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New horizons in the regulation of dentistry

N. H. F. Wilson¹

I'm delighted to have the opportunity to share with you my understanding of the much-needed and long-awaited reform of the General Dental Council. Change is moving apace and the new, modern GDC, for which the existing Council has been working so hard, is taking shape as part of widespread fundamental reforms in the regulation of healthcare.

The first phase in the Council's programme of reform is almost complete. At the end of 2001, the first in a series of Section 60 Orders was passed by Parliament. This introduced statutory continuing professional development (CPD) – a real success story for the profession – and paved the way for the smaller, more strategic council. The hand-over from the existing council to the new, 29-member GDC is expected in April 2003. This historic occasion will herald a new dawn for the Council, many aspects of which have remained unchanged since 1956 when it was first formed under the presidency of Sir Wilfred Fish.

There is still, however, a long way to go. The agenda for change remains full and work will need to continue at the same pace for a number of years to come before the planned reforms are complete. A second Section 60 Order will realise a further series of immediate goals for the Council: the coming of age of the dental team with the statutory registration of all professionals complementary to dentistry (PCDs), and the overhaul of the

Council's antiquated fitness to practise arrangements. The publication of this Order is expected in the first quarter of 2003, with the prospect of enactment shortly after the new Council, led by a new president, takes office.

These reforms should be seen as a springboard rather than the realisation of the future. Outdated concepts of regulation and assumptions that the profession alone knows best must be set aside if the regulation of dentistry is to keep in-step with ever-increasing patient expectations and developments in healthcare provision and regulation. To put this complex set of affairs in perspective, it would be helpful to consider the horizons of today and of tomorrow for the Council and the profession.

TODAY'S HORIZONS

The Government has given the GDC the green light to plan and introduce a wider range of regulatory mechanisms in the interests of public protection. These mechanisms include:

- the registration and regulation of the entire dental team
- reformed conduct and health procedures, together with new procedures to address poor performance
- a system for complaints in respect of non-NHS dental treatment
- a more robust regulatory framework for dental bodies corporate

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Over the past year the Council has been working with a wide range of key stakeholders to implement these initiatives.

Registering the dental team

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PCDs' activities will be regulated on the basis of curricula and ethical guidance rather than restrictive lists of duties – an outdated approach to effective regulation of professionals. PCDs will be eligible to apply to join the PCD register once they have completed approved curricula and gained an approved registrable qualification. They will work in teams led by dentists. Transitional arrangements will be put in place to enable suitably experienced PCDs without recognised qualifica-

¹Professor Nairn Wilson is President of the General Dental Council and Dean and Head of the Guy's, King's and St Thomas' Dental Institute, King's College London.

tions to join the register. Such arrangements will need to be designed to preclude the possibility of restricting access to dental care. This will be an enormous challenge for the new Council. It must be tackled with purpose and resolve so that we can move from the unsatisfactory present day set of arrangements to where the dental team needs to be, to meet new and as yet unrealised expectations of integrated, team-based oral healthcare.

Statutory registration of all members of the dental team will strengthen patient safety and promote confidence in the profession. All members of the dental team will be subject to the same important public protection measures: ethical guidance; approved training courses; established standards for qualification; entry on a register; robust procedures for dealing with registrants whose fitness to practise or performance has been called into question; statutory CPD and, as soon as practicable, revalidation.

In addition, all members of the dental team will gain from professional recognition: working within a framework which promotes the full use of skills, knowledge and experience for the benefit of patients; and hopefully, new 'skills escalator' opportunities allowing each and every member of the dental team to maximise their contribution to healthcare provision – a challenge for all stakeholders in the future of dentistry.

Fitness to practise reforms and performance review

The reform of the GDC's fitness to practise arrangements is far-reaching, covering the procedure for the effective handling of complaints to the sanctions for ensuring patient safety. The reform package sought by the Council aims to create a more efficient, transparent, user-friendly and accessible framework for complaints handling. The Council also wants to secure a more comprehensive range of options in cases in which it is necessary to protect the public. This includes conditional registration which would allow the Professional Conduct Committee to restrict elements of a registrant's practice in cases in which erasure or suspension may presently be the only available outcome.

Another objective of the fitness to practise reform package is the introduction of a system for addressing poor performance in registrants. This new scheme is aimed at preventing, recognising and dealing with poor performance locally – a proactive rehabilitative rather than a reactive punitive approach – and will enable the Council to ensure patient safety while providing registrants with a supportive, remedial framework. It is intend-

ed to 'nip in the bud' poor performance which, if not addressed, may develop into serious health or conduct issues.

Non-NHS dental care complaints scheme

The Council is most anxious to set up a non-NHS dental care complaints scheme. There is currently no equivalent in the private sector to the NHS complaints scheme. For patients who wish to complain about private dental care the options are usually very limited – for many patients the only options are to make a formal complaint to the GDC or to seek redress through the civil courts. The Council's proposals for the new scheme aim to fill a widely acknowledged gap in oral healthcare regulation. The new scheme is expected to operate at arm's length to the Council, to encourage local resolution. In this way, matters, many of which have little, if anything, to do with registrants' continuing fitness to practise, can be dealt with efficiently and effectively without direct GDC involvement.

Regulating corporate dentistry

The Council is committed to developing a more robust system for regulating corporate dentistry – a system which does not rely on the regulation of individual practitioners. Government proposals to realise the long-awaited lifting of the ban which restricts the corporate business of den-

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tistry to the 27 existing dental bodies corporate, have made the need for an improved regulatory system all the more urgent. Consideration of proposals to address this important matter is now high on the Council's agenda. As with many of the issues which the new Council will face, the challenge is to develop arrangements which encourage good practice, but also make provision to deal effectively with the tiny minority who abuse the system or are unable to continue to meet the high standards expected of them.

TOMORROW'S HORIZONS

So what other challenges are there for the new GDC? What are tomorrow's horizons?

Quality assuring the dental team

The introduction of a system for 'quality assuring' or revalidating the dental team is a goal to which the Council is now publicly committed.

In the past, the registration of professionals has been based upon the outdated assumption that once qualified, a professional can be assumed to be fit for registration indefinitely unless adverse evidence is received. As explained in a recent leader in the *British Dental Journal*,¹ cultural and scientific changes have made this model unsuited to 21st century healthcare regulation.

Revalidation for the dental team is part of the more proactive approach to professional regulation. A logical continuation of the GDC's statutory CPD scheme, revalidation will require GDC registrants to demonstrate on a regular basis that they remain fit for continuing registration and worthy of their patients' trust.

Revalidation will help registrants and the Council to identify and remedy problems of poor performance early on before they become serious. This will allow the Council to act more swiftly under its modernised fitness to practise arrange-

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ments to ensure patient safety and assist registrants through rehabilitation. Revalidation will also enhance the relationship of trust and respect between patient and dental professional by confirming that the overwhelming majority of dental professionals are competent registrants in whose care patients can be confident.

Over the next year or so, the Council will explore how existing quality assurance mechanisms might contribute to an effective revalidation scheme. The intention is not to duplicate existing schemes but to build on and bring together systems which are already in place. Revalidation will not replace but will include the GDC's highly successful statutory CPD scheme. Additional qualifications with an emphasis on clinical standards, developments in respect of clinical governance, and validated performance and peer review processes, all provide other good opportunities to create an effective revalidation scheme without the need for elaborate and expensive new systems. Limiting bureaucracy is part of the planning of the reformed Council.

Multiprofessional education and training

The recent publication of the second edition of *The First Five Years*, the Council's guidance on the programme of study for primary dental degree qualifications in the

UK, sees the successful completion of a major piece of work. Arrangements for education and training in healthcare in general are, however, undergoing rapid change and provisions for members of the dental team must keep in-step. At a time when the dental team is coming of age, the reformed GDC is anticipated to give early attention to work directed at formulating guidance on multiprofessional education and training in dentistry. Initiatives on this front, together with changes in the knowledge and skills required of new graduates

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may well lead to far-reaching changes in dental schools and hospitals, let alone the many, varied locations and arrangements for post-registration training. The GDC must continue to work in innovative and creative ways with the dental schools and the other signatories to the Accord, not to forget other existing and new agencies, including the Faculty of General Dental Practitioners (UK) and the embryonic NHS University, to maintain and develop the high standards of dental education which exist in the UK.

WORKING IN PARTNERSHIP

The future will see closer working relationships among the healthcare regulators as they work in partnership to strengthen regulation and public protection. A good example of the way in which

the healthcare regulators are working together is the recently launched Alliance of UK Health Regulators on Europe (AURE). Common aims and objectives, cost-sharing where appropriate, and commonality in understanding and approach on over-arching matters of principle, are powerful incentives for the GDC to work with the other healthcare regulators on an increasing number of fronts.

The Council for Regulation of Healthcare Professions

The soon-to-be-launched Council for the Regulation of Healthcare Professionals (CRHP) should complement rather than detract from the role of the GDC. Immediate benefits of the CRHP may include the greater involvement of dentistry in a range of healthcare issues and a greater appreciation of the importance of oral healthcare provision and the regulation of dentistry. Is the CRHP an opportunity or a threat? With the strong input from the healthcare regulators into its membership, there is every hope that the CRHP will create new opportunities for modern, effective regulation. The world of healthcare regulation has moved on in ways that were unimaginable prior to watershed events including the Bristol Royal Infirmary Inquiry and the Shipman case. Patient expectations have changed. In the interests of the future standing of the profession, the GDC must be part of the vanguard of reform of healthcare regulation. To do otherwise would be indefensible – an abnegation of responsibilities to future generations of patients and healthcare professionals.

THE NEW GDC – YOUR GDC

As the new GDC takes shape and enters a new era in healthcare regulation, the Council will make ever increasing efforts

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to keep the profession and the public informed and involved, hopefully leading to a widely held view amongst registrants of ownership and involvement in regulatory matters. The Council is committed to improving its communications, keeping an expanding audience of interested parties in the picture with factual, reliable and up-to-date information. Readers are encouraged to visit the GDC website at www.gdc-uk.org for all the latest news on the reform programme as well as up-to-the-minute information on all areas of the Council's work.

BEYOND THE HORIZONS

Never again should the legislation governing the regulation of the profession become old fashioned and out-of-step with contemporary standards and expectations. Achieving this goal will be a continuing challenge for future generations of the profession. Is it all worth the considerable effort and cost? For the sake of the patients at the heart of all we do and to safeguard the standing of the profession our predecessors would envy, I would wish to suggest that there can be only one answer – a resounding 'yes!'

1 Wilson, N H.F. Revalidation – hostage to fortune? *Br Dent J* 193; 1