General Dental Council

protecting patients, regulating the dental team

Shifting the balance:

a better, fairer system of dental regulation protecting patients, regulating the dental team

General

Council

Dental

End to End Review of Fitness to Practise

- Context and Background/Rationale
- Research Methodology
- Research Objectives
- Key findings: Patients and Dental Professionals

End to End Review of Fitness to Practise

Context

• We are required by law to investigate allegations of impaired fitness to practise against dental professionals and take appropriate action. This can range from issuing advice to preventing someone from practising in the UK.

Rationale

- does not deliver clear enough benefits for patients nor give them the confidence that their concerns are being addressed within an appropriate timescale
- has encountered difficulty in maintaining the support of those regulated because it is often cumbersome and stressful for those subject to enforcement, and does not do enough to promote learning
- is insufficiently flexible to enable a proportionate and graduated approach, resulting in a reliance on expensive enforcement action.

End to End Review of Fitness to Practise

Research with patients and dental professional

- ✓ Focus group with patients who have not interacted with the FTP process, representing the public interest – November 2017
- ✓ Registrants who have not interacted with the FTP process December 2017
- ✓ 1:1 interviews with Patients and Registrants who have experienced the FTP process December 2017/January 2018
- ✓ Interactive bulletin board February 2018

End to End Review of Fitness to Practise

Research with patients and dental professional: Objectives

- Understanding expectations: expectations, hopes and concerns about the process.
- Exploring individuals' experience: understanding the process from the perspective of registrants and informants. Gaps and opportunities to strengthen the process.
- Understanding of the views of key principles: Proportionality, Remediation, Consistency, Impairment

Key Findings: Patients who haven't had contact with FtP

- Independently facilitated by Community Research in November and December 2017
- 14 patients recruited from GDC's 'word of mouth' online panel 3 hour deliberative workshop
- Broadly representative cross section of men and women, age, socio-economic backgrounds and behaviour in relation to frequency of visiting NHS/private dental practices

Expectations of the FTP process

- Fair
- Open/transparent
- Accessible
- Inclusive
- Responsive
- Detailed/thorough
- Tiered
- Proactive

Response to specific concepts/issues

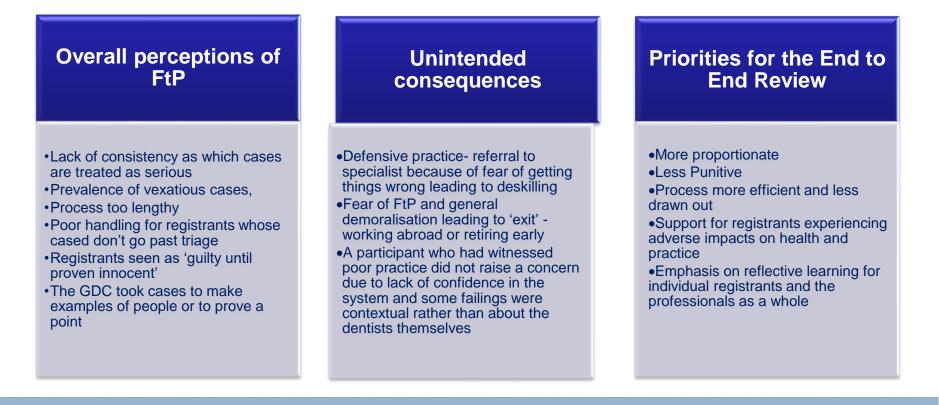
- •Most serious cases prioritised
- Low level cases dealt with in different ways
- •Clear explanation of outcome
- •Signposting
- •Impartiality/robustness of triage system
- •Compassionate approach to health cases
- •In favour of remedial approach where appropriate
- •Individual approach within agreed framework
- •Investigating patterns of complaints for prevention reasons

Expectations of the communication process

- Information pack detailing process structure, stages and examples of outcomes
- Personal approach with named, single point of contact
- Process timeframes
- Regular updates regarding status of case
- Clarity about whether dental professional could continue working during the process

Key Findings: Dental Professionals who haven't been through the system

Three hour deliberative workshop, independently facilitated by Community Research for the GDC. 17
Dental professionals attended, 9 dentists and 8 DCP's who haven't had direct experience of the FtP
process. Cross section of registrants by age, gender, length of time since qualification and practice
setting.



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Key findings: Dental Professionals and Informants who have been through FtP

Local resolution where possible	Speed up the	process	Greater use of remediation (with	
	Continuity of case worker throughout the process		appropriate safeguards)	
	Avoid London-centricity of process		Ensuring the	
	Greater consideration of tone & t	tailoring of communications	wider profession learns from outcomes	
	Different process for	or health cases		
	Introduction of face to face me	etings during investigation		
Clear information on what to expect from the process	Use of appropriate experts throughout process			
	More support, incl. development of peer support networks		Proactively	
	Effective triage, earlier case disposal and reduced use of		informing patients of sanctions	
Clear information on appropriate complaints channel	hearings	Practical and emotional support immediately before and during the Hearing	Liaison with international regulators regarding UK sanctions	