Faculty of General Dental Practice (UK)
Response to the General Dental Council
Consultation on Developing Revalidation
September 2009

Introduction
1. The Faculty of General Dental Practice (UK) (FGDP[UK]) welcomes the opportunity to respond to the proposals for revalidation put forward by the General Dental Council (GDC) in their consultation paper ‘Developing Revalidation’.¹ The FGDP(UK) is the academic home for general dental practitioners (GDPs) and dental care professionals (DCPs). It has extensive expertise in the assessment of portfolios of evidence along with its standard setting role.

2. The response includes some general comments as well as providing comments as requested in paragraph 35 of the consultation document.

3. The Faculty is surprised that the GDC introduced a short deadline date for responses to the consultation which is prior to the results of the pilot study. We hope that the new GDC Council will ensure that consultation and collaboration with relevant stakeholders is upheld.

Rationale for and purpose of revalidation
4. In principle, the FGDP(UK) supports the rationale for and the purpose of revalidation as the Faculty is concerned with promoting professional excellence for the benefit of patient care. Revalidation is primarily designed to enhance public protection by ensuring health professionals are up-to-date and fit to practice. Professional regulation is about maintaining and improving professional standards for the vast majority of health professionals as well as identifying and addressing poor performance.

5. The GDC objectives in developing revalidation are welcome (page 3) and reflect the Principles for Revalidation developed by the Department of Health Working Group for non-medical revalidation.² It is imperative that these objectives are met in further development and implementation of the GDC revalidation model in order to introduce a robust, flexible, transparent and meaningful system for patient benefit.

General comments
6. The FGDP(UK) welcomes the involvement of stakeholders in further development of the proposals and is in a position to provide expertise to

contribute to the detail of the three-step model. It can draw on its good practice and tools, for example the publication ‘Standards in Dentistry’, the e-learning package on Key Skills in Primary Dental Care, to contribute to the detailed development of the revalidation process and the standards and evidence framework.

7. There is a need for a framework to be introduced for revalidation which can provide the basis for future ongoing development and refinement.

8. The feasibility study using three pilot sites for stage 1 of the model is to be applauded to test, amend and develop the final version of the standards and evidence framework. We await the outcome of the study with interest.

9. The acknowledgement that dentists work in different contexts is welcome and that the evidence required reflects this ie those not working in clinical practice will be revalidated around the domains other than clinical practice and those on the specialist list will be required to revalidate in their specialism.

10. The amount of information on each registrant available in the public domain is not specified in the document. For example, the context of practice or area of speciality is an important facet for the public. This should be considered and made explicit to both registrants and patients.

11. It is not clear from the consultation document if all registrants are to be revalidated at the same time or if there is a staggered approach.

12. While acknowledging that the proposals and model will be for all registered dentists in the first instance, it is important to be mindful of the working context of DCPs as acknowledged in paragraph 33 of the consultation document. Changes will need to be made to the proposals to reflect the needs of the individual DCP groups and their ability to meet the evidence requirements which are often limited by the dentist/employer. The Faculty DCP Advisory Board is in a position to identify other types of evidence as and when required.

13. The revalidation process should be robust enough to incorporate real and transparent patient and public involvement. As the detail is developed, there is a need to ensure that the patient view is taken into account.

**Specific comments**

**- The three step model**

14. The three step model is a workable process for the revalidation of dentists but further detail of the tools, the assessment process and external assessors is required to ensure that it is a fair and consistent process. The system must provide the public with confidence.
15. Self-declaration at stage 1 for the majority of registrants appropriately reflects the notion of professional responsibility and accountability and is linked to the professional context of the dentist. The evidence requirements for the portfolio at stage 1 are appropriate and all dentists should already be collecting this evidence for the GDC CPD requirements and compliance with clinical governance requirements.

16. The GDC must ensure that the evidence requirements do not become onerous for dentists as the model is developed. The key skills and clinical governance schemes should form the key to most areas of practice. The evidence gathering should be proportionate to the risk, one of the key principles of revalidation.

17. Reflective analysis is the key tenet of revalidation evidence requirements and there is a need to ensure that all practitioners understand and can incorporate this to their evidence.

18. The sample audit is in keeping with other statutory regulators’ proposals but 10% is deemed to be high given this could result in the submission of nearly 3,000 portfolios to the GDC. Advice should be sought from statisticians on the sample size given that other bodies are planning around 5% sample.

19. The proposal to remove non-responders at stage 1 from the register is appropriate provided that there is a system of reminders in place and that the GDC has the necessary resources and mechanisms to ensure that registrants are given reasonable opportunity to self-declare. If the failing lies on the part of the GDC, for example, computer breakdown or overload, registrants should remain on the register until the issue is resolved.

20. The purpose of stages 2 and 3 of the model is apt. The remedial approach is correct and the GDC will need to identify some criteria for other stakeholders to carry this out. It is difficult to comment on stages 2 and 3 as there is still much work to be undertaken. It is important that criteria, rigorous training and monitoring for assessors are developed; that there are clear timescales for registrants and signposting for support. A range of assessment tools need to be introduced drawing on good practice developed by other stakeholders.

21. The FGDP(UK) awaits further information on stages 2 and 3 and the opportunity to comment on them.

- The standards and evidence framework

22. The format of the draft standards and evidence framework is useful with the four domains, specific outcomes and the possible evidence required. Specific comments are:

- Evidence that is generated for the whole practice such as patient surveys, practice accreditation schemes, clinical governance inspection
reports, clinical audit reports may not articulate the individual’s role/contribution. These are relevant to systems rather than an individual’s professional practice/competence.

- Some of this information may be difficult to obtain on an individual basis.
- Multi-source feedback provides some verification of an individual’s practice but again may not clearly demonstrate his/her contribution.
- It would be useful for individuals to include a reflective commentary which outlines their role, their learning and the rationale for including pieces of evidence. This would be more valuable and may instil more confidence in the public.
- The FGDP(UK) supports the principle of registrants submitting evidence from a range of existing resources, for example, Key skills in primary dental care. However, the GDC must have the appropriate assessment criteria and processes in place in order to objectively judge the submission against the criteria.

23. It is fitting that some of the evidence is peer reviewed to assist objectivity. In principle, the use of existing quality assurance mechanisms and practice accreditation schemes is appropriate. However, the GDC should develop an assessment framework to validate these schemes. It should also consider the verification of other evidence submitted by an appropriate third party and the assessment by independent assessor.

24. The FGDP(UK) would welcome more information on the plans to present the standards and evidence framework in the form of an e-portfolio or other electronic format. The GDC acknowledges that there are already e-portfolios used in dentistry but does not specify how these will link to the framework.

- Other registrant groups

25. The domains in the standards and evidence framework are not applicable to all of the DCP groups, for example the management and leadership domain. Dental Technicians do not have any clinical duties. There must be the same acknowledgement for DCPs as for dentists that the context of practice is taken into account. DCPs should be able to meet some of the outcomes in the framework but will not necessarily be able to produce all of the types of evidence illustrated.

- Costings

26. The costs of revalidation overall need to be addressed by the Department of Health rather than assuming that all costs will be met by the registrants. The pilot exercises can be used to evaluate the costs of registrants producing portfolios of evidence and the GDC’s costs for administering the process.

27. It is appropriate that those registrants who do not meet the requirements for stage 1 should bear the costs of stages 2 and 3.
Summary
28. The FGDP(UK)’s response seeks to provide constructive feedback to the GDC. There is a Faculty revalidation working group who is charged with giving more detailed consideration to the proposals and the implications for GDPs and DCPs. This group welcomes the opportunity to have further discussions with GDC representatives on developing the detail to the framework.

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