

The dental profession expects high standards from its regulator

By Laura Cross, Chair of the BDA's Education, Ethics and the Dental Team Working Group, London, UK

Relationships between the UK's healthcare professions and their regulators have often been fraught, certainly in the modern era since the effective end of self-regulation. Those tensions have by no means been confined to dentistry. Dentists often perceive a more sympathetic approach from regulators of other professions – in particular the General Medical Council – but the recent uproar over the regulation of physician associates is a demonstration that the grass is not always greener. Furthermore, the biggest healthcare regulator, the Nursing and Midwifery Council, has faced huge recent challenges around culture, its handling of fitness to practise and whistleblowing.

The dental profession's relationship with the General Dental Council reached a particular low in 2014 when the BDA challenged the GDC in the High Court, successfully arguing that the Council's justification for its fees increase was unfounded.¹ The GDC has consistently struggled to meet standards set by its own regulator, the Professional Standards Authority (PSA), but will point to improvements across the past decade. In 2015, the GDC failed to meet eight of the PSA's 24 standards of good regulation. In 2023, the Council met 16 out of 18 standards.² Importantly, those it did not meet were standards relating to timeliness in both registration and fitness to practise processes.

No doubt the GDC would accept that there is still plenty of room for improvement and recent high profile individual cases have again thrust the regulator into the limelight in a less than positive way. The Lucy Williams case, which focused on 'top-up' charges to NHS patients, was pursued to the Court of Appeal by the GDC, and ended up demonstrating a widespread lack of understanding of NHS regulations and again highlighted the impact of fitness to practise processes on individual registrants.³ It didn't help that the GDC was effectively used as the vehicle to pursue a legislative

argument on behalf of NHS England, using registrants' own money to do so.

More recently, after the sad death of a dentist subject to the interim orders process,⁴ a critical coroner's report focused attention on the risk of suicide by registrants under investigation or working with GDC conditions.

Just as the regulator holds its registrants to account, the dental profession expects high standards from its regulator. High profile cases like these can serve to reinforce a sense of resentment, particularly where registrants are the sole source of funding for regulator activity. It is therefore vitally important that regulators are held to account by the professions they regulate. That role of establishing accountability is one that the BDA, amongst others, strives to perform on behalf of members and the wider profession. That work is constant and often unseen but is nevertheless absolutely vital.

The range of ongoing interaction with the GDC is diverse. In recent times, we have pursued the following issues:

- Fair operation of fitness to practise processes and the implications of the Lucy Williams case
- The recognition of international qualifications
- Delays within the Overseas Registration Exam process
- Provisional registration for overseas qualified dentists
- The fairness and legality of publishing allegations against registrants during interim orders processes
- Restoration delays following registrants accidentally leaving the register
- The regulation of remote providers of care before and following the collapse of Smile Direct Club
- Whistleblowing and the impact of 'blue on blue' complaints from one member of the profession about another
- Timelines for suspension following the *Aga v GDC* case
- The GDC's workforce data collection
- The Specialist List Assessed Application process

- Dental radiographs for age assessment of child refugees
- The orthodontic specialist curriculum
- Wider regulatory reform.

The length of this list can only hint at the depth and breadth of the engagement the BDA has with our regulator, and the number of issues here only reinforces the extent of the job of work required in maintaining accountability on behalf of the profession. The BDA also routinely engages with the PSA to ensure that it understands the profession's perspective on our regulator.

I haven't gone into detail on the areas set out above given the length of the list, but if I were to focus on key current themes, there are two that stand out. Firstly, we have long-standing professional concern about fitness to practise processes. The sheer length of time to get through FtP procedures remains a frustration to say the least, but the Williams case re-surfaced important concerns about wider issues of empathy towards registrants, the expertise of the clinical input at all stages of the process and the impact of these issues on the well-being of the registrants involved.

Secondly, the GDC's registration processes are going to continue to be front and centre over the coming months and indeed years. We have long-standing irritations about how unnecessarily difficult it is for registrants to get back onto the register when they have left in error or due to often very minor issues with CPD compliance that could be addressed swiftly. After lobbying, the GDC has introduced some changes around CPD declarations to make life easier, but getting back on the register is still a time-consuming and extremely stressful burden. Perhaps more fundamental will be how the GDC deals with the registration of professionals qualified overseas. The Overseas Registration Examination has been a logjam for some time, an issue the GDC is seeking to address by adding capacity. The recent announcement ►►

« of the introduction of provisional registration⁴ as an alternative route to the register for dentists presents a real challenge for the GDC in determining a new set of rules that doesn't unnecessarily hinder registration but offers appropriate levels of protection. There are so many questions for the GDC to address here.

Across both of these fundamental areas, the BDA will continue to seek to hold the GDC to account on behalf of the

profession. The GDC's website emphasises that its focus is protecting patient safety and maintaining public confidence in the dental professions. That is fair enough, but it cannot adequately discharge those functions if it does not have the respect of the dental profession it regulates. In order to retain that respect, the GDC needs to treat registrants fairly and with respect. The BDA is determined to continue to strive on your behalf to make sure that happens.

References

1. R (on the application of British Dental Association) v General Dental Council [2014] EWHC 4311 (Admin).
2. Professional Standards Authority, General Dental Council Performance Review – Monitoring year 2022/23.
3. The General Dental Council v Lucy Jane Williams [2023] EWCA Civ 481.
4. Department of Health and Social Care. Provisional registration for overseas-qualified dentists. 16 February 2024. Available at: <https://www.gov.uk/government/consultations/provisional-registration-for-overseas-qualified-dentists/provisional-registration-for-overseas-qualified-dentists> (accessed April 2024).

CONFERENCE REPORT

Ivor Whitehead Prize Presentation Day

By Ferin Varghese, DCT2 Birmingham Dental Hospital and Riya Patel, DCT3 Birmingham Children's Hospital, Birmingham, UK



The winners (left to right): Malaika, Nabeela, Riya and Aya

Following a four-year hiatus, the BDA Hospitals Group West Midlands Division Study Day made a successful return on 22 February 2024 at the Birmingham Dental Hospital. With anticipation running high, a cohort of 15 junior staff, carefully selected through abstract submissions, showcased their presentation skills across various dental specialties from paediatrics to maxillofacial surgery.

Mr John Turner, committee president and consultant orthodontist, set the tone with a warm welcome, introducing each presenter, the guest speaker, and the panel of four judges. The guest speaker this year was Dr Rachel Walker who is a Specialty Doctor in Supportive and Palliative Medicine as well as a Specialty Dentist in Oral Surgery. She provided valuable insights on the topic of 'The Medical-Dental Interface: Managing medically complex patients in an ageing population.'

Attendees engaged in compelling presentations competing for the Ivor Whitehead Prize. Each presentation was followed by a five-minute active discussion with both the audience and panel of judges who were committed to ensuring accuracy, holding presenters to high standards. Thank you for the time and support extended by the panel of judges: Mrs Sarah McKaig (Consultant in Paediatric Dentistry), Ms Katy Martin (Consultant Oral Surgeon), Mr Yogesh Bulsara (Specialist in Oral Surgery and Special Care Dentistry), and Mr Hugo Whitehead (General Dental Practitioner and Practice Owner).

The presentations encompassed a diverse range of topics, predominantly featuring distinctive cases which trainees were directly involved with. Subjects ranged from the medical management of congenital ranulas and buccal furcation cysts, to tracheomegaly. Amongst the highlights was a discussion on a fascinating case of Papillon-Lefèvre syndrome, commemorating the centennial since its initial naming in 1924.

The task of selecting winners fell to the panel of judges. Their deliberations, though challenging, reflected the high calibre of presentations delivered throughout the day.

In the end, Nabeela Caratela claimed the top prize with her presentation on her case report 'Technique tips for the management of complicated crown fractures in children.'

Meanwhile, Malaika Al-Koky's innovative project on creating a new standard operating procedure for clinical photography at the Birmingham Dental Hospital titled 'Lights,

camera, action: making snappy changes in photography' earned her a well-deserved second prize.

Third prize was shared by Riya Patel for her pertinent case report on 'Osteoma of the jaws – The first clinical sign of Gardner's Syndrome' and Aya Shammout for her thorough audit on 'Radiographic outcomes for alveolar bone grafts performed in 2022 at the Birmingham Children's Hospital'.

As the event drew to a close, Mr John Turner expressed gratitude to all participants, highlighting the invaluable learning experiences and high quality oral presentations shared throughout the day.

A feedback survey, completed by 36 attendees, showed 100% satisfaction with the event overall. When prompted to highlight their favourite aspects of the occasion, most respondents mentioned the seamless organisation of the day and the diversity of presentations. Similarly, when asked about the most valuable takeaway from the event, attendees emphasised the wealth of information acquired throughout the day, along with newfound insights into audit ideas and presentation techniques.

As the committee secretary, along with Mr Turner and Dr Sarah Martin (committee treasurer), I extend our gratitude to all presenters for their valuable contributions. Thank you to all attendees for joining us, and we encourage trainees to maintain their active involvement in future events.