

# Shifting the balance:

a better, fairer system  
of dental regulation

**General  
Dental  
Council**

protecting patients,  
regulating the dental team

# General Dental Council

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PSA conference

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## Fitness to practice data analysis



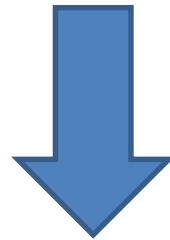
## Data analysis in the context of....

# Upstream Regulation

- “Regulation” does not equal “enforcement”
- Focus on extracting and disseminating learning
- Communications and engagement *as a regulatory tool*
- New approaches to education *and career-long development*
- Based on re-positioning of professional standards: generate responsibility & ownership

# Upstream: learning-based regulation

What can we do to identify and disseminate learning to better equip the profession to take the lead in delivering standards?



What can we learn from the data we hold about the nature of complaints coming to the GDC, and registrants involved in those complaints?

# GDC Fitness to Practise data analysis

In collaboration with CAMERA, Plymouth University:

*Archer J, Roberts M, Zahra D, Bryce M, O'Brien T.*

## **Aim:**

- **To develop a more robust evidence base to help inform our *upstream* work through:**
  - **a better understanding of the fitness to practise complaints we receive; and**
  - **a better understanding of the main characteristics and key trends of those complaints**

# Data and analysis

## Four data sets:

- 1) Registrant data
- 2) FtP case data (n= 7,865)
- 3) Decisions data
- 4) Considerations data- categorisation of the allegations/concerns/charges

## Analysis

- Preliminary analysis in 2015 to 'clean' the data and identify limitations
- Full analysis June – December 2016
- Statistical analyses of 8,855 FtP cases, including comparisons to the characteristics of the whole registrant base

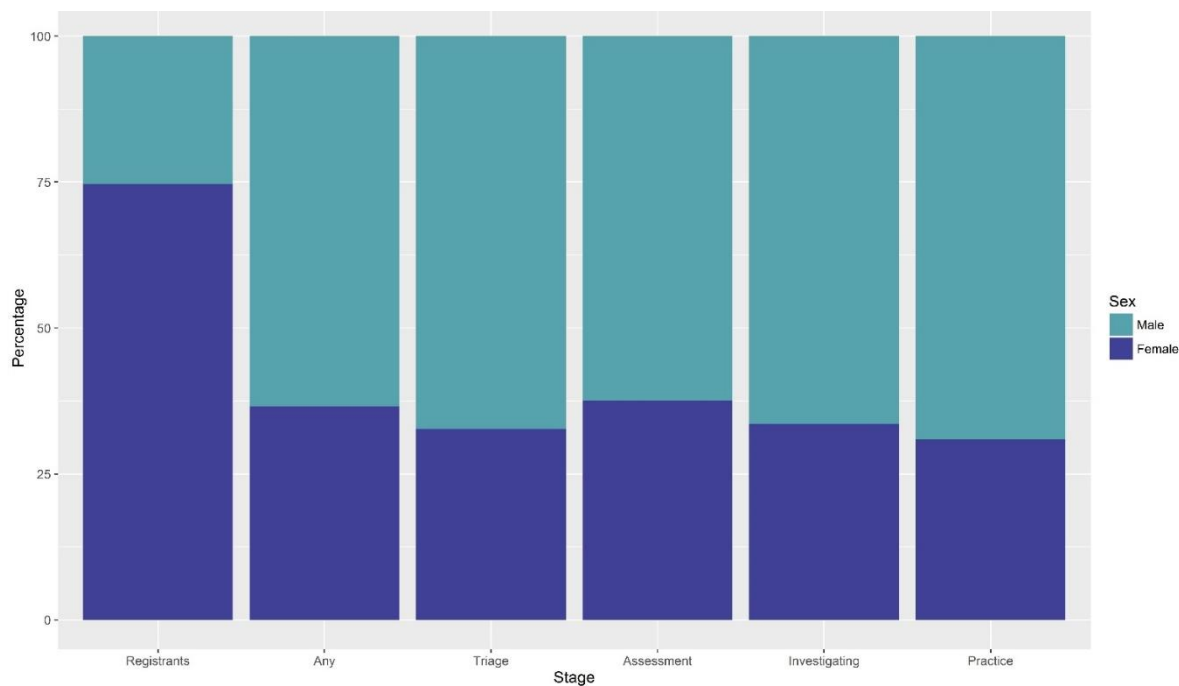
# Research questions

## Four broad themes:

- A. Characteristics of registrants who have allegations against them**
- B. The nature of informants and the allegations**
- C. Characteristics of registrants and types of allegations**
- D. Characteristics of registrants/types of allegations and progress/outcome**

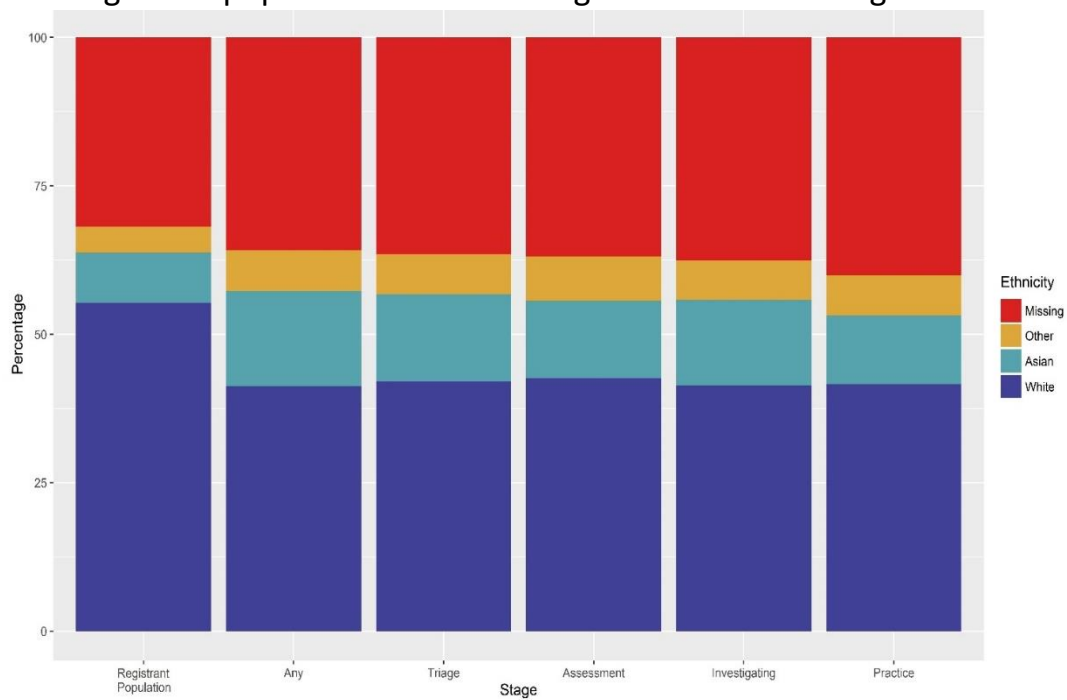
# Theme A: Gender

Distribution of sex for those involved in cases closed at each stage compared to the distribution of sex in the registrant population



# Ethnicity

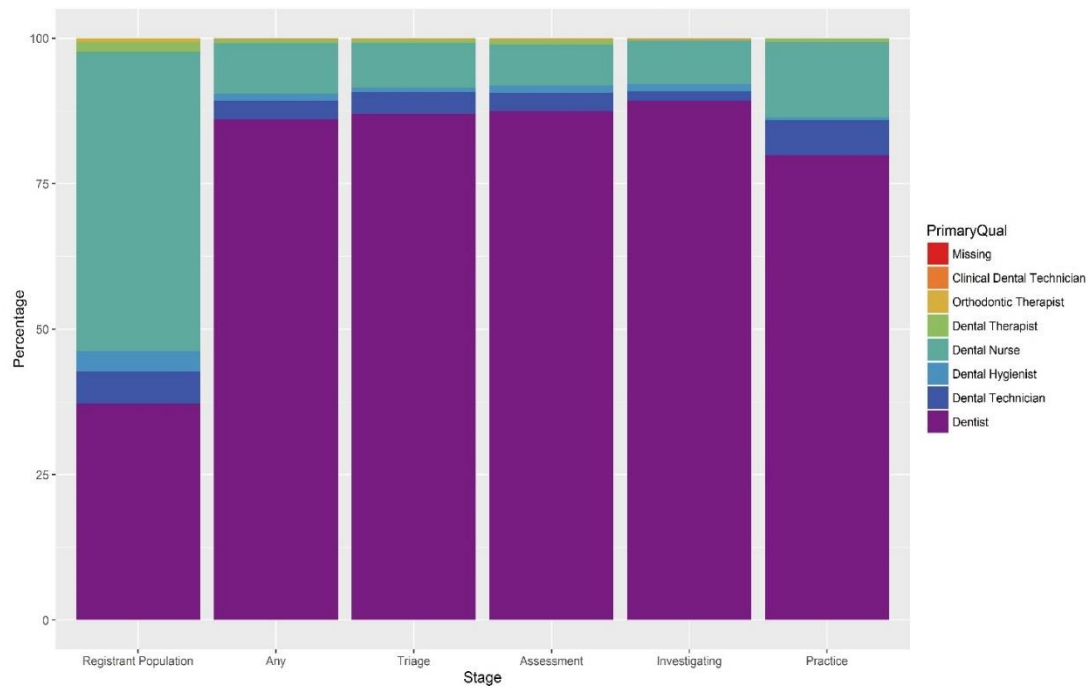
Distribution of ethnicities for those involved in cases closed at each stage compared to the distribution of ethnicities in the registrant population. Note the large amount of missing data.





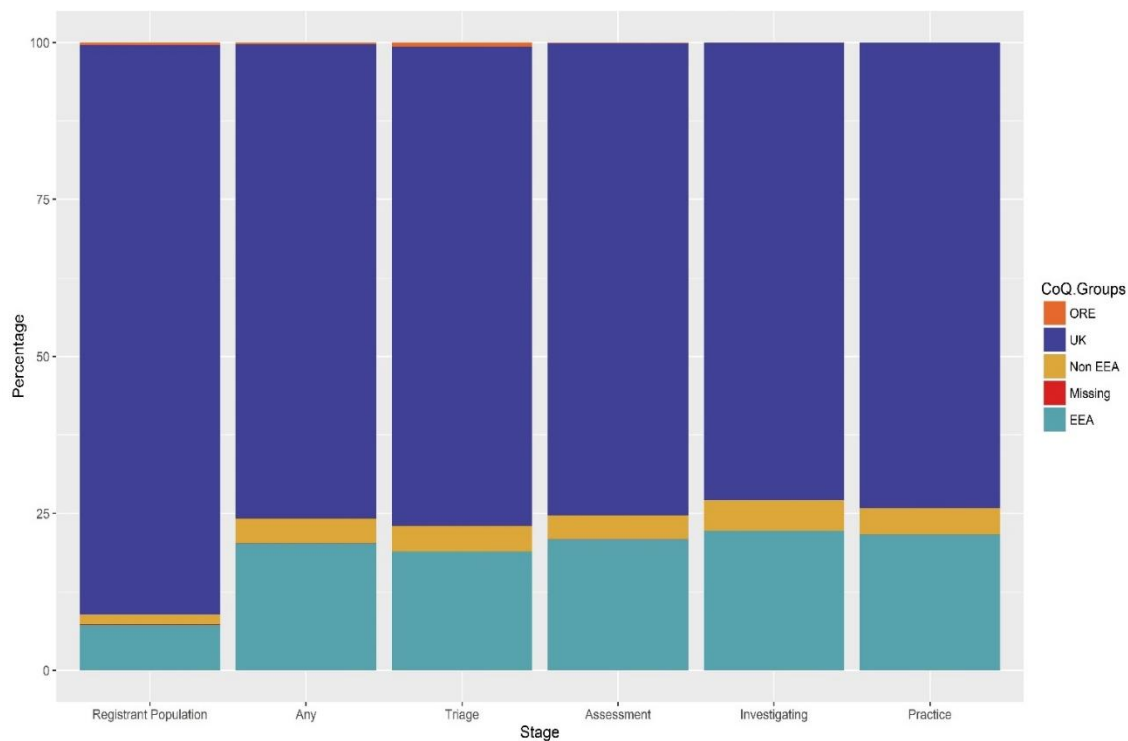
# Registrant type

Distribution of Primary Qualifications for those involved in cases closed at each stage compared to the distribution of Primary Qualifications in the registrant population.



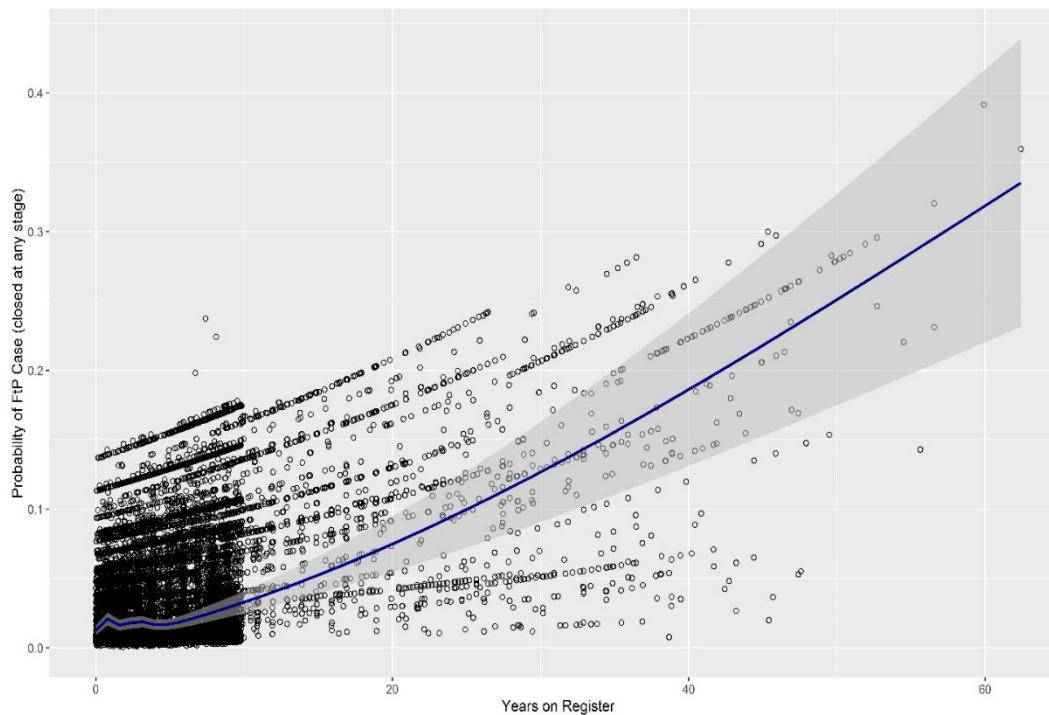
# Route to registration

Distribution of country of qualification between those involved, and those not involved, in cases closed at each stage



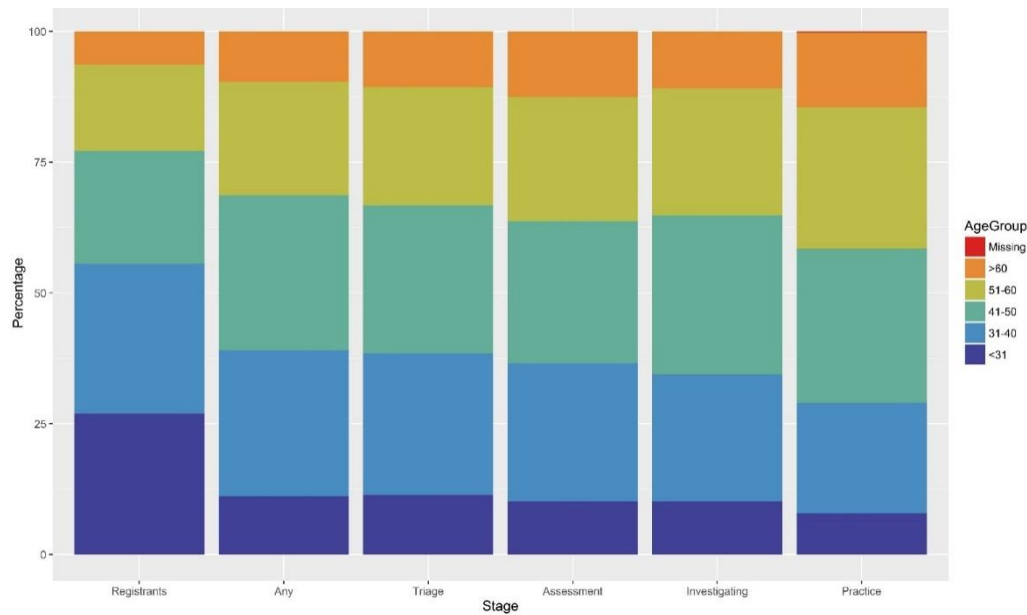
# Time on the register

Probability of FtP Case (closed at any stage) by Years on Register.



# Age

Distribution of age groups for those involved in cases closed at each stage compared to the distribution of age groups in the registrant population.



## Theme B: The nature of informants and the allegations

Analysed 8390 cases (where the type of informant was known)

- Patients and service users were over half of the cases.
- Within these, over half of the cases were concerned with:
  - *Professional knowledge and skills - Failure to provide good quality care, and*
  - *Communicating effectively and Patient interests were also substantial areas of concern for this group.*

For registrants who self-referred to the GDC, the main issues raised related to ***Personal Behaviour***, particularly in relation to issues potentially affecting public confidence in the profession

## Theme C: Characteristics of registrants and types of allegations

- Compared to females, cases against males were significantly LESS likely to involve considerations:
  - Personal behaviour - Public confidence in profession and*
  - Probity - Caution / charge / conviction subgroups.*
- Male registrants were significantly MORE likely to be involved in FtP cases with considerations:
  - Communicating effectively*
  - Maintain and protect patients' information*
  - Obtain valid consent*
  - Patient interests* and
  - Professional knowledge and skills - Failure to provide good quality care*

Incidence of considerations in the:

- Obtain valid consent*** and
- Patient interests*** subgroups

Both INCREASED with the age of the registrant

Incidence of considerations in the:

- Personal behaviour - Public confidence in profession*** and
- Probity - Caution / charge / conviction*** subgroups

Both DECREASED with age



## D. Characteristics of registrants and the allegations against them

Possible link between *route to registration* and **whether or not a sanction is imposed** in an FtP case

No link between sanction type and *sex* or *ethnicity*.

### Severity of the sanctions:

no link with

- registrant route to registration
- sex
- ethnicity.

#### **4. Is there an association between informant type and:**

- i. Route to registration**
- ii. Sex**
- iii. Ethnicity**
- iv. Severity of the sanction**

- Across all characteristics and sub-groups (i-iv), it appears that the vast majority of informants are patients or other service users
- FtP cases with recorded sanctions of any category are all more likely to come from patients or service users

## **Challenges.....**

- **Recording in multiple categories**
- **Missing data**
- **Change in data categorisation (2013)**
- **Change in data systems**
- **Small numbers in some categories**

## Next steps

- Policy development – use to inform work set out in shifting the balance
  - Learning from FtP
  - Engagement activity with students and registrants
  - Tailored welcome pack
  - Insight led CPD
  - Risk-based approach to Quality Assurance inspections
  - Creation of a data strategy
- Future analysis of FtP data
- Review of our data collection and categorisation system

# Questions

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