



# Fitness to Practise statistical report

2019

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# Introduction

As part of The Dentists Act 1984 we are required to publish an annual Fitness to Practise (FtP) statistical report.

When concerns are raised with the GDC, we assess whether the issues involved may indicate that a registered professional's fitness to practise is impaired.

When we say that someone is "fit to practise" we mean that they have the appropriate skills, knowledge, character, and health to practise their profession safely and effectively. However, fitness to practise is not just about a practitioner's clinical performance or health.

A registrant's fitness to practise also includes any actions they may have taken which affect public confidence in dental professionals and their regulation. This may include matters not directly related to professional practice, for example, committing a criminal act.

If concerns are raised regarding a dental professional's conduct or competence which indicate that their actions put patients at serious risk, or seriously damage public confidence in dentistry, we will investigate and, where appropriate, take action to mitigate that risk. Concerns may arise directly from a patient, via referral from another body (for example, a police notification of a criminal caution or conviction), or from other sources.

# Fitness to Practise process and stages

We investigate matters including:

- serious or repeated mistakes in clinical care, for example mistakes in diagnosis or dental procedure
- failure to examine a patient properly, to secure a patient's informed consent before treatment, keep satisfactory records, or to respond reasonably to a patient's needs
- not having professional indemnity insurance
- cross infection issues (for example, using dirty clinical equipment during treatment)
- serious breaches of a patient's confidentiality
- indications of a criminal offence including fraud, theft or dishonesty by a dental professional
- poor health or a medical condition that significantly affects the registrant's ability to treat patients safely.

All fitness to practise concerns we receive undergo an initial assessment. At this initial assessment stage, concerns are either:

- closed if no further action is required
- directed to NHS England or NHS Wales for consideration
- progressed for further investigation by the casework team.

After investigation by the casework team, matters which amount to an allegation of potential impairment of fitness to practise are referred to case examiners<sup>1</sup>. Where the concern does not amount to an allegation of impairment, the matter is closed by the casework team.

Otherwise, two case examiners, consisting of a registrant and a non-registrant (someone who is not on our register and not dentally qualified) consider the case further. At this stage of the statutory process, they look at the evidence available and decide whether there is a real prospect of the allegations being found proved at a Practice Committee.

Case examiners may decide that no further action is necessary or that they can close the case with advice or a warning or offer undertakings. In potentially more serious cases, or where there is a conflict of evidence, they may refer the matter to one of three Practice Committees: the Professional Conduct Committee (PCC); the Professional Performance Committee (PPC); or the Health Committee (HC) for a formal hearing.

<sup>1</sup> The GDC introduced case examiners in November 2016 to carry out most of the decision-making functions that were previously performed by the Investigating Committee.

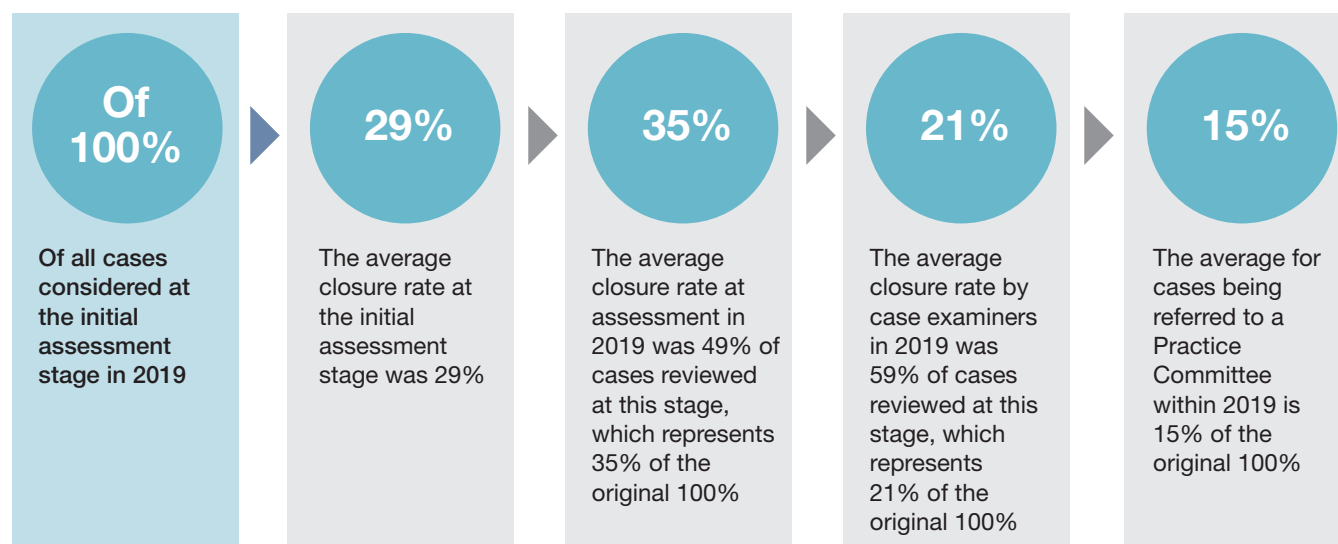
At any stage in the FtP process, we may apply for an interim order to restrict a registrant's practice until their case is resolved. These applications are only made in serious cases. An interim order may be considered necessary for public protection if:

- there is a real risk of significant harm to the health, safety or well-being of a member of the public if the practitioner was allowed to practise without restriction
- it is otherwise in the public interest to protect public confidence in the profession and uphold and maintain proper professional standards or
- it is in the interests of the registrant concerned.

Dental professionals referred to a Practice Committee will appear before an independent panel of lay and dental professional members as part of a formal hearing, where the GDC and the dental professionals both have the right to legal representation.

The diagram below shows the average closure rate at the different stages of the FtP process, compared to the original 100% of cases considered. The 100% includes cases that may have been received before 2019 but had the initial assessments done in 2019.

**Diagram 1: Average case closure rate**



If a registrant's fitness to practise is found to be impaired, the panel may decide to:

- take no action
- issue a reprimand
- place conditions on registration
- suspend registration
- remove an individual from the dentists' or DCPs' register.

There is also an appeals process.

In order to ensure the effectiveness of our decision-making, decisions at every stage are subject to scrutiny. In addition to management oversight, we have several Quality Assurance (QA) mechanisms to ensure our decision-making is sound, well-reasoned and in accordance with our statute, rules and guidance. These include:

- scrutiny of decisions to close a case, up to case examiner stage, by our internal audit function
- scrutiny of any decisions where there is a concern regarding the decision outcome, or the process by which it was arrived at, through the Quality Assurance Group (QAG). This group meets monthly with an independent member and Executive Chair who sits outside of FtP. The group can require action by the appropriate team and, if necessary, recommend that the Registrar seeks a review of the decision through a 'Rule 9' application, which is the process to challenge the way in which a decision has been made, or refer the case to the Professional Standards Authority
- a randomised 10% of all decisions are scrutinised by the Decision Scrutiny Group (DSG). This group meets quarterly, chaired by an Independent Chair, and it can require a decision to be reviewed in the same way as the QAG
- an annual external audit of 160 decisions (40 random decisions at each stage) by an independent third party, commissioned by us, to scrutinise our processes and adherence to guidance, in addition to the quality of decision-making, reasoning and the outcome itself.

## 2019 FtP data

### Fitness to practise case volumes by stage

In 2019 we processed 1,362 initial assessments of cases that were received in 2019 and any that were brought forward from 2018. The number of new cases we received in 2019 was 1,415. Cases that were received in 2019 but an initial assessment had not yet been done, will be carried forward into 2020.

The number of cases considered at each stage of the FtP process in 2019<sup>2,3</sup> were:

**Table 1: FtP case volume by stage**

<p><b>Initial assessments:</b> <b>1,362</b></p>	<p>This figure represents the number of cases considered at the initial assessment stage, when cases are screened and may be closed or referred for further 'Assessment' investigation. 27% of this total were closed<sup>4</sup>, 2% referred to NHS England or NHS Wales for consideration, and 71% referred for assessment. The number of assessments at this stage shows a decline of 18% compared to 2018 (1,668).</p>
<p><b>Assessments:</b> <b>886</b></p>	<p>This is the number of cases considered at the "full" assessment stage when cases may be closed or referred to the case examiners. 49% of this total were closed and 51% referred to the case examiners. This total represents a 42% decrease in assessment decisions compared to 1,530 cases in 2018. In 2018 we made more decisions than cases were referred to the assessment stage, resulting in a smaller number of cases remaining in the FtP process. 2019 reflects this lower volume of cases in progress and being referred for assessment. Note that this figure includes cases received in prior years but considered in 2019.</p>
<p><b>Case examiners:</b> <b>688</b></p> <p><b>Investigating Committee:</b> <b>3</b></p>	<p>This is the overall number of cases considered by case examiners which resulted in closure, undertakings or referral to a Practice Committee (including Rule 6E/Rule 10 reconsiderations: those cases which have returned to the case examiners following an initial referral to a Practice Committee).</p> <p>Of the 688 case examiner outcomes, 54% were closed, 41% were referred to a Practice Committee and 5% resulted in Undertakings Accepted.</p> <p>The combined total of 691 represents a 2% decrease in closure and referral outcomes against 2018 (704). In 2018 we saw more cases considered at the assessment stage than were referred to it. 2019 saw more cases being considered by the Case Examiners than were referred to them, continuing our drive to reduce the number of cases within the FtP process at any one time.</p>
<p><b>Referrals to Practice Committee:</b> <b>283</b></p>	<p>This is the number of cases referred by case examiners to a Practice Committee. 1 referral was from Investigating Committee.</p> <p>This total reflects an increase in the number of referrals, but the proportion of cases referred to a Practice Committee remained broadly the same as 2018. Of the 283 overall referrals, case examiners also referred 21 of these cases to an Interim Orders Committee. This is a 24% increase from 2018 (17)<sup>5</sup>.</p>

2 The percentages closed and referred are for the cases handled in each stage only. The percentages will not match 'Diagram 1: Average case closure rate' chart as that represents the percentage closed of the original caseload at each stage.

3 This data is represented in narrative form and therefore comparing against previous years would be very detailed. Comparisons can be made by referring to previous annual reports and accounts, which are on the GDC's website.

4 This figure will differ slightly to that shown in Diagram 1 as it also includes cases received in 2018 and processed in 2019.

5 A single registrant may account for more than one case.



## Sources and types of concerns

In 2019, around half of the concerns raised to us related to the treatment provided to a single patient, followed by concerns regarding the professional conduct of a registrant. Incidents of ‘single patient clinical’ cases have been falling as patients increasingly are aware of and engage with effective local resolution of complaints, rather than raising concerns of a registrant’s fitness to practise with us.

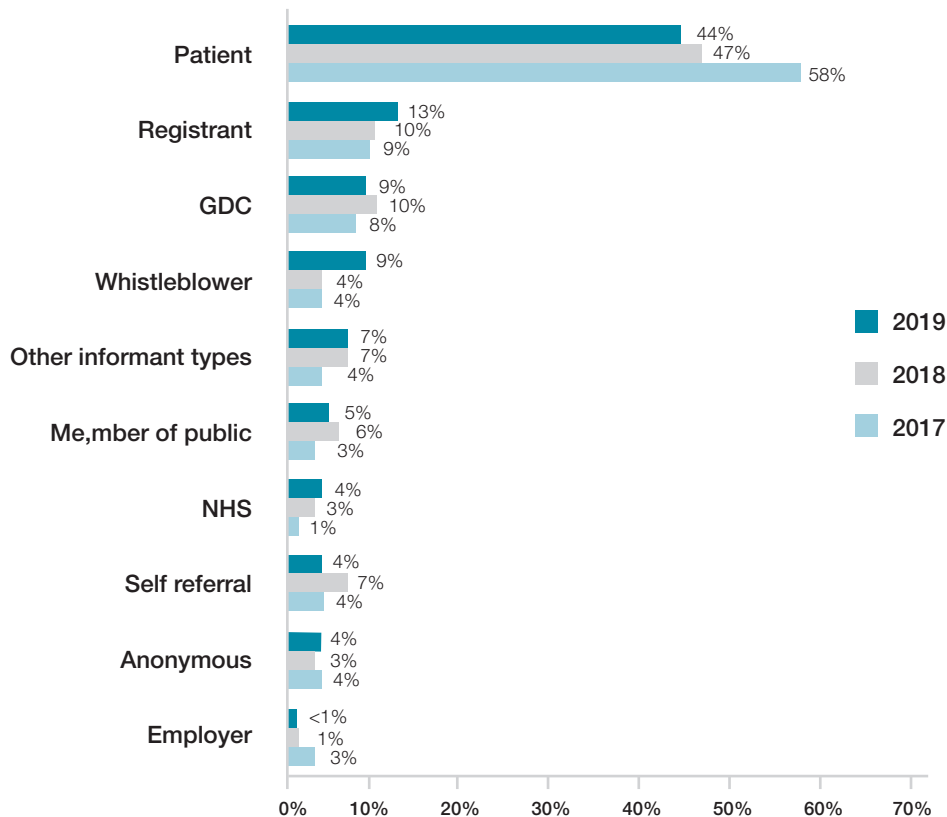
Similarly, around half of concerns are raised by patients or members of the public with the remainder brought to us either by employers, other bodies or registrants and whistle blowers.

In 2019, we commenced a programme of analysis that provides regular learning and insight bulletins to our registrants. We seek to identify themes from our cases which can help registrants reflect and improve their own practice. This is published quarterly on our website.

## Incoming cases breakdown by informant type

The chart below shows the source of concerns in 2019 and the previous two years. It shows a continuing trend towards a greater proportion of concerns being raised by registrants<sup>6</sup>.

Graph 1: Incoming cases breakdown by informant type 2017 to 2019

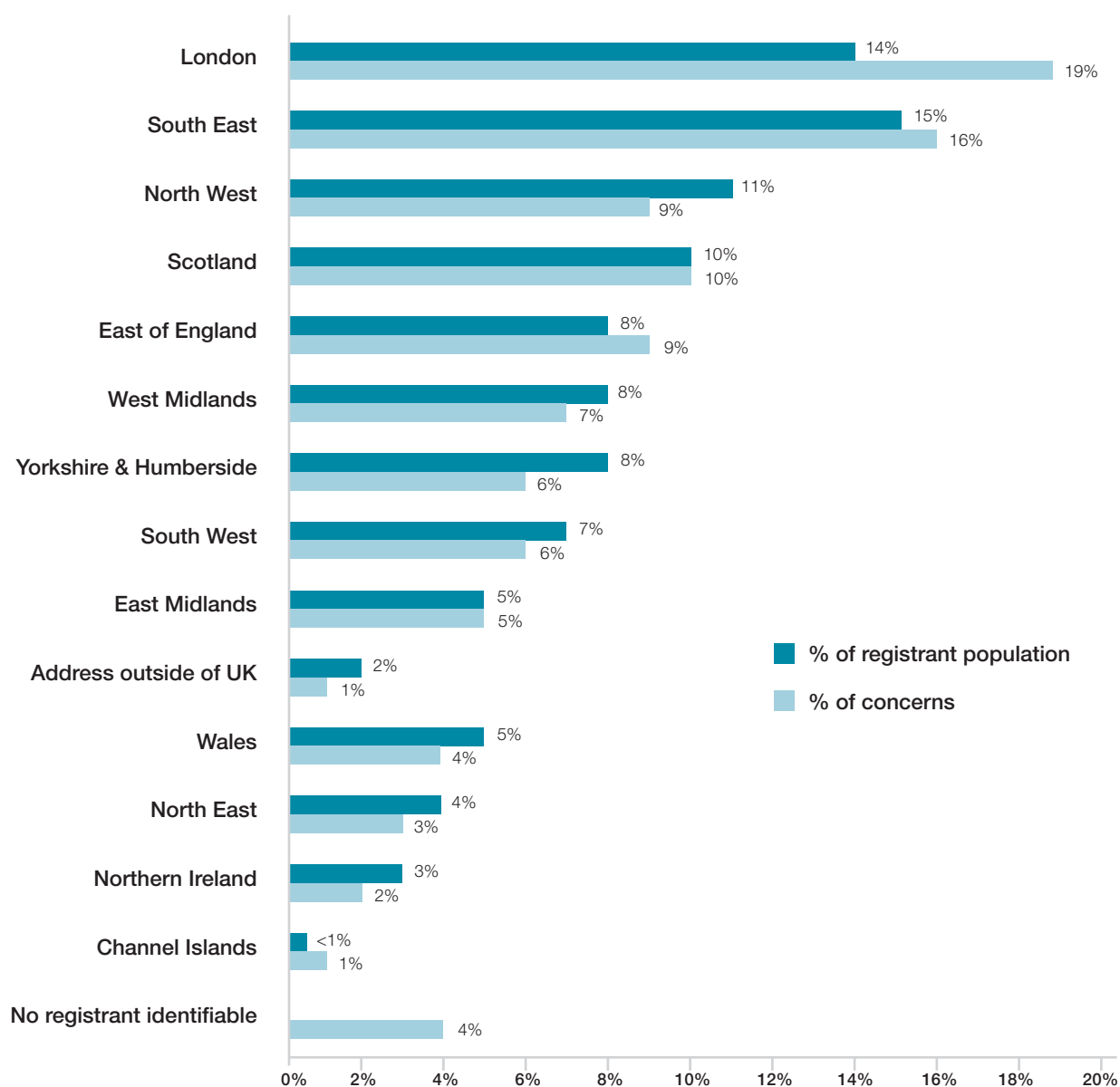


<sup>6</sup> Percentages may not add up to 100%, as they are rounded to the nearest whole number.

## Incoming cases by registrant region

The total number of concerns received in 2019 was 1,415, compared to 1,643 in 2018 – a 16% decrease. The chart below shows the comparison between the percentage of registrants and complaints by region<sup>78</sup>.

Graph 2: Incoming cases by registrant region



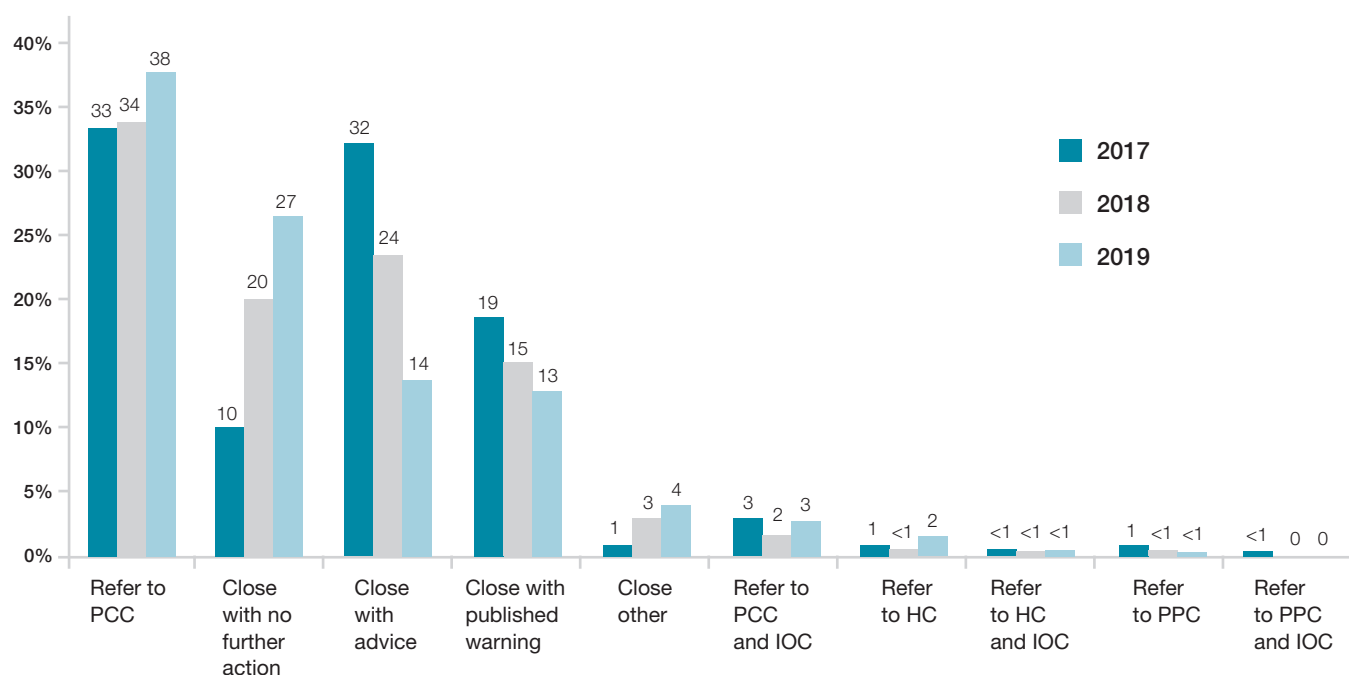
7 No Registrant Identifiable – this relates to examples of concerns received where it has not been possible to identify a GDC registrant from the initial information provided. Although the case is still established and subject to an initial review, given no registrant may be identified, no registrant region is recorded for the case.

8 Percentages may not add up to 100%, as they are rounded to the nearest whole number.

## Case examiners - substantive outcome breakdown

The chart below shows Case Examiner decisions for cases between 2017 and 2019. In 2019 there were 688 case examiner outcomes, 54% (372) were closed, 41% (316) were referred to a Practice Committee and 5% resulted in Undertakings Accepted.

Graph 3: Case examiners substantive outcome breakdown (excluding undertakings) 2017 to 2019



### Close with no further action

Between 2018 and 2019 there was a significant increase in the number of cases the case examiners closed without giving the registrant advice or a warning.

### Closed with advice

Between 2018 and 2019 there was a decrease in the number of cases the case examiners closed by giving advice to the registrant.

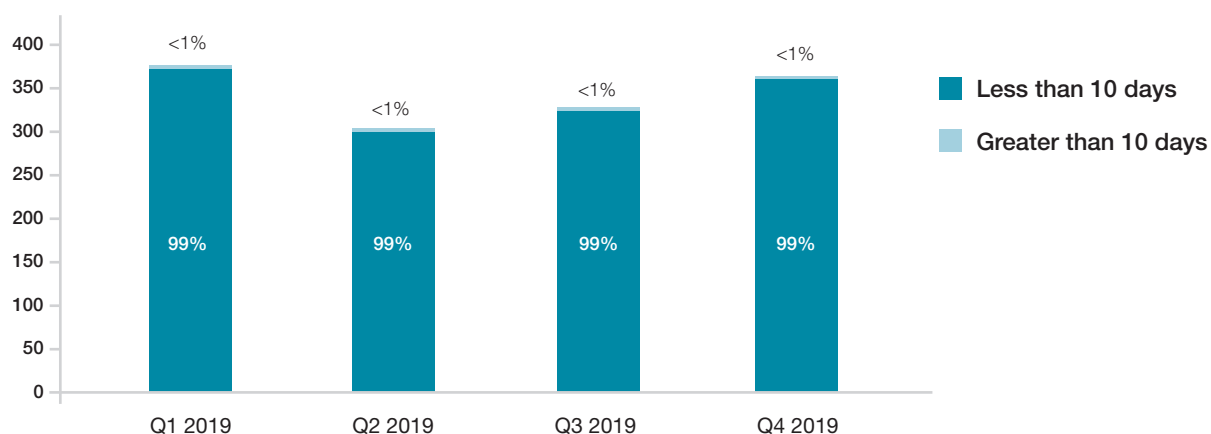
### Refer to practice committee

Between 2017 and 2019 most referrals were made to the Professional Conduct Committee<sup>9</sup>.

<sup>9</sup> The GDC introduced case examiners in November 2016 to carry out most of the decision-making functions that were previously performed by the Investigating Committee.

## Number of FtP cases received that have been assessed in initial assessment within target of 10 working days

Graph 4: Initial assessment - cases to be assessed within 10 working days of receipt

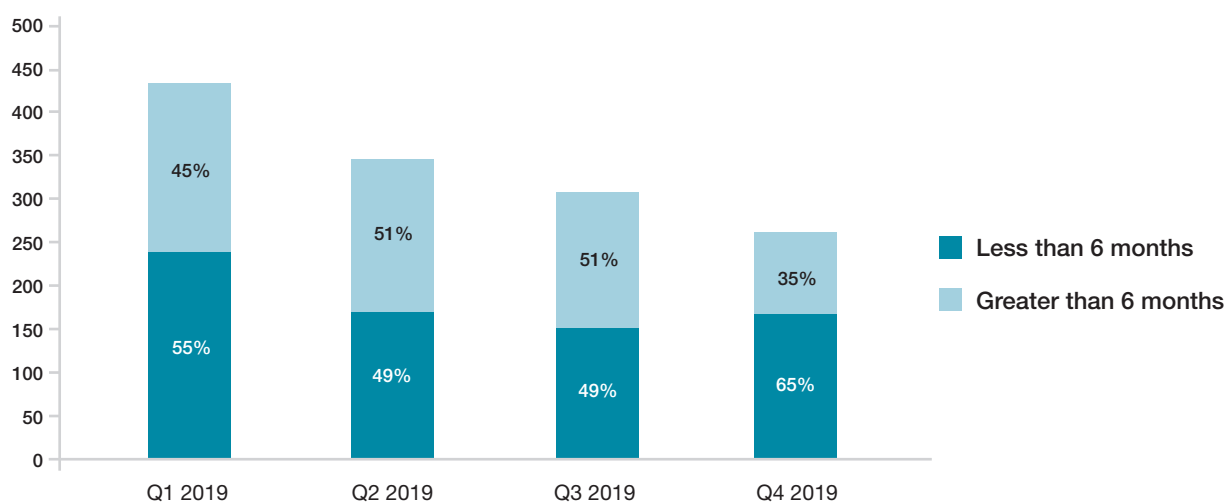


On average, 99% of cases were considered by the initial assessment decision group within ten working days of receipt in 2019 (2018: 99%).

Of the 1,362 cases considered at initial assessment, 966 were referred to the casework team.

## Number of FtP cases completing investigation stage within six months of receipt

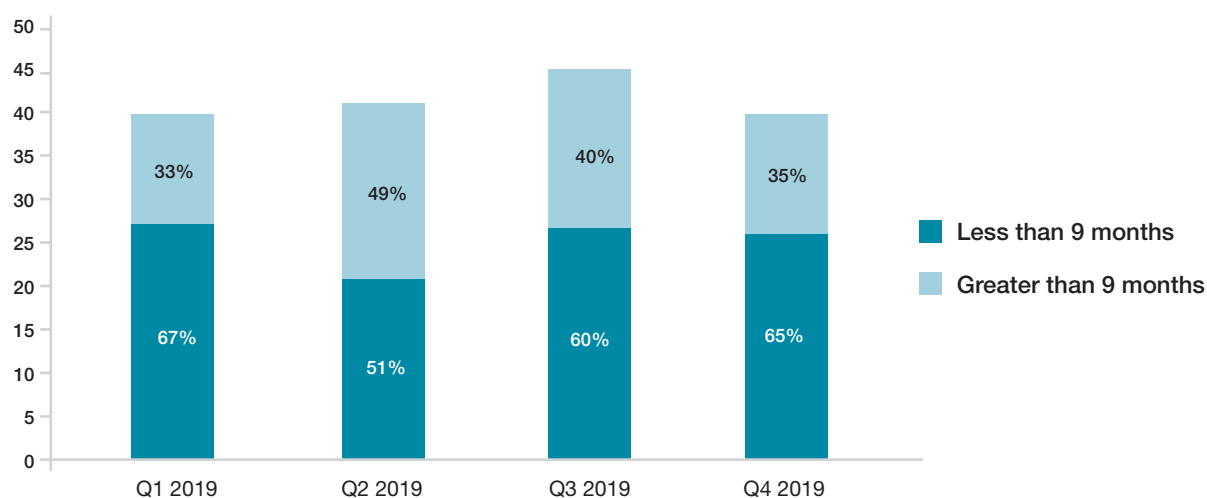
Graph 5: Investigation - Cases completing Investigation stage within six months of receipt



On average, 54% of investigation stage cases were completed within six months in 2019 (2018: 57%). This includes closures at the initial assessment and casework stages, as well as referrals by case examiners to hearings.

### Number of FtP cases by registrant that received an initial hearing within nine months of referral from case examiners

Graph 6: Hearings - Cases to reach hearing within nine months of Case Examiners referral



On average, 61% (2018: 52%) of cases received an initial hearing within nine months of referral from case examiners.

The number of live cases awaiting a first hearing, which had missed our nine-month target, stood at 63 at the end of December 2019. This is in comparison to 65 in the previous year, a decrease of 3%. The number of cases in the queue awaiting an initial hearing was 183 at the end of 2019, compared to 200 at the end of 2018 – a decrease of 9%.

## Committee Hearings<sup>10</sup>

Case examiners refer the most serious cases to a committee to consider. This is either on the basis of potential risk of harm – referred to the Interim Orders Committee – or the substantive consideration of a registrant's conduct, performance or health. Once an initial hearing has taken place, the matter may subsequently be reviewed by a committee on one or more occasions, for example to determine whether a registrant is complying with any conditions of practice.

### Practice Committee (initial hearings)

There are three statutory practice committees – the conduct, health and performance committees. A statutory committee is one of the three practice committees. These consider allegations of misconduct against a dental professional to decide if this misconduct, if proven, amounts to an impairment of their fitness to practise.

**Total number of hearings in 2019:** 141  
(258 PC hearings in 2018)<sup>11</sup>

**No of hearings involving dentists:** 91  
(186 dentist hearings in 2018)<sup>12</sup>

**No of hearings involving DCPs:** 50 (37 dental nurses, 14 dental technicians, 4 clinical dental technicians and 1 dental hygienist)<sup>13</sup>  
(72 DCP hearings in 2018)<sup>14</sup>

The table below show the outcomes to all FtP initial hearings in 2019.

**Table 2: Outcomes to Practice Committee initial hearings**

Outcome	No. of outcomes	% of total
Erased and immediate suspension	28	20%
Suspended with immediate suspension (with a review)	23	16%
Fitness to practise not impaired, case concluded	23	16%
Facts found proved did not amount to misconduct, case concluded	21	15%
Conditions with immediate conditions (with a review)	12	9%
Suspension (with a review)	9	6%
Fitness to practise impaired, reprimand issued	9	6%
Suspension	7	5%
No case to answer	4	3%
Conditions (with a review)	2	1.5%
Facts not proved, case concluded	2	1.5%
Suspended with immediate suspension	1	1%
<b>Total</b>	<b>141</b>	<b>100%</b>

<sup>10</sup> Committee hearings sections are listed in order of case volume with highest first, this is different to the order presented in the 2017 annual report.

<sup>11</sup> Please note in the 2018 report initial and review totals were reported together

<sup>12</sup> Please note in the 2018 report initial and review totals were reported together for Dentist's

<sup>13</sup> Same registrant may appear in multiple hearings.

<sup>14</sup> Please note in the 2018 report initial and review totals were reported together for DCP's

## Practice Committee (review hearings)

The practice committees also hold review hearings following initial hearings in which they have imposed suspension or conditions.

**Total number of review hearings in 2019:** 105

(258 PC hearings in 2018)<sup>15</sup>

**No of review hearings involving dentists:** 74

(186 dentist hearings in 2018)<sup>16</sup>

**No of review hearings involving DCPs:** 31 (23 dental nurses, 8 dental technicians, and 1 clinical dental technicians)<sup>17</sup>

(72 DCP hearings in 2018)<sup>18</sup>

**Table 3: Outcomes to Practice Committee review hearings**

Outcome	No. of outcomes	% of total
Suspension extended (with a review)	40	37%
Suspended indefinitely	20	19%
Conditions extended (with a review)	9	9%
Conditions extended and varied (with a review)	7	7%
Conditions revoked and suspension imposed (with a review)	3	3%
Conditions revoked and suspension imposed (with a review) and immediate suspension	1	1%
Conditions revoked, fitness to practise no longer impaired	18	17%
Suspension revoked, fitness to practise no longer impaired	6	6%
Suspension allowed to lapse, fitness to practise no longer impaired	1	1%
<b>Total</b>	<b>105</b>	<b>100%</b>

**Table 4: Hearing days in 2019**

Number of hearing days	<b>1017</b> (2018: 1079)
Average length of an initial hearing	<b>4.9</b> days (2018: 5.1 days)
Hearings adjourned part heard at end of year	<b>9</b> (2018: 5)

## Restoration applications

Restored 3 (All 3 had conditions)

<sup>15</sup> Please note in the 2018 report initial and review totals were reported together

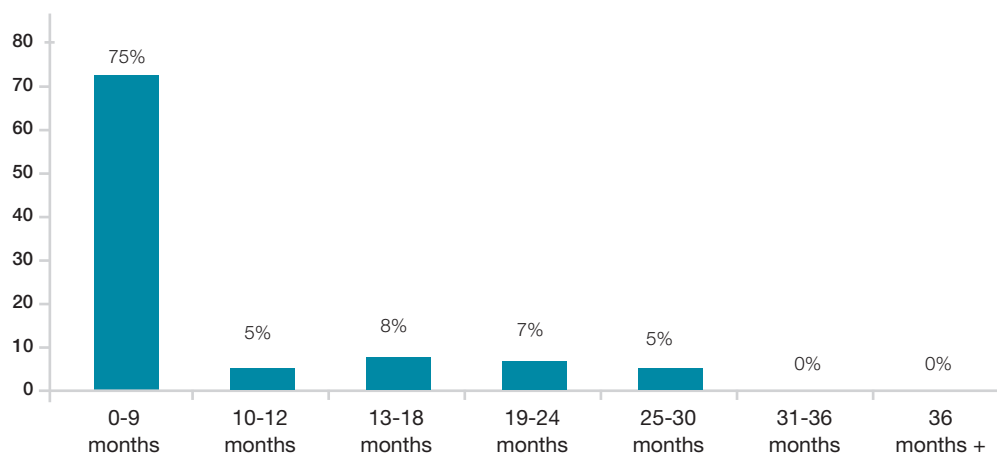
<sup>16</sup> Please note in the 2018 report initial and review totals were reported together for Dentist's

<sup>17</sup> The same registrant may appear in multiple hearings.

<sup>18</sup> Please note in the 2018 report initial and review totals were reported together for DCP's

## Time taken to complete the initial hearing for individual cases<sup>19</sup>

Graph 7: Practice Committee initial outcomes – % of hearings by months since referral to case examiners



We aim to start hearings within nine months of referral by case examiners. In 2019, we achieved this in 75% of cases.

### Interim Orders Committee (initial hearings)

The Interim Orders Committee (IOC), a statutory committee of the Council, considers whether it is necessary to make an order affecting an individual's registration for the protection of the public or otherwise in the public interest or in the interest of the individual concerned pending the outcome of an inquiry by one of the Practice Committees. The IOC does not investigate the allegations or conduct a fact-finding exercise.

**Total number of interim order initial hearings in 2019:** 67

(392 hearings in 2018)<sup>20</sup>

**No. of interim order initial hearings involving dentists:** 49

(302 dentist hearings in 2018)<sup>21</sup>

**No. of interim order initial hearings involving DCPs:** 18 (12 dental nurses, 4 dental technicians, 1 clinical dental technician and 2 dental hygienists)<sup>22,23</sup>

(90 DCP hearings in 2018)

Table 5: Outcomes of Interim Order Committee initial hearings

Outcome	No. of outcomes	% of total
Interim conditions	27	40.3%
Interim suspension	23	34.3%
No order imposed	17	25.3%
<b>Total</b>	<b>67</b>	<b>100%</b>

<sup>19</sup> Percentages may not add up to 100%, as they are rounded to the nearest whole number.

<sup>20</sup> Please note the total for 2018 is for both initial and review hearings

<sup>21</sup> Please note the total for 2018 is for initial and review hearings for Dentist's

<sup>22</sup> The same registrant may appear in multiple hearings.

<sup>23</sup> Please note the total for 2018 is for initial and review hearings for DCP's



### Interim Orders Committee (review hearings)

The IOC also hears reviews of cases where a registrant has been given interim conditions or suspension.

**Total number of interim order review hearings in 2019:** 226  
(392 hearings in 2018)<sup>24</sup>

**No of interim order review hearings involving dentists:** 179  
(302 dentist hearings in 2018)<sup>25</sup>

**No. of interim order review hearings involving DCPs:** 48 (24 dental nurses, 5 dental technicians, 1 clinical dental technician and 1 dental hygienist)<sup>26,27</sup>  
(90 DCP hearings in 2018)

**Table 6: Outcomes of Interim Order Committee review hearings**

Outcome	No. of outcomes	% of total
Suspension continued	101	45%
Conditions continued	87	38%
Conditions varied	20	9%
Conditions revoked	9	4%
Revoke conditions, impose suspension	5	2%
Revoke suspension, impose conditions	2	1%
Suspension revoked	2	1%
<b>Total</b>	<b>226</b>	<b>100%</b>

<sup>24</sup> Please note the total for 2018 is for initial and review hearings

<sup>25</sup> Please note the total for 2018 is for initial and review hearings for Dentist's

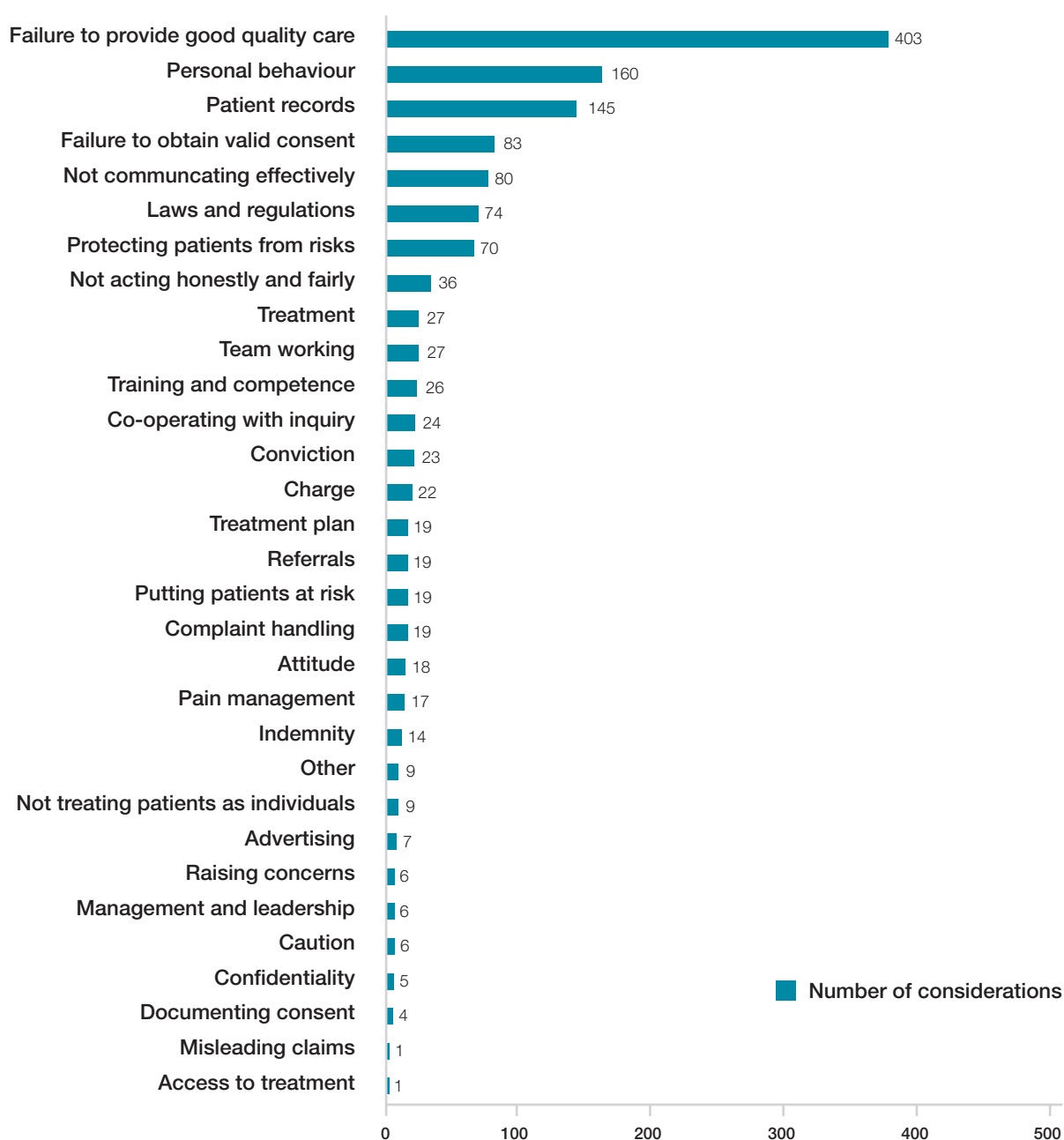
<sup>26</sup> The same registrant may appear in multiple hearings.

<sup>27</sup> Please note the total for 2018 is for initial and review hearings for DCP's

## Fitness to practise 'considerations' profile – 2019 PCC and PPC Hearings<sup>28</sup>

The GDC uses 'considerations' to record details of the allegations or charges raised against a registrant's fitness to practise within a case or hearing. Considerations are closely aligned with the Standards for the Dental Team<sup>29</sup> and are recorded by 'group', 'sub-group', and 'particular'. The chart below references the specific number of considerations recorded within all sub-groups for those matters heard at GDC hearings during the year.

Graph 8: Fitness to practise considerations profile 2019



<sup>28</sup> A single case may have more than one consideration associated with it.

<sup>29</sup> <https://standards.gdc-uk.org/>

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