

Summary of: Supporting dental registrants in difficulty

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VERIFIABLE CPD PAPER

FULL PAPER DETAILS

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Over the past few years there has been a significant increase in the number of dentists and dental care professionals (registrants) having conditions placed on their practice either by the General Dental Council or NHS area teams. There are a number of reasons for this including the fact that patients complain more often, colleagues are now expected to alert the authorities if poor practice is detected and the demographics of the dental profession in the UK are changing. Steps have already been taken to prevent dentists getting into difficulty, such as the development of requirements for continued professional development by the GDC and past initiatives at a local level set up to assist dentist in difficulty. The regional offices of Health Education England and equivalent organisations in Wales and Scotland assist registrants in difficulty in meeting these conditions. Little published research has been carried out into this important service which has had to develop rapidly over the past few years. There is a need to investigate the current service, the views of those dental professionals being assisted and those providing the support to inform the further development of the service. This paper provides an introduction to a planned series of research papers reporting on our investigation into the service provided by HEE teams.

EDITOR'S SUMMARY

Dentists are generally very good at problem solving. Certainly in relation to patients we investigate, diagnose and create treatment plans appropriate to the individual in order to solve their problem or problems. We are not always so good at self-diagnosis in relation to professional difficulties, at least on the personal level, although we do have a good record collectively in looking after each other.

Foundation/vocational training always strikes me as an excellent example of this. Now taken for granted as an established part of the education process, it was actually the profession itself that identified the gap in the support process for recently qualified dentists between the end of the undergraduate course and the steep learning curve of what could have been, and often was, unsupervised practise. Over a period of time various schemes were created and tested which eventually resulted in acceptance by the powers that be and now enshrinement in a way of life.

Interestingly, the General Dental Council (GDC) also underwent changes in the last century as a result of professional

awareness and pressure. Originally there was only one sanction that the GDC could impose for serious professional misconduct, which was erasure. This was irrespective of whether the dentist had reached that point due to misdemeanour or through ill health. The resolution of this was the original creation of the Health Committee who then had powers to assist a troubled colleague by various means of support and rehabilitation.

So, the submission of this paper provided me with both a sense of *déjà vu* but also of some hope that a process of consideration and eventual help (and common sense) will prevail. The background, arguments and questions yet to be answered are well presented in this preliminary work, as in the Commentary, and much needs to be done in terms of clarifying the reasons behind the rise in complaints and their handling, in addition to the appropriate support required to enable dental professionals to continue or resume valuable working lives. Excluding a professional from the system impacts very obviously not only on them and their families and colleagues but also

on health care provision at a time when this is already under great pressure.

It will be good to read of the authors' progress in due course. Hopefully in the further future initiatives from within the profession will once again provide sensible and positive contributions to the well-being of dentistry.

The full paper can be accessed from the *BDJ* website (www.bdj.co.uk), under 'Research' in the table of contents for Volume 218 issue 4.

Stephen Hancocks
Editor-in-Chief

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IN BRIEF

- Describes some of the possible reasons for the year on year increase in numbers of registrants in the UK getting into difficulty.
- Provides some context in relation to other professions.
- Describes the support commonly needed by registrants in difficulty.

COMMENTARY

The authors of the paper have provided a useful indication of the role that post-graduate deaneries can play in helping the increasing number of individuals who, for whatever reason, find themselves in difficulties. While largely descriptive in nature, the paper raises two key issues that the profession needs to consider and which are linked.

First, every individual works in an environment. The consequences of whatever challenges have led to the individual having their abilities questioned, in this case by the regulatory body, have potentially arisen through a number of routes including those who the individual is currently working with. Any solution must ensure that the environmental factors are handled and not simply focus on the individual.

This leads to the second and equally important element: understanding the rationale for the substantial increase in individuals who not only have conditions placed on their practice but the wider number who have been seen their practice challenged. They are of course simply part of the same spectrum. It is difficult to see how the standard of dentistry generally will improve whilst the focus of the main regulatory body (GDC) is, by its very nature, to look at individual transgression, not an overarching system approach. This means investigation is inevitably narrow and closed or inward looking. When things go wrong there are often a number of causal factors. Unfortunately, the current system is not geared to look into that, but focuses on whether any single individual is to blame.

Research is required to analyse the nature of complaints, eg is it lack of communication around consent, confusion,

errors over pricing, over-confidence in carrying out complex procedures, or something else and if so, what? An analysis as to what is leading to an increase in complaints ought to feed back into training of dentists generally, including undergraduate level, and guidance from the GDC to the profession as a whole.

We seem to be approaching the problem by trying to shut the stable door after the horse has bolted. If we addressed some of the above we might have less dental registrants getting into difficulty and needing support. We might also be able to develop better, more focused support in the areas of greatest need.

A starting point is a change in attitude towards the regulation of health professionals that does not seek to hound individuals, but to genuinely help improve the service provided by dentists and thereby improving the outcome for patients. This is critical when considering the development of new dental contractual agreements between the State and profession. The pertinent question is to ask to what extent is a poorly designed delivery system creating an environment that leads to a significant number of individuals finding themselves in difficulties?

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AUTHOR QUESTIONS AND ANSWERS**1. Why did you undertake this research?**

There are an ever increasing number of dental registrants who have had conditions placed on their practice or are at risk of this occurring. These registrants invariably seek the assistance of the regional Health Education England offices or Scottish and Welsh postgraduate deaneries which have had to expand their services in recent years to meet the demand. The research project arose out of a wish to investigate the current support available to registrants in difficulty, from the perspective of those receiving the support and those providing it, so as to inform the drive to develop a uniformly high quality of service across the UK. This introductory paper seeks to illustrate the rapid changes that are occurring, gives some possible reasons for this, briefly discusses the arrangements for some other professions and describes the support commonly needed by registrants in difficulty.

2. What would you like to do next in this area to follow on from this work?

After collecting and analysing a mix of quantitative and qualitative data we hope to be able to describe the current service to registrants in difficulty supplied across the UK and develop an understanding of the requirements both of those receiving the service and those supplying it. We plan to repeat the exercise in a few years' time and, using the baseline data being currently collected, find out how those requirements have changed. There is also a need to develop a deeper understanding of why a registrant gets into difficulty and how this could be prevented. The current project hopes to come to gain some initial insights into these areas but in the future there is a need to develop and test strategies to prevent problems arising and effectively manage them so as to keep patients safe and maintain professional careers.