

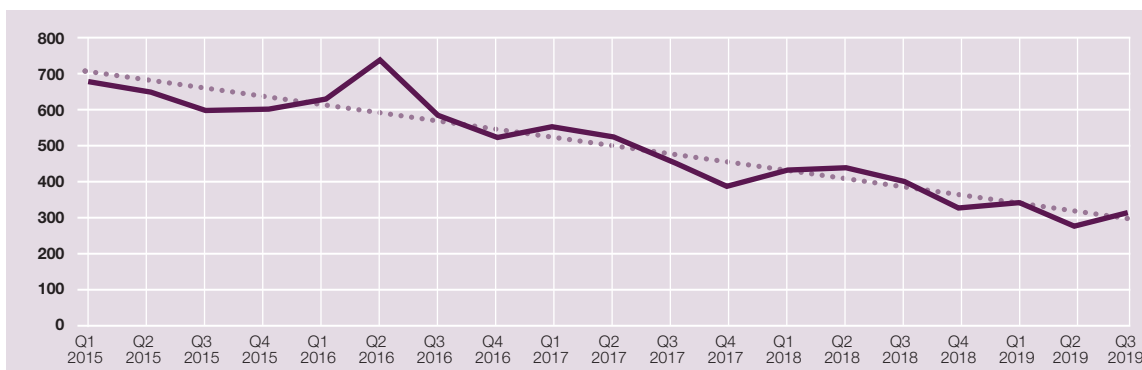
Cases closed following initial assessment: Q3 2019

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	311		

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.

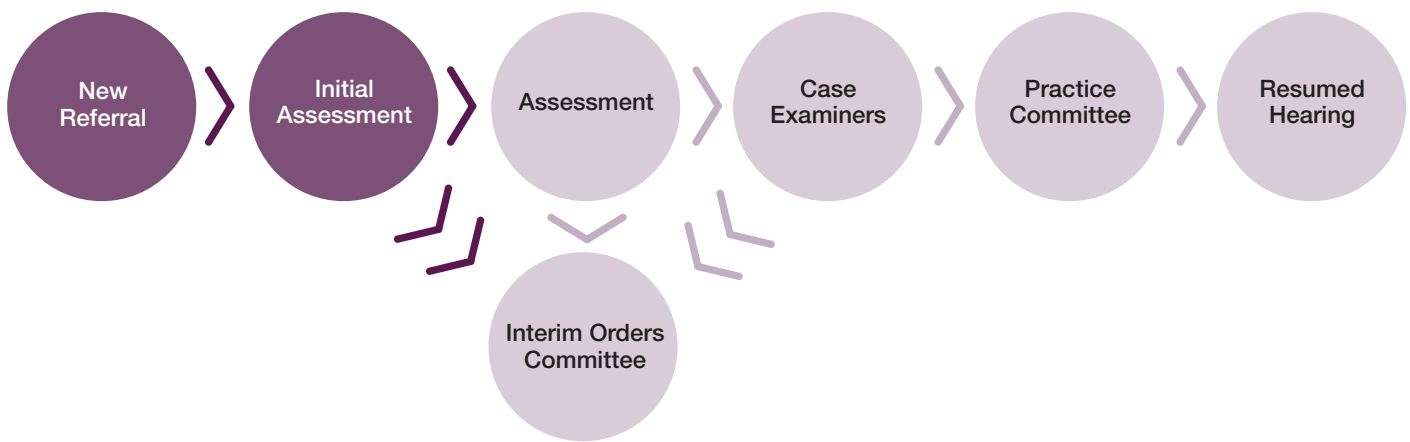
An important part of this approach is to share our insights from the fitness to practise process, to help improve the understanding of the types of concerns raised with us. Equipped with this knowledge, dental professionals can be reassured of their current approach to various aspects of practice or 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 3 (Q3) 2019, July to September.

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 July to September 2019¹



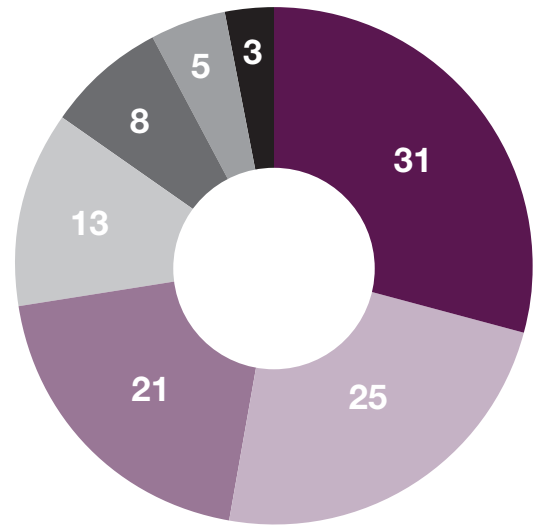
During the period, 85 cases were closed following initial assessment as they were deemed to not have the necessary information to support any risk to patient safety or damage to public confidence in the dental professions. This means that just over 27% of all concerns received during the period were closed at initial assessment without further action.

The key themes raised drawn from closed cases in Q3 are shown in Figure 4.

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

Figure 4: Key themes of closed cases Q3 2019

- Conduct/behaviour
- Clinical treatment
- Communication
- Advertising
- Employment-related
- Consent
- Record keeping



5. Conduct and/or behaviour

There were 31 cases where at least one instance of conduct/behaviour was involved. Examples include:

- We received concerns from an anonymous informant that a dentist was abusive, manipulative and controlling towards his staff and that he had used a member of staff for ‘witchcraft’. The case was closed because the GDC could not verify the allegations or seek further information from the anonymous source.
- We received information that a dental nurse was involved in a motor vehicle collision, failed to report the incident, and exhibited aggressive behaviour towards the other party involved. The case was closed because the information did not raise any fitness to practise concerns.

When is a dental professional’s conduct a matter for the GDC?

Dental professionals must treat their colleagues with fairness and respect, and whether in the practice or outside it, refrain from behaviour that might undermine the public’s confidence in the dental professions. Issues involving bullying are normally more effectively resolved with the dental professional concerned or through the practice’s own complaints or grievance procedures, but can become a matter for the GDC in serious cases.

However, in these case examples, there was insufficient information to support the allegation of risk to patient safety or public confidence in the dental professions, and in one case, the GDC was asked to request further evidence.

Dental professionals must notify the GDC if they become subject to criminal proceedings. This will not necessarily result in fitness to practise action. It is always easier and ultimately more straightforward, to inform the GDC as early as possible. A delay in notifying the GDC, without good reason, can become an issue.

6. Clinical treatment

There were 25 closed cases where there was at least one instance of clinical treatment reported.

Examples include:

- A patient raised concerns about treatment they received from a dentist. A porcelain bridge that was fitted had become loose months later. The patient returned to the dentist to repair the bridge but after two visits the patient had not received a replacement bridge. The case was closed because the information did not raise any fitness to practise concerns.
- A patient raised a concern that during a routine appointment for a check-up and a water jet clean, their bridge was damaged. The patient started experiencing pain around the location of the bridge and complained to the practice. We asked the patient for additional information regarding their complaint to the practice. The additional information showed that the patient saw two other dentists at the practice who confirmed that no trauma had been caused to the patient. The case was closed as it did not raise any fitness to practise concerns.

Could these issues have avoided ending up at the GDC?

Concerns like these can usually be avoided through timely communication, engagement, and managing of patients' expectations. If patients understand what to expect from their procedure and are prepared for any potential adverse outcomes or side effects, they are less likely to think something unexpected has happened or gone wrong, and therefore, also less likely to raise a concern with the GDC. Although both these cases were ultimately raised with the GDC, evidence of proactive and constructive engagement with the patient by the practice contributed heavily to their closure.

7. Communication

There were 21 cases where at least one instance of a communications issue was involved. Examples include:

- A patient raised concerns about the treatment they received, which delayed a scheduled operation. The patient was told that they would need an extraction of an infected tooth and a filling. The patient had informed the dentist that they were due to have hospital surgery. The extraction was done which led to the patient's medical procedure being postponed. The patient was concerned that the delay was the fault of the dentist. The case was closed because the information did not raise any fitness to practise concerns.
- A patient attended a dentist for treatment. The patient was under the impression that the appointment was for an extraction, but ultimately only an examination was done. The patient also raised concerns about the dentist's ability to speak English. The case was closed, and the concerns referred to NHS England.

Why were these cases closed?

A dental professional cannot control whether a patient will raise a concern with the GDC, but it is in their power to be clear, honest and respectful with patients at all times. In these cases, even though the patients were left unhappy, improved communications from the dental professionals involved might have prevented these concerns from being raised.