

Insights from GDC fitness to practise concerns

Spotlight on antibiotic prescribing: 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.

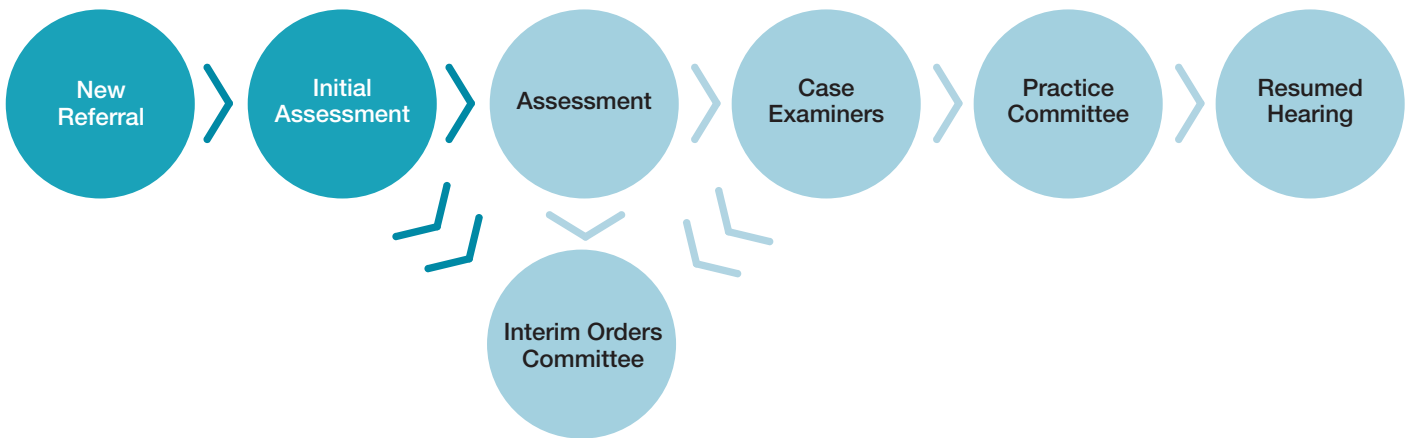
An important part of this new impetus is to share our insights from the fitness to practise process. It is hoped that sharing this information will help to improve the understanding of the types of concerns raised with us and how they are processed. Equipped with this knowledge, dental professionals 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 raised with us where there was an issue with antibiotic prescribing, during the period 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 relating to antibiotic prescribing

Figure 2: Action following initial assessment October to December 2018



5. Cases closed with issues relating to antibiotic prescribing

There were two concerns raised but closed without further action. The first concern closed related to a patient who had experienced a difficult extraction and experienced post-operative pain. The registrant reviewed the patient and treated with localised measures. The patient's condition deteriorated further, and they were later prescribed antibiotics by a doctor. The patient felt that the registrant should have prescribed antibiotics, at the review, which would have avoided the patient further pain and stress.

The second concern closed related to a patient who had suffered an unexpected symptom as a result of being prescribed antibiotics. The patient had previously taken that antibiotic and their GP confirmed they were not allergic.

Why can these cases be closed?

The GDC recognises there can be unpredictable outcomes with dental treatment, and this can happen even where guidelines, such as those for prescribing, have been followed. In both examples above, there was no issue of inappropriate prescribing found. Serious, adverse outcomes of this nature, on their own, are not a fitness to practise matter.

6. Cases opened with issues relating to antibiotic prescribing

All of 11 cases in which prescribing was raised as a concern had at least one other concern raised about the treatment provided or a communication issue. None of these cases were single concerns, in isolation, all included multiple issues.

The majority of concerns raised related to inappropriate antibiotic prescription, not being indicated, or justified, for the patient's presenting symptoms. Other concerns raised included being given insufficient instruction as to how to take antibiotics, incomplete prescriptions, and remote prescribing without seeing the patient to assess their symptoms.

Why do these cases need to be opened?

Appropriate prescribing, particularly of antibiotics, must be taken very seriously across the healthcare sector. Guidelines exist to protect patients from unnecessary exposure to medication and to prevent the rise in microbial resistance, which is already a very serious issue. Guidance available includes: [Antimicrobial Prescribing for General Dental Practitioners](#) (Faculty of General Dental Practice (UK)) and [Drug Prescribing for Dentistry, Dental Clinical Guide, Third Edition](#) (Scottish Dental Clinical Effectiveness Programme).

7. Why might we be seeing these types of concerns?

As noted above, of the cases that were opened, prescribing was not the singular issue raised, but one of multiple issues. One possible explanation for prescribing being one of a set of issues, is because patients often present in situations of stress, discomfort, or pain, and registrants might think to provide a prescription to help alleviate the stress and to provide reassurance to the patient.

Another explanation is that patients may pressure registrants to provide prescriptions, even when they are not warranted. However, as indicated by the concerns received, this is often not the solution that the patient wants or needs. An inappropriate prescription can only add to the patient's other concerns, if the substantive issues aren't dealt with adequately, or there are other communication issues.

Educating patients about antibiotics

If you aren't sure about whether or not to prescribe, consult the guidelines on prescribing and justify your reasoning in patients' records. The more patients are educated about antibiotics, the more realistic their expectations will be about when to expect a prescription. It might help to share the guidelines and decision making with patients, during their appointment, to assure them of the indication not to prescribe.

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](#).