indemnity

H'H'AH'H'K REGISTRATION

Kevin Lewis, Dental Director of Dental Protection, explains some of the less obvious consequences of registration of PCDs, including professional indemnity ' considerations.

have probably all true) story about the became isolated on a remote and uninhabited pacific island during World War II, and was discovered in the jungle 20 years later, unaware that the war had ended. I always wondered if he ever got his back-pay.

The British dental profession has something of a reputation for taking precious little interest in dental politics, although in fairness it has become almost a full time occupation to keep up-to-date with the huge number of changes in the NHS, at the GDC and in areas such as employment law. I suspect, however, that there are more than a few PCDs, as well as dentists, for whom all the current changes are events taking place on the other side of the jungle, so to speak. When they eventually emerge there will certainly be a shock awaiting them.

required by law, under the Dentists Act, to maintain a register of all dentists who are entitled to carry out the practice and business of dentistry here in the UK. A similar process has existed for some time in respect of hygienists and therapists, who have needed to be 'enrolled' with the GDC if they wished to practise in the UK. Nurses and technicians will likely face registration

The practical consequences of this registration process may not be immediately obvious, but they are certainly far-reaching. The Council needs to be involved in evaluating the standards of UK training programmes (for example at Universities/



Dental Schools or Schools of Dental Hygiene), and must decide what qualifications to accept and recognise, whether The General Dental Council (GDC) is obtained here in the UK or elsewhere. The Council also needs to identify and communicate the standards of personal and professional conduct that it expects from each and every member of the profession, because it has the right to consider and act upon conduct not just relating to the treatment of patients, but also in the personal lives of anyone who is registered with the

> Flowing from this, the GDC needs to establish procedures for dealing with complaints, and/or with performance problems that they might reveal. Less obviously, the GDC must consider issues involving the health and fitness to practise of anyone who is registered, as it might relate to the

safe and appropriate treatment of patients. A PCD might, for example, be infected with HIV or Hep-B, or Hep-C; whether this was acquired at birth, or in one's personal and social life, or occupationally (eg a needlestick injury), this is something that might affect one's registration, or entitlement to practise dentistry, or to be involved in certain exposure prone procedures within dentistry. Once you are registered, this becomes a matter for the Council, whether you like it or not.

The Council's remit is to protect the public, although it is the dentists (and the registered PCDs) who pay for all the Council's activities, through an annual retention (registration) fee. The GDC receives no state funding at all, although it has many statutory (legal) obligations under the terms of the Dentists Act. This is

what is known as self-regulation.

Some PCDs have started to ask what registration will mean for them personally and professionally, and in particular, whether this will mean that they will need to have professional indemnity in their own right, just like dentists do.

Many dentists, hygienists and therapists, believe that the main purpose of having professional indemnity is to protect themselves against the financial consequences of negligence claims against them. In the UK, these groups of healthcare professionals have traditionally become members of protection/defence organisations. These are non-profit-making mutual societies, all of whose funds are owned by the members themselves, as opposed to profit-making insurance companies which might need to serve the interests of shareholders as a first priority. The benefits of membership of a protection/defence society include (but are certainly not limited to) the payment of damages, legal costs and associated expenses on behalf of the member concerned.

Once you are registered with the GDC, a whole new spectrum of accountability and responsibility arises. Having someone trained and experienced in dento-legal matters, available to talk to, or to help you to prepare a response to a letter from the GDC, and/or someone to represent you at an investigation or hearing, is obviously invaluable.

Once you are registered, you can't shrug your shoulders and blame your employer, or the practice owner, or the manager of a hospital or trust where you are working. If, but it is a price well worth paying for the for example, you are working in an environment where the standards of infection

control are inadequate, you can no longer stand by if patients are being placed at risk; you have a personal responsibility to do something about it, and if you fail to do so you can expect to be personally answerable to the GDC.

You might become involved in complaints, criminal allegations or disciplinary investigations regarding radiation safety or other aspects of Health and Safety (for example, a failure to segregate clinical waste or dispose safely of sharps), or for your part in making – knowingly or unknowingly – inappropriate fee claims, or statements which are likely to mislead or deceive a patient regarding the treatment they are receiving. Criticising the work of others, or breaches of confidentiality/data protection are other examples of areas where anyone who is registered with the GDC could find themselves answerable

Registration brings many privileges, but with them come new reponsibilities. Keeping up-to-date, participating in continuing professional development, being prepared to take personal responsibility for one's own acts and omissions, and maintaining the high ethical standards that the public has a right to expect, is all part of the package that includes a more central and respected position in the profession. It should be seen as an opportunity, not a threat. Being part of a more integrated and cohesive expanded dental team should create a richer and more fulfilling role in the provision of dental care. The greater accountability can seem a bit scary at first, opportunity of taking down some of the barriers that have existed in the past.