

**HEARING HEARD IN PUBLIC**

**UTA, Carmen Oana**

**Registration No: 110191**

**PROFESSIONAL CONDUCT COMMITTEE**

**JUNE 2015 – JULY 2017**

**Most recent outcome: Indefinite suspension\*\***

\*\* See page 19 for the latest determination.

Carmen Oana UTA, a dentist, DMD Bucharest 2003, was summoned to appear before the Professional Conduct Committee on 15 June 2015 for an inquiry into the following charge:

**Charge (as amended)**

“That being registered under the Dentists Act 1984:

1. At all material times you were a United Kingdom registered Dental Practitioner in practise at the Trafalgar Dental Practice, 108 New Road, Buckland, Portsmouth, PO2 7RJ (“the Surgery”).
2. You provided dental treatment to 24 patients (Schedule A) at the Surgery between 1 April 2012 and 31 July 2012, referred to as Patient A to Y (“the Patients”).

**Patient A**

3. Your care and treatment of Patient A was substandard in that on 2 July 2012 you did not obtain an adequate radiograph, or radiographs of diagnostic value.
4. Your record keeping in respect of Patient A was substandard in that on 2 July 2012 you failed to adequately record to record a radiographic report.

**Patient B**

5. Your care and treatment of Patient B was substandard in that on 17 April 2012 you did not obtain an adequate radiograph, or radiographs of diagnostic value.
6. Your record keeping in respect of Patient B was substandard in that on 17 April 2012 you failed to adequately record a radiographic report.

**Patient C**

7. Your care and treatment in respect of Patient C was substandard in that on one or more occasions between 8 May 2012 and 30 July 2012:
  - a. issued a prescription for antibiotics without adequate clinical justification;
  - b. you did not obtain an adequate radiograph, or radiographs of diagnostic value;
  - c. did not diagnose and/or treat caries at:
    - i. UL2;
    - ii. UL3.

8. Your record keeping in respect of Patient C was substandard in that you failed to adequately record your prescribing including an appropriate rationale for the prescription on:
  - a. 8 May 2012;
  - b. 30 July 2012.

**Patient D**

9. Your care and treatment in respect of Patient D was substandard in that on 1 May 2012 you did not place a restoration of an appropriate material at UL6.
10. Your record keeping in respect of Patient D was substandard in that on one or more occasions between 18 April 2012 and 1 May 2012 you failed to adequately record a radiographic report.

**Patient E**

11. Your care and treatment in respect of Patient E was substandard in that on 10 July 2012, you did not obtain an adequate radiograph, or radiographs of diagnostic value.
12. Your record keeping in respect of Patient E was substandard in that on 10 July 2012 you failed to adequately record a radiographic report.

**Patient F**

13. Your care and treatment in respect of Patient F was substandard in that on 14 May 2012, you did not obtain an adequate radiograph, or radiographs of diagnostic value.

**Patient G**

14. Your care and treatment in respect of Patient G was substandard in that on one or more occasions between 9 May 2012 and 22 May 2012:
  - a. you did not obtain an adequate radiograph, or radiographs of diagnostic value;
  - b. you did not place a restoration of an appropriate material at UR6.
15. Your record keeping in respect of Patient G was substandard in that on one or more occasions between 9 May 2012 and 22 May 2012 you failed to adequately record a radiographic report.

**Patient H**

16. Your care and treatment in respect of Patient H was substandard in that on 12 June 2012 you did not obtain an adequate radiograph, or radiographs of diagnostic value.
17. Your record keeping in respect of Patient H was substandard in that on 12 June 2012 you failed to adequately record a radiographic report.

**Patient I**

18. Your care and treatment in respect of Patient I was substandard in that on 3 July 2012 you did not obtain an adequate radiograph, or radiographs of diagnostic value.
19. Your record keeping in respect of Patient I was substandard in that on 3 July 2012 you failed to adequately record a radiographic report.

**Patient J**

20. Your care and treatment in respect of Patient J was substandard in that on one or more occasions between 4 July 2012 and 16 July 2012 you did not diagnose and/or treat caries at:
- a. LL6;
  - b. LL7;
  - c. UL4;
  - d. UL5;
  - e. UL7;
  - f. UR4;
  - g. UR5.
21. Your record keeping in respect of Patient J was substandard in that on one or more occasions between 4 July 2012 and 16 July 2012:
- a. you failed to adequately record a radiographic report;
  - b. you failed to adequately record your prescribing including an appropriate rationale for the prescription on 4 July 2012

**Patient K**

22. Your care and treatment in respect of Patient K was substandard in that on 2 July 2012:
- a. you did not obtain an adequate radiograph, or radiographs of diagnostic value;
  - b. you did not diagnose and/or treat caries at UL7.
23. Your record keeping in respect of Patient K was substandard in that on 2 July 2012 you failed to adequately record a radiographic report.

**Patient L**

24. Your care and treatment in respect of Patient L was substandard in that on one or more occasions between 9 May 2012 and 13 June 2012:
- a. you did not obtain an adequate radiograph, or radiographs of diagnostic value;
  - b. you did not diagnose and/or treat caries at:
    - i. UR2;
    - ii. UR3;
    - iii. UL3;
    - iv. LL6;
    - v. LL8.
25. Your record keeping in respect of Patient L was substandard in that on 9 May 2012:
- a. you failed to adequately record a radiographic report;

- b. you failed to adequately record your prescribing including an appropriate rationale for the prescription.

**Patient M**

26. Your care and treatment in respect of Patient M was substandard in that on one or more occasions between 8 May 2012 and 21 May 2012 you did not obtain an adequate radiograph, or radiographs of diagnostic value.

**Patient N**

27. Your care and treatment in respect of Patient N was substandard in that on one or more occasions between 9 July 2012 and 16 July 2012 you did not place a restoration of an appropriate material at:
  - a. LL6;
  - b. LR7.
28. Your record keeping in respect of Patient N was substandard in that on one or more occasions between 9 July 2012 and 16 July 2012 you failed to adequately record a radiographic report.

**Patient O**

29. Your care and treatment in respect of Patient O was substandard in that on 13 June 2012 you did not obtain an adequate radiograph, or radiographs of diagnostic value.

**Patient P**

30. Your care and treatment in respect of Patient P was substandard in that on one or more occasions between 9 July 2012 and 30 July 2012
  - a. you did not obtain an adequate radiograph, or radiographs of diagnostic value;
  - b. you did not diagnose and/or treat caries at:
    - i. UR4;
    - ii. UR5;
    - iii. UR6;
    - iv. LR6;
    - v. LL5.
31. Your record keeping in respect of Patient N was substandard in that on 9 July 2012 you failed to adequately record your prescribing including an appropriate rationale for the prescription.

**Patient Q**

32. Your care and treatment in respect of Patient Q was substandard in that on one or more occasions between 11 July 2012 and 23 July 2012:
  - a. you did not obtain an adequate radiograph, or radiographs of diagnostic value;
  - b. you did not diagnose and/or treat caries at:
    - i. UL6;

- ii. UR7.

**Patient R**

- 33. Your care and treatment in respect of Patient R was substandard in that on one or more occasions between 17 May 2012 and 27 June 2012:
  - a. you did not obtain an adequate radiograph, or radiographs of diagnostic value;
  - b. you did not provide first stage root treatment at LL5 on 27 June 2012.

**Patient S**

- 34. Your care and treatment in respect of Patient S was substandard in that on one or more occasions between 11 April 2012 and 18 April 2012:
  - a. you did not obtain an adequate radiograph, or radiographs of diagnostic value;
  - b. you did not carry out a scale and polish;
  - c. you did not offer appropriate treatment at LR6, on 18 April 2012.
- 35. Your record keeping in respect of Patient S was substandard in that on one or more occasions between 11 April 2012 and 18 April 2012:
  - a. you failed to record an accurate basic periodontal examination score ("BPE");
  - b. you failed to adequately record a radiographic report;
  - c. you failed to adequately record your prescribing including an appropriate rationale for the prescription, on 11 April 2012.

**Patient T**

- 36. Your care and treatment in respect of Patient T was substandard in that on one or more occasions between 11 June 2012 and 26 June 2012:
  - a. you did not obtain an adequate radiograph, or radiographs of diagnostic value;
  - b. you did not provide first stage root treatment at UL4, on 26 June 2012.
- 37. Your record keeping in respect of Patient T was substandard in that on 11 June 2012 you failed to record the patient's presenting complaint.

**Patient U**

- 38. Your care and treatment in respect of Patient U was substandard in that on 19 June 2012 you did not obtain an adequate radiograph, or radiographs of diagnostic value.

**Patient V**

- 39. Your care and treatment in respect of Patient V was substandard in that on 23 July 2012:
  - a. you did not obtain an adequate radiograph, or radiographs of diagnostic value;
  - b. you did not provide adequate treatment at UL5.

**Patient X**

- 40. Your care and treatment in respect of Patient X was substandard in that on one or more occasions between 15 May 2012 and 24 July 2012:

- a. you did not obtain an adequate radiograph, or radiographs of diagnostic value;
- b. you did not diagnose and/or treat caries at:
  - i. UL6;
  - ii. UL7;
  - iii. UR6.

41. Your record keeping in respect of Patient X was substandard in that on one or more occasions between 15 May 2012 and 24 July 2012 you failed to record full entries on the pictorial dental chart.

**Patient Y**

42. Your care and treatment in respect of Patient Y was substandard in that on 11 April 2012:

- a. you did not obtain an adequate radiograph, or radiographs of diagnostic value;
- b. you did not place a restoration of an appropriate material at UL6.

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

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

Ms Uta was not present and was not represented. On 17 June 2015 the Chairman announced the findings of fact to the Counsel for the GDC:

“Mr Hunt

The Committee has taken into account all the evidence presented to it. It has accepted the advice of the Legal Adviser. In accordance with that advice it has considered each head of charge separately.

Ms Uta is neither present nor represented at this hearing. The Committee was satisfied by reference to the documents before it that service had been effected in accordance with the General Dental Council (Fitness to Practise) Rules Order of Council 2006 (the Rules). The Committee had sight of evidence that the notice of hearing had been sent to her registered address in Romania, but was not collected by Ms Uta. The Committee also saw that a copy of the notice was sent to Ms Uta by email. It determined that all reasonable efforts had been made by the General Dental Council (GDC) to serve notice.

The Committee noted that Ms Uta had failed to engage in any way with the attempts made by the GDC to communicate with her in its investigation of this case. Ms Uta has not requested that this hearing be postponed and she has offered no explanation as to why she is not in attendance. In the circumstances, the Committee, mindful of the public interest in the expeditious disposal of cases, determined it was fair and appropriate to proceed in Ms Uta’s absence. The Committee noted that a postponement would inconvenience the witnesses that had agreed to appear to give evidence in this hearing. It considered that nothing would be achieved by postponing the hearing as it would be unlikely to secure Ms Uta’s attendance on any future date, given the long history of Ms Uta’s non-engagement with the regulatory process.

The Committee acceded to your applications made at the outset of the hearing to amend heads of charge 8.a and 39. in order to correct typographical errors. In respect of the amendment you proposed on behalf of the GDC in relation to head of charge 31., the Committee considered that, by changing the focus of the charge from record keeping to treatment, the proposed amendment would have substantially increased the gravity of the charge. Furthermore, it would have significantly altered the nature of the GDC's case against Ms Uta. In these circumstances, the Committee considered that to amend the charge at this late stage in proceedings in the manner proposed would be unduly prejudicial to Ms Uta. The Committee rejects your assertion that Ms Uta could have anticipated the proposed amendment on the basis of the material that has already been served on her.

The Committee heard oral evidence from Witness 1, the Clinical Director of the body corporate which the practice at which Ms Uta was practising at the material time belonged to, who conducted a record review of patients treated by Ms Uta, along with the expert evidence of Hilary Firestone, called on behalf of the GDC. The Committee had sight of the full patient records reviewed by both Witness 1 and the GDC expert.

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

1	Proved.
2	Proved.
3	Proved.  The Committee accepts the evidence of the expert that, whilst one of the relevant bitewing radiographs was adequate, the other needed to be retaken as it was of not of diagnostic value and therefore Ms Uta's care and treatment was substandard.
4	Proved.  The Committee accepts the evidence of the expert that Ms Uta failed to report adequately on the radiograph during the period, contrary to the Ionising Radiation (Medical Exposure) Regulations (IRMER), and this constituted substandard record keeping.
5	Not proved.  There is nothing in the notes to indicate that a radiograph was taken by Ms Uta on the date alleged. There is a radiograph before the Committee dated 17 April 2012 which is marked "PB". This radiograph is of diagnostic quality, but the Committee considers it more likely than not that it was taken by someone other than Ms Uta.
6	Not proved in light of the Committee's finding at charge 5.
7a	Proved.  The Committee accepts the evidence of the expert that there was no record of any systemic involvement which could justify the prescription of antibiotics. The Committee considers it is more likely than not that Ms Uta issued the prescription without clinical justification.
7b	Proved.  The Committee accepts the evidence of the expert that radiographs of inadequate diagnostic value were taken during the period alleged and Ms Uta's failure to

	retake them constituted substandard care and treatment.
7c.i	<p>Proved.</p> <p>The Committee accepts the expert evidence that caries existed in this tooth during the period alleged and that Ms Uta’s care and treatment was substandard in that she failed to diagnose or treat it.</p>
7c.ii	<p>Not proved.</p> <p>The Committee notes that Ms Uta has recorded “Watch this tooth” in the patient record on 8 May 2012. The Committee considers that this indicates that she had diagnosed caries in this tooth but that it was not necessary to treat the tooth immediately.</p>
8a	<p>Proved.</p> <p>The Committee accepts the evidence of the expert that there is no record of systemic involvement and therefore the rationale for prescribing antibiotics is inadequate.</p>
8b	<p>Proved.</p> <p>The Committee accepts the evidence of the expert that there is no record of systemic involvement and therefore the rationale for prescribing antibiotics is inadequate.</p>
9	<p>Proved.</p> <p>The Committee accepts the evidence of the expert that amalgam or composite should have been used in relation to this restoration as this was a “load-bearing” restoration and that Ms Uta’s use of glass ionomer was inappropriate.</p>
10	<p>Proved.</p> <p>The Committee accepts the evidence of the expert that Ms Uta failed to report adequately on the radiograph during the period, contrary to IRMER, and this constituted substandard record keeping.</p>
11	<p>Not proved.</p> <p>The Committee notes that Witness 1 was of the opinion that the radiographs taken on this date were of diagnostic value, despite some minor coning. Having examined the radiograph carefully, the Committee prefers the evidence of Witness 1, rejecting the evidence of the expert. The radiograph’s minor deficiencies did not render its diagnostic value inadequate.</p>
12	<p>Proved.</p> <p>The Committee accepts the evidence of the expert that what was recorded did not constitute an adequate radiographic report and that this was substandard, having regard to IRMER.</p>
13	<p>Not proved.</p> <p>There is no radiographic evidence before the Committee to support this allegation and the Committee notes that the GDC is not presenting a positive case in respect of this charge.</p>

14a	<p>Proved.</p> <p>The Committee accepts the expert evidence that, whilst one of the relevant bitewing radiographs was adequate, the other needed to be retaken as it was not of diagnostic value and therefore Ms Uta's care and treatment was substandard.</p>
14b	<p>Proved.</p> <p>The Committee accepts the evidence of the expert that amalgam or composite should have been used in relation to this restoration as this was a "load-bearing" restoration and that Ms Uta's use glass ionomer was inappropriate.</p>
15	<p>Proved.</p> <p>The Committee accepts the evidence of the expert that Ms Uta failed to report adequately on the radiograph during the period, contrary to IRMER, and this constituted substandard record keeping.</p>
16	<p>Proved.</p> <p>The Committee accepts the evidence of the expert that Ms Uta failed to obtain any adequate radiograph on the date alleged and that failing to take an adequate radiograph constituted substandard care and treatment.</p>
17	<p>Proved.</p> <p>The Committee accepts the evidence of the expert that Ms Uta failed to report adequately on the radiograph during the period, contrary to IRMER, and this constituted substandard record keeping.</p>
18	<p>Proved.</p> <p>The Committee accepts the evidence of the expert that radiographic information of inadequate diagnostic value was taken on the date alleged and Ms Uta's failure to retake the information constituted substandard care and treatment.</p>
19	<p>Proved.</p> <p>The Committee accepts the evidence of the expert that Ms Uta failed to report adequately on the radiograph during the period, contrary to IRMER, and this constituted substandard record keeping.</p>
20a	<p>Proved.</p> <p>The Committee accepts the evidence of the expert that there was caries in this tooth during the period alleged and Ms Uta's failure to diagnose or treat the tooth during the period constituted substandard care and treatment.</p>
20b	<p>Proved for the reasons given in respect of 20a.</p>
20c	<p>Proved for the reasons given in respect of 20a.</p>
20d	<p>Proved for the reasons given in respect of 20a.</p>
20e	<p>Proved for the reasons given in respect of 20a.</p>
20f	<p>Proved for the reasons given in respect of 20a.</p>
20g	<p>Not proved.</p>

	The Committee, having examined the radiographic evidence carefully , considers, on the balance of probabilities, that there was no caries at UR5. This is supported by Witness 1, who does not note that caries existed in this tooth.
21a	Proved.  The Committee accepts the evidence of the expert that Ms Uta failed to report adequately on the radiograph during the period, contrary to IRMER, and this constituted substandard record keeping.
21b	Proved.  The Committee accepts the evidence of the expert that there is no record of systemic involvement and therefore the rationale for prescribing antibiotics is inadequate.
22a	Not proved.  The Committee considers that radiographic material of diagnostic value was obtained on the date alleged. The Committee notes that the GDC is not presenting a positive case in respect of this charge.
22b	Not proved.  The Committee notes that there was confusion in the expert evidence in relation to which tooth the radiograph showed to have caries, due to uncertainty about the correct orientation of the radiograph.
23	Proved.  The Committee accepts the evidence of the expert that Ms Uta failed to report adequately on the radiograph during the period, contrary to IRMER, and this constituted substandard record keeping.
24a	Not proved.  The Committee considers that radiographic material of diagnostic value was obtained on the date alleged. The Committee notes that the GDC is not presenting a positive case in respect of this charge.
24b.i	Not proved.  The Committee considers that the radiographic evidence available to the Committee does not establish that caries existed in the tooth as alleged when Ms Uta treated the patient, some 7 months prior to the date the radiograph was taken by a subsequent treating dentist.
24b.ii	Not proved for the reasons given in respect of 24b.i
24b.iii	Not proved for the reasons given in respect of 24b.i
24b.iv	Not proved.  The Committee finds that there is confusion in the evidence of the expert as to which side of the mouth is being displayed by the relevant radiographic information.
24b.v	Not proved for the reasons given in respect of 24b.iv

25a	<p>Not proved.</p> <p>There is no evidence before Committee that any radiographs were taken on the date alleged. The Committee finds that radiographs were taken by Ms Uta on 13 June 2015.</p>
25b	<p>Proved.</p> <p>The Committee accepts the evidence of the expert that there is no record of systemic involvement and therefore the rationale for prescribing antibiotics is inappropriate.</p>
26	<p>Proved.</p> <p>The Committee accepts the evidence of the expert that radiographic information of inadequate diagnostic value was taken on the date alleged and Ms Uta's failure to retake the information constituted substandard care and treatment.</p>
27a	<p>Proved.</p> <p>The Committee accepts the evidence of the expert that amalgam or composite should have been used in relation to this restoration as this was a "load-bearing" restoration and that Ms Uta's use glass ionomer was inappropriate.</p>
27b	<p>Proved.</p> <p>The Committee accepts the evidence of the expert that amalgam or composite should have been used in relation to this restoration as this was a "load-bearing" restoration and that Ms Uta's use glass ionomer was inappropriate.</p>
28	<p>Proved.</p> <p>The Committee accepts the evidence of the expert that Ms Uta failed to adequately record a radiograph report during the period alleged, contrary to IRMER, as Ms Uta failed to report on bone levels.</p>
29	<p>Not proved.</p> <p>Although the bone level was only partially revealed by the radiograph taken by Ms Uta, she was able to make a correct diagnosis and referred the patient to a hygienist. Her care and treatment of the patient was not substandard.</p>
30a	<p>Proved.</p> <p>The Committee accepts the expert evidence that, whilst one of the relevant bitewing radiographs was adequate, the other needed to be retaken as it was of not of diagnostic value and therefore Ms Uta's care and treatment was substandard.</p>
30b.i	<p>Proved.</p> <p>The Committee accepts evidence of the expert witness that caries existed in the tooth as alleged during the period and that Ms Uta failed to diagnose or treat it. This constituted substandard care and treatment.</p>
30b.ii	<p>Proved for the reasons given in respect of 30bi.</p>
30b.iii	<p>Proved for the reasons given in respect of 30bi.</p>

30b.iv	Proved for the reasons given in respect of 30bi.
30b.v	Proved. Ms Uta should have repeated the left bitewing which was of inadequate diagnostic value to enable her to diagnose and treat the caries in the tooth alleged. This constituted substandard care and treatment.
31	Proved. The Committee accepts the evidence of the expert that although systemic involvement was recorded, the reason why two different antibiotics were prescribed for an extended period was not recorded. This showed no appropriate rationale for the prescription which rendered the record substandard.
32a	Proved. The Committee considered that, whilst one radiograph taken in the period was of adequate quality, the other was not of sufficient diagnostic value and should have been retaken by Ms Uta. Her care and treatment was therefore substandard.
32b.i	Proved. The Committee considers that Ms Uta took a radiograph of sufficient diagnostic quality during this period, which should have enabled her to diagnose caries in the tooth as alleged. The Committee accepts the evidence of the expert that Ms Uta's failure to diagnose and/or treat the caries constituted substandard treatment.
32b.ii	Proved for the reasons given in respect of 32b.i
33a	Proved. The Committee accepts the evidence of the expert witness that the radiographs taken by Ms Uta during the period were of inadequate diagnostic value and her failure to retake them constituted substandard care and treatment.
33b	Not proved. The Committee was not given evidence to substantiate the necessity to provide first stage root treatment on the date alleged. The expert stated in oral evidence that planning for root treatment would have been sufficient. The Committee notes that some planning had taken place in the patient records and that therefore Ms Uta's care and treatment was not substandard by her not providing first stage root treatment.
34a	Not proved. The Committee considers that radiographic material of diagnostic value was obtained during the period alleged. The Committee notes that the GDC is not presenting a positive case in respect of this charge.
34b	Proved. The Committee accepts the evidence of the expert that a scale and polish was not carried out in the period and that this constituted substandard care and treatment.
34c	Not proved. The Committee does not consider the treatment offered was substandard. The

	<p>Committee was satisfied that applying a dressing and a temporary filling on 11 April 2012 and planning for later root canal treatment was the correct treatment. However on 18 April it is more likely than not that she believed her treatment had been successful and she placed a permanent filling.</p>
35a	<p>Not proved.</p> <p>A Basic Periodontal Examination is a basic examination carried out by probing. The Committee finds that Ms Uta recorded the clinical position as observed by her.</p>
35b	<p>Proved.</p> <p>The Committee accepts the oral evidence of the expert that there is no evidence of an adequate report of radiographic findings and this was substandard, having regard to IRMER.</p>
35c	<p>Proved.</p> <p>The Committee accepts the evidence of the expert that there is no record of systemic involvement and therefore the rationale for prescribing antibiotics is inadequate.</p>
36a	<p>Proved.</p> <p>The Committee accepts the evidence of the expert witness that the radiographs taken by Ms Uta during the period were of inadequate diagnostic value and her failure to retake them constituted substandard care and treatment. The Committee notes the evidence of the expert that, in light of UL4 being non-vital, a periapical radiograph should have been taken.</p>
36b	<p>Not proved.</p> <p>The Committee notes the evidence of the expert that a plan for root treatment could have been sufficient and that it was not necessary to provide first stage root treatment on this date.</p>
37	<p>Not proved.</p> <p>The Committee finds that although the record was not detailed, the patient's presenting complaint was recorded sufficiently.</p>
38	<p>Proved.</p> <p>The Committee accepts the expert evidence that, whilst one of the relevant bitewing radiographs may have been adequate, the other needed to be retaken as it was not of diagnostic value and therefore Ms Uta's care and treatment was substandard.</p>
39a	<p>Proved.</p> <p>The Committee accepts the evidence of the expert that radiographic information of inadequate diagnostic value was taken on the date alleged and Ms Uta's failure to retake the radiographs constituted substandard care and treatment.</p>
39b	<p>Proved.</p> <p>The Committee considers that an inappropriate filling was provided as glass</p>

	ionomer was used as a load bearing restoration. It also accepts the evidence of the expert that an extra-coronal restoration should have been provided for. Ms Uta herself noted that the bite was very deep.
40a	Proved.  The Committee accepts the expert evidence that, whilst one of the relevant bitewing radiographs was adequate, the other needed to be retaken as it was of not of diagnostic value and therefore Ms Uta's care and treatment was substandard.
40b.i	Proved.  The Committee accepts the expert evidence that caries existed in this tooth during the period alleged and that Ms Uta failed to diagnose or treat it.
40b.ii	Proved for the reasons given in respect of 40b.i.
40b.iii	Proved for the reasons given in respect of 40b.i.
41	Not proved.  The expert did not substantiate, nor was there any corroboration of how she came to the conclusion that Ms Uta failed to record full entries on the pictorial dental chart during the period alleged.
42a	Proved.  The Committee accepts the evidence of the expert that Ms Uta failed to obtain an adequate radiograph on the date alleged and that her failure to take an adequate radiograph constituted substandard treatment.
42b	Proved.  The Committee accepts the evidence of the expert that amalgam or composite should have been used in relation to this restoration as this was a "load-bearing" restoration and that Ms Uta's use glass ionomer was inappropriate.

We move to Stage Two."

On 18 June 2015 the Chairman announced the determination as follows:

"Mr Hunt

The Committee has considered all the information before it, including the submissions you have made on behalf of the General Dental Council (GDC). It has accepted the advice of the Legal Adviser and has had regard at all times to the *Guidance for the Professional Conduct Committee, including indicative sanctions guidance (April 2015)*.

On 1 April 2012, Ms Uta commenced an appointment as an Associate Dentist with SCA Trafalgar Dental Practice in Portsmouth (the Practice). Following Ms Uta's departure from the Practice Witness 1 and the practice manager investigated her clinical records. Witness 1 noted that Ms Uta had taken limited radiographs and selected a sample of 25 clinical records where radiographs were available.

The charges against Ms Uta arose from a review of this sample of the records. The Committee has found facts proven in relation to 21 of the 24 patients to whom the charges

related. It found failings in relation to radiography, record keeping, use of inappropriate restoration materials, diagnosis and treatment of caries and inappropriate prescription of antibiotics.

The Committee considers that the failings identified constitute departures from the guidance found in the following paragraphs of *Standards for Dental Professionals*, the guidance in force at the material time.

- 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.
- 5.3** Find out about current best practice in the fields in which you work. Provide a good standard of care based on available up-to-date evidence and reliable guidance.
- 5.4** Find out about laws and regulations which affect your work, premises, equipment and business, and follow them.

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

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

The Committee considered what sanction, if any, it is appropriate to impose. In doing so, it bore in mind that the purpose of any sanction is not to punish Ms Uta, but to protect patients and maintain professional standards, having regard to the principle of proportionality, balancing Ms Uta's interests with the public interest. The Committee considered any possible mitigation at this stage, including the fact that Ms Uta qualified elsewhere and may not have been properly inducted into UK dentistry. However, Ms Uta had been in practice in this country for at least a year before she came to work at the Practice and was registered here in 2007. In addition, as a professional Ms Uta was a professional and it was her responsibility to ensure that she knew and was compliant with the basic standards of dentistry in this country.

The Committee determined that to conclude the case at this stage, with or without a reprimand, would be insufficient, having regard to the severity of the range of its findings and the fact that Ms Uta remains a risk to patient safety.

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

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

The Committee determines that the appropriate suspension period is 12 months. The period was selected having regard to the length of time that it expects Ms Uta will need to engage with the process and demonstrate any meaningful remediation and insight, in view of her total failure to engage with the GDC for an extended period of time which remains on-going. There will be a review shortly before the expiry of the period of suspension which Ms Uta will be expected to attend. The reviewing Committee would be assisted by:

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

The relevant Interim Order imposed on Ms Uta's registration is hereby revoked.

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

---

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

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

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

That concludes the case."

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

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

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

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

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

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

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

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

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

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

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

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

#### Impairment

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

#### Impairment by reason of her misconduct

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

#### Impairment by reasons of deficient professional performance

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

#### Disposal

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

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

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

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

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

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

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

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

That concludes the case for today."

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

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

#### Service and absence of the respondent

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

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

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

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

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

### Background

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

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

In finding Ms Uta impaired, the Committee stated that:

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

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

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

As to misconduct, the Committee concluded:

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

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

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

And as to deficient professional performance:

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

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

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

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

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

### Decision

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

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

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

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

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

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

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

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

#### Disposal

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

That concludes the hearing today."