Duty of candour annual report

Year ending 30/03/19

To fulfil our duty of candour responsibilities, this report describes the unintended or unexpected incidents that occurred at our dental practice during the last year.

Practice: Gentle Dental Care, 32 Canmore Street, Dunfermline, KY12 7NT

Responsible person: Rashmi J Shah

Date of report: 06/10/19

Aims and objectives of the practice

Our practice aims to provide high-quality dental services to our patients and to improve the oral health of our patients.

Duty of candour responsibilities

We have held team meetings to discuss our duty of candour responsibilities should an unintended or unexpected incident occur. The team is aware of and understands the practice adverse incident (duty of candour) protocol, which describes what to do when something goes wrong. The protocol identifies the practice contact, who should be notified of all incidents and near misses and will conduct an investigation, if necessary.

Unexpected or unintended incidents

The following unexpected or unintended incidents occurred between 1 April *2018* and 31 March 2019. These incidents do not include those relating to a patient's illness or underlying condition.

- Wrong site extraction (or similar where the incident changed the person's body): 0 times
- Long-term pain of 28 days or more (for example, prolonged pain following an extraction): 1 time
- Permanent lessening of bodily, sensory, motor, physiologic or intellectual functions: 0 times
- A person's treatment increased: **0 times**
- A person died: 0 times
- A person's life expectancy shortened: **0 times**
- A person's sensory, motor or intellectual functions was impaired for 28 days of more: 0 times
- A person needed health treatment to prevent them dying: **0 times**
- A person needed health treatment to prevent other injuries listed above: 0 times

The total number of unexpected or unintended incidents was: 1

Action taken

I confirm that for the following incident the duty of candour protocol was followed:

Post extraction pain last five weeks for one patient

The practice protocol was not followed for the following incidents: n/a

Lessons learnt

The patient in question had had repeated courses of antibiotics in order to try to resolve infection on a root treated tooth which ideally should have been removed at an earlier stage. This may had led to a degree of antibiotic resistance; the patient developed a painful dry socket at the site of the extracted tooth which did not seem to respond to further antibiotic treatment and consequently took around five weeks to resolve fully.

On reflection and discussion at practice meetings it was felt that:

- Further patient education is required re use of antibiotics
- The practice should consider implementing a lower threshold for deciding when to extract teeth that clearly have a poor prognosis; the decision however is ultimately is down to the patient making a fully informed decision, and ensuring the patient is fully aware of the pros and cons of retaining such a tooth.
- No other changes or improvements are needed at this stage.

Rashmi J Shah BDS DGDP(UK) MFDS RCS (Edin)