

**General
Dental
Council**

Fitness to Practise Statistical Report **2020**



Published August 2021

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Introduction

The Dentists Act 1984 requires us to publish “a statistical report which indicates the efficiency and effectiveness of, and which includes a description of, the arrangements which the Council have put in place to protect members of the public from persons who are registered dentists or registered dental care professionals and whose fitness to practise is impaired, together with the Council’s observations on the report”. This overview provides a summary of performance in 2020.

When concerns are raised with us, we consider these and, if necessary, investigate to 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 registrant’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 there are concerns about a dental professional’s conduct or competence which puts patients at serious risk, or seriously damages 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.

We investigate:

- 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.



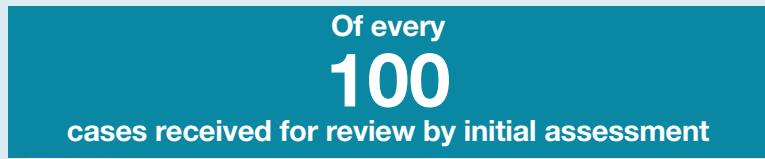


The diagram below shows the average closure rate at the different stages of the fitness to practise process (this is the average of cases actioned in 2020 rather than the number of cases received). This is illustrative of where the decisions to close cases were made and includes cases that started in previous years, rather than reflecting the outcomes for concerns received in 2020, many of which are yet to be resolved.

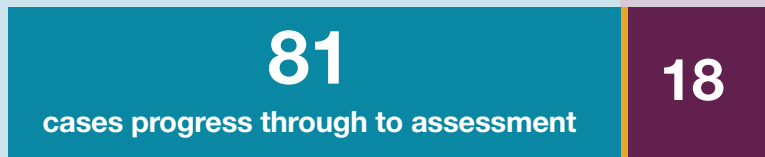
Average closure rate at the different stages of the fitness to practise process



Cases received



Assessment process



18 closed immediately with no further action

1 is referred to the NHS



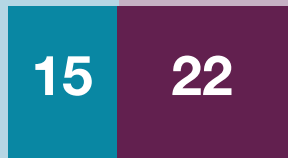
Assessment by case examiners



44 closed with no further action



Progressed to Practice Committee



22 closed by case examiners

Of the 15 cases heard at Practice Committee, 11 result in sanctions and 4 result in no further action



In 2020, we saw the percentage of cases closing at the initial assessment stage fall from 29% to 19%, while the percentage of cases resulting in a hearing remained the same as 2019. We believe these changes are, at least in part, as a result of our efforts with the profession and the public to avoid inappropriate matters being raised with us and reflect the lower overall volume of cases received.

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

- take no action
- issue a reprimand
- place conditions on registration
- suspend registration
- remove an individual from the dentists' or dental care professional's (DCP) register.





There is also an appeals process.

At any stage in the Fitness to Practise process, we may apply for an interim order to restrict a registrant's practice until their case is resolved.

2020 Fitness to Practise Data

Fitness to Practise case volumes by stage

The number of cases considered at each stage of the Fitness to Practise process in 2020 were¹²:

 <p>Initial assessments: 1,117</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. 18% of this total were closed, 1% referred to NHS England or NHS Wales for consideration, and 81% referred for further assessment. The number of initial assessments at this stage shows a decline of 18% compared to 2019 (1,362). 1,117 is the number of initial assessments processed, which differs to the number of incoming cases received in the year, which was 1,134 as some cases processed in 2020 would have been received in 2019, and some cases received late in 2020 will not have completed the initial assessment stage until 2021.</p>
 <p>Assessments: 904</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. 54% of this total were closed and 46% referred to the case examiners. This total represents a 2% increase in assessment decisions compared to 886 cases in 2019, which reflects a small build up in cases at the end of 2019.</p>
 <p>Case examiners: 455</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 455 case examiner outcomes, 60% were closed, 39% were referred to a Practice Committee and 1% resulted in Undertakings Accepted.</p> <p>The total of 455 represents a 34% decrease in outcomes against 2019 (691). In 2019, case examiners considered a large number of cases which had been referred to them the previous year. The fall in case examiner outcomes reflects the fall in overall fitness to practise caseloads since 2018.</p>
 <p>Referrals to Practice Committee: 176</p>	<p>This is the number of cases referred by case examiners to a Practice Committee.</p> <p>This total reflects a 38% decrease in the number of referrals outcomes against 2019 (283). Of the 176 overall referrals, case examiners also referred 23 (13%) of these cases to an Interim Orders Committee. This represents a 6% proportional increase compared to 2019, where, of the 283 cases, 21 (7%) were also referred to an Interim Orders Committee.³</p>

- 1 The percentages closed and referred are for the cases handled in each stage only. The percentages will not match the disposal at each stage chart as that represents of the original total caseload the percentage closed at each stage.
- 2 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 <https://www.gdc-uk.org/>
- 3 A single registrant may account for more than one case.



Sources and types of concerns

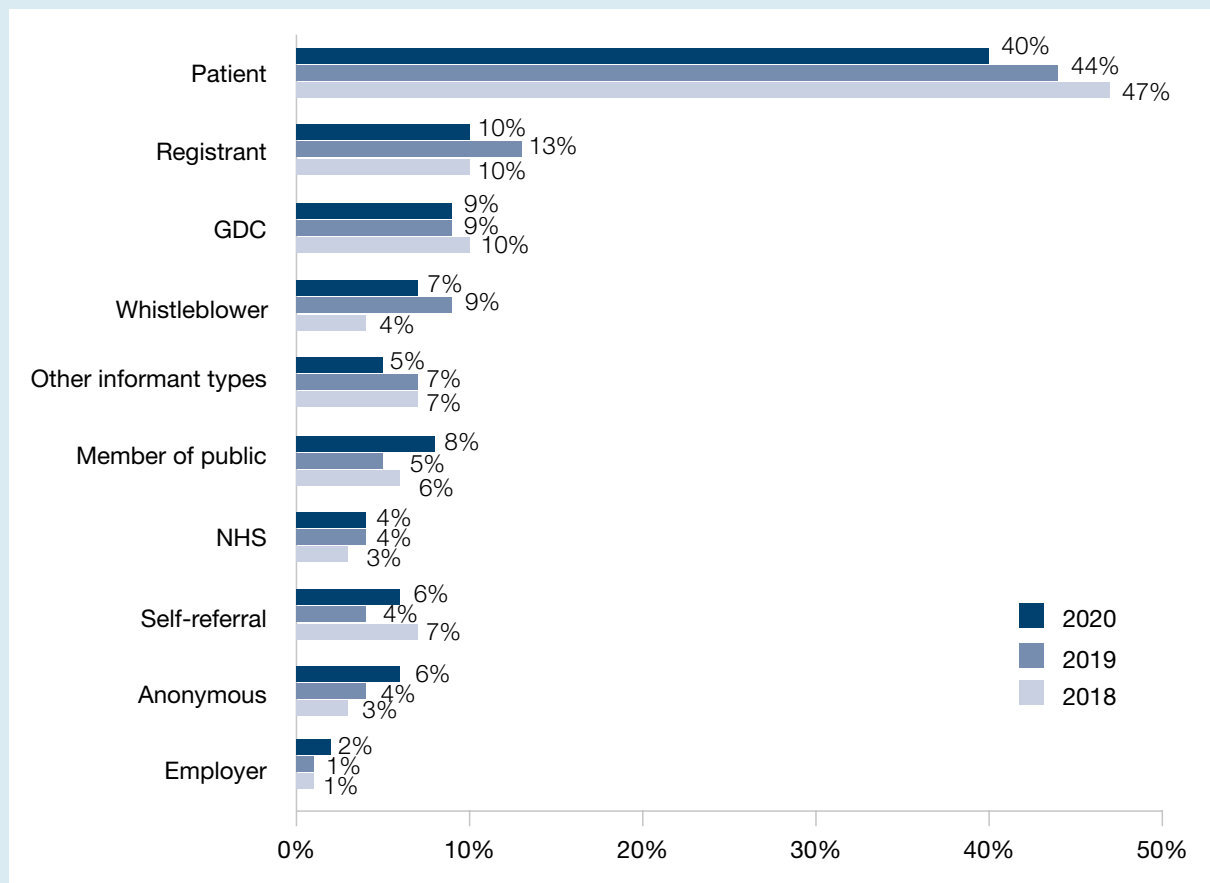
In 2020, there was a further reduction in the proportion of cases related to the treatment provided to a single patient, which accounted for 37%. Some of this reduction reflects the fall in cases received in Q2 when dental activity in the UK was very limited.

However, the proportion of concerns raised by patients or members of the public has remained broadly the same. There has been a slight fall in the proportion of concerns referred by other registrants, while the proportion of self-referrals and anonymous referrals have increased by 50%. The remainder are brought to us either by employers, other bodies or registrants and whistle blowers.

Incoming cases breakdown by informant type

The chart below shows the source of concerns in 2020 and the previous two years. The largest proportion of concerns being raised remains from patients.⁴

Incoming case breakdown by informant type 2018 to 2020



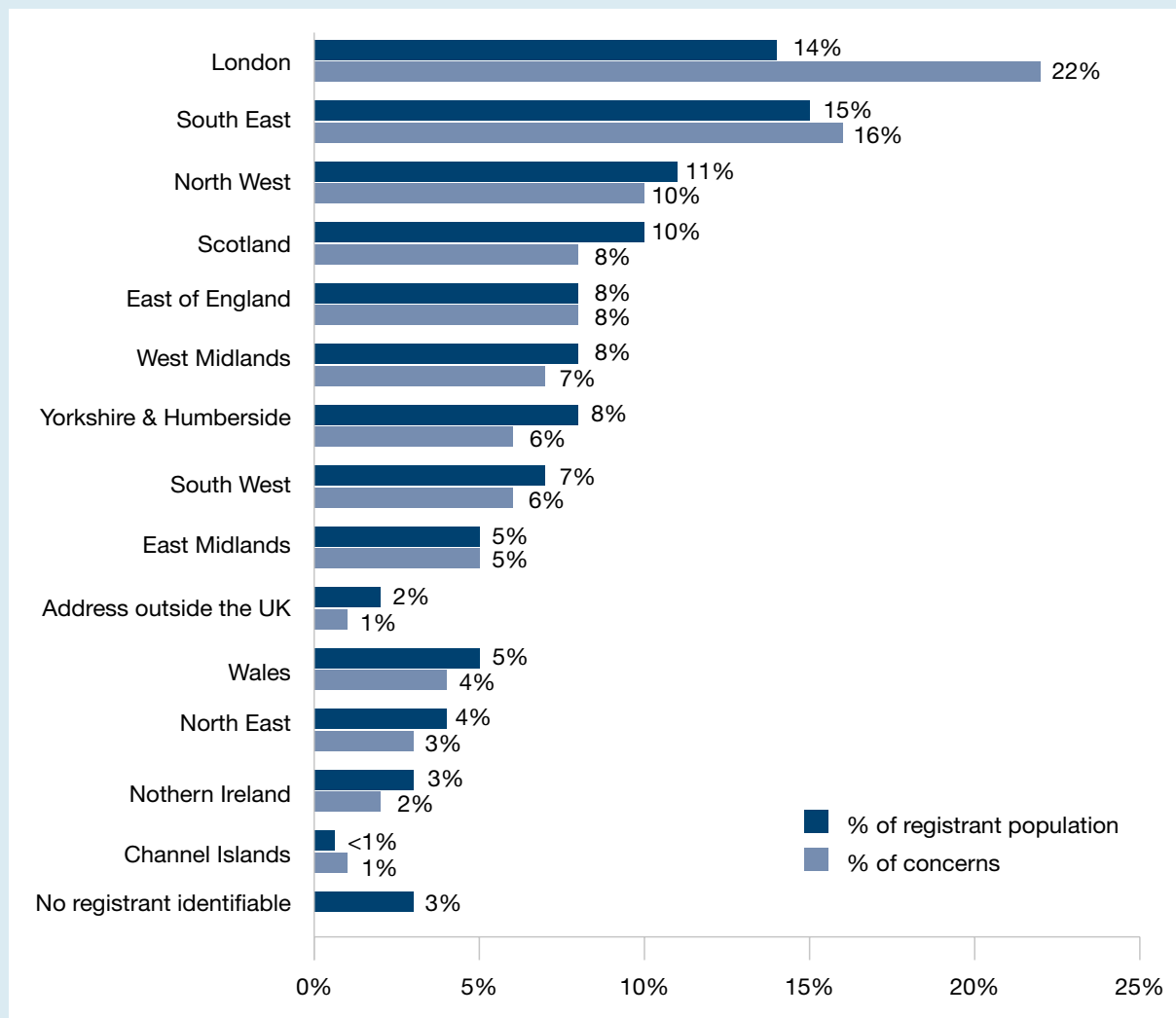
⁴ Percentages may not add up to 100% as they are rounded to the nearest whole number.



Incoming cases by registrant region

The total number of concerns received in 2020 was 1,134, compared to 1,362 in 2019 – an 18% reduction. The chart below shows the comparison between the percentage of registrants and complaints by region.⁵⁶

2020 Incoming Cases by Registrant Region



5 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.

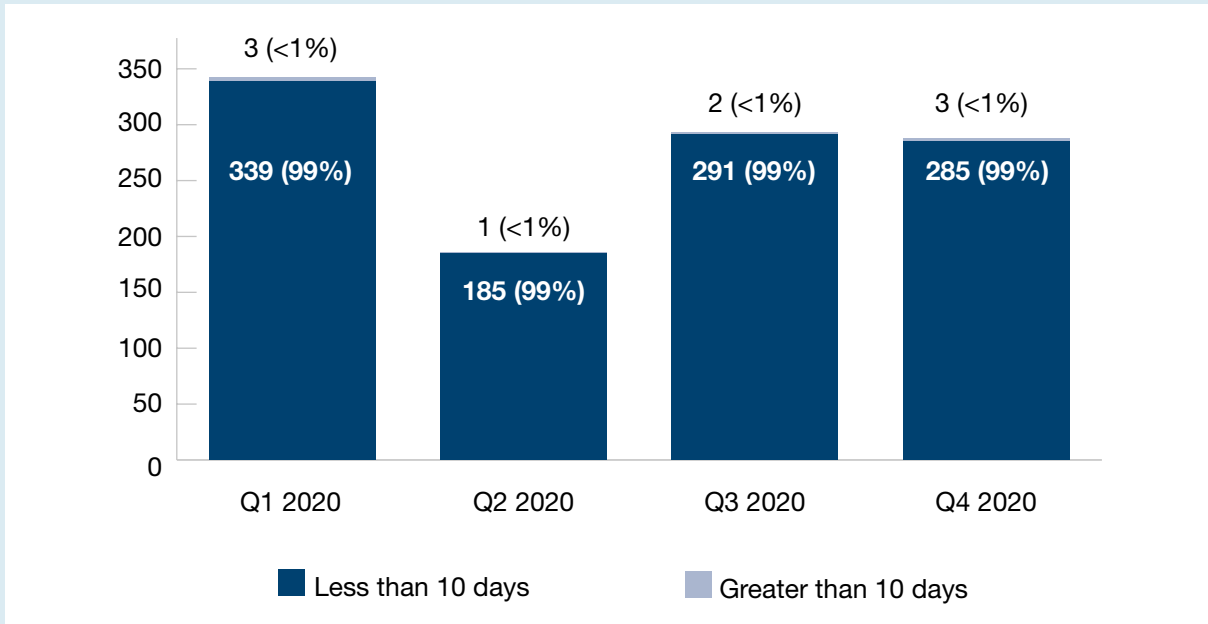
6 Percentages may not add up to 100% as they are rounded to the nearest whole number.





Number of fitness to practise cases received that have been assessed by the initial assessment team within target of 10 working days

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

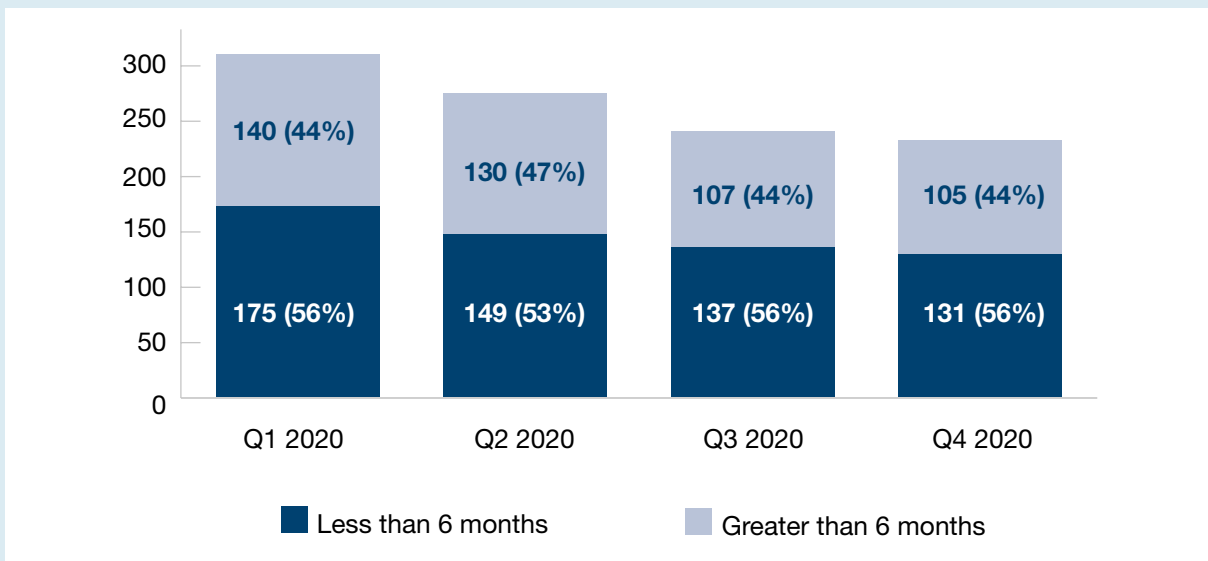


On average, 99% of cases were considered by the initial assessment team within ten working days of receipt in 2020 (2019: also 99%).

Of the 1,117 cases considered at initial assessment, 904 were referred to the (full) assessment team.

Number of fitness to practise cases completing investigation stage within six months of receipt

Investigation - cases completing Investigation stage within six months of receipt



On average, 55% of investigation stage cases were completed within six months in 2020 (2019: 54%). This includes closures at the initial assessment, assessment and case examiner stages, as well as referrals by case examiners to hearings.

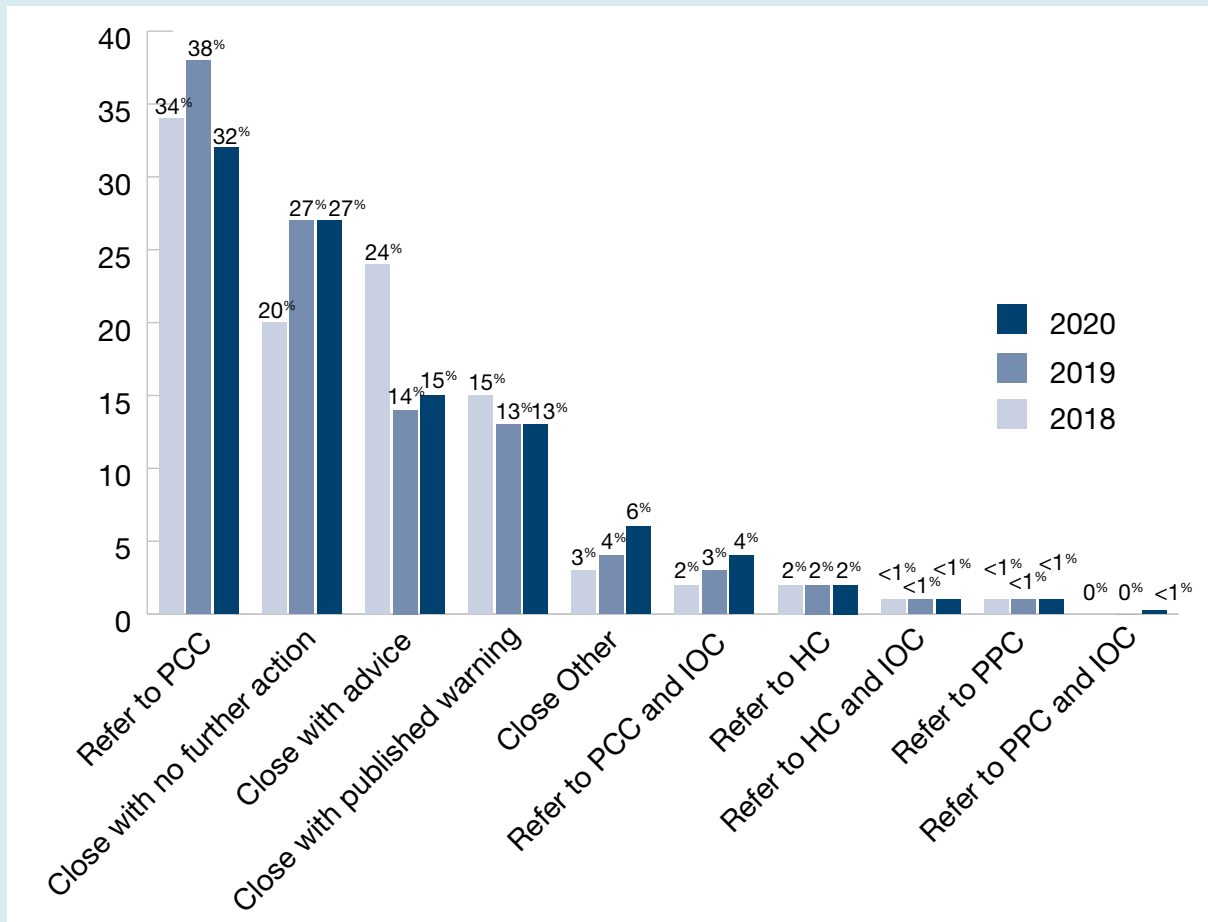




Case examiners - substantive outcome breakdown

The chart below shows case examiner decisions for cases between 2018 and 2020. In 2020 there were 455 case examiner outcomes, 60% (274) were closed, 39% (176) were referred to a Practice Committee and 1% resulted in Undertakings Accepted.

Case examiners substantive outcome breakdown (excluding undertakings) - 2018 to 2020



Referrals to Practice Committees

The number of referrals made to the Professional Conduct Committee (PCC) decreased from 38% in 2019 to 32% in 2020. The number of referrals made to the Health Committee (HC) remained at 2% and referrals to the Professional Performance Committee (PPC) remained at less than 1%.

Close with no further action

Between 2019 and 2020 the proportion of cases the case examiners closed without giving the registrant advice or a warning remained the same at 27%.

Closed with advice

Between 2019 and 2020 there was a slight increase of 1% in the proportion of cases the case examiners closed by giving advice to the registrant.



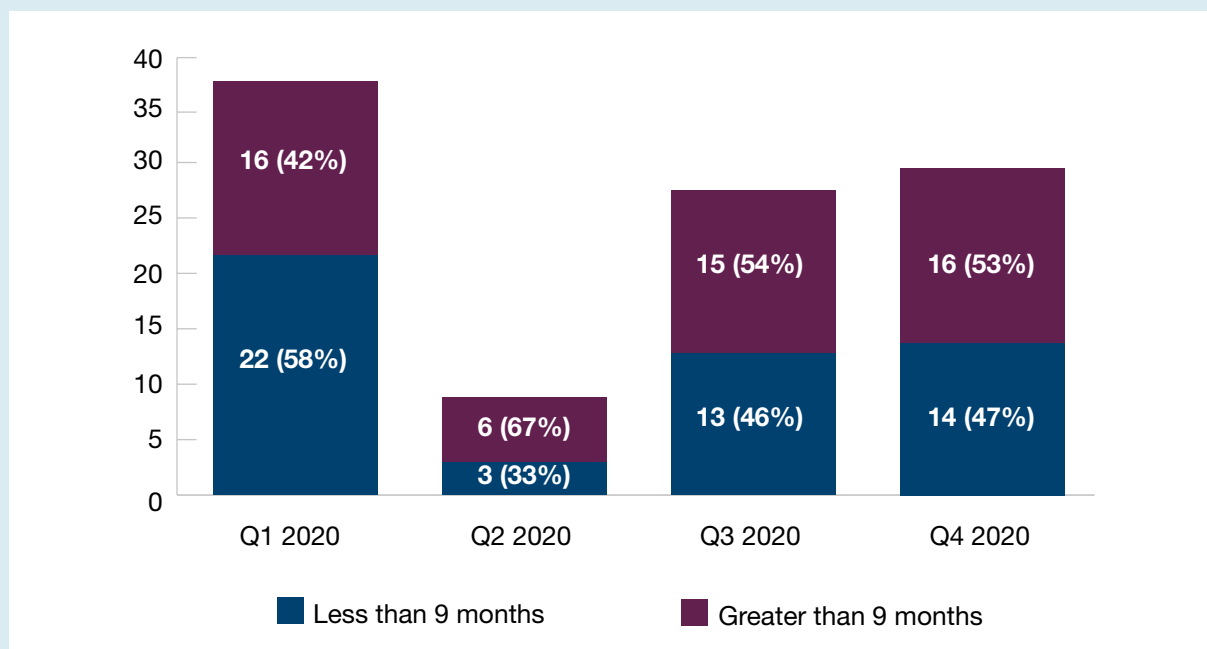


Committee hearings

Case examiners refer the most serious cases to a Committee to consider. Throughout 2018 to 2020 most referrals to a Practice Committee were made to the Professional Conduct Committee. 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.

Number of fitness to practise cases by registrant that received an initial hearing within nine months of referral from case examiners

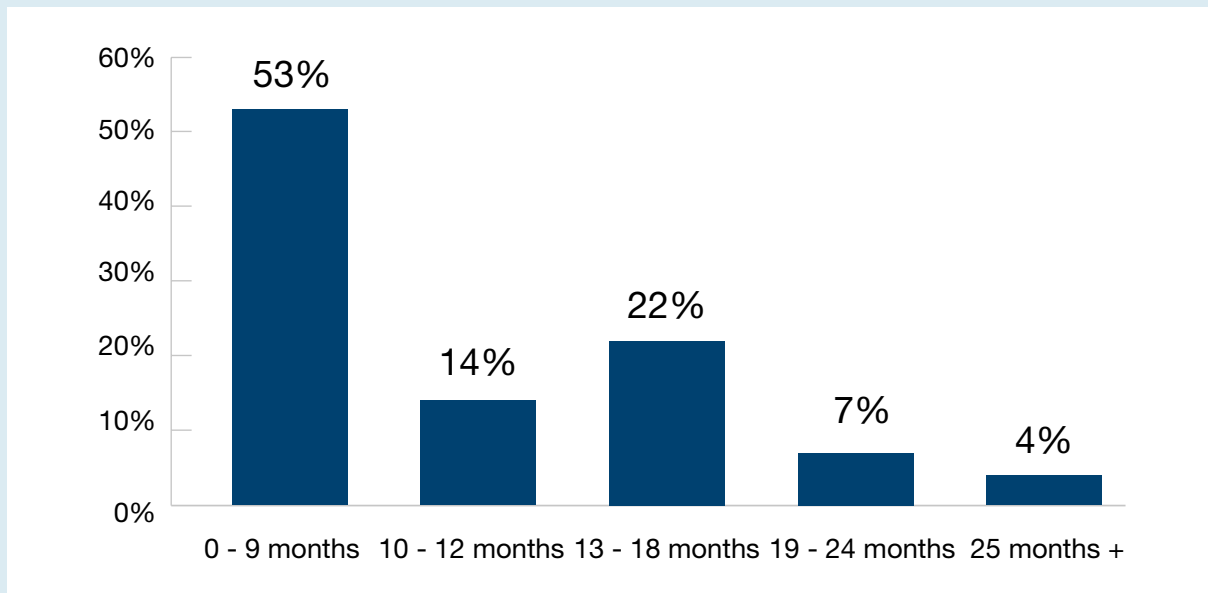
Hearings - cases to reach hearing within nine months of case examiners referral





Time taken to complete the initial hearing for individual cases⁷

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 2020, we achieved this in 53% of cases.

The number of live cases awaiting a first hearing, which had missed our nine-month target, stood at 97 at the end of December 2020. This is in comparison to 63 in the previous year, an increase of 54%. The number of cases in the queue awaiting an initial hearing was 193 at the end of 2020, compared to 183 at the end of 2019 – a increase of 5%. These increases are the result of the postponement of almost all initial hearings in Q2, because of the COVID-19 pandemic after the closure of our hearing centre and before we were able to start hearing substantive cases remotely.

⁷ Percentages may not add up to 100%, as they are rounded to the nearest whole number.





Practice Committee (initial hearings)

There are three statutory Practice Committees - the Professional Conduct Committee (PCC), the Health Committee, and the Professional Performance Committee (PPC). Collectively, these Committees consider allegations of misconduct, poor health, or poor performance against a dental professional to decide if their fitness to practise has been impaired.

Total number of hearings in 2020:

92

(141 Practice Committee hearings in 2019)

Number of hearings involving dentists:

61

(91 dentist hearings in 2019)

Number of hearings involving DCPs:

31

(27 dental nurses, 4 dental technicians)⁸

(50 DCP hearings in 2019)

Outcome	Number of outcomes	% of Total
Erased and immediate suspension	25	27%
Suspended with immediate suspension (with a review)	23	25%
Suspension (with a review)	4	4.5%
Suspension	1	1%
Conditions with immediate conditions (with a review)	5	5.5%
Conditions (with a review)	1	1%
Fitness to practise impaired. Reprimand	9	10%
Fitness to practise not impaired. Case concluded	14	15%
Facts found proved, did not amount to misconduct. Case Concluded	6	6.5%
Facts not proved. Case concluded	3	3.5%
No case to answer	1	1%
Total	92	100%

⁸ Same registrant may appear in multiple hearings.





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 2020:

114

(105 PC hearings in 2019)

Number of review hearings involving dentists:

69

(74 dentist hearings in 2019)

Number of review hearings involving DCPs:

45

(32 dental nurses, 13 dental technicians, 1 dental hygienist, 1 dental therapist and 1 clinical dental technician)⁹

(31 DCP hearings in 2019)

Outcome	Number of outcomes	% of Total
Suspension extended (with a review)	29	25%
Suspended indefinitely	25	22%
Suspension revoked, fitness to practise no longer impaired	16	14%
Conditions extended and varied (with a review)	12	10.5%
Conditions revoked, fitness to practise no longer impaired	12	10.5%
Suspension revoked and conditions imposed (with a review) and immediate conditions	6	5%
Conditions revoked and suspension imposed (with a review) and immediate suspension	5	4.5%
Conditions extended (with a review)	4	3.5%
Suspension extended	3	3%
Suspension allowed to lapse, fitness to practise no longer impaired	1	1%
Suspension revoked and conditions imposed (with a review)	1	1%
Total	114	100%

Hearing days in 2020

Hearings adjourned part heard at end of year	6 (2019: 9)
Number of hearing days	840 (2019: 1017)
Average length of an initial hearing	5.3 days (2019: 4.9 days)

Restoration Applications

Restored 2 (1 had conditions)

⁹ The same registrant may appear in multiple hearings. The number of DCP titles involved at hearings is higher than the total number of hearings due to individual registrants holding more than one DCP title.





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.

There was a large increase in the number of interim order hearings in 2020 compared to 2019. A significant number of these related to a process issue in Q4 2019, which meant hearings were held in 2020 when they should have been held earlier. The proportion of “no order” outcomes also increased in 2020, from 25% in 2019 to 37%.

Total number of interim order initial hearings in 2020:

142

(67 hearings in 2019)

Number of interim order initial hearings involving dentists:

102

(49 dentist hearings in 2019)

Number of interim order initial hearings involving DCPs:

40

(33 dental nurses, 5 dental technicians, 1 dental hygienist, 2 dental therapists and 1 orthodontic therapist¹⁰)
(18 DCP hearings in 2019)

Outcome	Number of Outcomes	% of Total
No order imposed	52	37%
Interim conditions	47	33%
Interim suspension	43	30%
Total	142	100%

¹⁰ The same registrant may appear in multiple hearings. The number of DCP titles involved at hearings is higher than the total number of hearings due to individual registrants holding more than one DCP title.





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 2020:

211

(226 hearings in 2019)

Number of interim order review hearings involving dentists:

169

(179 dentist hearings in 2019)

Number of interim order review hearings involving DCPs:

42

(28 dental nurses, 8 dental technicians, 6 clinical dental technicians, 7 dental hygienists and 7 dental therapists)¹¹

(48 DCP hearings in 2019)

Outcome	Number of Outcomes	% of Total
Suspension continued	92	43.5%
Conditions continued	83	39%
Conditions varied	20	9.5%
Conditions revoked	6	3%
Revoke conditions, impose suspension	6	3%
Revoke suspension, impose conditions	3	1.5%
Suspension revoked	1	0.5%
Total	211	100%

¹¹ The same registrant may appear in multiple hearings. The number of DCP titles involved at hearings is higher than the total number of hearings due to individual registrants holding more than one DCP title.

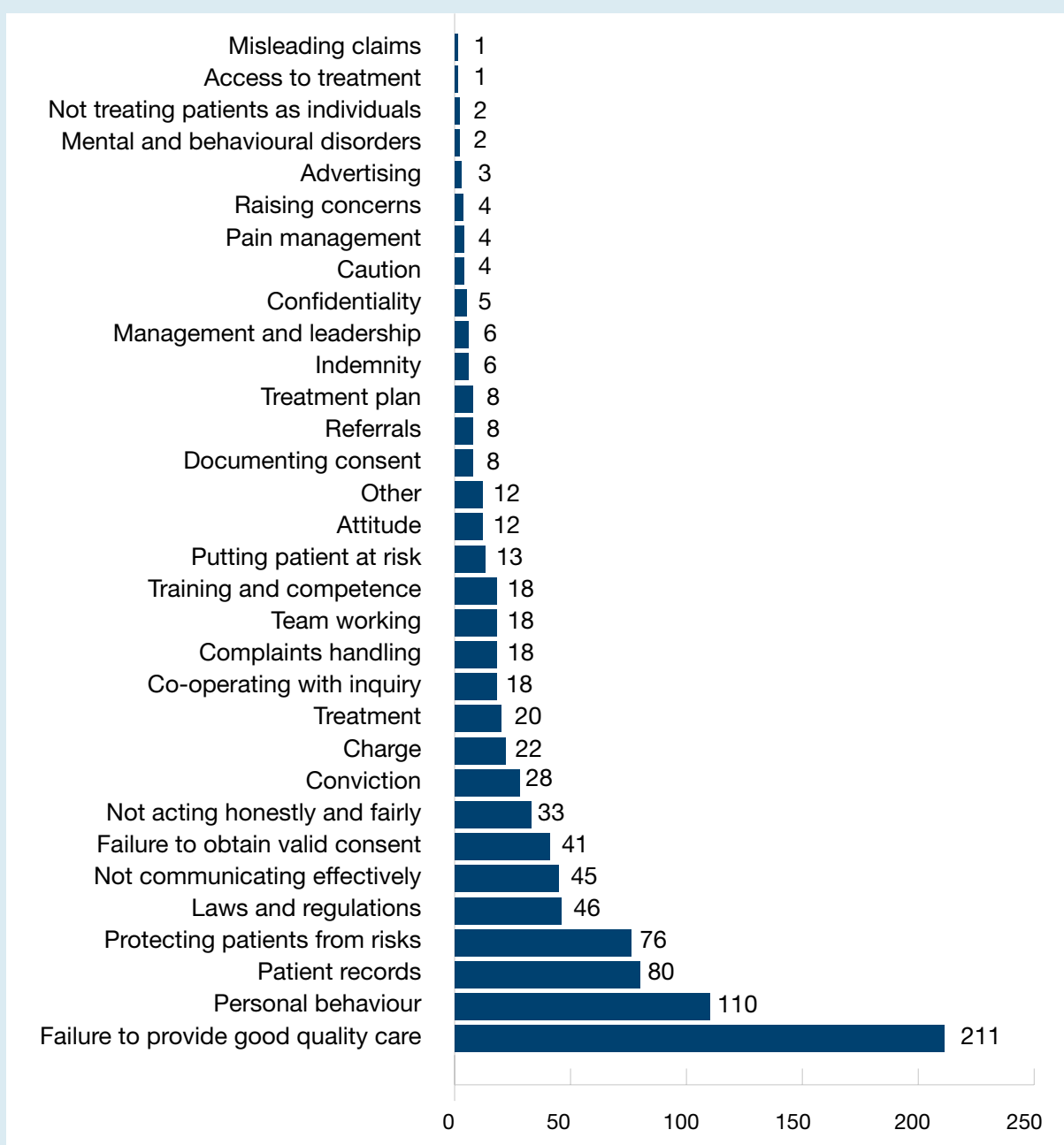




Fitness to Practise ‘considerations’ profile – Professional Conduct Committee (PCC) and Professional Performance Committee (PPC) hearings¹²

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 Team¹³ 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.

Fitness to Practise considerations profile 2020



12 A single case may have more than one consideration associated with it.

13 <https://standards.gdc-uk.org/>



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