Dudley LDC Chair's annual report 2019

I have just read through my report from last year, and apart from reminding the committee which meetings and events I had attended on their behalf, it was fairly pessimistic in outlook. And again I've attended conference, officials' day, WMLDC and meetings with NHSE area team.

By nature, I am a Tigger, not an Eeyore (look it up if you need!). However, I see no reason to think I was wrong last year, and no improvements are forecast. Having chaired this LDC for nearly 12 years, I see a huge decline in morale and prospects for many dentists, particularly those with greatest commitment to the NHS.

For providers there are huge issues with clawback, recruitment and retention, and CQC inspections, as well as a hardening attitude from our local area team with many more breach notices being issued. Performers face pressure to reach sometimes difficult targets, often without great support. The debacle of orthodontic procurement may well leave many patients unable to access necessary treatment, whilst those currently providing services lose their contracts.
Despite protracted negotiations and years of pilots, we still seem to be a long way from a reformed contract that is fit for the purpose it is supposed to achieve.

Is there any point to LDCs? Yes, I firmly believe there is. It gives us a structure to make representation, and it gives those trying to negotiate on our behalf a legitimacy they would otherwise not have. The BDA do not appear to be

achieving much, but things might be a great deal worse without the very considerable efforts made by our negotiators. So I urge to support your new chair, ask questions, give your views, and encourage them to represent you and to report back.

With regard to the GDC, they are not close to reducing the ARF, but they are aware of the criticism they have received, and are seeking to meet the profession and also to streamline their processes. The FtP process remains expensive and very heavy handed. Upstream management of problems is vital and perhaps an area that we could gain some ground, to the benefit of all.

Most of you are aware that I sit on the FtP panel, and whereas I cannot speak of the entire process, I will give you some insight into an investigation.

When a complaint is received, the GDC will investigate, and if it is within their remit they will take it on. Even if it is a single patient, single tooth. Case examiners (1dental, 1 lay) decide whether it needs to go forward to a Professional Conduct Committee, or can be dealt with by undertakings. At any stage it can also be referred to an Interim Orders Committee for a risk assessment. With only limited information, the IOC make a judgement whether there is a public safety issue. They can apply conditions of practice or a suspension for up to 18 months which is devastating for the dentist.
It will be reviewed every 3-6 months.

The investigation process allows records to be accessed and anything, not necessarily in the initial complaint, can

be charged against the dentist. Full engagement is essential otherwise this will be noted at the hearing and possibly charged separately. It is not mandatory to attend the hearing but it does not help the committee if the dentist cannot be questioned. At the hearing, often scheduled for 5 days, there are individual heads of charge for each issue. I have just completed a case with over 400 and evidence for each one was looked at carefully. (That took 4 weeks). The GDC prosecute the case, and witnesses may be called to give evidence under oath. The defence can then cross examine them. The defence then presents their case and witnesses, who will be cross examined by the GDC barrister. The committee- 1 dentist, 1 DCP and 1 lay, can ask questions if they wish and then make a decision based on the presented facts. This is done privately, then a written determination handed down publicly. Some facts may not be proved to their satisfaction, others are likely to be.

Contemporaneous record keeping is essential. The number of registrants unrepresented is increasing and it puts the dentist at a significant disadvantage, despite the apparent cost saving.

Finding of facts is only the end of stage1. Submissions are made by both sides whether the facts found equate to misconduct, and if so, whether the dentist's fitness to practice is currently impaired. This is a vital stage to understand. Between the case going to the GDC and the hearing there can be 18 months, rarely less than 12 months. This is the time to reflect, do relevant CPD and reflect again. And repeat if possible. Bring the evidence of this. Testimonials are useful, but it is the dentist's insight that the committee take most account of. If a clinical matter, then audits are essential to show

improvement. However with honesty it is very difficult to show remediation. It is possible for someone to have done so much remediation that their FtP is no longer impaired and the case is concluded at that point.
Most are not considered to be fully remediated at that point however (See website for figures), so a sanction is applied. The committee consider sanction from the least punitive upwards, these are reprimand, conditions, suspension or erasure. They have to give written reasons why they make their decision, and this can be challenged at the High Court.
The entire procedure is very stressful because the stakes are high. Most committees are doing their best to be fair but have to work within the rules. I have sat on cases where I can see exactly why the problem has arisen, but it is the charges which are addressed.

The new eCPD stipulates the number of hours required, including in the transition period, but also that it must be quality assured, and this needs to be on the certificate. Otherwise it does not count. Failure to complete the required hours results in erasure. There is the right of appeal, but within the rules there is no discretion at all, so appeal seems pointless. This will not be a harsh committee, just one bound by rather draconian rules. Check your cpd certificates!

Why should I have sought to be part of the process? It exists. The more ordinary dentists are involved rather than academics or specialists, hopefully some common sense prevails within the private discussion. So it feels like an appropriate contribution to make at this stage of my career, but I hope not to see you there!