

**HEARING HEARD IN PUBLIC**

**PHILIPPOU, Panagiotis**

**Registration No: 186003**

**PROFESSIONAL PERFORMANCE COMMITTEE**

**JUNE 2014 – July 2017**

**Most recent outcome: Conditions extended for a period of 36 months; review prior to expiry \*\***

\*\* See page 22 for the latest determination.

Panagiotis PHILIPPOU, dentist, DDM Plovdiv 2008, was summoned to appear before the Professional Performance Committee on 16 June 2014 for an inquiry into the following charge:

**Charge (as amended)**

“That, being a registered dentist:

1. You provided dental treatment to Patients 1 to 13 identified in the Schedule below<sup>1</sup>.

Patient 1

2. You provided dental treatment to Patient 1 between 4 November 2011 and 7 August 2012 but you:
  - (a) failed to take bitewing radiographs on 4 November 2011;
  - (b) gave an inappropriate prescription for antibiotics with the incorrect dosage on 8 November 2011;
  - (c) failed to report the caries at LR4, LR5, LR6, UL4 and UL6 and a retained carious root at UR7 visible on the bitewing radiographs you obtained on 7 August 2012;
  - (d) failed on 7 August 2012 to record a plan for the treatment of caries at LR6, UL4 and UL6 and the extraction of the retained root UR7;
  - (e) failed to make an accurate record of the restoration of UR5 in that you recorded the performance of the restoration on both 4 November 2011 and 8 November 2011;
  - (f) failed to give and record the giving of preventative advice in relation to diet and fluoride.

Patient 2

3. You provided dental treatment to Patient 2 between 23 September 2011 and 19 September 2012 but you:
  - (a) failed to take bitewing radiographs on 23 September 2011;
  - (b) failed on 23 September 2011 to diagnose and plan the treatment of caries at UR8, UL8, LL5 and LL7;

<sup>1</sup> Please note that the schedule is a private document and cannot be disclosed

- (c) failed on 23 September 2011 to:
  - (i) carry out a scale and polish;
  - (ii) give oral hygiene instruction; and
  - (iii) give dietary advice;
- (d) failed to record an adequate report of the radiograph taken on 23 September 2011;
- (e) failed on 11 November 2011 to diagnose and plan the treatment of caries visible at LL7 on a radiograph taken that day;
- (f) gave an inappropriate prescription of antibiotics with the incorrect dosage on 11 November 2011 and 31 May 2012;
- (g) gave a prescription for antibiotics with the incorrect dosage on 7<sup>th</sup> June 2012;
- (h) failed to obtain a radiograph of UL8 on 7 June 2012 before proceeding to attempt to extract the tooth;
- (i) failed to record an updated medical history on 18 November 2011 and 7 June 2012 before the extraction of a tooth.

Patient 3

- 4. You provided dental treatment to Patient 3 between 24 February 2012 and 16 March 2012 but you:
  - (a) failed to record an adequate report of the radiographs taken on 24 February 2012;
  - (b) failed on 24 February 2012 to diagnose and plan the treatment of caries which was visible on the bitewing radiographs taken that day;
  - (c) failed to carry out vitality testing of LL1, LL2, LL3, UR1, UL1 and UL2 on 24 February 2012 and/or 2 March 2012;
  - (d) failed to make an adequate record of the treatment provided to LL1, LL2, LL3, UR1, UL1 and UL2 on 2 March 2012.

Patient 4

- 5. You provided dental treatment to Patient 4 between 14 November 2011 and 24 February 2012 but you:
  - (a) failed to obtain bitewing radiographs on 14 November 2011;
  - (b) failed to make an adequate record of the treatment of UR2 on 24 February 2012.

Patient 5

- 6. You provided dental treatment to Patient 5 on 7 October 2011 but you:
  - (a) failed to take bitewing radiographs;
  - (b) failed to diagnose and plan the treatment of caries at UR7, UL7 and LR7.

Patient 6

7. You provided dental treatment to Patient 6 between 4 November 2011 and 23 January 2012 but you:
- (a) failed to take bitewing radiographs on 4 November 2011;
  - (b) failed to make an adequate note of the provision of the restoration at LL7 on 4 November 2011;
  - (c) prescribed antibiotics on 4 November 2011 and 23 January 2012 at an incorrect dosage;
  - (d) failed to record an adequate report of the radiograph taken on 13 January 2012.

Patient 7

8. You provided dental treatment to Patient 7 between 25 October 2011 and 20 February 2012 but you:
- (a) failed to take bitewing radiographs on 25 October 2011;
  - (b) gave an inappropriate prescription for antibiotics and the incorrect dosage on 25 October 2011;
  - (c) failed to make an adequate record of any treatment provided to UR3 and UR4 on 25 October 2011;
  - (d) failed to provide Patient 7 on 8 November 2011 with an FP17DC form in respect of the planned provision of a denture.

Patient 8

9. You provided dental treatment to Patient 8 between 19 May 2012 and 4 August 2012 but you:
- (a) failed to record an adequate report of the bitewing radiographs taken on 19 May 2012;
  - (b) failed to make a record of the use of local anaesthetic on 25 June 2012;
  - (c) failed to make an adequate record on 4 August 2012 of the reason why there was no option but to extract LR6 and as to whether root canal treatment was offered.

Patient 9

10. You provided dental treatment to Patient 9 between 8 September 2011 and 11 January 2012 but you:
- (a) failed on 8 September 2011 and 11 January 2012 to diagnose clinically caries at LR6;
  - (b) failed to take bitewing radiographs on 11 January 2012;
  - (c) failed to record the details of local anaesthetic used on 11 January 2012.

Patient 11

11. You provided dental treatment to Patient 11 between 4 May 2012 and 8 June 2012 but you:

- (a) failed on 4 May 2012 to make an adequate record of Patient 11's medical history;
- (b) failed on 4 May 2012 to investigate and record the cause of the acid erosion and to give preventative advice in respect of diet;
- (c) WITHDRAWN;
- (d) gave an inappropriate prescription for antibiotics on 28 May 2012 and failed to record the drug and dosage;

Patient 12

12. You provided dental treatment to Patient 12 on 2 April 2012 but you:
- (a) failed to update and record Patient 12's medical history with respect to allergies despite the fact that she was pregnant and an antibiotic was prescribed;
  - (b) failed to record a discussion of treatment options for UR7 other than extraction;
  - (c) prescribed an incorrect dose of antibiotics.

Patient 13

13. You provided dental treatment to Patient 13 between 12 October 2011 and 18 June 2012 but you:
- (a) failed to take bitewing radiographs on 12 October 2011 before placing fissure sealants to all the first molar teeth;
  - (b) made an inappropriate prescription of antibiotics on 14 November 2011;
  - (c) failed to provide and record the provision of preventative advice regarding diet, oral hygiene and fluoride.

And, by reason of the matters set out above, your fitness to practise is impaired by reason of deficient professional performance”.

On the 24 June 2014, the Chairman made the following statement regarding the finding of facts:

“Ms Rahman,

You are representing Mr Philippou, who is not present at this hearing, although he gave evidence via a Skype link from Paphos, Cyprus.

This case concerns dental treatment provided by Mr Philippou for 12 patients between September 2011 and September 2012. It is alleged by the General Dental Council (GDC) that there were a number of failings in Mr Philippou's clinical care of these patients, particularly in the areas of radiography, prescribing of antibiotics, diagnosis and treatment planning in respect of caries, and record keeping.

You informed the Committee that Mr Philippou admitted the following heads of charge: 1, 3(d), 3(i), 4(a), 4(d), 5(b), 6(a), 7(d), 8(c), 8(d), 9(a), 10(b) and 12(b). Accordingly, the Committee announced these heads of charge as proved by admission. Mr Philippou also made a number of partial admissions, but the Committee decided to defer its findings on these until the evidence had been adduced.

The Committee received documentary evidence, which included copies of the dental records made by Mr Philippou in respect of each of the 12 patients, and a witness statement from him, signed and dated 16 June 2014.

The Committee also heard live evidence from Mr Philippou. It found him to be straightforward in his testimony. He expressly stated when he could not recall specific details and he willingly departed from his witness statement to make further admissions, when challenged under cross-examination.

The Committee received reports from, and heard the evidence of Ms Hilary Firestone, the expert witness called by the GDC, and Mr Nicholas Barker, the expert witness called on Mr Philippou's behalf. During their evidence, both experts referred the Committee to relevant digital radiographic evidence.

It found the evidence of Ms Firestone helpful and persuasive. It found that she was fair and balanced in giving her opinions, which included a willingness to make concessions after reconsidering the evidence. It also considered that she was clear in explaining when she was critical of Mr Philippou's clinical practice and when she was not. While the Committee was also assisted by Mr Barker's evidence, it found some of his arguments less persuasive and lacking in objectivity; in particular, his evidence in relation to the prescribing allegations, and his criticism of the treatment provided by another dentist in the same practice without proper foundation for such criticism.

The Committee has considered all the evidence presented to it. It has taken account of the submissions made by Mr Snell, Counsel for the GDC, and your submissions. The Committee has accepted the advice of the Legal Adviser. In accordance with that advice it has considered each outstanding head of charge separately, bearing in mind their precise wording. It has taken into account that the burden of proof rests with the GDC and that the standard of proof is the civil standard, that is, whether the allegations are proved on the balance of probabilities.

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

	<u>Patient 1</u>
2. (a)	<p>Proved.</p> <p>There is no evidence of bitewing radiographs having been taken on 4 November 2011. There are no radiographic films for this date, nor is there any note relating to bitewing radiographs in the dental records for this date.</p> <p>The dental records show that Mr Philippou carried out an examination of this patient. Ms Firestone told the Committee that, whenever an examination of a patient is carried out, regardless of the circumstances of the appointment, it should be a full examination, which includes the taking of bitewing radiographs. She stated that this is what is required by the Faculty of General Dental Practice (UK) (FGDP) guidelines. The Committee accepted this evidence. It was satisfied that Mr Philippou should have taken bitewing radiographs as part of the examination. Alternatively, he should have made a note in the dental records to explain why he did not discharge this obligation; there is no such record.</p>

<p>2. (b)</p>	<p>Proved.</p> <p>The dental records show that Mr Philippou prescribed 500mg of an antibiotic, Amoxicillin, three times daily (TDS) for five days.</p> <p>Ms Firestone’s evidence, which the Committee accepted, was that dental infection should be treated by way of surgical intervention, and that antibiotics should only be prescribed as an adjunct to that treatment in line with the FGDP guidelines. She stated that antibiotics should only be prescribed when there are systemic symptoms or spreading infection. In her opinion, Mr Philippou had already treated the cause of this patient’s infection by removing the retained root at LL6. She stated that she saw no reference to any further problems in the dental records, and as such, the prescription for antibiotics was not clinically justified and therefore inappropriate.</p> <p>Ms Firestone went on to state that, even if the prescription was clinically justified, the dosage prescribed by Mr Phillipou was incorrect, in that it was double the recommended dosage. The British National Formulary (BNF) and FGDP guidelines recommend 250mg TDS, and only doubled to 500mg TDS in cases of severe infection.</p> <p>The Committee noted from the dental records that Mr Philippou recorded the presence of swelling which he attributed to the retained roots. The evidence is that swelling in itself does not indicate a systemic infection. The Committee found no information in the dental records to support Mr Philippou’s decision to prescribe antibiotics and therefore a 500mg dosage could not have been correct in the circumstances.</p>
<p>2. (c)</p>	<p>Admitted and proved in relation to LR4, LR5 and a retained carious root at UR7.</p> <p>The Committee found this head of charge not proved in relation to LR6, and UL6. It preferred the evidence of Mr Barker in this respect. He stated that caries could not be categorically diagnosed from looking at a radiograph alone. He stated that radiographic findings had to be considered in conjunction with other clinical findings. While Mr Barker was able to identify areas of radiolucency from the bitewing radiographs of 7 August 2012, he said that he could not confirm these as caries without seeing the patient. In his report, Mr Barker sets out other possible reasons for radiolucencies on bitewing radiographs, such as radiographic artefacts.</p> <p>The Committee considered it clear from the dental records that Mr Philippou failed to report on the presence of radiolucencies on the bitewing radiographs of 7 August 2012. However, this is not the allegation against him. The allegation is that he failed to report the caries visible on them. The Committee was not satisfied that there is sufficient evidence to prove that the radiolucencies seen at LR6 and UL6 on the bitewing radiographs are caries. The Committee took into account that Mr Philippou had also clinically examined this patient and his opinion at the time was that caries was not present in these teeth. He did, however, accept that caries was present at LR4, LR5 and at the</p>

	<p>retained root at UR7, hence his admissions.</p> <p>The Committee also found this head of charge not proved in relation to UL4, as Ms Firestone conceded, and Mr Barker agreed, that the bitewing radiograph of 7 August 2012 did not provide any indication of what might be caries in this tooth. This was conceded by the GDC.</p>
2. (d)	<p>In view of the Committee's findings at 2(c) above, this head of charge is found proved only in relation to the extraction of the retained root UR7.</p> <p>There is no plan for the extraction of the retained root in the dental records for 7 August 2012. Both Ms Firestone and Mr Barker agreed that Mr Philippou should have recorded his proposed plan for treatment, regardless of whether the patient went on to accept the treatment.</p>
2. (e)	<p>Proved.</p> <p>In his evidence, Mr Philippou recognised that there was a deficiency with his record for the restoration of UR5. He admitted that even he could not say for sure on which date the amalgam filling was placed. It was clear to the Committee that the record of the treatment was inaccurate by its very nature, as there are two entries for the same treatment on different dates. Both experts agreed that Mr Philippou had an obligation to make and maintain accurate records.</p>
2. (f)	<p>Not proved.</p> <p>In his witness statement and in evidence to the Committee, Mr Philippou stated that his usual practice was to give and record tooth brushing instruction to his patients. He explained that the instruction he gave would also include preventative advice in relation to diet and fluoride, but would simply be written in the dental records as 'TBI'. Ms Firestone told the Committee that she would not be critical of Mr Philippou if this was his usual practice, although she would have preferred to see separate references to dietary advice and fluoride in the dental records.</p> <p>The Committee considered the dental records for this patient and noted that 'TBI' was recorded on at least three occasions over the period in question. While there is no objective evidence as to the extent of the preventative advice Mr Philippou gave in relation to diet and fluoride, the adequacy of the advice is not in issue. There is no evidence to prove that Mr Philippou did not give such advice alongside tooth brushing instruction, which according to Ms Firestone would have been appropriate, nor is there any evidence to suggest that TBI cannot be an all-encompassing term, including the relevant preventative advice.</p>
	<p><u>Patient 2</u></p>
3. (a)	<p>Proved.</p> <p>There is no evidence of bitewing radiographs having been taken on 23 September 2011, which Mr Philippou accepted.</p> <p>As the dental records show that Mr Philippou carried out a clinical</p>

	<p>examination of this patient, the Committee found that he had an obligation to take bitewing radiographs as part of that examination. Alternatively, he should have made a note in the dental records to explain why he did not discharge this obligation; there is no such record.</p>
3. (b)	<p>Admitted and found proved in relation to LL5. The Committee did not find this head of charge proved in relation to UR8, UL8 and LL7.</p> <p>Ms Firestone's evidence was that there would have been caries in UR8, UL8 and LL7, which would have been clinically detectable when Mr Philippou examined the patient on 23 September 2011. The Committee noted, however, that her opinion was based principally on radiographs taken subsequently. As the Committee has already accepted that it is unlikely that caries can be diagnosed from radiographs alone, it was not persuaded by Ms Firestone's opinion. Mr Philippou, who had the benefit of clinically examining this patient, accepted that caries was present at LL5, but he stated that he had no suspicion of caries in the three other teeth in question.</p>
3. (c) (i)	<p>Not proved.</p> <p>The evidence of both experts was that a scale and polish was not required with Basic Periodontal Examination (BPE) scores of 1, which was the case with this patient.</p>
3. (c) (ii)	<p>Not proved.</p>
3. (c) (iii)	<p>Not proved.</p> <p>The Committee had regard to the dental records for 23 September 2011 and noted the reference 'TBI'. It was therefore satisfied that Mr Philippou did give oral hygiene instruction and dietary advice in accordance with his usual practice.</p>
3. (e)	<p>Not proved.</p> <p>The Committee was not satisfied that caries could be diagnosed from this radiograph alone. Mr Philippou had the benefit of clinically examining this patient and his clinical decision was that caries was not present at LL7.</p>
3. (f)	<p>Proved in relation to 11 November 2011, but not proved in relation to 31 May 2012.</p> <p>The Committee was satisfied that Mr Philippou's prescription for Amoxicillin on 11 November 2011 was inappropriate. He had already undertaken surgical intervention to treat the pain and discomfort of which the patient complained. There is no note in the dental records that a systemic infection was present, and as such, the prescription for antibiotics was not clinically justified and was therefore inappropriate. In these circumstances the dosage prescribed, which was 500mg [TDS] for five days was certainly incorrect.</p> <p>In relation to Mr Philippou's prescription for Amoxicillin on 31 May 2012,</p>



	the Committee found some evidence within the dental records which may have indicated a spreading infection and therefore justified the prescription on this day.
3. (g)	<p>Proved.</p> <p>Mr Philippou prescribed 500mg of Amoxicillin TDS for five days. There is no information in the dental records to indicate a severe infection, as outlined in the relevant guidelines, therefore this dosage was incorrect.</p>
3. (h)	<p>Proved.</p> <p>Both experts agreed that there is no evidence of a radiograph of UL8 and they also agreed that Mr Philippou should have obtained one on 7 June 2012, prior to attempting to extract the tooth.</p>
	<u>Patient 3</u>
4. (b)	<p>Not proved.</p> <p>As previously determined, the Committee was not satisfied that it is possible to diagnose caries from a radiograph alone.</p>
4. (c)	<p>Proved (as amended).</p> <p>This head of charge was amended to read: <i>“failed to carry out vitality testing of LL1, LL2, LL3, UR1, UL1 and UL2 on 24 February 2012 and/or 2 March 2012;”</i></p> <p>The Committee found on the balance of probabilities that Mr Philippou failed to carry out vitality testing on both of these dates. There is no information relating to such testing in the dental records. The Committee understood from the evidence that vitality testing would have played a major part in the ongoing treatment of these traumatised teeth, and considered it inconceivable that Mr Philippou would have carried out the testing, but not recorded having done so.</p>
	<u>Patient 4</u>
5. (a)	<p>Proved.</p> <p>Mr Philippou admitted in evidence that he did not take bitewing radiographs on 14 November 2011. As the dental records show that Mr Philippou carried out a clinical examination of this patient, the Committee found that he had an obligation to take bitewing radiographs as part of that examination. Alternatively, he should have made a note in the dental records to explain why he did not discharge this obligation. There is no such record.</p>
	<u>Patient 5</u>
6. (b)	<p>Proved.</p> <p>This patient was subsequently seen by another dentist on 10 August 2012. That dentist noted in the dental records that there was obvious caries in the teeth in question. The Committee accepted the evidence of Ms Firestone, who had considered the radiographs and the diagnosis</p>

	and treatment plan of the subsequent treating dentist. Ms Firestone's opinion was that the caries identified would have been clinically visible to Mr Philippou when he examined the patient on 7 October 2011. The Committee found that Mr Philippou clearly had an obligation to diagnose and plan treatment for the caries, having accepted the patient for treatment.
	<u>Patient 6</u>
7. (a)	<p>Proved.</p> <p>Mr Philippou's oral evidence was that, judging from the dental records, the appointment on 4 November 2011 was an examination appointment, as opposed to an emergency appointment. He therefore accepted that bitewing radiographs should have been taken as part of the patient's examination. He did not take the radiographs and there is no note in the dental records to explain why he did not take them.</p>
7. (b)	<p>Proved.</p> <p>Mr Philippou told the Committee that he could not tell from the dental records whether or not he used a local anaesthetic, when providing the restoration at LL7 on 4 November 2011. However, he stated that he probably did. Ms Firestone's opinion was that it was likely a local anaesthetic was used, as it is only in rare cases that one is not used. On balance, the Committee was satisfied that Mr Philippou did use a local anaesthetic. It was also satisfied that his note for the restoration at LL7 was inadequate on account of his failure to record the local anaesthetic he used during the treatment.</p>
7. (c)	<p>Proved.</p> <p>The dental records show that on 4 November 2011 and 23 January 2012, Mr Philippou prescribed 500mg of Amoxicillin TDS for five days. The Committee found no evidence in the dental records to support Mr Philippou's prescriptions for antibiotics in such high dosages. It therefore found that these dosages were incorrect.</p>
	<u>Patient 7</u>
8. (a)	<p>Proved.</p> <p>Mr Philippou admitted in evidence that he did not take bitewing radiographs on 25 October 2011. As the dental records show that Mr Philippou carried out a clinical examination of this patient, the Committee found that he had an obligation to take bitewing radiographs as part of that examination. Alternatively, he should have made a note in the dental records to explain why he did not discharge this obligation; there is no such record.</p>
8. (b)	<p>Proved.</p> <p>In the absence of any information in the dental records to clinically justify Mr Philippou's prescription for 500mg of Amoxicillin TDS for five days, the Committee was satisfied that the prescription was</p>

	inappropriate. It therefore follows that the higher than usual dosage was incorrect.
	<u>Patient 8</u>
9. (b)	<p>Proved.</p> <p>Mr Philippou stated in evidence that it was likely he had used local anaesthetic on this occasion and that the omission of the local anaesthetic from the dental records was a recording error. He stated that his nurse would have selected the description "LA Used – None" from a drop down menu on the computer system. He accepted, however, that it was his responsibility to check the accuracy of the dental records.</p>
9. (c)	<p>Proved.</p> <p>Mr Philippou told the Committee that in his clinical opinion, the LR6 was not restorable, which is why he opted to extract the tooth rather than carry out root canal treatment. However, he accepted that he should have recorded his reasons for his decision and that he had informed the patient of the options.</p>
	<u>Patient 9</u>
10. (a)	<p>Proved.</p> <p>This patient was subsequently seen by another dentist on 9 August 2012, who noted in the dental records that "frank caries" was apparent at LR6. The Committee accepted the evidence of Ms Firestone, who had considered the radiographs and the diagnosis and treatment plan of the subsequent treating dentist. Ms Firestone's opinion was that the caries identified would have been clinically visible to Mr Philippou when he examined the patient on 8 September 2011 and definitely on 11 January 2012. She stated that there was an indication of a considerable void in the tooth, which could not have reached that size in 12 months. The Committee found that Mr Philippou clearly had an obligation to diagnose and plan treatment for the caries at LR6, having accepted the patient for treatment.</p>
10. (c)	<p>Proved.</p> <p>Mr Philippou told the Committee that he probably did use a local anaesthetic on 11 January 2012. He acknowledged that there was no note of this in the dental records and stated that it would now be part of his practice to always record the details of any local anaesthetic used.</p>
	<u>Patient 11</u>
11. (a)	<p>Not proved.</p> <p>The dental records of 4 May 2012 clearly state that there has been no change to the patient's medical history. The Committee considered this to be an adequate record.</p>
11. (b)	Admitted and proved only on the basis that Mr Philippou failed to

	<p>investigate and record the cause of acid erosion.</p> <p>The Committee was satisfied from the dental records of 4 May 2012 that Mr Philippou did give preventative advice in respect of diet, as part of his usual practice in giving tooth brushing instructions.</p>
11. (c)	WITHDRAWN.
11. (d)	<p>Proved.</p> <p>This head of charge was partially admitted on the basis that Mr Philippou failed to record the drug and dosage when he prescribed antibiotics on 28 May 2012.</p> <p>However, the Committee found this head of charge proved in its entirety. It found that there was also no clinical justification in the dental records for the actual prescription. Mr Philippou stated in evidence that he had prescribed the antibiotic as a preventative measure. This is not in accordance with the relevant guidance, or the expert opinion, for when antibiotics should be given. The prescription was therefore inappropriate.</p>
	<u>Patient 12</u>
12. (a)	<p>Admitted and proved only in relation to Mr Philippou's failure to update and record the patient's medical history with respect to allergies.</p> <p>The Committee heard from both experts that the remaining wording in this head of charge is irrelevant. It therefore decided that it was unnecessary to reach a factual finding on it.</p>
12. (c)	<p>Proved.</p> <p>Mr Philippou prescribed 500mg of Amoxicillin TDS for five days. There is no information in the dental records to indicate a severe infection, as outlined in the relevant guidelines, therefore this dosage was incorrect.</p>
	<u>Patient 13</u>
13. (a)	<p>Proved.</p> <p>The Committee preferred the evidence of Ms Firestone that bitewing radiographs should have been taken on 12 October 2011, prior to placing the fissure sealants, to ensure that no deep caries was sealed in. It noted that her view is also supported by the "American Academy of Pediatric Dentistry" guidelines which Mr Philippou provided with his witness statement. Those guidelines state that a radiographic exam, consisting of posterior bitewings, should be undertaken for a child who is a new patient and who has transitional dentition. The guidelines consider this part of an evaluation for dental disease and dental development.</p>
13. (b)	<p>Not proved.</p> <p>The Committee noted that Ms Firestone was not critical of Mr Philippou's prescription for antibiotics on this date. There is information in the dental records about an infection being present and</p>

	that the patient was to be referred to hospital for the necessary treatment. This course of action is in line with the FGDP guidelines.
13. (c)	Not proved.  The Committee considered the dental records for the relevant period and noted at least five occasions when Mr Philippou noted giving tooth brushing instruction. It was satisfied that that instruction encompassed preventative advice regarding diet, oral hygiene and fluoride, in accordance with his usual practice.

We move to Stage Two.”

On the 24 June 2014, the Chairman announced the determination as follows:

“Ms Rahman,

You are representing Mr Philippou, who is not present at this hearing, although he gave evidence via a Skype link from Paphos, Cyprus.

The Committee has considered all the evidence presented to it, including the evidence of Mr Philippou, and the evidence of the expert witnesses Ms Hilary Firestone and Mr Nicholas Barker. It has taken account of the submissions made by Mr Snell on behalf of the General Dental Council (GDC) and your submissions made on Mr Philippou’s behalf. The Committee has accepted the advice of the Legal Adviser.

#### Facts

Mr Philippou provided dental treatment for 12 patients between September 2011 and September 2012. There were repeated failings in his clinical care of these patients, in fundamental areas of dentistry. These included his:

- failure to take radiographs when appropriate;
- inappropriate prescribing of antibiotics and prescribing antibiotics in incorrect dosages;
- failure to diagnose caries; and
- failure to keep and maintain accurate records.

#### Deficient Professional Performance

The Committee first considered whether the facts found proved amounted to deficient professional performance. It had regard to the definition set out in the case of Calhaem v General Medical Council [2007] EWHC 2606 (Admin), in which it is stated that deficient professional performance “connotes a standard of professional performance which is unacceptably low and which (save in exceptional circumstances) has been demonstrated by reference to a fair sample of the doctor’s work”. The Committee noted that the appropriate standard to be applied in this case was that expected of a general dental practitioner, who was in a similar position to Mr Philippou, and who carried out the same type of work.

The Committee carefully considered whether the patient cases before it represented a fair sample of Mr Philippou’s work. In doing so, it noted that the records of the 12 patients in question were selected from an original sample of 13. While the Committee was of the view that this is not a considerable sample size, it was satisfied that it was fair and representative of Mr Philippou’s clinical practice at the time. In reaching this conclusion, the Committee took

into account that it was a random sample which shows his treatment of different patients with different dental conditions over a period of time. The Committee also took into account that there were multiple failings in many of the individual patient cases within the sample provided, which clearly demonstrated a pattern of clinical practice.

Having considered the failings identified in Mr Philippou's treatment of the 12 patients, the Committee decided that the standard of his performance as a dentist was unacceptably low. The failings were serious, basic and recurring. Mr Philippou's actions and omissions related to important aspects of clinical care. He failed to take radiographs when required, overlooked caries on a number of occasions and persistently prescribed antibiotics without justification and in high dosages. He also failed to note down key information in the dental records, such as the details and dosage of the local anaesthetic he had used during treatment. The nature of the deficiencies highlighted in this case had the potential to impact not only on the patients' treatment, but also on their safety and wellbeing. The Committee was satisfied that deficient professional performance is made out on the facts of this case.

### Impairment

The Committee next considered whether Mr Philippou's fitness to practise is currently impaired by reason of his deficient professional performance. In reaching its decision, the Committee has exercised its own independent judgement. It has borne in mind its duty 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.

The Committee concluded that the clinical failings that have been considered in this case are capable of being remedied. In deciding whether they have been remedied, the Committee considered the steps Mr Philippou has taken to address the shortcomings in his practice. It noted that his process of remediation started in March 2013 following the imposition of conditions by his then employer, Somerset Primary Care Trust. He was also made subject to conditions by the GDC's Interim Orders Committee in October 2013. The Committee took into account the work that Mr Philippou was able to undertake with Mr Ian Ellis, Postgraduate Dental Tutor Northern Deanery, which included the development of a Personal Development Plan. It also had regard to the evidence of his Continuing Professional Development which includes completion of relevant courses between 2012 and 2014. The Committee considered that Mr Philippou's efforts to date have gone some way to address the concerns raised about his practice and to demonstrate that he has some insight into how the failings occurred. It also noted that he accepts full responsibility for his deficiencies.

However, the Committee was not satisfied that Mr Philippou has sufficiently remedied his practice. It has seen no demonstrable evidence of any change in his clinical practice. It took into account that he had not practised in the UK since returning to Cyprus in 2012 and that his progress under his conditional registration was hampered by his inability to find suitable employment in the UK. He told the Committee that in Cyprus he has had the opportunity to "shadow" another dentist full time in practice, but that this part of his remediation only started in April 2014. Notwithstanding his efforts, on the whole the Committee was not persuaded that Mr Philippou has a full understanding of the deficiencies in his professional performance. While it noted that he has accepted his mistakes, the Committee was not satisfied that he has taken full responsibility for his own remediation.

In these circumstances, the Committee considered that there would be an ongoing risk to patient safety if Mr Philippou were permitted to practise in the absence of sufficient

remediation. The Committee also considered that public confidence in the dental profession would be undermined if a finding of current impairment of fitness to practise were not made.

The Committee has therefore determined that Mr Philippou's fitness to practise is currently impaired.

### Sanction

The Committee considered what sanction, if any, to impose on Mr Philippou's registration. It reminded itself that the purpose of a sanction is not to be punitive, although it may have that effect, but to protect patients and the wider public interest.

The Committee took into account the 'Guidance for the Professional Performance Committee (November 2009)'. It considered the range of sanctions available to it, starting with the least serious. The Committee applied the principle of proportionality, balancing the public interest with Mr Philippou's own interests.

Having identified a continuing risk to patient safety, the Committee decided that taking no action in the circumstances would be wholly inappropriate, as it would not allow for any restriction of Mr Philippou's practice. For the same reasons, the Committee decided that it could not conclude this case with a reprimand.

The Committee considered whether to impose conditions on Mr Philippou's registration. In light of the evidence it has received, which demonstrates that Mr Philippou has some insight and that he has a willingness to engage with a process of remediation, the Committee decided it could formulate workable conditions. It was satisfied that conditions could address its ongoing concerns and afford the necessary protection to patients. It also considered that conditions which specifically address the highlighted areas of poor practice would satisfy the public interest by ensuring the maintenance of standards within the dental profession. The Committee was satisfied that a sanction of conditions would be appropriate and proportionate in the circumstances.

The Committee has therefore determined to impose conditions on Mr Philippou's registration for a period of 18 months. It considered that this period, taking into account Mr Philippou's current circumstances, would be sufficient to enable him to address the matters arising from this case. Mr Philippou will be responsible for the costs, if any, incurred in fulfilling these conditions.

The following conditions are set out as they will appear against Mr Philippou's name in the Dentists Register:

1. The following conditions can only be fulfilled in the UK and the monitoring of his compliance of these conditions will start from the date of his resumption of clinical practice in the UK. He must inform the GDC within seven days of his resumption of practice in the UK.
2. He must not practise dentistry in the UK until he has supplied a copy of a current indemnity certificate, or proof of current indemnity cover, to the GDC and the GDC has confirmed in writing that he can recommence practice.
3. He must notify the GDC promptly of any professional appointment he accepts and provide the contact details of his employer or any organisation for which he is contracted to provide dental services and the Commissioning Body on whose Dental Performers List he is included or Local Health Board if in Wales, Scotland or Northern Ireland.

4. He must allow the GDC to exchange information with his employer or any organisation for which he is contracted to provide dental services, and any Postgraduate Dental Dean/Director (or a nominated deputy), workplace supervisor or educational supervisor referred to in these conditions.
5. He must inform the GDC of any formal disciplinary proceedings taken against him, from the date of this determination.
6. He must inform the GDC if he applies for dental employment outside the UK.
7. At any time he is employed, or providing dental services, which require him to be registered with the GDC; he must place himself and remain under the supervision of a workplace supervisor nominated by him, and agreed by the GDC. The workplace supervisor shall be a GDC registrant in the same category of the Dentists Register as himself.
8. He must allow his workplace supervisor to provide reports to the GDC at intervals of four months and the GDC will make these reports available to any Postgraduate Dean/Director (or a nominated deputy) or Educational Supervisor referred to in these conditions.
9. He must not engage in single-handed dental practice and must only work in practice premises where at least one other GDC registrant (in the same category of the Dentists Register as himself) is working at the same time as he is working, for the majority of his working hours.
10. He must not work as a locum or undertake any out-of-hours work or on-call duties without the prior agreement of the GDC.
11. He must work with a Postgraduate Dental Dean/Director (or a nominated deputy), to formulate an updated Personal Development Plan, specifically designed to address the deficiencies in the following areas of his practice:
  - Record keeping
  - Radiography
  - Prescribing of antibiotics
  - Diagnosing caries
12. He must forward a copy of his Personal Development Plan to the GDC within four months of the date on which these conditions become effective.
13. He must meet with the Postgraduate Dental Dean/Director (or a nominated deputy), on a regular basis to discuss his progress towards achieving the aims set out in his Personal Development Plan. The frequency of his meetings is to be set by the Postgraduate Dental Dean/Director (or a nominated deputy).
14. He must allow the GDC to exchange information about the standard of his professional performance and his progress towards achieving the aims set out in his Personal Development Plan with the Postgraduate Dental Dean/Director (or a nominated deputy), and any other person involved in his retraining and supervision.
15. At any time that he is employed, or providing dental services, which require him to be registered with the GDC; he must place himself and remain under the supervision of



an educational supervisor appointed by the Postgraduate Dental Dean/Director (or a nominated deputy).

16. He must inform within seven days the following parties that his registration is subject to the conditions, listed at (1) to (15), above:
- Any organisation or person employing or contracting with him to undertake dental work
  - Any locum agency or out-of-hours service he is registered with or applies to be registered with (at the time of application)
  - Any prospective employer (at the time of application)
  - The Commissioning Body on whose Dental Performers List he is included or seeking inclusion, or Local Health Board if in Wales, Scotland or Northern Ireland (at the time of application)
17. He must permit the GDC to disclose the above conditions, (1) to (16), to any person requesting information about his registration status.

A Committee will review Mr Philippou's case at a resumed hearing to be held shortly before the end of the period of conditional registration. That Committee will consider what action it should take in relation to his registration. He will be informed of the date and time of that resumed hearing, which he will be expected to attend.

Unless Mr Philippou exercises his right of appeal, his registration will become subject to the aforementioned conditions, 28 days from the date when notice of this determination is deemed to have been served upon him.

However, the Committee invites submissions from Mr Snell and from you, as to whether Mr Philippou's registration should be subject to the conditions immediately to cover the 28-day appeal period."

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"Ms Rahman,

In deciding whether to impose an immediate order on Mr Philippou's registration, the Committee has taken account of the submissions made by Mr Snell and your submissions. It has accepted the advice of the Legal Adviser.

In all the circumstances, the Committee has determined that it is necessary for the protection of the public and is otherwise in the public interest to impose an immediate order of conditions on Mr Philippou's registration. The Committee has determined that there would be an ongoing risk to patient safety if Mr Philippou were allowed to practise without restriction. Therefore, it would be inconsistent not to impose an immediate order in this case. The Committee also considered that public confidence in the dental profession and this regulatory process would be undermined if an order were not imposed.

The effect of the foregoing determination and this order is that Mr Philippou's registration will be subject to the aforementioned conditions immediately to cover the 28-day appeal period. Unless he exercises his right of appeal, the substantive direction for conditions, as already announced, will take effect 28 days from the date of deemed service and will continue for 18 months.

Should Mr Philippou exercise his right of appeal, this immediate order of conditions will remain in place until the resolution of any appeal.

The interim order on Mr Philippou's registration is hereby revoked.

That concludes this hearing."

At a review hearing on 6 January 2016 the Chairman announced the determination as follows:

"Ms French

You appear for the General Dental Council (GDC). The registrant is not present and is not represented in his absence.

### **Purpose of hearing**

The purpose of today's hearing is to review a substantive order of conditions imposed on Mr Philippou's registration for a period of 18 months by the Professional Performance Committee (PPC) on 24 June 2014.

### **Service**

On behalf of the GDC you submitted that service has been properly effected in accordance with Rule 28 of the General Dental Council (Fitness to Practise) Rules 2006 ('the Rules'). You stated that a notice of hearing was sent to Mr Philippou's registered address in Cyprus on 23 November 2015 using the Royal Mail's International Tracked and Signed delivery service. That notice set out the date, time and venue of the hearing, as well as confirming the nature of the hearing and the powers available to the Committee. An attempt was made to deliver the notice in Cyprus on the afternoon of 30 November 2015. The notice was also sent to Mr Philippou by email on the same date, namely 23 November 2015.

The Committee accepted the advice provided by the Legal Adviser. Having regard to the submissions and the evidence put before it, the Committee is satisfied that service has been properly effected in accordance with the Rules and that it is clear that Mr Philippou is aware of this hearing.

### **Proceeding in absence**

The Committee then went on to consider whether to exercise its discretion to proceed in the absence of Mr Philippou in accordance with Rule 54 of the Rules. It is mindful that the discretion to proceed in the absence of a registrant is to be exercised with the utmost care and caution. You drew the Committee's attention to a letter from Mr Philippou's solicitors, namely Eastwoods Solicitors, in which they state that Mr Philippou will not be in attendance at today's hearing due to financial constraints and health reasons.

The Committee accepted the advice provided by the Legal Adviser. Having regard to the submissions and the evidence put before it, the Committee has concluded that it is appropriate to proceed in the absence of Mr Philippou. The Committee considers that Mr Philippou has voluntarily absented himself from these proceedings and that he has had the opportunity to receive legal advice before making his decision not to attend. The Committee also considers that it would be in the public interest to proceed with this hearing given the serious issues involved in this case and the need to review the extant conditions order prior to its expiry on 22 January 2016.

**Existing order**

In June 2014 the PCC held a hearing of inquiry to consider allegations about the registrant which had been referred by the Investigating Committee. The allegations that the Committee was asked to consider, and which it subsequently found proved, related to the standard of care and treatment that Mr Philippou provided to 12 patients in the period of September 2011 to September 2012. The Committee found repeated and fundamental failings in his clinical care of those patients, with particular regard to his failure to take radiographs as appropriate, his inappropriate prescribing of antibiotics and prescribing of antibiotics in incorrect dosages, his failure to diagnose caries and his failure to maintain accurate patient records. The Committee determined that the facts amounted to deficient professional performance.

The Committee then went on to determine that Mr Philippou's fitness to practise was impaired because of that deficient professional performance. It found that, although he had gone some way to addressing the concerns that had been raised about his practice and had shown some insight into how the failings had occurred, Mr Philippou had not sufficiently remedied those shortcomings and the Committee had not seen demonstrable evidence of a change in his clinical practice. In light of the risks to patient safety and public trust and confidence that it identified, the Committee decided to impose conditions on Mr Philippou's registration for a period of 18 months. It considered that that period of time would be sufficient for Mr Philippou to address the concerns that had arisen.

**Committee's determination**

The Committee has carefully considered all of the information presented to it, including the written documentation and submissions provided by you on behalf of the GDC and the documents and representations provided by Eastwoods Solicitors on behalf of Mr Philippou.

The Committee has taken into account the GDC's *Guidance for the Practice Committees, including Indicative Sanctions Guidance* (October 2015). It has also accepted the advice of the Legal Adviser.

**Impairment**

The Committee first considered whether Mr Philippou's fitness to practise is currently impaired. 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 has determined that Mr Philippou's fitness to practise remains impaired on the grounds of the deficient professional performance that was previously found. There is an evidential burden on Mr Philippou to satisfy the Committee that his fitness to practise is no longer impaired. The Committee considers that the information that has been presented to it is not sufficient for it to be satisfied that the clinical shortcomings that led to the initial finding of impairment have been satisfactorily addressed. The Committee considers that Mr Philippou has not demonstrated sufficiently that he has remedied the deficiencies in his practice. The Committee notes that the conditions imposed on Mr Philippou's registration have not been fulfilled on account of his not having resumed clinical practice in the UK. The Committee has therefore not been provided with any evidence of steps taken to address

and remedy the identified shortcomings which might have followed from Mr Philippou's compliance with these conditions.

The Committee considered the information that Mr Philippou has provided about his current practice outwith the conditions. It has reached the view that the information is not sufficient for it to be satisfied that his fitness to practise is no longer impaired. It has been informed that Mr Philippou is working in a part-time capacity in Cyprus, but it has not been provided with detail on his present activities or any information or feedback about the nature and quality of his work outside the UK. The Committee also notes that Mr Philippou has undertaken a considerable amount of continuing professional development (CPD), but notes that there is a similar lack of detail as to the content of that CPD or its relevance to the identified clinical failings. The Committee also notes that Mr Philippou accepts that his fitness to practise remains impaired. In the circumstances the Committee is not able to be satisfied that Mr Philippou has satisfactorily addressed the shortcomings that have been identified and accordingly it concludes that his fitness to practise remains impaired.

The impairment that this Committee has identified places patients at the risk of harm because of deficient professional performance which has not yet been remediated and which cannot be said to be highly unlikely to recur. The Committee further considers that a finding of impairment is also required to maintain public confidence in the profession and to declare and uphold proper professional standards because of the clinical failings that have been identified.

### **Sanction**

The Committee then determined what sanction, if any, would be appropriate in light of the finding of continued and current impairment of Mr Philippou's fitness to practise 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 the wider public interest. In reaching its decision on sanction the Committee has again taken into account the GDC's *Guidance for the Practice Committees, including Indicative Sanctions Guidance* (October 2015) and has accepted the advice of the Legal Adviser. The Committee has applied the principle of proportionality, balancing the public interest with Mr Philippou's own interests.

The Committee has determined that conditional registration remains the proportionate and appropriate sanction given the risks that have been identified. The Committee considers that conditions are sufficient to address Mr Philippou's impairment and its attendant risks for patient safety and public confidence.

The Committee has therefore decided to extend the existing conditions on Mr Philippou's registration with a minor variation at condition (1) to correct a grammatical error. It has further determined these conditions should have effect for a further period of 18 months. The Committee considers that this extended period of time will prove sufficient for Mr Philippou to address the issues identified in this case.

The Committee has further determined that the conditions should be reviewed prior to their expiry.

The revised and extended conditions are set out as they will appear against Mr Philippou's name in the Dentists' Register:

1. The following conditions can only be fulfilled in the UK and the monitoring of his compliance with these conditions will start from the date of his resumption of clinical

practice in the UK. He must inform the GDC within seven days of his resumption of practice in the UK.

2. He must not practise dentistry in the UK until he has supplied a copy of a current indemnity certificate, or proof of current indemnity cover, to the GDC and the GDC has confirmed in writing that he can recommence practice.
3. He must notify the GDC promptly of any professional appointment he accepts and provide the contact details of his employer or any organisation for which he is contracted to provide dental services and the Commissioning Body on whose Dental Performers List he is included or Local Health Board if in Wales, Scotland or Northern Ireland.
4. He must allow the GDC to exchange information with his employer or any organisation for which he is contracted to provide dental services, and any Postgraduate Dental Dean/Director (or a nominated deputy), workplace supervisor or educational supervisor referred to in these conditions.
5. He must inform the GDC of any formal disciplinary proceedings taken against him, from the date of this determination.
6. He must inform the GDC if he applies for dental employment outside the UK.
7. At any time he is employed, or providing dental services, which require him to be registered with the GDC, he must place himself and remain under the supervision of a workplace supervisor nominated by him, and agreed by the GDC. The workplace supervisor shall be a GDC registrant in the same category of the Dentists Register as himself.
8. He must allow his workplace supervisor to provide reports to the GDC at intervals of four months and the GDC will make these reports available to any Postgraduate Dean/Director (or a nominated deputy) or Educational Supervisor referred to in these conditions.
9. He must not engage in single-handed dental practice and must only work in practice premises where at least one other GDC registrant (in the same category of the Dentists Register as himself) is working at the same time as he is working, for the majority of his working hours.
10. He must not work as a locum or undertake any out-of-hours work or on-call duties without the prior agreement of the GDC.
11. He must work with a Postgraduate Dental Dean/Director (or a nominated deputy), to formulate an updated Personal Development Plan, specifically designed to address the deficiencies in the following areas of his practice:
  - Record keeping
  - Radiography
  - Prescribing of antibiotics
  - Diagnosing caries
12. He must forward a copy of his Personal Development Plan to the GDC within four months of the date on which these conditions become effective.

13. He must meet with the Postgraduate Dental Dean/Director (or a nominated deputy), on a regular basis to discuss his progress towards achieving the aims set out in his Personal Development Plan. The frequency of his meetings is to be set by the Postgraduate Dental Dean/Director (or a nominated deputy).
14. He must allow the GDC to exchange information about the standard of his professional performance and his progress towards achieving the aims set out in his Personal Development Plan with the Postgraduate Dental Dean/Director (or a nominated deputy), and any other person involved in his retraining and supervision.
15. At any time that he is employed, or providing dental services, which require him to be registered with the GDC, he must place himself and remain under the supervision of an educational supervisor appointed by the Postgraduate Dental Dean/Director (or a nominated deputy).
16. He must inform within seven days the following parties that his registration is subject to the conditions, listed at (1) to (15), above:
  - Any organisation or person employing or contracting with him to undertake dental work
  - Any locum agency or out-of-hours service he is registered with or applies to be registered with (at the time of application)
  - Any prospective employer (at the time of application)
  - The Commissioning Body on whose Dental Performers List he is included or seeking inclusion, or Local Health Board if in Wales, Scotland or Northern Ireland (at the time of application)
17. He must permit the GDC to disclose the above conditions, (1) to (16), to any person requesting information about his registration status.

The effect of the foregoing is that, in accordance with 27(C) (2) (c) of the Dentists Act 1984 (as amended) ('the Act'), the set of conditions is hereby varied. In accordance with 27(C) (2) (b), the period of conditional registrant shall be extended for a period of 18 months, beginning on the date on which that order would otherwise have expired, namely 22 January 2016. Notice of this decision, and of Mr Philippou's right to appeal under section 29, will be served upon Mr Philippou in accordance with section 27(C) (6) of the same Act.

That concludes this case for today."

At a review hearing on 6 July 2017 the Chairman announced the determination as follows:

"Neither party is present at this resumed hearing of the Professional Performance Committee (PPC). The General Dental Council(GDC) has invited the Committee to conduct the hearing on the papers in the absence of both parties. The Committee determined that it was fair and appropriate to proceed on the papers.

#### **Purpose of hearing**

The purpose of today's hearing is to review a substantive order of conditions imposed on Mr Philippou's registration for a period of 18 months by the PPC on 24 June 2014.

**Service**

The GDC submitted that service has been properly effected in accordance with Rule 28 of the General Dental Council (Fitness to Practise) Rules 2006 ('the Rules'). It states that a notice of hearing was sent to Mr Philippou's registered address in Cyprus on 7 June 2017 using the Royal Mail's International Tracked and Signed delivery service. That notice set out the date, time and venue of the hearing, as well as confirming the nature of the hearing and the powers available to the Committee. An attempt was made to deliver the notice in Cyprus on 9 June 2017. The notice was also sent to Mr Philippou by email on the same date, 7 June 2017.

The Committee accepted the advice provided by the Legal Adviser. Having regard to the submissions and the evidence put before it, the Committee is satisfied that service has been properly effected in accordance with the Rules and that it is clear that Mr Philippou is aware of this hearing.

**Proceeding in absence**

The Committee then went on to consider whether to exercise its discretion to proceed in the absence of Mr Philippou in accordance with Rule 54 of the Rules. It is mindful that the discretion to proceed in the absence of a registrant is to be exercised with the utmost care and caution. The GDC drew the Committee's attention to a letter from Mr Philippou's solicitor, Eastwoods Solicitors dated 23 June 2017, in which they state that Mr Philippou will not be in attendance at today's hearing due to financial constraints and also for health reasons.

The Committee accepted the advice provided by the Legal Adviser. Having regard to the submissions and the evidence put before it, the Committee has concluded that it is appropriate to proceed in the absence of Mr Philippou. The Committee considers that Mr Philippou has voluntarily absented himself from these proceedings and that he has had the opportunity to receive legal advice before making his decision not to attend. The Committee also considers that it would be in the public interest to proceed with this hearing given the serious clinical issues involved and the need to review the conditions order prior to its expiry.

**Existing order**

In June 2014, the PCC held a hearing of inquiry to consider allegations about the registrant which had been referred by the Investigating Committee. The allegations found proved, related to the standard of care and treatment that Mr Philippou provided to 12 patients in the period from September 2011 to September 2012. The Committee found repeated and fundamental failings in his clinical care of those patients, with particular regard to his failure to take radiographs as appropriate, his inappropriate prescribing of antibiotics and prescribing of antibiotics in incorrect dosages, his failure to diagnose caries and his failure to maintain accurate patient records. The Committee determined that the facts amounted to deficient professional performance.

The Committee then went on to determine that Mr Philippou's fitness to practise was impaired because of that deficient professional performance. It found that Mr Philippou had not sufficiently remedied those shortcomings and the Committee had not seen demonstrable evidence of a change in his clinical practice. In light of the risks to patient safety and public trust and confidence that it identified, the Committee decided to impose conditions on Mr Philippou's registration for a period of 18 months. It considered that period of time would be sufficient for Mr Philippou to address the concerns that had arisen.

The matter was reviewed on 6 January 2016, when that Committee determined Mr Philippou's fitness to practise remained impaired and imposed varied conditions on Mr Philippou's registration for a further period of 18 months.

### **Committee's determination**

The Committee has carefully considered all of the information presented to it, including the written documentation and submissions provided by the GDC and the documents and representations provided by Eastwoods Solicitors on behalf of Mr Philippou.

The Committee has taken into account the GDC's *Guidance for the Practice Committees, including Indicative Sanctions Guidance* (October 2015). It has also accepted the advice of the Legal Adviser.

### **Impairment**

The Committee first considered whether Mr Philippou's fitness to practise is currently impaired. 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 has determined that Mr Philippou's fitness to practise remains impaired on the grounds of the deficient professional performance that was previously found. The Committee considers that Mr Philippou has not demonstrated that he has remedied the deficiencies in his practice. The Committee noted the letter dated 23 June 2017, from Eastwoods Solicitors, acting on behalf of Mr Philippou, which states that he currently resides in Cyprus, and is unable to undertake any work due to a long-running health problem. They also state that Mr Philippou does not have the financial resources to come back to the UK. They confirm Mr Philippou has undertaken further continuing professional development (CPD) and enclosed copies of two training certificates.

However, the Committee has not been provided with any evidence of steps taken to address and remedy the identified shortcomings which might have followed from Mr Philippou's compliance with these conditions. It notes that the two training certificates supplied are not relevant to the issues identified by the previous Committees.

It is satisfied that there has been no change in relation to Mr Philippou's insight and remediation since the last review hearing. It has reached the view that the information before this Committee is not sufficient for it to be satisfied that his fitness to practise is no longer impaired.

In the circumstances, the Committee is not satisfied that Mr Philippou has addressed the shortcomings that have been identified and accordingly it concludes that his fitness to practise remains impaired.

### **Sanction**

The Committee then determined what sanction, if any, would be appropriate in light of the finding of continued and current impairment of Mr Philippou's fitness to practise 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 the wider public interest. In reaching its decision on sanction the Committee has again taken into account the GDC's *Guidance for the Practice Committees, including Indicative Sanctions Guidance* (October 2015) and has accepted the advice of the Legal Adviser. The Committee has applied the principle of proportionality, balancing the public interest with Mr Philippou's own interests.



The Committee also notes that both Mr Philippou and the GDC are agreeable to the current order of conditions imposed on Mr Philippou's GDC registration being maintained. The GDC has requested these be imposed for a period of 3 years. The Committee has determined that conditional registration remains the proportionate and appropriate sanction given the risks that have been identified. The Committee considers that conditions are workable and sufficient to address Mr Philippou's impairment and its attendant risks for patient safety and public confidence.

The Committee has therefore decided to extend the existing conditions on Mr Philippou's registration. It has further determined these conditions should have effect for a further period of 36 months. The Committee considers that this extended period of time will prove sufficient for Mr Philippou to address the issues identified in this case.

The Committee has further determined that the conditions should be reviewed prior to their expiry.

The extended conditions are set out as they will appear against Mr Philippou's name in the Dentists' Register:

1. The following conditions can only be fulfilled in the UK and the monitoring of his compliance with these conditions will start from the date of his resumption of clinical practice in the UK. He must inform the GDC within seven days of his resumption of practice in the UK.
2. He must not practise dentistry in the UK until he has supplied a copy of a current indemnity certificate, or proof of current indemnity cover, to the GDC and the GDC has confirmed in writing that he can recommence practice.
3. He must notify the GDC promptly of any professional appointment he accepts and provide the contact details of his employer or any organisation for which he is contracted to provide dental services and the Commissioning Body on whose Dental Performers List he is included or Local Health Board if in Wales, Scotland or Northern Ireland.
4. He must allow the GDC to exchange information with his employer or any organisation for which he is contracted to provide dental services, and any Postgraduate Dental Dean/Director (or a nominated deputy), workplace supervisor or educational supervisor referred to in these conditions.
5. He must inform the GDC of any formal disciplinary proceedings taken against him, from the date of this determination.
6. He must inform the GDC if he applies for dental employment outside the UK.
7. At any time he is employed, or providing dental services, which require him to be registered with the GDC, he must place himself and remain under the supervision of a workplace supervisor nominated by him, and agreed by the GDC. The workplace supervisor shall be a GDC registrant in the same category of the Dentists Register as himself.
8. He must allow his workplace supervisor to provide reports to the GDC at intervals of four months and the GDC will make these reports available to any Postgraduate Dean/Director (or a nominated deputy) or Educational Supervisor referred to in these conditions.
9. He must not engage in single-handed dental practice and must only work in practice premises where at least one other GDC registrant (in the same category of the

Dentists Register as himself) is working at the same time as he is working, for many of his working hours.

10. He must not work as a locum or undertake any out-of-hours work or on-call duties without the prior agreement of the GDC.
11. He must work with a Postgraduate Dental Dean/Director (or a nominated deputy), to formulate an updated Personal Development Plan, specifically designed to address the deficiencies in the following areas of his practice:
  - Record keeping
  - Radiography
  - Prescribing of antibiotics
  - Diagnosing caries
12. He must forward a copy of his Personal Development Plan to the GDC within four months of the date on which these conditions become effective.
13. He must meet with the Postgraduate Dental Dean/Director (or a nominated deputy), on a regular basis to discuss his progress towards achieving the aims set out in his Personal Development Plan. The frequency of his meetings is to be set by the Postgraduate Dental Dean/Director (or a nominated deputy).
14. He must allow the GDC to exchange information about the standard of his professional performance and his progress towards achieving the aims set out in his Personal Development Plan with the Postgraduate Dental Dean/Director (or a nominated deputy), and any other person involved in his retraining and supervision.
15. At any time that he is employed, or providing dental services, which require him to be registered with the GDC, he must place himself and remain under the supervision of an educational supervisor appointed by the Postgraduate Dental Dean/Director (or a nominated deputy).
16. He must inform within seven days the following parties that his registration is subject to the conditions, listed at (1) to (15), above:
  - Any organisation or person employing or contracting with him to undertake dental work
  - Any locum agency or out-of-hours service he is registered with or applies to be registered with (at the time of application)
  - Any prospective employer (at the time of application)
  - The Commissioning Body on whose Dental Performers List he is included or seeking inclusion, or Local Health Board if in Wales, Scotland or Northern Ireland (at the time of application)
17. He must permit the GDC to disclose the above conditions, (1) to (16), to any person requesting information about his registration status.

In accordance with 27(C) (2) (b), the period of conditional registrant shall be extended for a period of 36 months, beginning on the date on which that order would otherwise have expired. Notice of this decision, and of Mr Philippou's right to appeal under section 29, will be served upon Mr Philippou in accordance with section 27(C) (6) of the same Act.

The next reviewing Committee would be assisted by evidence of Mr Philippou's health problems should these continue to impede him from travelling to attend the next review hearing.

That concludes this case for today.”