

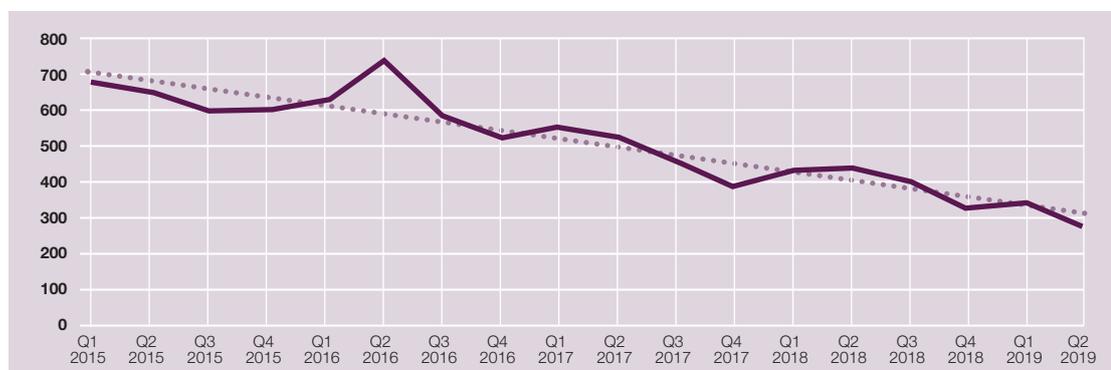
## Cases closed following initial assessment: Q2 2019

### 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	283			

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



### 2. About this publication

We are 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.

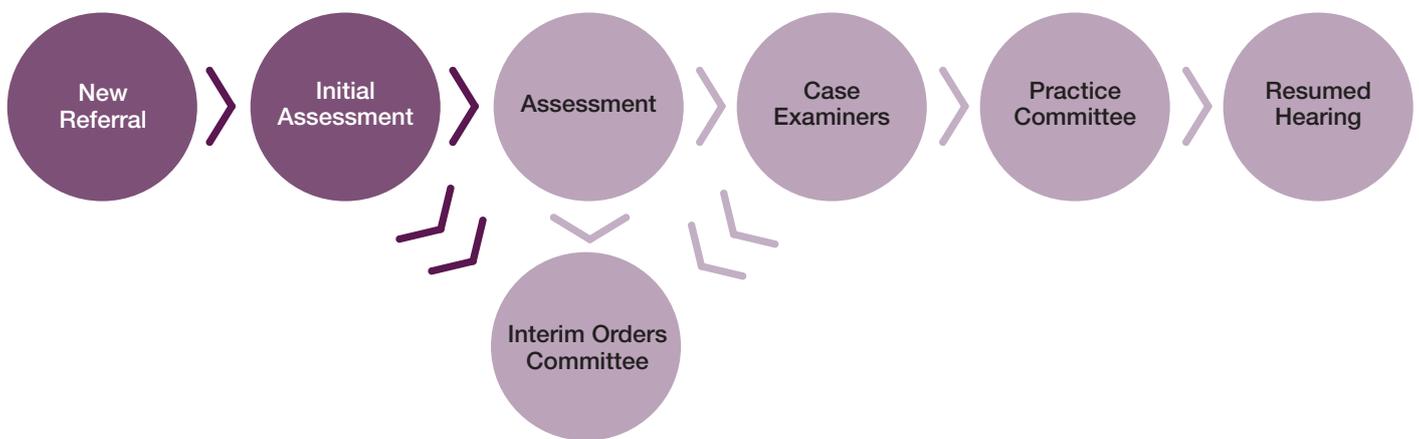
An important part of this approach is to share our insights from the fitness to practise process. Sharing this information will help to improve the understanding of the types of concerns raised with us and how they are processed. Equipped with this knowledge, dental professionals can be reassured of 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 2 (Q2) 2019, April to June.

### 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 also available on [our website](#).

Figure 2: Initial assessment stage



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

Figure 3: Action following initial assessment April to June 2019<sup>1</sup>



During the period, 87 cases were closed following initial assessment as they 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 30% of all concerns received during the period were closed at initial assessment without further action.

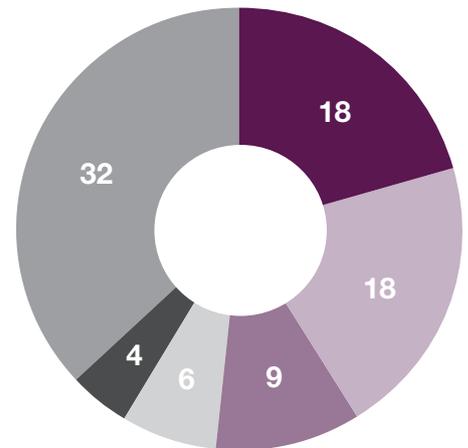
They key themes raised drawn from closed cases in Q2 are shown in Figure 4.

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

Figure 4: Key themes of closed concerns Q2 2019

- Advertising
- Employment, business or contractual disputes
- Communication issues
- Conduct issues
- Clinical concerns
- 32 others\*

\* Others included: 32 closed cases for this period which related to a wide variety of issues including poor attitude, complaint handling, patient expectations not being met, differences of clinical opinion, pain following treatment and referral delays.



## 5. Advertising

There were 18 concerns closed without further investigation relating to advertising, with significant numbers raised by dental professionals. Some examples of the concerns received can be found below.

- A concern was raised relating to the advertising of anti-wrinkle injections on social media. The initial assessment decision group agreed that the provision of cosmetic treatment was outside of the practice of dentistry, but that the inappropriate advertising of Botox, a prescription only medicine, was a cause for concern. As there had been no previous issues, the dental professional was sent the [Standards for the Dental Team](#) and our [Guidance on advertising](#) and the case was closed.
- A dental professional raised a concern about their practice owner. There was a concern that online reviews of the practice might have been written by friends of the practice owner. The owner was also alleged to have conducted marketing campaigns making false claims that previously employed dental professionals continued to work at the practice. Given that the claim could not be verified, the case was closed.

### When does misleading advertising warrant further investigation?

We will not always refer concerns about advertising for an investigation. More often, and particularly when it is the first time a concern has been raised, we will provide guidance on advertising and clarify the issue in need of change in the relevant advert. Where appropriate, we may also refer to the [Advertising Standards Authority \(ASA\)](#), the UK's independent advertising regulator.

We will act if misleading advertising has led to patient harm, or there is sufficient risk that it will do so. Or, where a dental professional demonstrates continued non-compliance with advertising rules and guidance, despite warnings, a fitness to practise investigation may be proportionate and necessary.

Please also note that the ASA has recently issued an enforcement notice and guidance regarding the advertising of Botox and other botulinum toxin injections, restating the rules that prohibit the advertising of prescription only medicines to the public (Rule 12.12 of the Committee of Advertising Practice Code). This applies even if the prescription only medicine is administered by a registered healthcare professional.

Please [visit the ASA website](#) for further details.

- A dental professional raised a concern that another registrant was working in an area of specialist dentistry but was not on the relevant specialist list. Guidance was forwarded to the dental professional, who was confirmed to not be on the specialist list, and the case was closed.

### Who needs to be on a specialist list?

There are 13 specialist lists maintained by the GDC.

Dental professionals do not need to be on a specialist list to practise in that field (provided they are appropriately competent, trained and indemnified to do so), but they should take care to represent their professional background and qualifications accurately to the public and patients.

Please see our [Guidance on advertising](#) for details on the use of specialist titles.

Specialist lists exist to:

- Ensure high standards of training and assessment for qualifying dentists.
- Indicate who possesses recognised specialist knowledge, skills and attitudes.
- Protect patients against unwarranted claims of speciality.
- Facilitate the appropriate referral of patients.
- Promote high standards of care by those qualified to use a specialist title.
- Encourage postgraduate education.

[Visit our website](#) for further information on specialist lists.

## 6. Employment disputes

There were 18 cases closed that related to employment disputes. Please find below two examples of the types of concerns closed without further action.

- A registrant raised a concern about the appointment of another dental professional to a senior public position. The concern centred around the dental professional not being included on the specialist list. This was deemed an employment matter, outside of our remit, and was closed.
- We received a concern from a dental professional claiming they had been discriminated against at their dental practice. The professional who raised the concern had requested a leave of absence, but was told the practice could not accommodate the time off. When pressing the matter, the dental professional was asked to resign instead. This was determined to be an employment dispute with no suggestion of potential patient harm or risk to public confidence. The case was closed.

### Where should these concerns be directed?

We often receive complaints relating to issues at work or disputes between dental professionals, which do not 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.

Therefore, please 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 [Labour Relations Agency](#) (Northern Ireland) websites.