

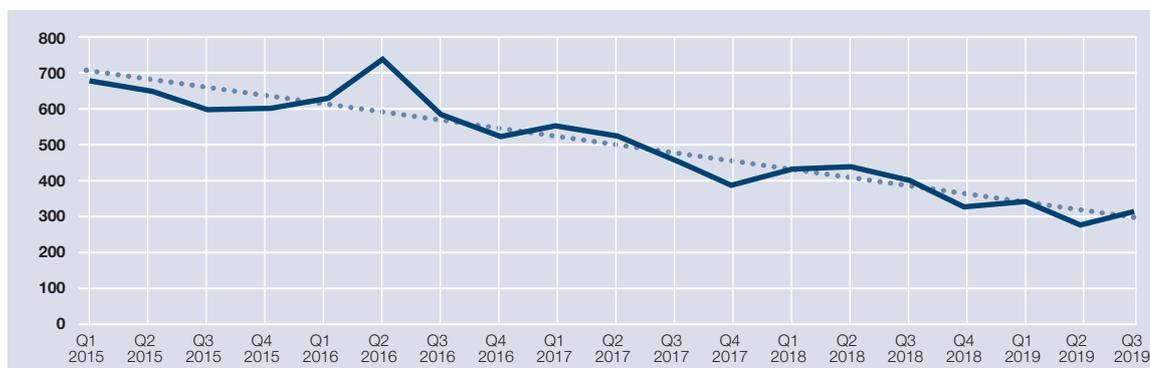
## Cases opened following initial assessment: Q3 2019

### 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	<b>311</b>		

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.

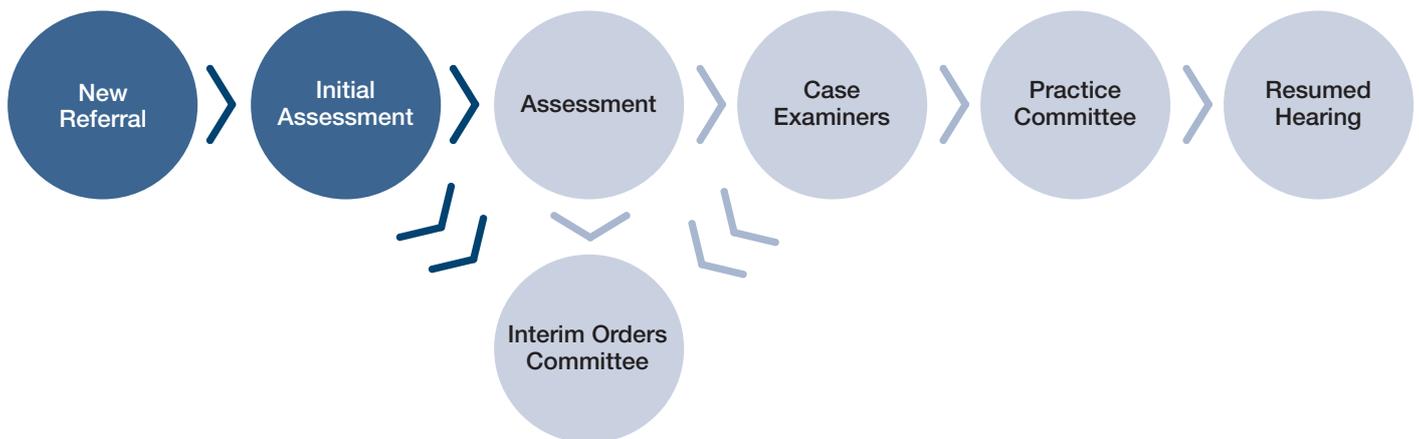
An important part of this approach is to share our insights from the fitness to practise process, to help improve the understanding of the types of concerns raised with us. Equipped with this knowledge, dental professionals can be reassured of their current approach to various aspects of practice or can identify any potential issues or areas in need of improvement.

This publication considers the concerns or cases received, and subsequently opened, 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 opened at the initial assessment stage

Figure 3: Action following initial assessment July to September 2019<sup>1</sup>



During the period, 221 cases were considered to have met the initial assessment test and were opened for further investigation<sup>2</sup>. There were 15 cases opened with a single issue raised, such as concerns around health, criminal charges, indemnity, scope of practice, maintaining practice equipment and premises and probity concerns.

The majority of cases opened involved multiple issues from single patients. There were also a small number of cases involving multiple patients against a single registrant. These were also multifaceted in nature. For example:

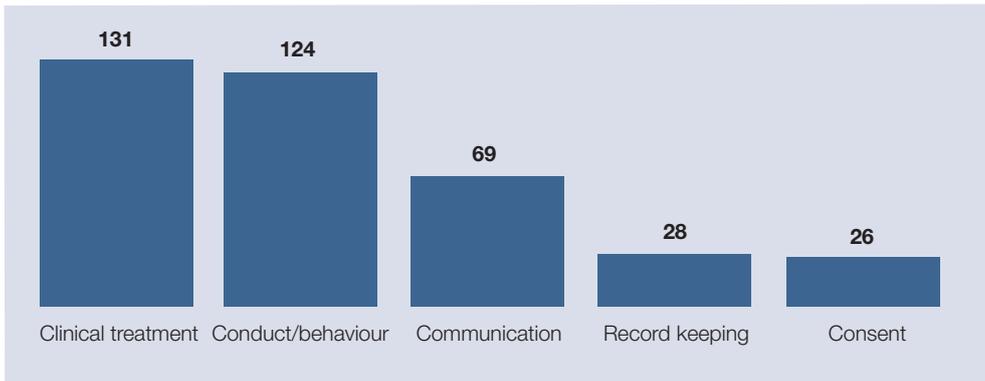
- Cases involving a single patient were often combined with elements of communication or behavioural issues, such as discrimination against the patient, failure to explain treatment options, lack of consent or poor handling of patient records.
- Cases against a single registrant but involving multiple patients usually involved elements of clinical treatment such as extractions, implants, combined with issues around communication, conduct or behaviour.

<sup>1</sup> The GDC can refer to NHS in England or Wales. For more information please see our [FitP 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.

Therefore, when reading the analysis below, it is important to 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) Q3 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 taken from initial assessment and are therefore only able to draw on the information initially received before any investigation has been undertaken<sup>3</sup>.

## 5. Clinical treatment

There were 131 cases where at least one instance of clinical treatment was involved. The most common issues on clinical treatment reported are below.

**Figure 5: Most common clinical treatment reported in Q3 2019**

Fillings	15
Extractions	15
Root canal treatment	13
Crowns	10
Implants	10
Dentures	10
Periodontal disease	9
Radiographic practice	6
Teeth whitening	5

<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.

Examples of cases that were opened, where the issue related to clinical treatment include:

- A patient paid a large sum of money to a dentist for implant treatment. All of the patient's teeth were removed and implants were placed but within a few months the implants had started to fail.
- A patient raised concerns about the clinical treatment they received from a dentist. The patient was told of decay in teeth that were supporting a bridge and fillings were provided. The patient subsequently saw an alternative dentist who took x-rays and informed the patient of decay present underneath the fillings done by the previous dentist. This was confirmed by a third dentist.

### What can we learn from this?

Treatment can go wrong for any number of reasons, and it is not always in itself a cause for investigation. However, a patient is much more likely to complain about poor or failed treatment if there is a significant amount of money involved, or their dissatisfaction is validated by the opinion of another dentist. If you have a feeling that treatment you provided will not hold up over time, or to the scrutiny of a colleague, it is far better in the long-term to be proactive and raise it with the patient. Even if the treatment has already been provided, it is still possible, and advisable, to work with the patient towards a resolution.

## 6. Consent

There were 26 cases where at least one instance of 'consent' was involved. Examples include:

- A patient attended a dentist for crown treatment prep work. At that appointment, the patient was informed of a fractured root that required extraction. The patient was also informed that their treatment options were now implants or dentures. However, the dentist ordered the dentures while the patient was still in the surgery. The patient raised concerns that they were still in a daze and had no idea what was happening.
- A patient raised concerns about being unable to make an informed decision about their treatment because they were not given full information about treatment options. The patient attended a dentist for a check-up and was told that they required fillings. The patient was neither provided with information about the pros and cons of silver or white fillings nor the cost. The patient was told that white fillings would be too expensive and felt pressured into getting silver fillings. The patient subsequently attended a different practice, and was told that there were no signs of decay in their teeth.

## 7. Conduct and/or behaviour

There were 124 where at least one instance 'conduct/behaviour' was involved and a case was opened for investigation. Examples include:

- A patient raised concerns about a dentist's conduct during an extraction appointment. The patient attended an appointment for a planned extraction of four teeth. The patient informed the dentist that they only wanted two extracted due to them being nervous about the treatment. The dentist's tone and attitude towards the patient changed, and the dentist insisting on proceeding with all of the extractions. The patient felt too afraid, and allowed the four extractions to be done.

- A patient was referred to a dental hygienist. The patient received a scale and polish treatment. During the treatment, the patient felt pain and asked the hygienist to stop. The patient then raised a concern with the hygienist about the appearance of their front tooth. The hygienist addressed the patient using profane language which left the patient traumatised and upset.

## **8. Communication**

There were 69 cases opened for investigation, where communication was involved. Examples include:

- A patient raised concerns regarding their orthodontic treatment. The patient had paid in full and was half-way through treatment. The patient was notified that an appointment needed to be rescheduled, but all attempts to reschedule were unsuccessful. The patient was subsequently informed that the practice was no longer treating patients with no information on continuation of care.
- A patient attended a dentist for treatment on a fractured tooth and a filling. During the procedure, a liquid substance was splashed on the patient's face which started to burn and cause blisters. The patient queried this and was told the substance was water. The patient subsequently saw a medical practitioner who advised them that the blisters were caused by the liquid substance. The dentist contacted the patient several times to check on the patient's wellbeing, but continued to insist that the substance was water.

### **How can a dental professional build trust with a patient?**

Dental professionals have specific obligations relating to communication, consent and conduct. At the heart of all of them, is the need to build a strong relationship of honesty and trust with a patient.

Good communication is paramount at all times. As a dental professional, you must provide patients with full treatment options, including an explanation of risks, benefits and costs, and make sure the patient can make an informed decision. If it seems like a patient does not really understand what you are telling them, it is better to over-explain than to make assumptions about consent, or the patient's ability to pay. If the patient is unhappy with the treatment, or thinks they were denied a choice of different treatment, they may well complain. If there is evidence that the patient did not have the opportunity to make an informed decision, then it is likely an issue for the GDC.

It is also important to make sure the patient is confident in your approach to treatment. Patients, especially nervous patients, tend to react negatively if the dental professional acts confused, annoyed, disinterested or aggressive while carrying out treatment. There are a lot of ways in which a patient can lose trust and confidence in a dental professional, and often this will lead to concerns. The obligation is on the professional to be honest, respectful and professional in all their dealings with patients.

## 9. Record keeping

There were 28 cases opened for investigation where record keeping was involved. Examples include:

- A patient raised concerns regarding treatment they received and the alteration of dental records. The patient saw a dentist for the repair of a chipped tooth which also had a bridge. The patient was not satisfied with the treatment provided and made a request for their dental records. The patient was concerned that their dental records were not an accurate reflection of events, as they remembered it, and contained documents that they could not recall signing.
- A patient raised concerns about their treatment and the alteration of their dental records. The patient attended the dentist due to pain in a tooth. The dentist carried out treatment without explaining what the issues were to the patient. The patient subsequently made a complaint and requested their dental records. The patient was concerned that the dates and entries in their dental records were inaccurate.

### 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](#) (FGDP 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.