

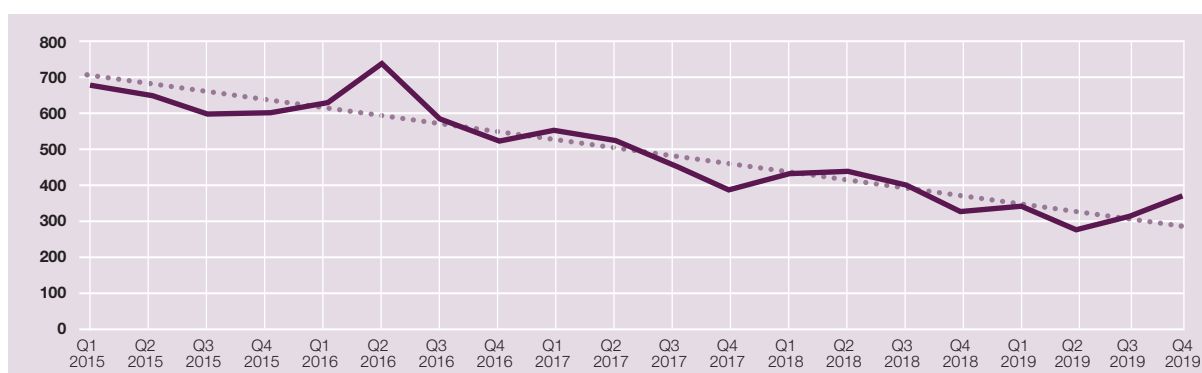
Cases closed following initial assessment: Q4 2019

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	351	1,293 ¹

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



¹ This figure is the total number of cases that were created in 2019 and a decision was made. It does not include cases created in 2018, even where a decision was made in 2019, cases that did not record a decision in 2019, or cases that were cancelled at either at initial assessment or later in the FtP process. For these reasons, the figure reported differs from the total number of concerns received by the GDC in 2019, as reported in the GDC 2019 FtP statistical report, which was 1,415.

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.

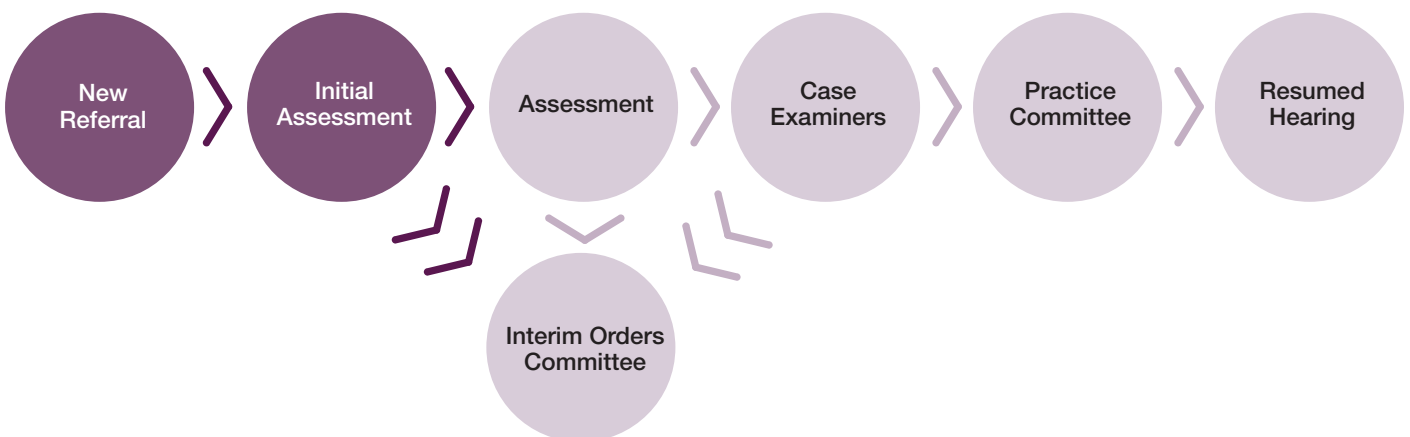
An important part of this approach is to share our insights from the fitness to practise process, to help improve the understanding of the types of concerns raised with us. Equipped with this knowledge, dental professionals can be reassured of their current approach to various aspects of practice or 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 4 (Q4) 2019, October to December.

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 October to December 2019²



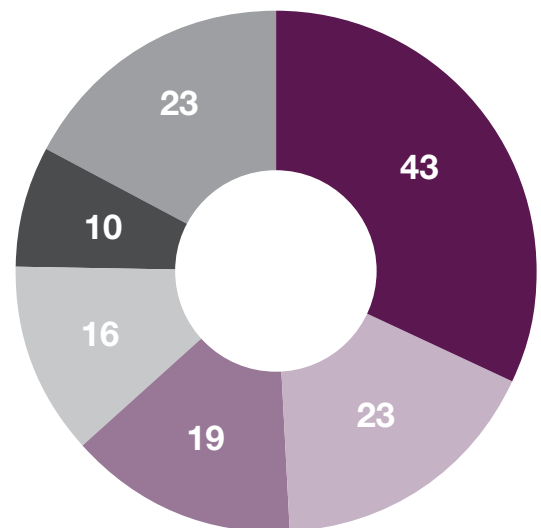
During Q4 77 cases were closed following initial assessment, as they did not have the necessary information to support any potential risk to patient safety or damage to public confidence in the dental professions. During the period, just over 20% of all concerns received were closed at the initial assessment stage without further action.

The key themes drawn from closed cases in Q4 are shown in Figure 4.

Figure 4: Key themes of closed concerns Q4 2019

- Conduct and/or behaviour
- Communication
- Clinical treatment
- Advertising
- Employment-related
- Other*

Other included: cost of treatment, criminal conviction, record keeping and cross infection control.



5. Conduct and/or behaviour

During Q4 there were 43 cases closed where at least one instance of ‘conduct/behaviour’ was involved. The following are examples of the concerns received:

- A dental professional informed us that they had been caught driving without insurance. The penalty was a points endorsement on their driving licence and a fine. It was acknowledged that the dental professional had contacted us in a timely manner. However, there was requirement to report the offence in question. The case was closed.
- A dental professional raised a concern about a colleague who they had employed through a locum agency. It was reported that when the professional was asked to move a chair to a different room in the practice, they had kicked it along the corridor instead of carrying it. The reason provided was an inability to lift the chair, to comply with health and safety regulations. It was also reported that employee walked out of the practice, abandoning their employment. Although the concerns about the professionals’ behaviour and attitude were noted, it was decided that the issues were not related to fitness to practise.

² The GDC can refer to NHS in England or Wales. For more information please see our [FtP learning FAQs](#).

When is the personal conduct of dental professionals a matter for the GDC?

Dental professionals must notify the GDC if any criminal proceedings are made against them, but doing so does not mean that a fitness to practise case will be opened against them. However, a case almost always will be opened if a dental professional does not inform the GDC that they are subject to criminal proceedings.

We often receive complaints about a dental professional's conduct or behaviour that does not rise to the level of a criminal offence. The GDC is bound to investigate allegations that would undermine the public's confidence in the dental professions, but in these cases the GDC did not consider that the actions of any of the individuals concerned would reasonably impugn the reputation of the professions.

Issues involving the perception of rudeness or bullying are normally more effectively resolved with the dental professional concerned or grievance procedures. Concerns which do not raise serious concerns about a professional's fitness to practise, or pose a risk to patient safety, do not need to be referred to the GDC.

6. Communication

Of the 77 cases closed in Q4, 23 highlighted matters relating to communication. Below are two examples of cases closed without further investigation.

- A concern was raised about a lengthy wait to be seen for an emergency appointment. The appointment was eventually cancelled without explanation. At the assessment, it was decided that there could have been reasons for the delay and subsequent cancellation, which were just not communicated. The case was closed, as the matter could be taken up directly with the dental professional concerned.
- A concern was raised about a dental professional's manner during an appointment for a tooth extraction. The professional was said to have frequently raised their eyebrows, made a comment about the need to relax, and remarked about abandoning the treatment. The initial assessment decision group thought that the information provided raised minor concerns about the dental professional's style of communication, but these did not give rise to a fitness to practise concern. Local resolution was suggested, and the case was closed.

How could these allegations have been avoided?

We encourage and promote the local resolution of complaints, wherever possible.

We do this in collaboration with 27 other dental organisations, who have come together to contribute to a set of universal principles for complaint and feedback handling.

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 good complaint handling procedures.

Following these principles will allow practices to resolve most complaints themselves, avoiding the escalation of concerns to the GDC. For more information on the principles or to order posters or leaflets, please visit [our website](#).

7. Clinical Treatment

During the quarter, there were 19 cases closed without further investigation that involved a concern about clinical treatment. Below are two examples:

- A concern was raised in relation to an appointment for the treatment of a dental abscess. The concern referred to the dentist's refusal to prescribe antibiotics on request. It was the dentist's professional opinion that the tooth needed to be extracted, and that they had offered an injection instead of numbing gel to help deal with the pain of taking an x-ray. It was agreed that the dentist had acted correctly, and the case was closed.
- A concern was received about ongoing soreness following treatment by a dentist. The initial treatment was for a filling and involved having an injection, which was said to be very painful. Soreness in the tooth continued and it was eventually extracted. Some weeks later, when it was reported that the discomfort was continuing, the dentist recommended packing. The packing was placed, but fell out on the same day. In the assessment of this case, it was noted that the symptoms described were commonly associated with the types of treatment undertaken and that any treatment carries some risk of pain. The treatment plan and process were considered appropriate and the case was closed.

Why were these cases closed?

Most dental treatment carries some level of risk, and sometimes things don't go to plan, through no fault of the dental professional. Even in cases where the dental professional is not at fault, of course, a concern can still be raised, and it's important to be prepared for this eventuality with a thorough and accurate record of the treatment provided.

8. Advertising

During the quarter, 16 cases were closed that involved concerns about advertising. The following is one example:

- A concern was raised about a dental professional advertising themselves on a dental practice's website as an 'Implantologist and Endodontist'. The dental professional was not on the specialist Endodontists list. Further, there is no specialist list for Implantologists. The was agreed that use of these titles could be confusing to the public and patients. However, given that the dental professional had no fitness to practise history, the decision taken was to close the case. The dental professional was referred to the [Standards for the Dental Team](#) and sent the [Guidance on Advertising](#).

When is an allegation about advertising a matter for the GDC?

Given an allegation of misleading advertising the GDC will usually close the case and provide guidance on advertising to that dental professional, with an expectation that the guidance will be followed, and the instance of misleading advertising remedied.

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, or if misleading advertising has led to patient harm e.g. short-term orthodontics.

9. Employment related concerns

Over the period, we continued to receive concerns relating to disputes between dental professionals at work, which do not necessarily raise wider fitness to practise concerns. In Q4 of 2019, 10 cases of this type were closed after initial assessment. The case below is one example:

- A concern was received from a former employee of a dental professional. The former employee had previously been made redundant. The concern related to the non-payment of a final payment due to the former employee under a settlement agreement. It was decided that the matter raised was not a fitness to practise concern, but an employment dispute. The case was therefore closed. The former employee was asked to raise their concern with the relevant dispute resolution service.

The GDC does 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, and encourage dental professionals to help prevent these issues from being sent to the GDC, by referring them instead to the organisation best placed to advise or resolve.