

Insights from GDC fitness to practise concerns

Cases closed 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.

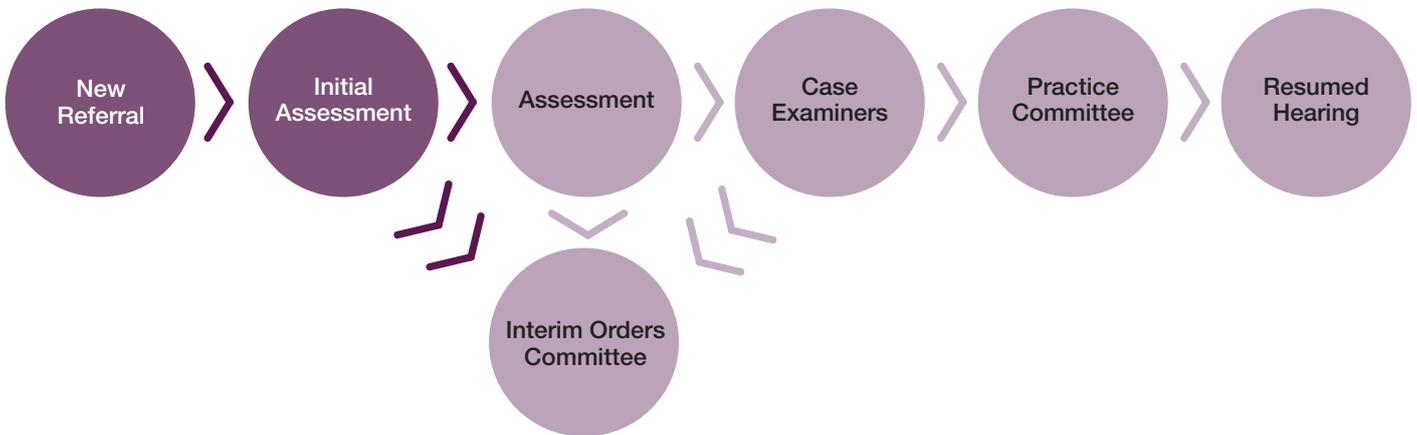
An important part of this new impetus is to share our insights from the fitness to practise process. It is hoped that sharing this information will help to improve the understanding of the types of concerns raised with us and how they are processed. Equipped with this knowledge, dental professionals 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 closed, 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, 95 cases were closed following initial assessment. Of these:

- 15 case related to advertising.
- 15 cases related to clinical treatment.
- 13 cases related to conduct issues.
- 12 cases related to employment disputes.

The other 55 closed cases in this period related to a wide variety of issues including: access to services, data protection, records, out of scope working, sterilisation, social media, refunds, indemnity, training, and driving fines.

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

5. Advertising

These cases typically involved the misuse of a specialist title or the use of misleading words to suggest a speciality or expertise, which did not exist e.g. 'denture specialist' and 'implant specialist'.

GDC action: closed, provide advertising guidance where required and clarify the issue in need of change in the relevant advert. Where appropriate, we will also refer to the Advertising Standards Authority (ASA).

We *will* investigate an advertising concern, when:

- There have been *repeated* issues with an individual, who has not responded to guidance issued from a previous concern raised.
- There are other factors to consider that form part of the concern, for example, misleading advertising has led to patient harm e.g. short-term orthodontics.

6. Clinical treatment

The types of clinical cases closed included treatment that resulted in an undesirable side effect or outcome, or pain and discomfort. Some cases were closed because they fell within the normal expectations of treatment, while others were closed because there was not enough information to support the allegation of harm, or the patient has stopped engaging with the process. We will not proceed without sufficient or additional information, unless it is an exceptional circumstance, needing investigation in the public interest.

GDC action: closed, without further action.

How could these issues avoid ending up at the GDC?

Ultimately, these low-grade clinical treatment issues came down to communication. The patients were not prepared for what to expect during the procedure, potential adverse outcomes or side effects they might expect afterwards. By managing expectations, patients are prepared for less desirable consequences of treatment should they arise.

7. Conduct issues

These cases typically are low grade, isolated behavioural issues, such as rudeness, undesirable attitude towards patients or members of the practice team, dismissive remarks and poor communication skills.

GDC action: closed, encourage local resolution, recommend revisiting the Standards for the Dental Team.

Are your colleagues best placed to pick these issues up early?

Feedback doesn't just need to come from patients. Empower all members of the dental team to provide feedback on all aspects of treatment and patient care. Embedding this into your practice will help to pick up small issues before they escalate, improve openness and build team trust. This could be used as a regular team wide reflection exercise.

8. Employment disputes

These cases typically involved disputes between staff and included allegations of bullying, favouritism, verbal abuse, foul language, unfair dismissal and contractual issues.

■ **GDC action: closed, recommend local resolution, indemnifier advice, or to seek further advice from the Advisory, Conciliation and Arbitration Service (Acas).**

Can you help us to make best use of our resources?

We do not have a remit to handle concerns about employment issues or resolve employment disputes. Further, we would like to prevent resources from being allocated to concerns that are best dealt with by another organisation or body. Help us by referring these issues to the organisation best placed to advise or resolve.

9. Reflecting on your practice

Processing patient complaints through your practice's own procedures is usually the best way to resolve all issues. Managing complaints well at practice level can be better for all concerned and help avoid any unnecessary escalation. This is because escalation normally occurs when the complainant has become dissatisfied with the complaint handling process.

Working with 28 other organisations, we have helped to develop some patient-facing information and guidance about complaints handling, including leaflets and posters for your practice. You can find all of these [resources on our website](#).

At your next practice team meeting, why not discuss:

- How you gather feedback in your practice, it is useful to consider how you collect both positive and negative feedback?
- How easy is it for patients to provide feedback?
- Is your practice complaint procedure clear, straightforward and easy to access?
- How is this feedback and being used to improve your practice's services?

10. 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](#).