

General Dental Council: new Chair – new challenges

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IN BRIEF

- The GDC aims for Fitness to Practise procedures that are proportionate, consistent and targeted.
- The introduction of new learning outcomes will enhance dental training.
- Committee restructuring will increase effectiveness and reduce costs.

As the new Chair of the General Dental Council (GDC), Kevin O'Brien explains to the *British Dental Journal* how, over the next few years, the organisation will be moved forwards.

First, I would like to state how pleased and honoured I am to be elected by the members of the Council to this important role. While many people have congratulated me on becoming Chair an equal number have commiserated with me, suggesting I have taken up a poisoned chalice! As you might expect, I do not have the same negative view of the role. These are challenging times for any regulator and I acknowledge that the GDC has to change and adapt. However, it is clear to me that matters are not as critical as stated in some areas of the dental trade press and on discussion boards.

THE GOOD NEWS

We now have an excellent Chief Executive, Evlynne Gilvarry, and a strong senior executive team. Already substantial progress has been made in a number of areas. It is important to recognise and build on this.

We have produced new and important guidance on ethical advertising. This was ratified by the Council in December 2011 and will provide clarity for registrants on advertising the benefits of treatments they provide and their individual expertise. We have also developed new curricula for the pre-registration training of all registrant groups. The new Learning Outcomes as they are called have involved an enormous amount of work, but will provide information to education providers on the qualities

that a newly trained registrant should possess when they are first registered.

We secured extensive publicity on TV and radio, to warn the public of the dangers of having tooth whitening carried out by non-registrants. This followed our successful prosecution of the director of a tooth whitening company for the illegal practice of dentistry.

Other achievements have been recognised by the Council for Healthcare Regulatory Excellence (CHRE), which oversees GDC performance. For example the CHRE Performance Report 2010-2011 commended our work in reviewing our *Standards for dental professionals*, saying: 'We consider that the GDC is taking positive steps to ensure that its *Standards* reflect patients' needs and are up to date and evidence based.'

There was also praise for our work on developing a new approach to education:

'We consider that focusing on learning outcomes is beneficial to patient safety, as it enables providers to prepare students to meet the GDC's standards for registration.'

And our new-look *Gazette*, with its learning points from our Investigating Committees clearly highlighted for readers, was also praised:

'We welcome this engagement, as we consider that it can only improve public protection.'

THE CHALLENGES AND SOLUTIONS – FOCUS ON FITNESS TO PRACTISE

So what are our challenges? The most pressing short term priority is to improve our Fitness to Practise (FtP) processes. The CHRE highlighted key areas such as

efficiency, quality assurance and case management. I am pleased to point out that many changes are currently in progress, for example, a new initial triage process has been introduced. From January 2012, this process will also involve the use of expert clinical opinion to help in an assessment of whether a case should go to the Investigating Committee. At present, clinical input is not obtained until the investigating committee stage, which is usually six months down the line and this is obviously unsatisfactory. We hope that this step will reduce the number of cases going to an Investigating Committee by 15-20%. In line with this we are introducing an electronic case management system and improving the quality assurance of our processes to check we are following our own rules and our staff are meeting the standards expected of them.

I am confident that we will make the necessary improvements in FtP to ensure we are regarded as nimble, proportionate and invariably fair. If you want to read regular reports on GDC performance overall, they are presented at every Council meeting and appear on our website www.gdc-uk.org.

FINANCE

It will be no surprise to anyone to hear that another important issue is the GDC's finances. We have already committed to no increase in the Annual Retention Fee (ARF) for 2012 and it is clear that with the current rate of inflation we will need to look for cost efficiencies. As a result, we are examining all areas of our operations to assess where we can cut costs without detriment

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to protection of patients. This work is a clear priority over the coming year.

But before I leave this topic, it might also be worth addressing one 'urban myth' now – we do not pay the going London rate for our Wimpole Street offices. We have a lease which does not expire until 2057 and is held on a peppercorn rent. As such this office represents very good value for money for registrants.

EDUCATION

I have already referred to the new Learning Outcomes which I believe will significantly enhance dental training. In addition, we are continuing our inspections of dental schools and other education providers in the UK to ensure that we are satisfied with the quality of newly qualified professionals.

COUNCIL

Another key challenge is to prepare effectively for a potential reduction in the size of the Council and the appointment rather than election of a Chair. This is a recommendation by the Department of Health and we will respond with a plan in early 2012. As I am likely to be the last elected Chair of the GDC, I welcome this change.

The recommendation for a smaller Council is not about sidelining dental professionals; for many years now the role of the GDC has not been to represent registrants but to take considered decisions on matters which may affect the standards of care patients receive. Dental professionals will always bring vital skills and knowledge to the Council and indeed to the GDC's other work. We rely heavily on dental professionals carrying out education inspections, sitting on the Investigating and Practice Committees and hearing Fitness to Practise cases.

CO-OPERATION

Effective healthcare regulation is achieved through excellent working relationships

between the regulator and its stakeholder groups. With this in mind we work hard to gather the views of patients, registrants, and others to help inform our work. I want to make it clear that we do not side with anyone; neither do we value one group over another. We aim to build a complete perspective by listening to the broadest range of stakeholders. Only in that way will we ensure we develop policies which protect patients and maintain standards.

In this respect, it is essential that I get 'out and about' as Chair and show that there is no wall or ivory tower in Wimpole Street. I also need to improve the relationship with our stakeholders and address the recent criticisms of the GDC. I feel that some of this has been justified, for example, the criticism of our fitness to practise performance, and I can accept this. Unfortunately, we have also been on the receiving end of criticism that I feel has been unfair. The most recent example has been an article published in the *British Dental Journal*.¹ This was refereed and accepted by the editor. I was particularly disappointed because this article not only resurrected some old history but then went on to criticise us for reorganising the GDC committee structure and carrying out a consultation on our new educational outcomes.

I would like to deal, firstly, with the Committee restructuring. This was an extensive piece of work and I was closely involved with the group that led on this task. The restructure will result in several benefits for the GDC: increased effectiveness, an easier transition to a smaller Council and a reduction in costs. I am sure that these are logical aims and it is hard to see how criticism of something so worthwhile can be justified. While you might argue that the views on the committee structure were 'harmless comment to generate debate', it really is hard to see how the commentary on the new learning

outcomes for dental education is anything other than destructive. The development of the learning outcomes was an ambitious project, and the Education Committee oversaw the final stages when I was its Chair. As part of the final stages of the project we issued the draft guidelines for widespread consultation. I also personally met with the Dental Schools Council and asked them to respond with comments that were completely clear and 'not to hold back'. This is what they, and other bodies, did and the feedback was robust and constructive. As a result, we took all their comments on board and made extensive changes to the final version. I, therefore, found it remarkable that the *BDJ* quoted the comments that we received as part of the consultation and yet, completely omitted the fact that we evaluated these comments and made changes. This is, surely, well below the standards that a professional association should observe.

I am working hard with Dr Sanderson and others in the BDA to make a real difference in dental regulation and I hope that in the future the *BDJ* will criticise us when this is justified but also praise us when praise is due.

Finally, I invite all registrants to participate in a range of consultation events we will be holding during 2012 across the four countries of the UK.

In addition, at any time, staff are ready to help with any queries you may have and I would urge you to get in touch if you have feedback. There is also a wealth of information available on our website www.gdc-uk.org, including a monthly newsletter and details of any upcoming research and events you may be interested in. I would urge you to make the most of these opportunities to help shape regulation.

I am looking forward to the challenge that the next few years will bring.

1. Holland C. Education, education, disillusion? *Br Dent J* 2011; 211: 455–456.