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Proposals for Validation and Revalidation of the Dental Profession: A Postgraduate Dental Dean's Perspective

Abstract: This paper looks at the historic background to the GDC's proposals for revalidation of the dental profession. It also outlines what the process might be like and the various stages of revalidation and the need for a modern 21st Century Healthcare Regulator to be seen to set the standards of performance expected by the public and patients of all its registrants.

Clinical Relevance: The GDC proposals for revalidation of the dental profession are well on in their development and will have an impact on all registrants as from 2009.

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Traditionally, registers of dental professionals have been based on the assumption that, once qualified, the professional can be assumed to be fit for registration indefinitely unless adverse evidence is received. This model of registration was designed in an era where a clinician's judgement was rarely questioned and any changes in science or treatment options happened very slowly. There is no doubt that this model is unsuited to 21st Century regulation. The huge growth in dental knowledge and technology and various treatment options, the democratization of the clinician/patient relationship, human rights, not to mention the series of high profile medico-legal cases demonstrating the fallibility of professionals, point to the need for a different approach to regulation in the 21st Century.

The White Paper (February 2007) *Trust, Assurance and Safety – The Regulation*

*of Health Professionals in the 21st Century*¹ was clear in the need to regulate all health professionals in order to protect the public and be accountable to Government by demonstrating revalidation as one of the main pillars of that process.

This of course followed the report of the Shipman Enquiry,² which endorsed more strict regulation of all healthcare professionals and, together with the earlier Kennedy Report,³ led to the Chief Medical Officer's report called *Good Doctors – Safer Patients*⁴ then, most recently, the publication of *Medical Revalidation – Principles and Next Steps* (July 2008).⁵

In 2002, the GDC introduced the concept of compulsory Continuing Professional Development (CPD) as a first step in regulating the dental profession, following the Kennedy Report in 2001. Also, a number of reforms took place to the *Fitness to Practice Procedures*,⁶ including the development of performance procedures to remedy problems of poor performance.

At present, with each registrant being fully qualified, there is no reason to find the registrant 'unfit to practice' unless there is evidence of misconduct or poor

health. By monitoring the registrants' CPD activity, which would indicate that they are keeping themselves up-to-date with dental practices, there may be no reason to consider that the registrant is unfit to practice because of poor performance. However, these assurances may be insufficient to meet the critical requirements of the modern register, which should give patients, employers and colleagues alike a reasonable assurance that each registrant remains fit to practice. Compulsory CPD regulates educational activity and not 'Standards of Professionalism', so the General Dental Council should now ask the question 'How can we ensure that the professionalism of each registrant remains adequate for registration throughout his/her working life?'

The *Kennedy Report*, which examined the events at the Bristol Royal Infirmary in 2001, produced from Government the call for compulsory rigorous systems of 'Revalidation' and 'Registration', with public involvement in the process of 'Revalidation'. Medical revalidation started from there and the Council for Regulation of Healthcare Professionals

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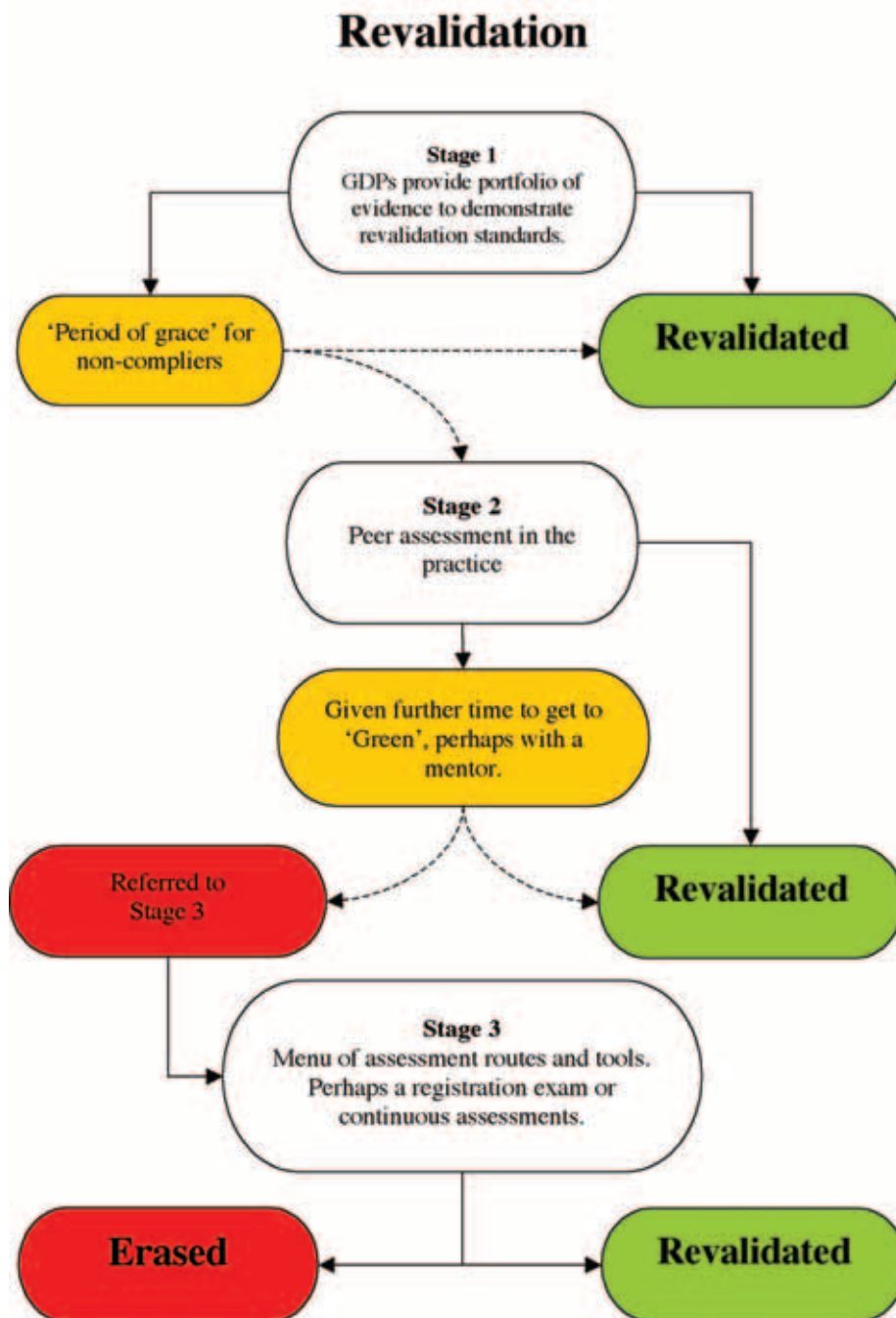


Figure 1. Proposed stages of revalidation.

(now the Council for Healthcare Regulatory Excellence) also had a role in developing a common approach to revalidation across other professions. As a result of the *Kennedy Report*, the General Dental Council began to consider the development of a system for revalidation, based on the premise that each registrant should be required, periodically,

to demonstrate that he or she is fit to be registered. Clear principles began to be developed:

- Revalidation should be firmly focused upon 'fitness for registration', ie safety to practise. In truth, not setting new or unrealistic standards, the 'fitness for registration' should include some form

of assurance of competence and current performance, not simply knowledge.

- Competence in current performance should be assessed in the field of practice in which the registrant performs.

- The system must also be capable of identifying those unfit for registration so that local remedial measures can be taken, wherever possible, or action by the General Dental Council, if appropriate, in order to protect patient safety.

- The system should be proportionate to its ends and, as the overwhelming majority of registrants are competent and conscientious professionals, then no unnecessary burdens should be placed upon them and limited healthcare resources be diverted unnecessarily.

Other factors may need to be considered, such as:

- The developments in Dental Quality Assurance systems, particularly, the Clinical Governance arrangements within the NHS; and also

- The Quality Assurance systems in the Independent Healthcare sector, which are now well developed in many areas.

- Appraisal may be key for many registrants, as long as the process and outcomes are consistent with the General Dental Council requirements for revalidation.

Revalidation for the dental professional

Having given the history so far, the following proposals are being discussed for 'Revalidation for the Dental Profession'. These proposals for revalidation will cover all dental professionals and will be focused around four main headings:

- Communication;
- Professionalism;
- Clinical; and
- Management and Leadership.

These domains were first identified as generic skills needed by doctors in 'Good Medical Practice' from the GMC. Subsequently, they have emerged as the four main domains for *Foundation Training Assessment* in the Scottish Document for Dental Foundation Training⁷ and the more recent publication in November 2007 of a two-year Dental Foundation Training Programme in England and Wales.⁸

The latest proposals from the

Revalidation Working Party are detailed in the document 'Developing Revalidation – your chance to get involved 2009'.⁹

In order to revalidate, dentists will be required to produce a portfolio of evidence over a period of 5 years. This may include:

- Practice-based evidence of existing clinical governance schemes supported by third party involvement such as a PCT, Denplan Excel, or BDA good practice schemes;
- Others that may develop in time;
- Activities specific to individual practitioners such as a Personal Development plan and CPD evidence, evidence of appraisal, multi-source feedback, ideally with patient involvement, if appropriate;
- A peer review of patient records;
- Additional support which may, for example, be FGDP(UK) Key Skills completion, or postgraduate qualifications that may demonstrate the above.

Throughout, the process should be flexible enough to be tailored to each individual's practice.

Pilot studies involving dentists will start during 2009 with a view to full implementation by 2012.

The responsibility for keeping a portfolio of evidence of competence in the four domains rests with the registrant.⁹ A three-stage process is envisaged as follows and is illustrated in Figure 1.

Step 1: A sift of all registrants

Each registrant will provide the GDC with evidence of activities they have undertaken, which demonstrates that they meet the standards required to show that they remain fit to practise under these four headings; use will be made of local quality assurance mechanisms and locally gathered evidence, where possible. It may be a points accrual model, where successful registrants will carry out various activities leading to a satisfactory number of points.

The process may be that a form detailing activities would be submitted against which points can be determined and an e-portfolio of activity may support the declaration on these forms. A random sample audit of e-portfolios could then validate the declaration process at Step 1.

There will be the need for

flexibility to allow some paper-based systems to operate in the beginning but, ideally, moving to an e-portfolio as soon as possible.

One proposal is to carry out a random check of 10% of all registrants to check the validity of the Stage 1 process.

Registrants unable to satisfy the requirements of Step 1 will then be subject to a Step 2 assessment.

Step 2: Assessment in the practice setting

This may be a system based on an assessment in the practice setting with a closer look at dental records, observation of practice and an interview carried out by trained assessors. In addition to targeted assessments at Stage 2, the General Dental Council may carry out a smaller number of random peer assessments validating the effectiveness of Step 1 as a filter. There will be the opportunity for registrants who go into Stage 2 to produce further evidence within a time scale and be successfully revalidated. Again, a failure to satisfy the requirements of Step 2 would require moving into a Step 3 assessment.

Step 3: Detailed assessment

This would be much more in depth and obviously involve a smaller number of registrants, but would need to be sufficiently robust to justify removal from the Register in the event of a registrant failing to demonstrate fitness. The overall objective would be to ensure that the General Dental Council has a robust revalidation system that not only protects the public and reassures patients, but is also practical and affordable.

There will, of course, be a time when the process has to start and registrants will start validation. For many new graduates, the period of validation may be at the end of a period of foundation training and then there will be a need for registrants to revalidate on a cycle after that point every 5 years or so. This period of validation may apply to all dental professionals applying for registration for the first time. New registrants will be given a possible period of three years in which to validate for the first time.

For some this may be seen as an

additional barrier, but it has to be seen in the context of a 21st Century regulatory body whose role is to protect the patients and the public and assure them that the dental profession is appropriately up-to-date and has the necessary skills to deliver a first class service within the sector in which it works.

What are the benefits to the profession?

There is the opportunity to develop personal development plans that should inform the individual's learning process. The profession's continuing professional development allows registrants to take advantage of all the training courses that they either have to do, under GDC regulations, while also highlighting those training opportunities in their area of interest and expertise. The maintenance of a portfolio will help focus such activity, as well as acting as a record of CPD and reflective practice.

It is hoped that, with the use of modern technology, the process should not be too onerous and will build upon the current regulation of producing evidence of CPD to maintain registration.

References

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