

Insights from GDC fitness to practise concerns

Cases opened following initial assessment: Q4 2018

1. Concerns raised with the GDC

Table 1: Number of concerns received by quarter 2015 to 2018

Year	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total
2015	681	656	604	606	2,547
2016	635	733	593	530	2,491
2017	553	526	461	396	1,936
2018	435	447	402	336	1,620

2. About this publication

The GDC is committed to providing a fair and transparent fitness to practise process, where concerns raised with us are dealt with in the right setting and within an acceptable timeframe. The system must protect members of the public and patients and maintain public confidence in the dental professions. Our aim is to do this while reducing costs and the number of concerns raised with us by shifting our focus from enforcement to prevention.

An important part of this new impetus is to share our insights from the fitness to practise process. It is hoped that sharing this information will help to improve the understanding of the types of concerns raised with us and how they are processed. Equipped with this knowledge, dental professionals can be reassured of their current approach to various aspects of practice or can identify any potential issues or areas in need of improvement.

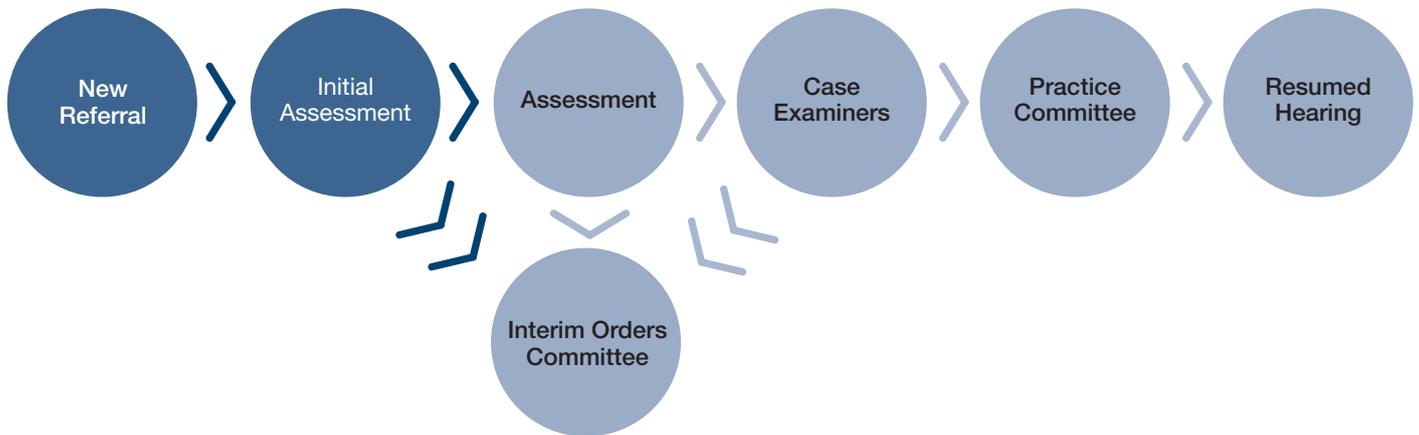
This publication considers the concerns or cases received, and subsequently opened, at the initial assessment stage of the fitness to practise process, from October to December 2018.

3. Initial assessment stage of the fitness to practise process

All concerns raised with us are considered by the initial assessment decision group. The group meets daily to review any concerns received and is made up of GDC staff members, including clinical dental advisers.

Figure 1 illustrates how the initial assessment stage fits into the fitness to practise process, further details are also [available on our website](#).

Figure 1: Initial assessment stage



4. Cases opened at the initial assessment stage

Figure 2: Action following initial assessment October to December 2018¹



During the period, 231 cases were considered to have met the initial assessment test and were opened for further investigation². There were a small number of cases opened with a single issue, such as a health concern, a caution, charge or conviction, or a repeated advertising concern. The vast majority of cases opened contained multiple issues and were generally more complex in nature. For example, many cases raised clinical issues combined with conduct and/or communication issues.

Therefore, when reading the information below, please be mindful that these figures do not represent individual cases but themes. This is because there are often multiple issues attached to a single case (including clinical cases, where multiple clinical issues may be reported).

Of the 231 cases opened for further investigation:

- 143 issues related to clinical treatment.
- 44 issues related to conduct.
- 21 issues related to consent.

¹ The GDC can refer to NHS in England or Wales only. For more information please see our [FtP learning FAQs](#).

² Please be mindful that this information relates to concerns raised to the GDC, which are not yet proven, they are opened to investigate whether or not they are true.

5. Clinical treatment concerns

There was considerable variation in the types of issues raised about clinical treatment, the analysis has identified the following:

- **Treatment planning** – missed diagnosis, supervised neglect, failing to give the full range of treatment options available, lack of a comprehensive treatment plan, or failing to complete treatment.
- **Treatment** – the treatment failing, causing pain or further complications beyond normal expectations of treatment, needing further treatment from another practitioner, or the provision of inappropriate or unnecessary treatment.
- **Aftercare** – failing to manage post-operative complications or pain.

What were the common types of treatment reported?

- 24 cases related to orthodontics
- 22 related to extractions
- 21 related to crowns
- 21 related to fillings
- 15 related to implants.

6. Conduct concerns

There were 44 conduct issues identified, including:

- Issues associated with behaviour towards patients, such as being disrespectful, aggressive or discriminatory, or not showing duty of care.
- Prioritising financial gain over the patient's best interests, including misleading patients over treatment options and costs.
- Not completing treatment, stopping relationships with patients without an explanation, or not arranging for alternative care.
- Not managing subsequent clinical treatment issues, ignoring complaints or not dealing with complaints to the practice adequately.

What could be happening here?

Some conduct cases raise serious issues which will need to be investigated. However, other issues can come down to the quality of customer service that patients have experienced. Research completed in 2014 indicates that increases in complaints are driven by wider social trends, rather than localised factors, including the changing nature of the doctor-patient relationship, as patients become less deferential, and patients being better informed and more willing to question the care they receive³. Further, patients may expect access to customer services and are more likely to complain if there is no long-standing relationship. The trends identified are likely to be shared across the healthcare sector.

Building good customer service for your patients and showing that you care about customer service is important. Making it easy for patients to give feedback is one way you can do this. Working with 28 other organisations, the GDC has helped to develop some patient-facing information and guidance about complaints handling, including leaflets and posters for your practice. You can find all these resources on our website.

3 Archer, J., et al., Plymouth University Peninsula, Schools of Medicine and Dentistry, [Understanding the risk in Fitness to Practise complaints from members of the public, GMC, 2014.](#)

7. Consent concerns

A number of issues were raised in relation to consent, including when:

- The treatment was not clearly explained.
- A treatment was performed that the patient did not expect, or the patient did not understand what was happening during the procedure.
- The patient experienced unexpected pain, or further treatment was required, as a result of the treatment carried out.

What could be happening here?

Some patients won't understand the technical details behind the care they receive. Many issues that at first appear to be clinical are, in fact, down to communication with the patient.

Some of the issues outlined above could have avoided if the dental professional was able to adequately manage expectations. This can be achieved by thoroughly explaining the recommended treatment and all other available options, as well as the risks and potential adverse outcomes *in a way that can be understood by the patient*.

When patients are fully prepared for any event or outcome from the outset, and give their consent to accept those risks, they are less likely to feel like they have been wronged should something adverse occur. One way that you can check whether your patient has understood your treatment plan and procedures, is to ask them to explain their understanding back to you. And always remember to keep detailed records of the discussions you have had.

8. Can you provide us with some feedback?

If you would like provide feedback, or make any comments about this publication, [please complete our short survey](#).