

## Appendix 1: FTP Stream 2

### Background

In early 2018 a review of the FTP referrals made by DCS was completed. The GDC's FTP department should deal with complaints that enable the GDC to achieve its statutory objectives of protecting the health, safety and wellbeing of the public. The DCS play a key role in this function by referring cases to FTP that raise concerns. Previously, complaints were assessed against the FTP referral criteria and referred accordingly.

The DCS's role is to facilitate local resolution of private complaints that do not warrant investigation by FTP. Previously, DCS Complaints Officers (CO) assess the information provided by patients, against the FTP criteria to see if the complaint was within the DCS' remit. If the CO decided that the complaint should be referred to FTP, they explained to the patient that the DCS has a duty of care to refer the matter to FTP, and that the DCS case would be closed while the FTP investigation took place. The patient could, however, seek independent local resolution or independent legal advice. DCS did not obtain consent for the referral to FTP but advise the patient by letter that the matter had been referred and the case would be closed with DCS.

In 2016, 30% of the cases DCS raised were referred to FTP. In 2017, this was 27%. This is a much higher rate than comparator organisations such as the Optical Consumer Complaints Service (which refers fewer than 1.37% of cases) which suggested that the referral criteria should be reviewed.

In 2017, 195 cases were referred to FTP (27%) of the DCS's cases. Out of those 195 referred cases, 76 cases were closed at Triage (39%) and 89 were referred for Assessment (46%). The rest were either cancelled or awaiting a decision. The reasons for closure were due to:

- Inconsequential- the cases were not sufficiently serious enough to warrant enforcement action
- Consent was not provided by the patient and were not sufficiently serious enough to warrant GDC action in the public interest test
- The cases lacked sufficient information to make it possible for the case to proceed
- The complaint was withdrawn by the informant
- The patient will not engage with the FTP process and will not provide consent (consent is not needed for FTP to progress a case, but lack of consent can cause delays to the FTP process)

### Revised Process

DCS and FTP worked collaboratively to propose changes to the way cases were referred, from the FTP referral criteria to a principles-based approach. The proposed principles are based on the public interest test and, were agreed by EMT in February 2018, to be used by the DCS to assess complaints. The principles ensure that only cases that are serious enough will be referred by the DCS and can be progressed by FTP. These principles are broken down into 3 streams:

- **Stream 1-** Complaints are within the DCS/NHS remit
- **Stream 2-** The CO considers that
  - the complaint is not so serious that the GDC would pursue the complaint without consent;

- the patient is seeking an outcome within the DCS remit;
  - the complaint could be resolved locally;
  - the patient would like the registrant's conduct investigated but the DCS do not consider that the concern warrants a referral.
- **Stream 3-** Cases of a serious nature that would be pursued by the GDC without consent from the patient. These include:
    - Significant harm
    - Criminal conduct
    - Health Issue/s
    - Fraud
    - Serious clinical issue/s
    - Scope of practice (for example, providing teeth whitening when this is not within their scope)
    - Cross infection concerns

To ensure the propriety of the proposed changes a sample of 20 cases were assessed against the new proposed principles. The testing showed that the proposed changes worked, the right cases would be referred to the GDC by DCS. All cases that came under Stream 2 would have been received by the GDC either as a result of a direct referral from DCS, or indirectly and independently by the patient. The testing was completed based on the notes from the initial call to DCS. No further information was looked at to ensure the testing was fair. To ensure that all appropriate cases are referred to the GDC and to allow calibration of the new process the DCS team log all Stream 2 on a central database with the rationale for the decision detailed. By completing this it will allow the GDC and DCS to mitigate the risks of cases not being referred appropriately and calibrate the process.

#### **Concurrent cases:**

In addition to these changes and following legal advice it was agreed to pilot a scheme whereby cases could run concurrently between DCS and FTP

It should be noted that case can only run concurrently in relation to stream 2 cases and not high-risk cases where public protection would take precedence. Since implementation DCS and FTP have received a daily report where cases are running concurrently to ensure visibility. These are cases that fall within the DCS remit and meet the stream 2 criteria whereby the patient has the option to raise the matter directly with FTP.

Since implementation 5 cases have run concurrently, of those cases, 4 have been resolved locally to the satisfaction of both parties. 1 case was closed on request of the dental professional as he wanted the FTP investigation to be concluded first.

**Table 1 – concurrent case detail**

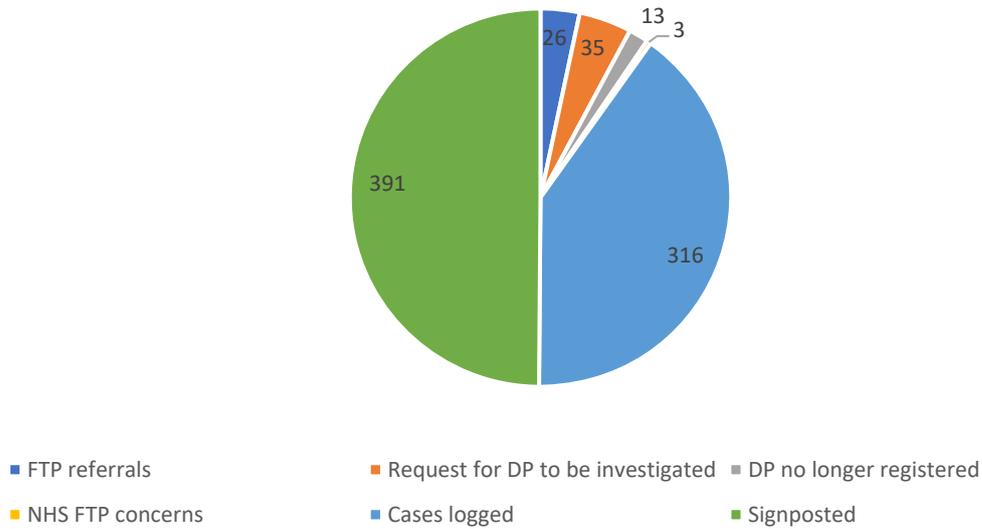
Closure date by DCS	Resolved	DCS Outcome	FTP Outcome
05.07.18	Yes	Free remedial orthodontic treatment with DP	Active with Case Examiners
18.07.18	Yes	Waiving of fees	Closed at assessment
10.05.18	Yes	Refund £246.50	Active with case work
12.09.18	Yes	Refund for RCT- £958	Active with casework
24.08.18	No	Closure on request from DP would like FTP case resolved first	Active at assessment

The Head of Casework progression and Head of DCS Operations meet monthly to discuss concurrent cases and whether it is appropriate to continue to do so in the interest of the patient and the registrant. To date no stream 1 case has been raised which has meant FTP has not had to open a case. QA checks on all cases are completed with the Head of Operations on all active cases and 10% of all closed cases.

**Stream 2 Enquiries:**

The new FTP referral Principles were implemented on 1 March 2018, between then and 31 August 2018 26 cases have been referred to FTP by DCS following completion of the assessment against these new principles. In addition to this, from the 784 new enquiries received DCS had 35 requests for dental professionals to be investigated, 13 enquiries relating to Dental Professionals that were no longer registered, 26 queries in relation to the GDC's remit and 3 NHS queries that raised possible FTP concerns.

### Calls to DCS 1 March to 31 August 2018



Each call that is received whereby the patient requests for a Dental Professional to be investigated is taken through the GDC self-triage tool to enable the patient to gain an understanding as to why the matter does not warrant a DCS referral, in addition to this the call is logged on a central spreadsheet by DCS. This information is then reassessed by the Head of Service and any queries directed to FTP during the monthly meeting or sooner if required. It should be noted that when logging these queries and despite the best efforts of the team some patients do not want to pursue complaints through FTP. This can be for a number of reasons, such as, unwilling to provide the dental professionals name, the outcome the patient is seeking will not be fulfilled with an investigation as the patient is seeking a refund.

#### Feedback on referrals

Referrals made to FTP by DCS are assessed and feedback is sent to the Head of DCS on the progression of those referrals. By completing both of these checks we are ensuring that the risk of DCS not appropriately referring cases to FTP is mitigated and cases that meet the threshold are sent to FTP and the public are protected as required. Feedback is set out in Table 2.

Whilst there are still some closures by FTP following assessment, both FTP and DCS are satisfied with the principles and the mitigations in place to quantify these and the appropriateness of the referrals made. These will continue to ensure that public protection remains at the forefront.

Table 2 – referred case feedback

<b>Case Closure Date</b>	<b>Current Case Stage</b>	<b>Closure Reason or</b>	<b>Further considerations</b>
01/06/2018	In Progress	under investigation - CW stage (TBT)	
18/07/2018	In Progress	under investigation - CW stage (VR application in progress)	
12/04/2018	Closed at Decision Point	Closed at IAT 25/04/18 - withdrawn by INF - refund received	Veneers, not considered in the public interest to proceed without the informant's consent
28/03/2018	Closed at Decision Point	Merged to "super case" CAS-186915 (in progress, CW)	
08/03/2018	Closed at Decision Point	Closed at IAT 20/03/18 - withdrawn by INF	Damage to tooth during treatment, failure to diagnose infection. Registrant had no FTP history, this was not considered in the public interest to proceed without the informant's consent
29/03/2018	Closed at Decision Point	Merged to "super case" CAS-186915	
2 /03/2018	In Progress	under investigation - CW stage (TBT)	
2 /06/2018	In Progress	under investigation - CW stage (TBT)	
29/03/2018	Closed at Decision Point	Merged to "super case" CAS-186915	
28/03/2018	In Progress	under investigation - CW stage (TBT)	
09/04/2018	In Progress	Rule 4 stage	
12/04/2018	Closed at Decision Point	Closed at IAT 13/04/18 - no response or consent	Denture treatment, Registrant had no adverse FTP history, not public interest to pursue investigation without consent
13/04/2018	Closed at Decision Point	TBT, investigated, clinical advice - at the level of standard expected - closed by CW on 10/09/2018	
1 /09/2018	In Progress	under investigation - CW stage (VR application in progress)	
05/06/2018	In Progress	Rule 4 stage	
1 /06/2018	In Progress	Rule 4 stage (TBT)	

12/09/2018	In Progress	under investigation - CW stage (TBT)	
14/06/2018	Created in error	Duplicate (informant contacted FTP separately) Information transferred to case which is ongoing	
19/06/2018	In Progress	under investigation - CW stage	
04/07/2018	Closed at Decision Point	complaint about a practice, not individual	
26/06/2018	Closed at Decision Point	Closed at IAT 23/07/18 - withdrawn by INF, local resolution	limited information provided by the informant, no consent, implant treatment, single patient, no FTP history, not in public interest to pursue without consent
24/08/2018	Cancelled	Duplicate, under investigation closed at CW 28/09/18, clinical advice	
2 /08/2018	Closed at Decision Point	Closed at IAT 03/09/18 - withdrawn by INF	Patient was also registrant's friend, and withdrew from the case, it was considered not in the public interest to investigate a cracked tooth, we would need the records, and have to disclose the name of the patient (registrant would then know that his friend raised a complaint, but withdrew it, concerns about data protection/protection of a witness. Furthermore, the concerns about possible alcohol abuse was being investigated on another case which is still ongoing
21/08/2018	In Progress	under investigation - CW stage (TBT)	
17/08/2018	No Response from Informant	Closed at IAT 14/09/18 - no response, no registrant	Cannot allocate cases to casework without a registrant, informant did not respond.
03/09/2018	In Progress	under investigation - CW stage (TBT)	