

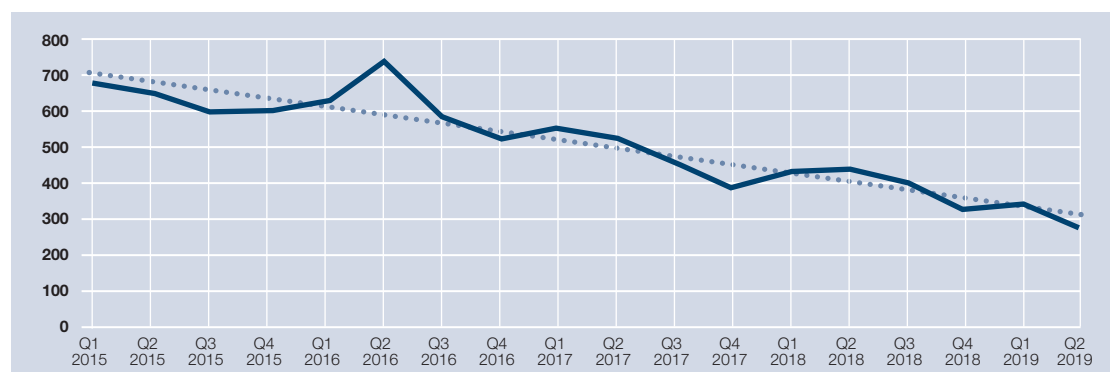
## Cases opened following initial assessment: Q2 2019

### 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.

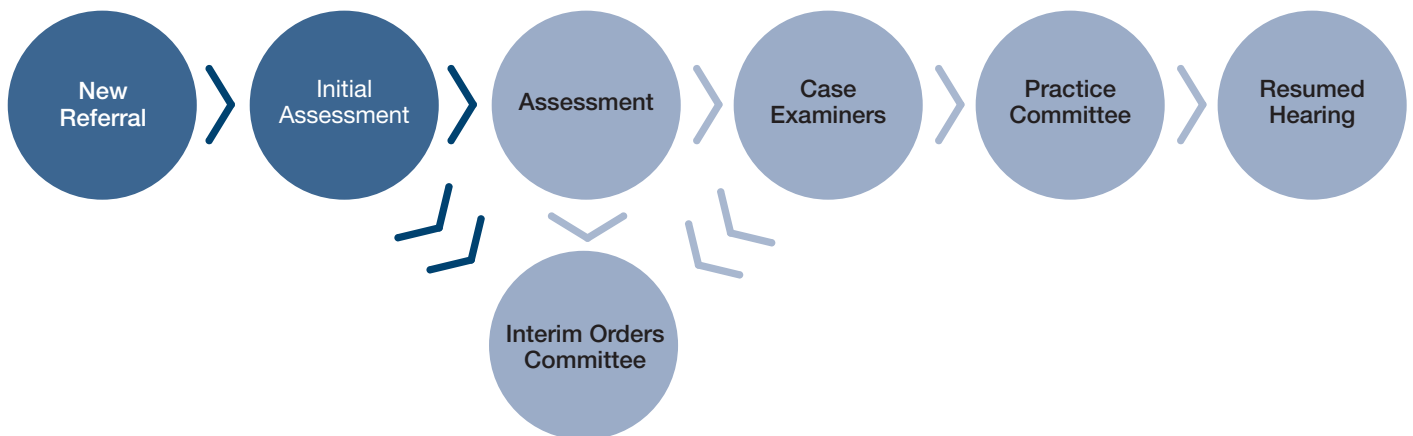
An important part of this approach is to share our insights from the fitness to practise process. Sharing this information will help to improve the understanding of the types of concerns raised with us and how they are processed. Equipped with this knowledge, dental professionals can be reassured of 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 opened, 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 opened at the initial assessment stage

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



During the period, 192 cases were considered to have met the initial assessment test and were opened for further investigation<sup>2</sup>. There were 11 cases opened with a single issue raised, such as lack of appropriate indemnity, finding by another regulator, advertising concerns (where there was a previous notification) or poor standards of English.

However, the majority of cases opened contained multiple issues and were generally more complex. Most of the cases were multifaceted, for example:

- Cases involving a single patient were often combined with elements of communication or behavioural issues, such as discrimination against the patient, failure to explain treatment options, lack of consent or poor handling of patient records.
- Cases involving multiple patients included clinical concerns but also issues such as misleading claims about treatment options, particularly in relation to NHS treatment.

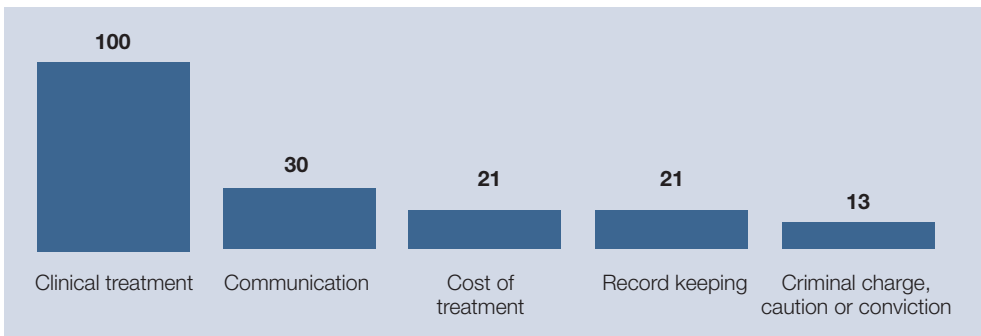
<sup>1</sup> The GDC can refer to NHS in England, Scotland or Wales. For more information please see our [FTP learning FAQs](#).

<sup>2</sup> Please note that this information relates to concerns raised to the GDC which are not yet proven; they are opened to investigate whether or not they are true.

- Some cases included issues that normally fall outside of our remit, for example, the maintenance of a dental practice and/or equipment. Before these cases can be taken further, we need to consider involving organisations such as the Care Quality Commission (CQC), the NHS or the Medicines and Healthcare products Regulatory Agency (MHRA).

Therefore, when reading the analysis below, please bear in mind that these figures do not represent individual cases, but themes. This is because there are often multiple issues attached to a single case, including clinical cases, where multiple clinical issues may be reported.

**Figure 4: Themes from open cases with multiple issues (count of theme occurrence) Q2 2019**



The illustrative examples provided below are not intended to be an exhaustive list of cases opened at initial assessment during the quarter. They are presented to provide some additional detail on the types of concerns we received. Further, the examples are only able to draw on the information initially received, before any investigation has been undertaken<sup>3</sup>.

## 5. Clinical treatment

There were 100 issues relating to clinical treatment in Q2. The most common types of clinical issues reported are below.

<b>The most common types of clinical treatment concerns reported</b>	
Examination and/or clinical diagnosis	<b>16</b>
Orthodontics	<b>10</b>
Crowns	<b>10</b>
Implants	<b>10</b>
Failure to manage pain	<b>8</b>
Failure to manage and/or treat an infection	<b>7</b>
Extractions	<b>7</b>

<sup>3</sup> We can only assess concerns at initial assessment on the basis of the information received from those who raised concerns. These people include patients, dental professionals, members of the public, representatives from organisations such as the NHS, the police, stakeholder bodies or other regulators.

Some examples of issues raised that related to clinical treatment include:

- A patient raised a concern about their treatment and a dental professional's manner during an appointment. The patient was in significant pain during a procedure and requested pain relief. However, the dental professional did not provide an anaesthetic. The patient felt that the dental professional was dismissive of their pain and did not provide adequate care.
- A patient contacted us to raise concerns about a poor-quality denture, which was causing pain, and a new veneer which had come off. Despite adjustments done by the dentist, the patient was still left in considerable pain. The patient was seen by another dentist who confirmed the mal-fitting denture had caused excessive pressure on the veneer, causing it to de-bond. The patient was unable to resolve these issues with the dentist or the practice, and was left with an exposed tooth without the veneer.

## **6. Communication**

There were 30 issues relating to communication. Examples include:

- A patient was experiencing ongoing pain in their tooth. Their dentist recommended an extraction without any alternative treatment options. The patient did not want an extraction, so sought a second opinion, where a wider range of options were offered, including filling and root canal treatment. The patient's new dentist gave a good explanation of the benefits and risks for each treatment option. The patient raised a concern that the first dentist had not provided them with treatment options or sufficient information to make an informed decision.
- A patient raised multiple concerns about a dental professional's behaviour towards them. The patient said the dental professional was rude and shouted at them when they were late for an appointment. The patient also felt that they were not listened to during their appointment.
- A patient raised a concern after turning up for a final implant fitting to be told that the dentist who was providing the treatment no longer worked at the dental practice. There was no communication from the dentist or dental practice to inform the patient and they were not offered any further assistance, as they were no longer registered at the practice. The patient had paid the money upfront for treatment and requested a refund, but only received a partial amount. The patient was left to chase treatment from the original treating dentist, on their own, only to discover they had already moved abroad.

### **What learning can we take from these communication examples?**

Good communication is important for building a strong relationship and trust between patients and dental professionals. Patients want to feel that they are being listened to and that their concerns are being addressed. Communicating effectively means:

- Helping to manage patients' expectations about their treatment, including what can be realistically achieved and will be sustainable.
- Ensuring that the patient has received all the information they need to make informed choices about their dental care.
- Ensuring the patient is actively involved in decisions about their dental care.

Think about what kind of information you have available to patients at your practice and in the way in which it is provided. People have differing preferences about how they receive or access information, so it is worth checking with your patients.

You might also want to think about strengthening your own communication through CPD. Some areas of focus could include demonstrating empathy, providing a holistic approach, seeking feedback from your patients and ensuring your patients are involved in treatment decisions.

## **7. Cost of treatment**

There were 21 issues relating to the cost of treatment. These included not adequately explaining treatment charges, not making clear whether treatment was private or on NHS cost scales, concerns relating to overcharging, and patients feeling that dental professionals were putting their own financial benefit above patient interests. Examples include:

- An older patient considered themselves in good oral health, as they followed advice and regularly attended the dentist. The patient attended an appointment with the new owner of the practice and was recommended dental treatment which would cost thousands of pounds. The patient raised a concern because they felt pressured to undergo expensive treatment, without being given alternative treatment options, and was unsure if it was affordable. The patient felt that the benefits of the treatment were not evident, and that the dental professional was more interested in the earnings.
- A patient was to receive fillings, which they believed would be NHS priced treatment, but after the fillings were completed, they were asked to pay over £300. The patient raised a concern on the basis that it was not made clear that the treatment was private. The patient stated that they could not afford the treatment and were not provided with a treatment plan, nor was the treatment fully explained before they were asked to provide written consent.
- A patient raised a concern after they were quoted approximately £1,300 for dental treatment. The patient asked if the quoted prices were 'NHS charges' and was told that not all of the treatment was available from the NHS. The patient felt that the charges were not fully explained, and that the dentist may have provided inaccurate information to benefit financially from private charges.

### **What financial information should be provided to patients?**

Dental professionals should provide patients with full treatment options, including explaining risks, benefits and the costs of the treatment. Patients do not want to feel that recommendations for treatment are driven by financial gain. It is important that dental professionals are open and honest about the costs associated with the treatment.

### **Have you thought about other ways to explain costs?**

You might be able to avoid these types of issues by:

- Asking patients about their preference for NHS or private treatment.
- Providing copies of the treatment plan with fully itemised charges.
- Clearly displaying price lists for both NHS and private treatment.
- Giving full details when explaining private treatment options.
- Carefully explaining why treatment is not available.
- Giving detailed receipts for payments.

## 8. Record keeping

During the period there were 11 issues directly related to record keeping. Below are some examples:

- A patient decided to seek a second opinion on their dental treatment, so requested their dental records from their current dentist. The patient reported that it took six months for the dental records to be provided and that some information was missing. The practice later informed the patient that they could not locate the missing records.
- A dental nurse raised fraud concerns about a dentist helping patients to make false claims from their insurance. Amongst the concerns raised were issues relating to record keeping. These included creating records to corroborate the fraudulent claims and creating fake appointments (and corresponding notes) in the practice diary.

### What can we do to prevent issues with record keeping?

All dental professionals should ensure that they follow the relevant laws and guidelines on record keeping.

- [Dental Record Keeping Standards: a consensus approach](#) (NHS England and NHS Improvement).
- [Clinical Examination and Record Keeping](#) (Faculty of General Dental Practice UK).
- Health and social care advice from the [Information Commissioner's Office](#).

Dental records should include details of the treatment provided, such as diagnosis and treatment planning, test results, the patient's medical history and written consent. The information can be used to monitor and plan treatment and can also be shared with new treatment providers.

You might also want to think about:

- Training dental nurses to assist with notes.
- Providing information upfront to patients and providing them with a few days to agree to treatment and give consent.
- Ensuring the training of the dental team is up to date on data protection, record keeping and processes for transferring patient records.
- Recording information straight away and not overwriting records to correct mistakes.
- Undertaking an audit of patient records.