

*Dentistry should be giving early consideration to ways in which revalidation may be established with all the features of modern regulation - openness, transparency, inclusivity, proportionality and accountability.*

## Revalidation – hostage to fortune?

In May, the General Dental Council (GDC) committed itself to developing a system of revalidation ([www.gdc-uk.org/news](http://www.gdc-uk.org/news)). The system will require all GDC registrants to regularly demonstrate that they remain fit for continuing registration, and worthy of their patients' trust. This development will require careful debate, consultation, changes to existing legislation and effective communication in implementation but we can be confident that, within a few years, a system will be in place to 'quality assure' all registered dental professionals.

In the past, registers of professionals have been based upon an outdated assumption that, once qualified, a professional can be assumed to be fit for registration indefinitely, unless adverse evidence is received. A whole series of cultural and scientific changes has made this model unsuited to 21st century regulation: the continuing growth in scientific knowledge, dental technology and treatment options, the democratisation of the clinician/patient relationship, developments in human rights, and a series of high-profile cases demonstrating both the fallibility of professionals and the inadequacies of current systems to identify and rectify problems at an early stage. In the face of such changes, the reform of registration is inevitable. Revalidation may be considered, therefore, to be a much-needed, somewhat overdue, step-up from the traditional approach to registration, and a logical continuation of the GDC's reform programme. For all but a tiny minority of the dental team, it will be a demonstration of sustained fitness for registration and a justification of the relationship of trust and respect between patients and members of their dental team.

In the next year or so the GDC will be exploring ways in which existing quality assurance mechanisms may contribute to an effective revalidation scheme. The thinking is not to duplicate existing systems but to build on and bring together existing schemes. Practice inspections, additional qualifications with an emphasis on clinical standards and the quality of oral healthcare provision, and validated performance and peer review processes, together with lifelong learning, all provide good opportunities to create an effective revalidation

scheme without the need for elaborate new processes.

The misunderstanding that revalidation will involve something akin to passing finals examinations every few years or so, fails to take account of existing work in the field both by other healthcare regulators and bodies such as the UK Inter-professional Group. The emphasis of a revalidation scheme should be on continuing development and appraisal, not on periodic "pass-fail" tests. Where an individual is found to suffer shortcomings in professional competence, rehabilitation within a framework of patient safety will be the norm rather than sanctions or blame. In all other cases revalidation will offer members of the dental team protection against unfounded criticisms of their professional competence.

To realise its full potential, revalidation must include lay involvement. While dental peer review will be essential in appraising professional judgement and technical competence, lay people will have particular perspectives to bring to revalidation, especially on such matters as communication between the dental team and patients. In this, as in all other elements of revalidation, any decisions which could affect the registration of a member of the dental team must be evidence-based. To meet this challenge, there may be considerable merit in the GDC working with other healthcare regulators and healthcare providers to develop a common approach.

In the meantime, all sections of dentistry should be giving early consideration to ways in which revalidation may be established with all the features of modern regulation - openness, transparency, inclusivity, proportionality and accountability. Early work on this front will help the Council fashion dental revalidation as the logical extension to lifelong learning. The Council has been empowered to consult widely on this area and to co-opt members from outside the Council in this work. Revalidation will create further opportunity to meet the ever-increasing expectations of patients and to support the dental team in the provision of high-quality oral healthcare.

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