

PUBLIC HEARING**Professional Conduct Committee
Review Hearing****29 September 2025****Name:** DOULGERIDIS, Theocharis**Registration number:** 83084**Case number:** CAS-206344-Z2K3R8

General Dental Council: Mr Rhys Rosser, Counsel
Instructed by Eileen McMahon, IHLPS**Registrant:** Present
Represented by Mr Michael Rawlinson, Counsel
Instructed by Sarah Murdoch, MDDUS

Outcome: Fitness to practise no longer impaired. Conditions revoked

Committee members: Andy Waite (Chair, Lay member)
Nicola Jordan (Dentist member)
Soheila Asabi (Dental Care Professional member)**Legal adviser:** Paul Kilcoyne**Committee Secretary:** Sarah Crewe

Mr Doulgeridis,

1. This was a review hearing before the Professional Conduct Committee (PCC) in accordance with Section 27C of the Dentists Act 1984 (as amended) ('the Act'). The purpose of this hearing has been for this PCC to review your case and determine what action to take in relation to your registration.
2. You were present at the hearing and represented by Mr Michael Rawlinson, Counsel. Mr Rhys Rosser, Counsel, appeared on behalf of the General Dental Council (GDC). The hearing was held remotely on Microsoft Teams.

Background

3. Your case was first considered by the PCC at a hearing in April 2025. You were present at the hearing, and you were legally represented.
4. The initial Committee considered and found proved allegations in respect of the standard of care and treatment that you provided to one patient between 11 February 2020 and 31 March 2020. The specific findings related to failings in the following areas:
 - *Your radiographic practice.*
 - *Your antibiotic prescribing practices.*
 - *By not discussing the full risks and benefits of the proposed treatment.*
5. A number of deficiencies were also found in relation to your record keeping.
6. The initial Committee determined that each of the facts it found proved amounted to misconduct. It went on to determine that your fitness to practise as a dentist was impaired by reason of your misconduct, stating in its decision on impairment that you had not demonstrated sufficient insight into and remediation of these matters.
7. Accordingly, that Committee determined that you continued to pose a risk to the public and that your fitness to practise was currently impaired. That Committee also found that a finding of impairment is required in order to declare and uphold proper standards of conduct and behaviour and to maintain trust and confidence in the profession and in the regulatory process. In that Committee's judgment public trust and confidence in the profession, and in the regulator, would be undermined if a finding of impairment were not made in the particular circumstances of this case.
8. In respect of sanction, that Committee noted the steps you had taken to address the deficiencies in your clinical practice. It determined that a period of suspension would have been disproportionate and punitive. It, therefore, imposed a conditions of practice

order for a period of 6 months, with a review hearing before the expiry of the order. In making that decision the Committee stated:

Having carefully considered the misconduct in this case, the Committee was satisfied that the discreet areas of your practice, namely your radiographic practice, your antibiotic prescribing practice, your discussion of risks and benefits of treatment and obtaining informed consent were such that conditions for practice could be specifically formulated to protect the public and address the wider public interest whilst allowing you to return to practice.

The Committee bore in mind that in an attempt to remediate your failings, you have arranged a mentor with whom you have been working closely to discuss your practice and undertake audits of your work. In addition, you have chosen to undertake a number of CPD courses in 2024 that are relevant to the shortcomings resulting from the incident in 2020. Therefore, the Committee was satisfied that you have demonstrated you are willing to respond positively to conditional registration and work with others to ensure compliance with them.

Today's Review

9. It was the role of the Committee today to undertake a comprehensive review of this case. In so doing, the Committee had careful regard to all the documentary evidence before it and the submissions made by both parties. The Committee also heard and accepted the advice of the Legal Adviser. The Committee had regard to the GDC's Guidance for the Practice Committees, including Indicative Sanctions Guidance (October 2016, updated December 2020) (*"the Guidance"*).
10. Mr Rosser, on behalf of the GDC, submitted that the GDC remained neutral as to the outcome of this hearing. He outlined the background to the matters that brought you before the initial Committee and submitted that you have complied with the conditions. He submitted that it would be a matter for the Committee to assess the evidence you have provided to determine whether you have sufficiently addressed the concerns about your clinical practice.
11. You gave evidence under oath. You said that you would like to apologise to your patient for not giving them the standard of treatment expected. You stated that your work with your workplace supervisor has been an 'eye opener' and the main benefit that you got from this was he taught you to be more patient and to take a step back and recognise that it is your responsibility as a professional to maintain control. You said that you now feel comfortable to be able to take a step back and not rush treatment or treatment planning.
12. You stated that you stand by your reflective piece and asked the Committee to consider this when making its decision. You outlined how you would approach a similar situation now with what you have learned. You explained that you have attended an

oral surgery course and this reiterated that you need to be able to take a step back and not allow time pressures to force you to rush your work. You explained that you now print everything and after explaining everything to the patient you encourage them to take away the paperwork to consider it and then return for another appointment when they have made a decision. You stated that this may not be possible in an emergency situation, but you still maintained that taking a step back to ensure that the patient understands what is happening is vital.

13. When the original incident occurred, you reflected that you still don't understand why you did not take an x-ray, but you were clear that this is something that you make sure that you do whenever you are now considering an extraction.
14. In response to Committee questions, you outlined the risks that you would discuss with a patient prior to an extraction. You also stated that if a patient insisted on an extraction after you had outlined the risks you would offer an alternative to reduce the pain before a decision about extraction is made.
15. Mr Rawlinson, on your behalf, submitted that you are no longer impaired and should be allowed to return to unrestricted practise. He submitted that your insight into these matters has developed and grown and you have fully remediated the failings and demonstrated extensive and genuine remediation. Mr Rawlinson submitted that you have demonstrated genuine authenticity in your evidence and while it cannot be said that there is no risk of repetition, the risk is so low in this case as to be negligible. You have continued to work during the investigation and after the initial hearing and maintained the confidence of your colleagues and patients.
16. Mr Rawlinson submitted that the reflective piece that you have provided is targeted to the concerns and demonstrates the changes in your thinking and the changes that you have embedded into your work. He also referred the Committee to the report of your supervisor, which stated that

I believe that Haris has shown fortitude in dealing with his Conditions and Undertakings. He has provided me copies of all his patient records, radiographs and signed consent forms (that are in the various logs) to show me how seriously he is taking his obligations and prove his remediation. I believe he has remediated and is no longer impaired. With his permission, I have used his templates on risks and benefits and consent forms to assist other dentists that I help...

At our meetings we discussed how Haris could relay to the Committee how he is now behaving differently in his practise of dentistry. He accepts the facts and the punishment i.e. he has accepted full responsibility. He has engaged in remediation and reflection – our discussions and with other members of the dental and medical professions. He recognises the impact on his victim and the public more generally. He has a recognition of genuine regret and contrition with a feeling of shame. He has apologised for his actions and has been open and engaged with his regulator the GDC. He has attested to this in his reflective statement...

17. In conclusion, Mr Rawlinson submitted that the concerns regarding the impairment of your fitness to practise had now been resolved. He, therefore, invited the Committee to revoke the conditions of practice order on your registration.

Decision on Current Impairment

18. In making its decision, the Committee first sought to determine whether your fitness to practise was currently impaired by reason of your misconduct. It exercised its independent judgement and was not bound by the decision of the previous committee. It balanced your interests with those of the public and bore in mind that its primary duty is to protect the public, including maintaining public confidence in the profession and declaring and upholding proper standards and behaviour.
19. The Committee carefully considered all of the material in this case, which included the findings of the substantive Committee, and the remediation evidence you have provided for this review.
20. The Committee noted the length of time since the initial concerns, and that you had continued to practise during the investigation and have complied with the conditions and worked towards your remediation since the initial hearing, which was evident in the information you had provided at this hearing. In particular, the Committee noted your oral evidence, your written reflection and the reports and testimonials from your supervisor. The Committee took into account that your supervisor has stated that your clinical practice had improved significantly, that your standards are very high and that both he and you were confident that you would be able to maintain this standard.
21. The Committee considered that your oral evidence was clear in the changes that you have made and how you would approach a similar situation in future. It was of the view that the changes that you identified demonstrate that you have genuine insight into what went wrong and how to prevent it from occurring again. You made a genuine apology and have demonstrated remorse for your failings.
22. In conclusion, the Committee is satisfied from the evidence you have provided that you have sufficiently remediated the clinical failings to the extent that they are unlikely to be repeated. The Committee concluded that there is no current evidence to show that you pose a risk to the public. The Committee is also satisfied that the public confidence in the dental profession has been satisfied through the period of conditions of practice and it would not be undermined if a finding of current impairment were not made in relation to this case.
23. The Committee, therefore, determined that your fitness to practise is currently not impaired.

24. Accordingly, the Committee determined, pursuant to Section 27C (2)(a) of the Dentists Act 1984, as amended, to revoke the conditions currently on your registration with immediate effect.
25. That concludes this case.