

## Insights from GDC fitness to practise concerns

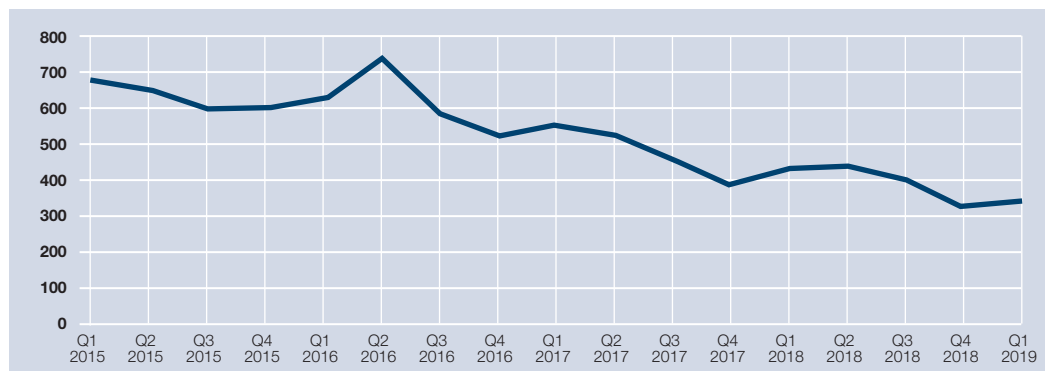
# Cases opened following initial assessment: Q1 2019

## 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	<b>342</b>				

**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.

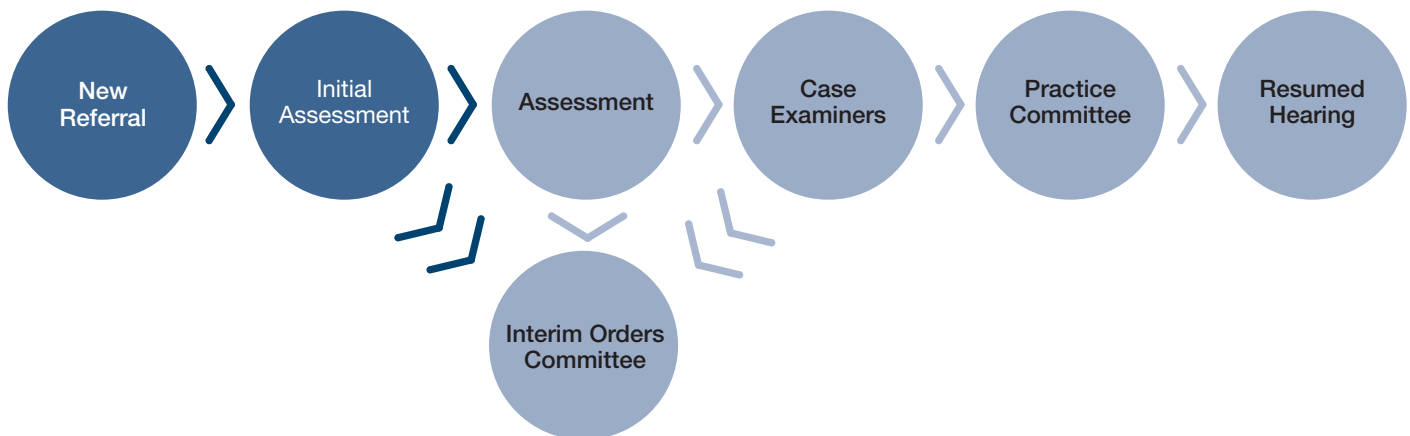
An important part of this approach is to share our insights from the fitness to practise process. Sharing this information will help to improve the understanding of the types of concerns raised with us and how they are processed. Equipped with this knowledge, dental professionals can be reassured of 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 opened, at the initial assessment stage of the fitness to practise process, in Quarter 1 (Q1) 2019, 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 also available on [our website](#).

Figure 2: Initial assessment stage



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

Figure 3: Action following initial assessment January to March 2019<sup>1</sup>



In Q1 2019, 251 cases were considered to have met the initial assessment test and were opened for further investigation . 72 cases were closed without further action and 7 were referred to the NHS to address. There were a further 12 cases adjourned without a decision at the end of Q1.

Of the 251 cases, 71 cases related to a single patient complaint, with 62 cases falling within the two following themes:

- 33 - Cases related to a single conduct or behaviour concern e.g. putting personal gain before patient interest or a conviction (such as driving under the influence of alcohol or substance misuse).
- 29 - Cases raised a single issue relating to clinical treatment. These included recommending treatment not clinically indicated, working outside of scope of practice, or concerns specific to procedures (e.g. orthodontics, examinations, implants).

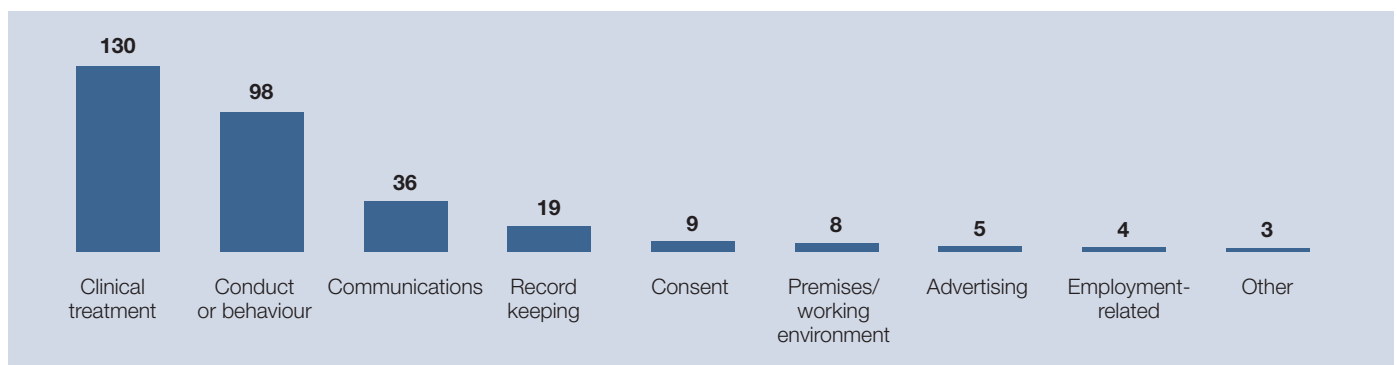
<sup>1</sup> The GDC can refer to NHS in England or Wales only. For more information please see our [FtP learning FAQs](#).

<sup>2</sup> Further information on the Initial Assessment Test is in our [FtP learning FAQs](#). Please also note, that although a case has been opened, the matters raised in the concerns are not proven. Cases are opened to investigate the concern(s) raised.

The remaining cases that were opened for investigation during the period had multiple issues for consideration. For example, one case contained concerns relating to employment and contractual grievances as well as clinical concerns, it also referred to overselling of treatments, poor record keeping and not obtaining adequate consent from patients.

The main themes drawn from cases considered at initial assessment can be seen in Figure 4. Within each case, there is variation of themes (i.e. one case can have multiple clinical considerations, and each one is counted). The chart below provides figures for themes identified, rather than the number of cases. Therefore, the total count exceeds the total number of cases with multiple issues.

**Figure 4: Themes from open cases with multiple issues (count of theme occurrence) Q1 2019**



In both the single issues cases and the multiple issues cases, the most common types of concerns raised referenced 'clinical treatment' or 'conduct or behaviour' issues. These types of cases are examined in further detail below.

## 5. Clinical treatment concerns

Of the 251 cases opened for investigation, 86 cases (130 themes) related to clinical treatment. These were either issues with a specific procedure, such as an extraction, or issues raised regarding a wider treatment plan over several appointments e.g. orthodontics.

The figures opposite show the most common types of clinical treatment themes raised in opened cases in Q1 (themes with five or fewer mentions are excluded):

### The most common types of clinical treatment concerns reported

Orthodontics <sup>3</sup>	39
Examination	25
Failure to manage pain and anxiety	9
Working outside of scope of practice	9
Implants	8
Not following current evidence and best practice	8
Crowns	7
Fillings	7
Inappropriate prescribing	7
Dentures	6

<sup>3</sup> While the number of orthodontics-related issues in this quarter is high, 35 of these are attributable to a single dental professional, and therefore, do not represent a broader rise in complaints about orthodontic treatment.

The following are examples of cases opened in Q1 2019 with issues relating to clinical treatment:

- A patient contacted us about orthodontic treatment performed by a dental professional. The concern stated that the treatment had taken longer than expected and was incomplete, due to dental supplier payment issues at the practice. The patient raised additional conduct concerns and, overall, the decision group judged that the potential risk of patient harm and potential damage to public confidence in dental professions was at a level that warranted further investigation.
- A patient raised concerns over a check-up conducted without the removal dentures, which they felt could have prevented adequate screening of their soft tissues. Further, it was alleged that the dental professional had acted unprofessionally towards the patient. The information provided by the patient suggested that harm may have been caused as a result of the treatment received. Therefore, the case was opened for further investigation.

### What to do when treatment goes wrong?

We often investigate allegations of errors in clinical treatment to establish whether these suspected mistakes have resulted in harm to a patient or damage to confidence in the dental professions. However, we recognise that things can, and do, go wrong with clinical treatment and that this is not always grounds for fitness to practise action.

One of the most important factors in the cases we see is how professionals respond, or how candid they are with patients, when things don't go to plan.

All healthcare professionals have a responsibility to be open and honest with patients when something goes wrong with their treatment or care. This is the professional duty of candour. Quick acknowledgement of a problem, an appropriate apology, and/or the offer of a remedy are important to patients and can prevent an issue from escalating.

You can find further help in our guidance on the professional duty of candour. The guidance reminds professionals to act when something has not gone to plan with treatment or care provided, which causes, or has the potential to cause, harm or distress. It is important to note that saying sorry is not the same as admitting liability and the guidance emphasises this point. If something has gone wrong with a patient's treatment or care, they should receive an apology and that apology in no way reflects poorly upon the professional offering it.

## 6. Conduct or behaviour

Contained in the 251 cases opened for investigation were 107 concerns regarding conduct or behaviour. The most frequently mentioned conduct or behaviour concerns were:

- 43 - Failure to act honestly and fairly with patients
- 32 - Behaviour not justifying public trust in registrant or profession
- 12 - Putting personal or financial gain before patients' interests

Below are a couple examples of behaviour or conduct issues:

- A concern was raised about inappropriate dental implants advertised in a newspaper. The information had the potential to mislead patients and hinder them from making informed choices about their dental treatment. The dental professional had already been provided with advertising guidance, arising from a previous concern raised, so this case was referred for further investigation based on a potential failure to act honestly and fairly with patients.
- A dental professional raised a concern regarding an applicant who had applied for job in their practice. The applicant had submitted some of the examples of their work, which appeared to be plagiarised from other professionals' work. When challenged, the applicant provided no explanation. This case was referred for further investigation on the view that the alleged misconduct could undermine confidence in the dental professions.

### 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 advertising guidance and clarify the issue in need of change in the relevant advert.

We will act for repeated issues with an individual or where there are other considerations e.g. misleading advertising has led to patient harm. Where appropriate, we will also refer to the [Advertising Standards Authority](#). 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.

### Is plagiarism by dental professionals a fitness to practise issue?

The [Standards for the Dental Team](#) do not specifically address allegations of plagiarism in academic or other professional contexts. However, dental professionals are bound by the Standards to act honestly and fairly in their professional dealings with colleagues. When an allegation of dishonesty calls into question a professional's ability to practise safely, as in the example above, a fitness to practise investigation is appropriate.