

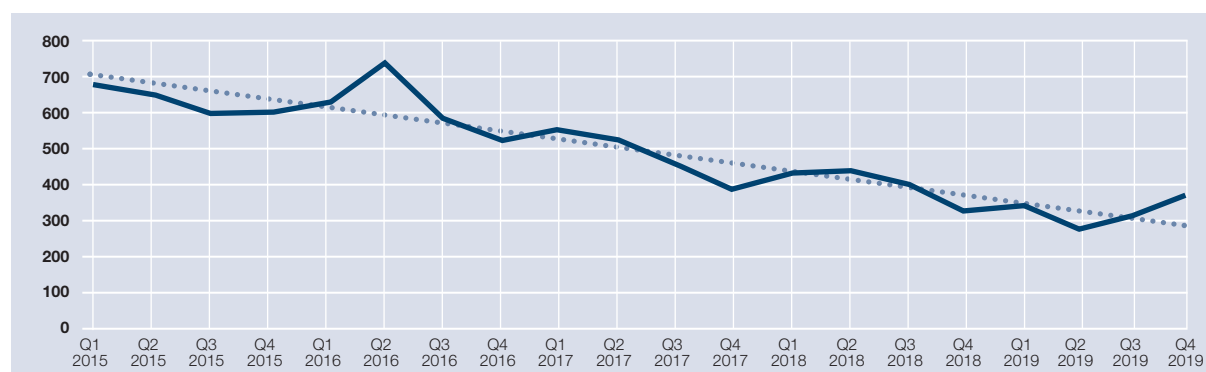
## Cases opened following initial assessment: Q4 2019

### 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	<b>351</b>	1,293 <sup>1</sup>

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



<sup>1</sup> 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.

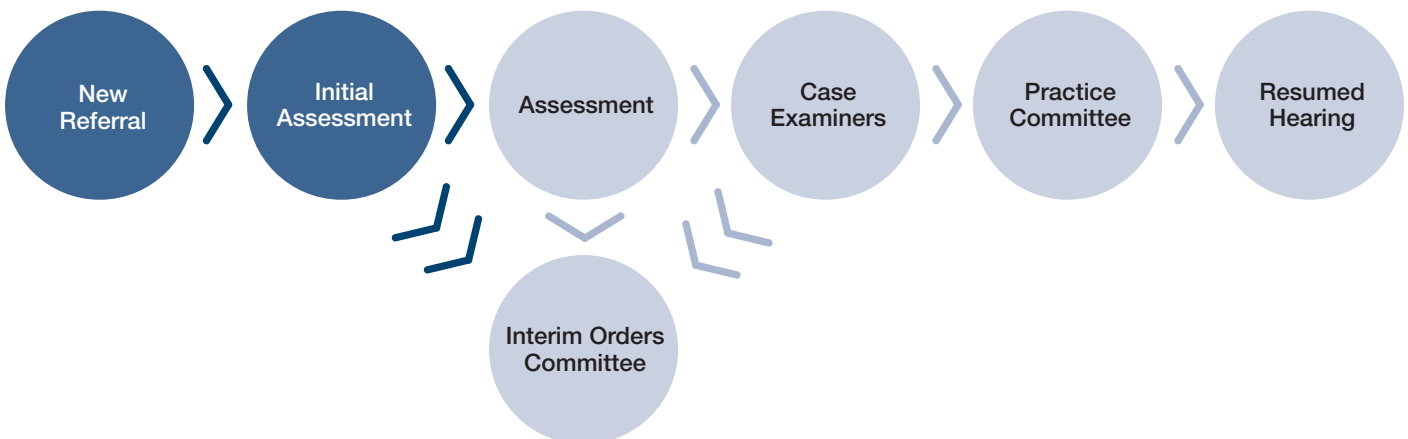
An important part of this approach is to share our insights from the fitness to practise process, to help improve the understanding of the types of concerns raised with us. Equipped with this knowledge, dental professionals can be reassured of their current approach to various aspects of practice or 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 opened at the initial assessment stage

Figure 3: Action following initial assessment October to December 2019<sup>2</sup>



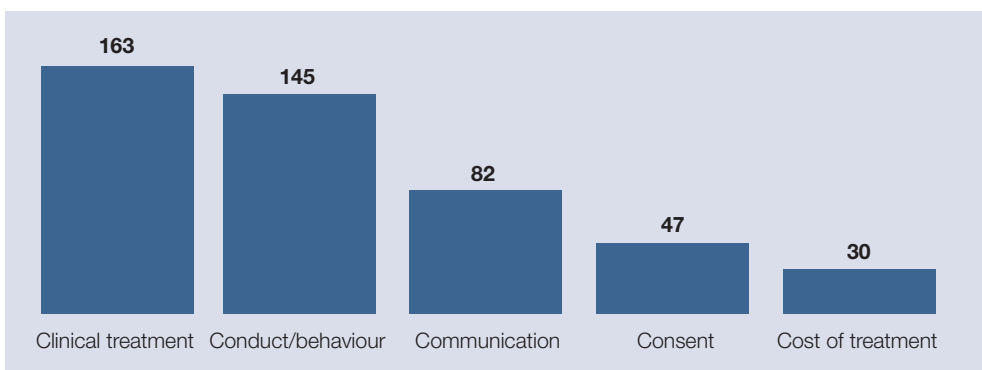
During the period, 269 cases were considered to have met the initial assessment test and were opened for further investigation<sup>3</sup>. There were 77 cases opened with a single issue raised, such as concerns around health, criminal charges, indemnity, scope of practice, maintaining practice equipment and premises and probity concerns.

The remaining 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.

- Cases concerning single patients and single registrants usually involved elements of clinical treatment such as root canal treatment, extractions, fillings, crowns, dentures, implants, combined with issues around record keeping, consent, communication, conduct or behaviour.
- 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.

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) Q4 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>4</sup>.

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

<sup>3</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.

<sup>4</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.

## 5. Clinical treatment

There were 163 cases where at least one instance of clinical treatment was involved. The most common issues on clinical treatment reported are below.

**Figure 5: Types of clinical treatment reported in Q4 2019**

Clinical competence/referral of a number of concerns*	<b>34</b>
Lack of diagnosis/failure to treat	<b>31</b>
Implant treatment	<b>25</b>
Issues with continuity of care	<b>21</b>
Crowns	<b>11</b>
Extractions	<b>10</b>
Root canal treatment	<b>10</b>
Fillings	<b>9</b>
Prescribing	<b>7</b>
Radiographic practice	<b>6</b>

\*The majority being referrals made by other dental professionals, which encompassed a number of broad clinical concerns, as opposed to specific patient cases.

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

- An anonymous informant raised wide ranging concerns regarding a dentist, including concern that the dentist routinely provided sub-standard clinical care and treatment and had caused irreversible damage to the teeth of two patients. It was reported that the dentist had lied to each patient, and had advised them to soak their teeth with milk to stop toothache. The dentist had employed a potentially unqualified and unregistered dental nurse and had dismissed complaints from other dentists at the practice about her standards of cross infection control. The informant provided clinical records and internal correspondence at the practice in support of the concerns raised.
- An informant raised concerns regarding treatment provided to his daughter from a dentist practising in both the UK and Spain. It was alleged that the dentist provided a gum graft and a sinus lift to his daughter in Spain, and that later that day she experienced pain and facial swelling resulting in her being admitted to hospital overnight. It was alleged that the dentist ‘shrugged his shoulders’ and was dismissive of the incident. He had prescribed pain killers for the patient, but the informant discovered that it was a banned substance in the UK, which had been responsible for the deaths of British holidaymakers.
- A patient reported to us that they had seen a dental technician with a view of having two crowns fitted to existing implants. The dental technician, who owned a dental studio and employed a dentist to carry out the work, advised the patient that they had an incorrect bite and would need 21 crowns fitted at a cost of £1,200 per crown, with 16 of the crowns applied to healthy teeth. The patient suffered with bleeding gums, no occlusion, an inability to chew food, constant neck and jaw pain and an inability to speak normally. A settlement of in excess of £250,000 and was agreed in court before a concern was raised with the GDC. The dentist who provided the treatment is no longer registered with the GDC and an investigation was opened in respect of the dental technician.
- A teenage patient reported to us that three of her teeth had been extracted when extraction was not necessary, and she had not been given the opportunity to improve her oral hygiene. The patient was assured by the dentist that the teeth would be restored with a bridge as part of the treatment plan, but a partial denture was ultimately provided as the final restoration.

## 6. Conduct and/or behaviour

There were 145 cases opened, where at least one instance of 'conduct/behaviour' was involved.

Examples include:

- A concern was raised suggesting that a dental professional had fraudulently charged a patient £6,450 for treatment, which was never carried out, and that the professional had attempted to cover up the fraudulent charge by falsely accusing another member of the practice team of altering the records and doctoring an email.
- A patient raised concern that the dentist had provided a bridge which had failed within two weeks and that he had 'chaotically' attempted to recement it without the assistance of a dental nurse. The cement had set before he was able to fit the bridge. The dental professional was ultimately able to cement the bridge with the assistance of a dental nurse, who had to give him instruction on how to use the cement. The dentist had sliced the patient's gum but failed to inform her. When she reported it to him, he did not offer her any apology and told her to wash it with 'soapy water'. The dentist failed to correct the patient's bite, and attributed this to excess cement, but when the patient attended an appointment with another dentist, she was advised that her bite was uneven.
- A patient reported that their dentist had arranged multiple appointments for treatment to be provided, which was questioned. In response the patient was told 'I gave you a discount, let me make some money out of the NHS.' The patient had concerns about the quality of the work provided and raised concern that the dentist had made threats of violence regarding non-payment.
- An informant raised concerns that a dental professional had given a newspaper interview which breached confidentiality, as patients' names and treatment details were disclosed.

### Why were these cases opened?

The cases of clinical treatment and conduct/behaviour cited above range in the potential for severity of harm caused to a patient. Each of them was opened for investigation as, ultimately, the threshold for investigating an allegation of patient harm is relatively low. If an allegation suggests that harm has been caused or may be caused to a member of the public, in almost all cases that allegation will be referred for investigation.

If a dental professional's conduct or behaviour could undermine public confidence in the professions, it will also be normally opened for an investigation.

However, an opened case does not mean that the GDC considers harm to be proven, or even that the case will progress much further. Allegations are sometimes lacking in detail, and while we will always contact the person who raised the concern for further information, often, there is no response to our inquiries or further substantive evidence is not provided. Opening a case is a prerequisite for us to investigate more thoroughly. This will include making contact with the dental professional involved. A case that is opened at this stage in the process may well be closed later, if information provided by the dental professional satisfies the GDC that no harm has been caused.

## 7. Cost of treatment

There were 30 cases where there was at least one instance of cost of treatment being involved.

Examples include:

- A patient raised a concern after veneers that were fitted came loose in just over a year. The practice quoted a fee for recementing the veneers, stating that they were out of the 12-month warranty period. The patient complained that they had been informed that the veneers would last for over 10 years and that had never been informed of a 12-month warranty period.
- A patient raised a concern with us stating that they felt they were quoted £5,580 for unnecessary treatment.
- A patient raised a concern with us stating the dentist had failed to provide clear information about the implant treatment she had paid for. There had been a delay in providing the treatment and the patient had repeatedly requested an itemised statement setting out the fees she had paid in respect of each aspect of the treatment. No such statement was provided to her, although she was ultimately informed by the practice that she had been overcharged by £1,600 without any explanation of what she had been overcharged for.

## 8. Communication

There were 82 cases where at least one of the issues raised included communication. Examples include:

- A concern was raised that a healthy adult tooth had unnecessarily, or accidentally, been extracted from a child patient, in addition to the extraction of five teeth for which the patient had been referred. The dentist failed to inform the patient or her mother of any complications, such as the need to extract additional teeth. The dentist failed to double check which teeth needed to be extracted and appeared to be distracted in conversation with a dental nurse about another patient.
- A patient complained that the treatment for a painful tooth had been cancelled by the dentist four to five times for various reasons, and that when the tooth was ultimately treated by the dentist the patient was not informed about the treatment that had been provided. The patient left in pain and was advised by the dentist that this was normal and would subside. That patient was not advised by the dentist that any of the work done was temporary. The patient subsequently attended an emergency clinic and was advised that the tooth was infected, and that a temporary filling appeared to have been fitted.
- The NHS reported a clinical incident involving a dentist extracting the wrong tooth from the wrong patient. Two patients had attended for extractions with different dentists at the time of the appointment. There was only one patient in the waiting room (the correct patient was in the toilet at the time), who the nurse brought through to the surgery room.

The dentist did not formally verify the identity of the patient, albeit he had greeted the patient using the first name of the other patient and was not corrected. He sedated her and extracted the tooth which had been marked for the other patient. Upon discovering his mistake, he immediately informed the patient and apologised, offering her remedial work free of charge. He made a full record of the incident and reported it to his clinical director. The patient in question accepted the apology and made no complaint against him.

A case has been opened. The matter was referred to the Interim Orders Committee (IOC) for a risk assessment. The IOC determined that, although this was a serious clinical incident resulting in harm to a patient, there was no immediate risk which would justify any interim order being imposed on the dentist's registration. The IOC agreed it was an isolated incident which the dentist had immediately reported and for which he took full responsibility. Further, reflecting on the seriousness of his failure to have correctly verified the identity of the patient, has since introduced improved protocols in his practice to prevent a risk of repetition.

### **How can clear communication prevent complaints?**

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

If the patient is unhappy with the treatment, or thinks they were denied a choice of different treatment, they may well complain. Where large sums of money are involved, it is even more likely that the patient will react poorly to lapses in communication or failures of treatment.

Good and clear communication is not a guarantee that a concern will never be raised. But if a dental professional can demonstrate (e.g. through written records) honest and full engagement with a patient, including an explanation of all treatment options and their costs, the case may well be closed at a later stage. However, if there is evidence that relevant information was withheld, and the patient did not have the opportunity to make an informed decision, it is likely to be a matter for the GDC.