and the fact that he has had a period of 2 years within which to reflect and take adequate remedial steps. The Committee is not satisfied that suspension for a further fixed period would serve any useful purpose, as there is nothing to suggest that in up to 12 months' time the Committee would be in any other position than it is today in respect of Mr Roussos' engagement and in respect of any evidence from him of his insight, reflection and remediation.

Accordingly, the Committee directs that Mr Roussos' registration be suspended indefinitely.

That concludes the hearing today."