

**Insights from GDC fitness to practise concerns**

**Cases closed following initial assessment: Q1 2019**

**1. Concerns raised with the GDC**

**Table 1: Concerns received by the GDC, by Quarter, 2015 – 2019**

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
2019	342				

**Figure 1: Concerns received by the GDC, by Quarter, 2015 - 2019**



**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.

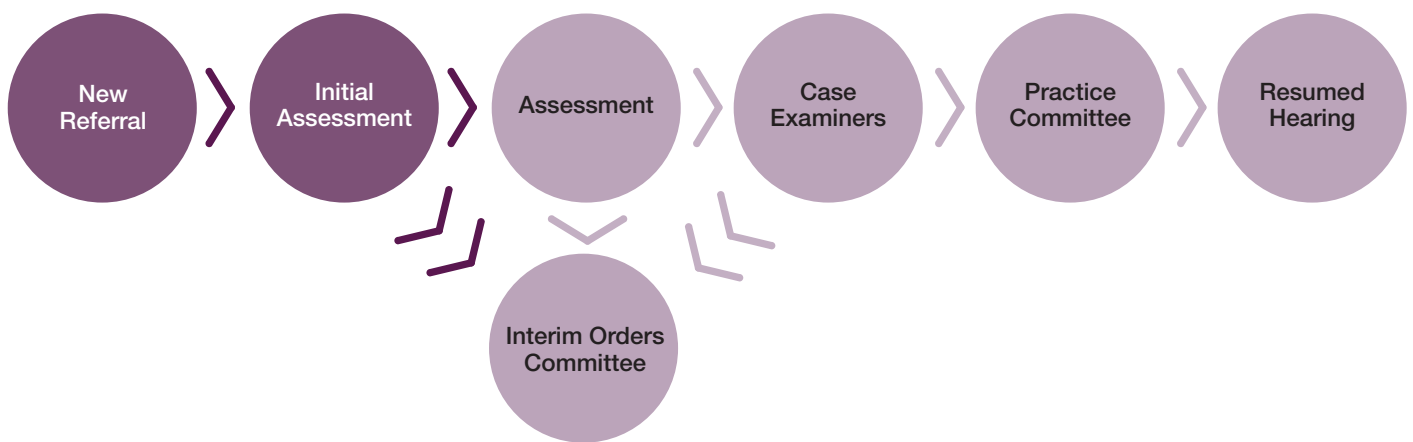
An important part of this approach is to share our insights from the fitness to practise process. Sharing this information will help to improve the understanding of the types of concerns raised with us and how they are processed. Equipped with this knowledge, dental professionals can be reassured of 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, in Quarter 1 2019 (Q1), January to March.

### 3. The 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 2 illustrates how the initial assessment stage fits into the fitness to practise process, further details are available on [our website](#).

Figure 2: Initial assessment stage



### 4. Cases closed at the initial assessment stage

Figure 3: Action following initial assessment Quarter 1 2019<sup>1</sup>



During Q1 2019, there were 72 cases that were deemed to not have the necessary information to support any risk to patient safety or damage to public confidence in the dental professions. This means that just over a fifth of all concerns received were considered and closed without further action. 7 cases were referred to the NHS for consideration. There were a further 12 cases adjourned without a decision at the end of Q1.

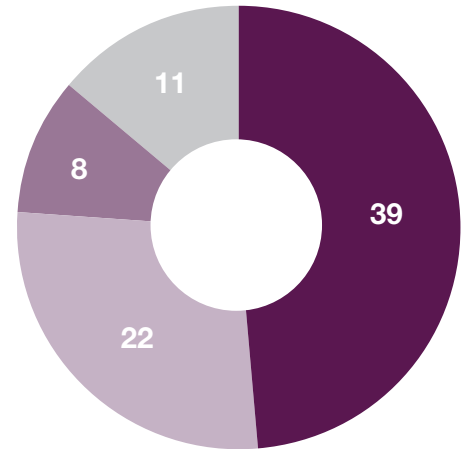
The key themes drawn from closed cases in Q1 are shown in Figure 4. Please note that there are often multiple issues or themes relating to a single case.

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

Figure 4: Key themes of closed concerns Q1 2019 (count of concerns raised)

- Clinical treatment
- Conduct of behaviour
- Employment-related
- Others\*

\*Others included: communication, advertising, consent, cost of treatment, criminal conviction.



The two largest categories of concerns, ‘clinical treatment’ and ‘conduct or behaviour’ represented two thirds of all closed cases in Q1 2019. The closed cases in Q1 that include these two themes are considered in further detail below.

## 5. Clinical treatment

The most frequent theme raised in the closed cases was clinical treatment. There were 30 closed cases (39 themes) in this category where the decision group felt that there was not enough information provided by the person who raised the concern for the decision group to determine whether there is an issue of *potential* harm.

It is important to note that the role of the initial assessment decision group is to consider whether the concern raised, if proven true, would be considered *harm*. The group does not consider the full evidence to determine, or prove, whether the concern raised is true. Evidence is gathered at the next stage of the fitness to practise process; the assessment stage. You can find more about the initial assessment stage [on our website](#).

- A patient raised a concern following a deep cleaning treatment. The patient was surprised about the level of sensitivity post-treatment. The concern related more to the patient’s post-treatment expectations than the clinical procedure itself. The decision group was satisfied that the treatment was conducted in an appropriate manner and the resulting sensitivity was not uncommon in this sort of treatment. The case was closed without further action.
- Another patient raised a concern as a result of ultrasonic treatment received to scale plaque from their lower incisors. The patient was concerned that the dental professional had inadvertently removed enamel with some of the plaque. The patient complained of subsequent sensitivity. The decision group agreed that the professional’s treatment was appropriate and the plaque removal itself may have caused the sensitivity. The dental practice had responded to the patient’s request for an explanation of the treatment and invited the patient to attend a meeting to discuss further. As local resolution was in progress, it was deemed disproportionate to progress the case further. The case was closed.

**How could these issues avoid ending up at the GDC?**

Although these cases were closed, they could have been avoided. Ultimately, these issues came down to communication and managing patients’ expectations. If patients understand what to expect from their procedure, the cost of treatment and any potential adverse outcomes or side effects, it is unlikely that they will be met with any unwelcome surprises down the road.

In the second example, we can see that even when a patient thinks something has gone wrong, proactive and constructive communication from dental professionals can resolve issues before they go any further.

## 6. Conduct or behaviour

The other main theme of closed cases related to conduct or behaviour of dental professionals. 18 cases (22 themes) relating to conduct or behaviour were closed at the initial assessment stage in Q1 2019.

Conduct or behaviour issues typically included perceived rude behaviour and bullying. These types of concerns were raised by both dental professionals (please see the section below on employment disputes) and patients.

Like the clinical cases, the reason these cases were closed was insufficient information to support any risk to patient safety or public confidence in the dental professions. Examples of conduct cases that were closed at the initial assessment stage included:

- A dental professional raised a concern that another dental professional had been making defamatory remarks to patients about them being removed from the GDC register. There was no indication of patient harm or that the incident was sufficiently serious to undermine public confidence in the dental professions. Further, there were other ways for the patient to confirm registration. The case was closed and the individual who raised the concern was advised to seek legal advice for alternative courses of action.
- A patient raised a concern about the timeliness of a procedure and a perceived unwillingness of the practice to accommodate an earlier date. The decision group noted that this concern related specifically to customer service and, therefore, local resolution was more appropriate.

Issues involving the perception of rudeness or bullying are normally more effectively resolved with the dental professional concerned or through the practice's own complaints procedures or grievance procedures. Please see the section below for more on local complaint resolution.

## 7. Local complaint resolution

To support the profession in handling complaints locally a set of universal principles for complaint and feedback handling have been developed. These principles have been produced by 28 organisations, from across the dental sector, working in collaboration.

The principles provide a simple template for best practice, helping professionals and patients to get the most from feedback and complaints.

A poster and leaflet showing these core principles are available for display in dental practices. By using these materials, dental professionals can clearly demonstrate to patients that they follow a good complaint handling procedure. Following these may allow practices to resolve complaints themselves without them being reported to us. For more information on the principles or to order posters or leaflets for your practice [please visit our website](#).

## 8. Employment disputes

We often receive complaints involving disputes between dental professionals that do not necessarily raise broader concerns about a dental professional's fitness to practise or pose a risk to patient safety. However, we *do not* have a remit to handle concerns about employment issues or resolve employment disputes.

Help us by referring these issues to the organisation best placed to advise or resolve them.

Further advice and guidance on resolving employment disputes can be found by visiting the [Acas](#) (England, Scotland and Wales) or the [Labour Relations Agency](#) (Northern Ireland) websites.