

REVALIDATION for dentists

OUR PROPOSALS



Contents

	Page
Introduction	2
Section 1 - how revalidation will work	5
Section 2 - how and when revalidation will apply to different groups	15
Section 3 - patient and public involvement	19
Section 4 - questions we would like you to answer	21
Appendix 1 - draft standards and evidence for GDPs	26
Appendix 2 - frequently asked questions	36
Appendix 3 - equality and diversity impact assessment	41

Introduction

Revalidation will provide, for the very first time, a proactive way of checking that dental professionals carry on meeting our standards after they have joined our registers. Our fitness to practise proceedings are reactive rather than proactive; they assume that dental professionals meet our standards unless we receive information which suggests otherwise. This is not good enough. Patients believe and expect that dental professionals' compliance with standards is already checked by us regularly, and are surprised to discover that this does not happen¹. Revalidation will bring reality into line with patient expectations.

We plan to introduce revalidation for dentists in 2014. Revalidation will make clear the minimum standards that all dental professionals must meet. We expect that the majority of dentists will already be meeting these standards and should have no difficulty in revalidating. However, the system will provide an opportunity for those in difficulty to identify and tackle any problems before they become serious.

Revalidation is not a guarantee that nothing will ever go wrong. No system can guarantee this. However, it will reassure patients and the public that dental professionals show us regularly that they meet the standards needed to maintain their GDC registration. Revalidation will build on – and incorporate – the existing requirement for dental professionals to carry out continuing professional development (CPD). Our fitness to practise procedures will be the 'back stop' to deal with any problems that arise in between revalidation points.

About this consultation

This consultation sets out our proposals for revalidating dentists. The philosophy behind the proposals is to avoid over-regulation by making as much use of existing and developing quality systems within dentistry as possible. Dentists will, in many cases, already be required to show that they are meeting quality standards, through NHS practice inspections or performance appraisals, private capitation scheme providers' quality requirements, or participation in voluntary quality initiatives.

The GDC wishes to recognise this commitment to quality within revalidation, by enabling dentists to make use of the evidence they collect for other quality systems, as evidence towards their revalidation. The aim is that, ideally, dentists should be able to demonstrate all the quality standards they have to show – for the GDC, the NHS or other bodies - under one umbrella. If they have already shown a body approved by the GDC that they meet a particular standard, the dentist will not have to demonstrate this again to the GDC. This will keep the costs of revalidation down, and give dentists more time to get on with the business of treating patients.

Inevitably, our proposals will require extensive co-operation and collaboration between the GDC, as the regulator of individual dental professionals, and bodies responsible for regulating dental services, with a joint commitment to avoid over-regulation. We are working

¹ Ipsos MORI, *Revalidation: the patient perspective*, November 2009.

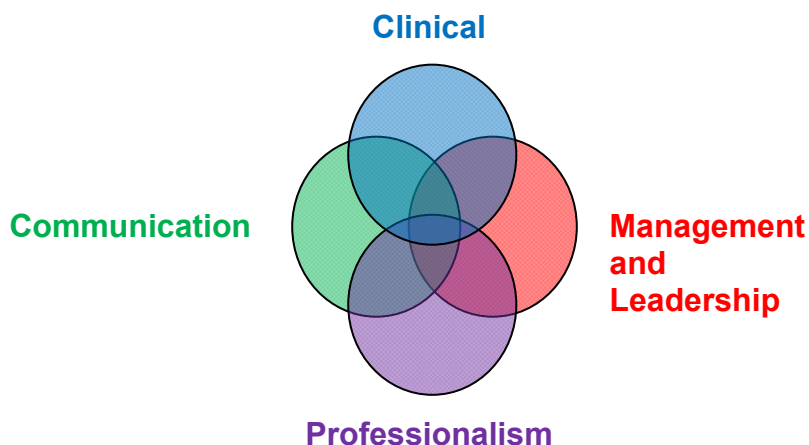
hard with other public bodies and commercial organisations to make sure that we can develop a system which is workable for everyone. Your views are an important part of this process.

The consultation takes into account the findings of earlier consultation, research and piloting carried out in 2009, which is why the proposals vary from earlier versions you may have seen or heard about. The outcomes of the pilots, *Revalidation Stage 1 Feasibility Study Final Report*, can be found on our website at www.gdc-uk.org. These pilots focussed on the experiences of general dental practitioners (GDPs). However, we anticipate doing further piloting and consultation with other dentist groups in 2011 and 2012.

We are very grateful to the dentists who made the time and effort to take part in the pilots, and to the South Yorkshire and East Midlands Deanery and Denplan, who provided invaluable assistance to our researchers in recruiting participants for the study.

Summary of proposals

- A standards and evidence framework will set out the standards dentists must meet under the four domains of clinical, management and leadership, communication and professionalism, each domain being of equal importance. The framework will also set out the evidence which will be acceptable to demonstrate compliance with each standard;



- Dentists will gather this evidence over a five-year cycle, and revalidate at the end of each cycle;
- There will be a three-stage process at the end of each cycle:
 - **Stage 1 – compliance check**, which will apply to all dentists
 - **Stage 2 – remediation phase**, which will provide an opportunity to dentists who do not pass Stage 1 to remedy deficiencies
 - **Stage 3 – in-depth assessment**, which will apply to dentists who fail to demonstrate their compliance at the end of the remediation phase
- Dentists who refuse to engage with the process, or who do but who fail to revalidate, will ultimately be erased, with additional requirements for restoration to the register;
- There will be an appeals process.

How to respond

This is a formal 12 week public consultation starting on **14 October 2010** and closing on **6 January 2011**. It will be available on our website and will be launched to dental professionals at the BDTA Dental Showcase exhibition in October.

You can respond by email on revalidation@gdc-uk.org, by filling in the online form on our website at www.gdc-uk.org, or by writing to us at: Revalidation consultation, General Dental Council, 37 Wimpole Street, London W1G 8DQ.

We are keen to get feedback from a full range of stakeholders including patients and organisations representing the interests of patients. However, we recognise that the content of the consultation is quite technical, and that formal, written consultations do not suit everyone. Because of this, we are carrying out other activities alongside formal consultation so that we get a full range of opinions. These activities include research into patient and public views, dedicated focus groups, meetings, and piloting activities, as the project progresses.

What we will do with your consultation responses

When you send us your response we will provide you with an acknowledgement. Once the consultation has closed we will collate all the responses we have received by the deadline and staff will carry out a consultation analysis and produce a report for the Revalidation Working Group to consider. This report will be published on the GDC website. The report will influence the proposals the Working Group makes to Council for revalidating dentists.

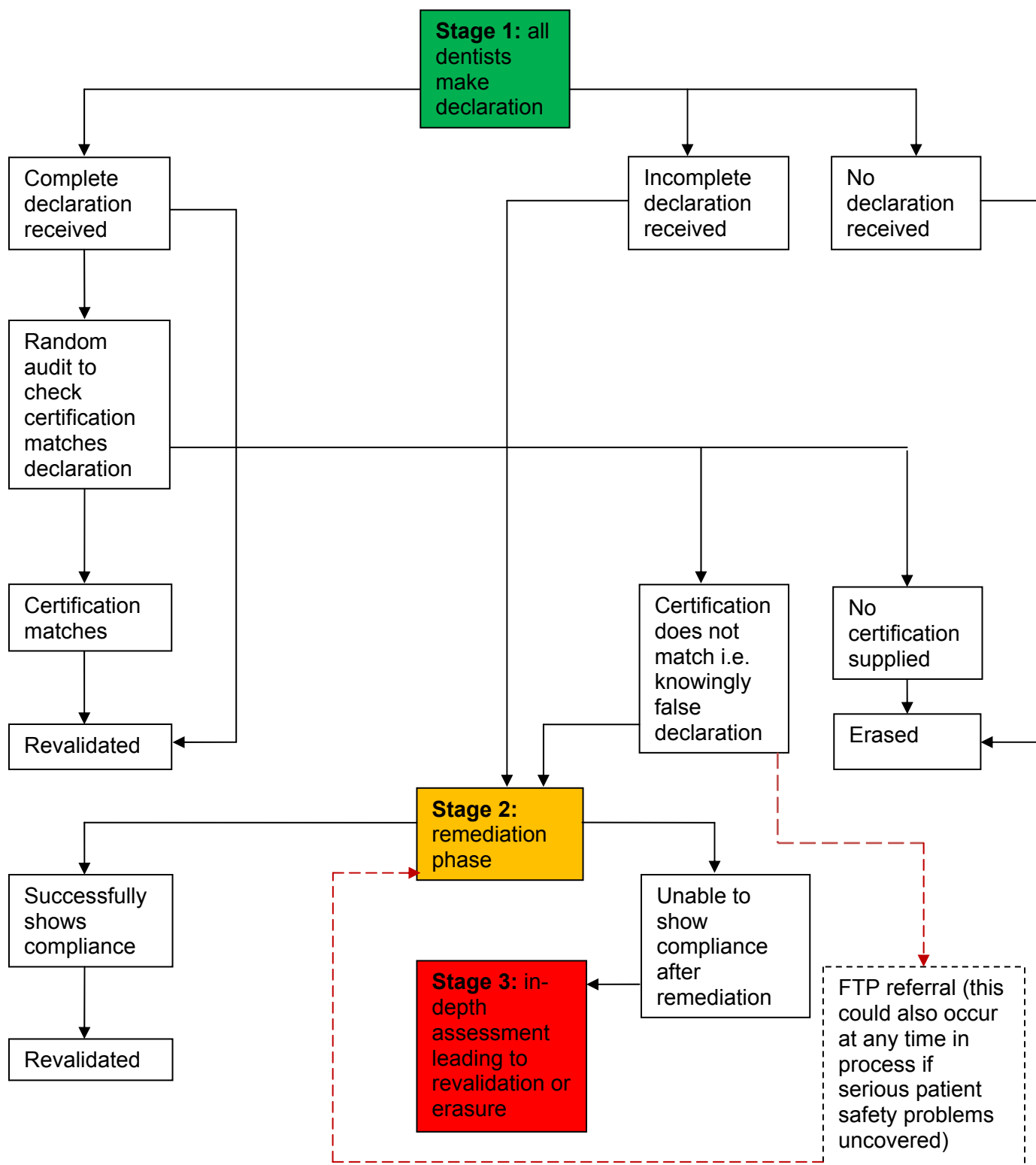
Please note that:

- to be fair to all groups, and to manage the project efficiently, we cannot guarantee that consultation responses received after the stated deadline will be considered;
- we can only consider responses which reflect the issues covered by the consultation. If there are any other issues you would like to discuss with the GDC, please contact us separately on 020 7887 3800;
- we do not put responses or correspondence (either sent on behalf of organisations or individuals) before the Council or its committees or working groups, so please do not ask us to do so. It is important that, as a public body, our consultation process is transparent and fair to all our stakeholders, and so we will reflect the range of comments made in the responses we receive in the consultation report itself;
- a consultation process is not a 'vote'. We make decisions based on what is best for public protection, and not a simple count of the number of views expressed for or against a particular approach.

Section 1 – how revalidation will work

This section explains the core elements of revalidation which will apply to all dentists.

Process diagram



Frequency of revalidation

All dentists will revalidate on a five-year cycle. The revalidation cycles will be fixed. In other words, a dentist's first revalidation cycle will begin at a particular point in time, and cycles will run every five years from that date onwards, throughout a dentist's career.

Standards and evidence framework

All dentists will need to be able to demonstrate at the end of their five-year cycle that they have complied with our standards. These standards will be set out in a standards and evidence framework. Many standards will be generic – that is, they will apply to all dentists, regardless of how they work. However, we plan to produce adapted frameworks where necessary, for example to take account of specialty standards in revalidation of specialists. We will consult on our standards and evidence framework separately, once it is ready. In the meantime, we have started work on the standards and evidence for GDPs, and have included the draft document at **Appendix 1** so that you can get a picture of the kinds of standards and evidence we will be looking for.

We used this draft framework in our pilots. However, dentists had problems deciding what evidence was relevant for inclusion on the basis of the framework, and asked that it be more prescriptive than it is now about what will be acceptable. We have taken this on board and the intention is that the standards and evidence framework will set out in clear detail what evidence you will need.

The standards and evidence framework will be dynamic; it will evolve over time as standards change, and more outcomes-focused evidence becomes available. It will reflect our ethical guidance and the outcomes required of dental undergraduate education and training, and where relevant, specialist training. It is important to emphasise that all dentists will have to maintain their registration at *current* standards, not the standards which applied when they were first registered.

Approved external verifier to check compliance with standards

To demonstrate that they have complied with the relevant standards set out in our standards and evidence framework, dentists will need to gather supporting evidence for each standard across the five-year cycle. The framework will specify the evidence which will be acceptable. It is possible that one item of evidence may demonstrate compliance with several different standards.

A dentist's evidence must be checked at least once in each revalidation cycle by an **approved external verifier**. Responsibility for ensuring that the dentist is checked through an approved external verifier will rest with the dentist. It will be open to commercial organisations to apply to the GDC for approval as an external verifier, and we anticipate that we will make arrangements with public bodies so that they also fulfil this role. Criteria for becoming an approved external verifier will include the following:

- the verifier must check the dentist's evidence of compliance with our standards face-to-face at least once in each revalidation cycle. This may be done through a mechanism such as a practice inspection or performance appraisal;

- the verifier must provide the dentist with a certificate confirming that their compliance has been checked, and if there are failings, identifying these in a report/written feedback to the dentist. If any serious patient safety issues arise requiring immediate action, the verifier must advise the GDC;
- the verifier will have its own internal quality management processes, which will include ensuring that individuals who carry out checks on the verifier's behalf are trained and competent to do so;
- the verifier must be approved initially by the GDC for this purpose, and
 - have their systems quality assured by the GDC on an ongoing basis, if a commercial organisation; or
 - enter into a memorandum of understanding with the GDC, setting out arrangements for using their systems towards revalidation, if a public body².

We will set further criteria for approval of external verifiers in due course, and work with stakeholders to develop guidance on how checks should be carried out. We will also produce a list of approved external verifiers for use by dentists, once we have carried out our initial approval process.

The revalidation process is designed to integrate as far as possible with other, already established quality initiatives, and mandatory requirements of bodies responsible for dental services regulation. We anticipate that several existing and planned quality systems within dentistry – both mandatory and voluntary - will, with some modification, be suitable for checking the evidence we require, so that their providers can become approved external verifiers.

We anticipate that dentists whose compliance with our standards is not checked by an approved external verifier as part of their contractual arrangements, will be able to sign up to a commercial alternative which meets our requirements. Dentists will have to meet the cost of doing this. We believe this is justified, since it is good practice for dentists to maintain and improve their performance through participation in a quality system and most dentists already do this, either through voluntary membership of a quality initiative or by virtue of a contractual relationship.

In our pilot, dentists who had already signed up to voluntary or mandatory quality initiatives within dentistry found it easier to provide evidence for revalidation than those who were not, since those initiatives and requirements already covered significant areas of our draft standards and evidence framework. Dentists in this position were positive about our proposals, because they would be able to gather evidence for a variety of different purposes under one umbrella, and need not repeatedly gather and submit material to different bodies for different purposes. In the pilot, the collation of evidence to support the revalidation process was most frequently found to take dentists between one to four hours. This is not much time over a five-year cycle.

² By public body we mean NHS organisations and the Care Quality Commission and its equivalents in Scotland, Northern Ireland and Wales.

End of cycle process

At the end of each revalidation cycle, the following process will take place.

Stage 1 – compliance check

Dentists will be required to submit a declaration to us in the form of a checklist confirming:

- their field(s) of practice across the revalidation cycle;
- that they comply with our standards and that:
 - their compliance has been checked by an approved external verifier during the current cycle;
 - they have certification which proves this.

There will be a random audit to check the veracity of declarations. In the random audit, the GDC will ask dentists to send in the certification from the approved external verifier, as evidence that their compliance with standards has indeed been checked.

Dentists who fail to respond to the request for a Stage 1 declaration will be erased from the register. Similarly, those who are asked to submit certification from the approved external verifier as part of the random audit, but who fail to do so, will be erased. We take failure to engage with regulatory processes seriously; not only is failing to respond unhelpful to patients, since we cannot then determine whether or not a dentist has complied with our standards, but it is unfair to the profession, as we have to ‘chase’ the dentist for a response, leading to extra costs.

Where it is apparent from the random audit that an individual has knowingly made a false declaration to the GDC, the individual will be referred to fitness to practise on grounds of dishonesty. However, the revalidation process will continue to run in parallel.

Those dentists who do respond but who are unable to prove that they comply with all the standards will be referred to Stage 2. This may be because the dentist has not signed up to an approved external verifier to check that all the standards are met, or because checks have revealed that the dentist is not meeting all the standards.

Stage 2 – remediation phase

Stage 2 will be a stage of remedial action. Dentists who are unable to prove their compliance with each standard will be given an additional six months to remedy deficiencies in their compliance. The GDC is not responsible for remediating registrants or funding their remediation. We anticipate that dentists will be able to make use of existing support mechanisms within dentistry, but responsibility for remediation (and any associated costs) ultimately rests with the dentist.

By the end of the remediation period, the dentist will need to provide a report from an approved external verifier which demonstrates that (s)he has now met the standards required. Dentists who are unable to do so will be referred into Stage 3. Those who simply fail to respond to the request for information will be erased from the register.

Stage 3 – in-depth assessment against standards

The principle at Stage 3 will be that the dentist's non-compliance is sufficiently serious to require an in-depth assessment against the standards required to maintain registration. Because the system we are proposing has three stages, we anticipate that Stage 3 will apply only to a very small number of dentists. (It will not be possible for a dentist to 'skip' straight to Stage 3 if he or she does not wish to gather evidence for Stage 1 or Stage 2.)

We have so far considered what Stage 3 should look like for **GDPs only**, and our proposals are set out in Section 2. We welcome views on how Stage 3 might work for other groups.

Relationship between revalidation and CPD

At the moment, the CPD requirements mean that dentists have to send a CPD declaration to us at the end of each five-year cycle, and may be selected for a random audit of their CPD records. Our intention is that the five-year CPD requirements will be built into revalidation. This will mean that the dentist has one revalidation cycle, not a separate revalidation cycle and CPD cycle.

Dentists with non-standard working patterns

Dentists who work part-time or occasionally

The GDC does not propose to make special revalidation arrangements for dentists who work part-time. Registration with the GDC gives a dentist an unlimited right to practise, and the standards to which a practitioner is required to perform are the same, whatever the hours (s)he chooses to work. Therefore, the revalidation requirements will be the same for full- and part-time dentists.

Dentists who change their field(s) of practice during a revalidation cycle

Registration with the GDC is generic, which means that once registered, dentists are not restricted to working in a particular field of practice. They may – subject to the ethical obligation to recognise and work within the limits of their competence – practice in any field of dentistry.

We will focus in revalidation on the field(s) of practice in which a dentist performs. We will ask dentists to declare the fields of practice in which they have worked during the revalidation cycle, at the end of each cycle. Where a dentist has moved into a different field over the course of a cycle, we will expect to see additional evidence that they have ensured they were sufficiently trained and competent to enter that new field before doing so.

There are special considerations where a dentist moves from a non-clinical to a clinical role, because of the significant de-skilling which may take place where a dentist has been out of clinical practice for a number of years. If the dentist returns to clinical practice without appropriate retraining and assessment, this will put patients at risk. We are seeking your views on whether special arrangements should apply to these dentists.

Dentists working in more than one field of practice

In principle, dentists working in more than one field of practice must demonstrate that they meet the standards required in all their fields of practice, although there is likely to be some overlap in the standards required in each field.

Dentists whose practice is limited

If a dentist chooses to limit the scope of his or her practice (i.e. the range of things (s)he does), the dentist will still need to revalidate against the relevant standards and arrange for an approved external verifier to check (s)he is meeting the standards.

Dentists who do not practise clinically

We have identified three options for non-clinical dentists:

1. dentists who do not practise clinically should revalidate in the same way as other dentists, under all four standards domains;
2. dentists who do not practise clinically should have to revalidate under an adapted standards and evidence framework, placing greater emphasis on the management and leadership domain than for other dentists, and correspondingly less emphasis on the clinical domain;
3. dentists who do not practise clinically could be given the option of not revalidating, on the basis that they do not represent a risk to patients unless they choose to return to clinical practice.

For options 2 or 3 to work, we would need to be able to identify non-clinical practitioners through some form of separate listing for non-clinical dentists, which would limit their practice to non-clinical roles. If a non-clinical dentist on the list subsequently wanted to undertake clinical practice, (s)he would need to take an assessment equivalent to Stage 3 of revalidation in order to do so. The reasoning behind this is that, if we allowed non-clinical dentists not to revalidate or to revalidate in a limited way, it would put patients at risk if such a dentist started practising clinically again without an assessment of their skills.

Non-practising dentists who choose to stay on the register

All dentists who are on the register will have to revalidate. If a dentist has no practice of any kind, the only practical way of revalidating may be to undertake an in-depth Stage 3 assessment. Since it is open to a non-practising dentist to apply for voluntary erasure from the register, we do not propose to make any special arrangements for people who choose to stay on the register in these circumstances.

Dentists who keep UK registration while working overseas

Revalidation is ultimately concerned with practice in the UK, and unless an overseas employer requires it, an individual need not maintain their UK registration during a period working abroad. However, we recognise that a number of overseas employers do require UK registration to be maintained.

The revalidation process we are proposing is sufficiently flexible to enable revalidation evidence to be generated at any point during the cycle. This will make it easier for those who spend some of their revalidation cycle working abroad to be able to comply with revalidation, because they will have been able to collect evidence for verification by an approved external verifier during the period of the cycle they spent in the UK. We may also accept evidence from overseas, where we are satisfied we can approve an overseas external verifier. However, where neither of these options is practicable, we may exceptionally accept a portfolio of evidence from the dentist which we will verify ourselves.

Dentists in training for all or part of the revalidation cycle

Registered dentists who are in training will be required to participate in revalidation. It is likely that individuals will be able to use evidence from in-training assessments to revalidate, so long as this evidence is confirmed by an approved external verifier as demonstrating compliance with our standards.

Dentists registered with more than one regulatory body

If a dentist is registered with more than one regulatory body, (s)he will need to comply with each of those bodies' revalidation requirements. It may well be that evidence collected for one body can be used to support revalidation with another, where the standards required cover similar areas. We will explore this further with the relevant regulatory bodies.

Temporary registrants

Temporary registrants will be required to comply with revalidation on the same basis as full registrants.

Dentists who take time off the register

At the moment, dentists who take time off the register, whether for a career break or for some other reason, can apply to restore without any real test of their skills. This does not adequately protect patients, because skills will be lost if a dentist is off the register for a significant period of time. Because of this, we are proposing the following approach for restoration applications from individuals who were erased from the register voluntarily. Special arrangements apply when someone has been erased for revalidation-related reasons. The GDC will produce detailed advice for dentists who are planning to take time off the register, so that they can prepare for what they will have to demonstrate when they apply to restore.

Dentists absent from the register for up to one year

Generally, dentists who are absent from the register for up to one year will not have to show anything to restore. The only exception to this would be where a dentist comes off the register in one revalidation cycle and applies to restore in the next. In that limited circumstance, the dentist will have to show that (s)he is compliant with Stage 1 of revalidation in order to restore. This is because the dentist will have missed their revalidation point for the previous cycle. This approach should discourage anyone seeking to avoid their revalidation point by taking a short absence from the register and then

returning. The dentist will then go on to revalidate again at their normal point, at the end of the cycle.

Dentists absent from the register for between one and five years

Dentists absent from the register for between one and five years, but who apply to restore within the same revalidation cycle in which they were erased, will be allowed to restore as normal and will go on to revalidate at the end of the cycle. This is because, had they remained on the register, they would be revalidated only at the end-point of the cycle anyway.

Dentists absent from the register for between one and five years, but who are erased in one revalidation cycle and apply to restore in the next, will be allowed to restore but required to revalidate by demonstrating compliance with Stage 2 within six months of restoration. In other words, they will have six months from the date they restore to provide a report from an approved external verifier confirming their compliance with our standards. This is because these dentists will have missed their revalidation point for the previous cycle, but will probably have been off the register for too long to be able to comply with Stage 1 immediately (unlike those who have been off the register for less than a year). We believe this approach provides an appropriate balance between public protection and fairness to the dentist, because all dentists to whom this applies will have been erased voluntarily, not because they are believed to represent a risk to patients. They can be expected to know, when they apply for voluntary erasure, that they will need to prepare to revalidate on their return, and can gather at least some of the evidence that will need to be checked while they are off the register (CPD evidence, for example).

These dentists will then go on to revalidate again at their normal point, at the end of the cycle.

Dentists absent from the register for five years or more

Dentists who are off the register for five years or more, **whatever the reason for their erasure**, will have to pass Stage 3 of revalidation to restore. The rationale behind this is that if a dentist has been off the register for five years or more, it is likely that they will be so out of practice that there would be a serious risk to patients in allowing them to restore to the register without assessment of their skills. This proposal will inevitably apply to all fitness to practise erasures, since these are for a minimum of five years. However, it will apply equally to a dentist, erased voluntarily or for revalidation reasons, who is off the register for five years or more.

Dentists erased for non-participation in revalidation, or revalidation failure

We take failure to participate in required regulatory processes seriously. Most importantly, failure to participate is unfair to patients, because we do not know whether the dentist is meeting our standards or not. It is also unfair to the rest of the profession, since it costs us money to 'chase' registrants who do not respond to requests for information, and our money comes from the annual retention fee paid by all our registrants. We propose that dentists who do not participate in revalidation are treated as follows:

- dentist who does not comply with request for Stage 1 declaration, resulting in erasure: must pass Stage 1 in order to restore;
- dentist who does not comply with request for certification from approved external verifier as part of Stage 1 random audit, resulting in erasure: must pass Stage 1 in order to restore;
- dentist who provides a false declaration at Stage 1 and is referred to fitness to practise: will have to pass Stage 2 of revalidation;
- dentist who does not comply with request for report from approved external verifier at the end of Stage 2, resulting in erasure: must pass Stage 3 in order to restore;
- dentist who does not comply with instruction to undertake Stage 3 assessment, resulting in erasure: must pass Stage 3 in order to restore.

Dentists who fail revalidation (i.e. have been through all the stages and have ultimately failed Stage 3), will be required to pass Stage 3 to restore.

Changes to our proposals following piloting

Dentists who have seen and commented on our earlier proposals, or who took part in our GDP pilots, will notice a change in our proposals for Stages 1 and 2. We piloted an approach where a dentist would collate all their revalidation evidence in a portfolio and send it, on request, to the GDC. There were several problems with this, including:

- patient dissatisfaction with self-assessment as a mechanism for revalidation
- the potential administrative burden on the individual practitioner, in photocopying and sending large volumes of material to the GDC
- the potential cost implications on the side of the GDC in evaluating portfolios and the subjective nature of success
- the lack of 'live' experience with dentists in surgery

The approach we are now suggesting retains many of the advantages of the portfolio-based approach which were that:

- most participants had retained all documents which they felt would be relevant to revalidation
- practices with a well organised practice manager were able to delegate much of the work; and
- it allowed some individuals to ensure their filing was in order and well organised

However, the revised approach recognises that much of the evidence that dentists would collect for revalidation is already checked as part of a quality process, and so if this is the case, there is no merit in sending the same information to the GDC. An approach which enables existing quality systems to be adapted so that compliance with the GDC's standards is checked within them, will mean that dentists do not have to submit and resubmit the same documents to different people for different purposes.

Dentists may still wish to keep their evidence in a portfolio or e-portfolio, to have it to hand for checking by approved external verifiers. It is open to them to do so but they will not be obliged to do so. The important thing is that the dentist keeps his or her supporting evidence for revalidation in a safe place, and in a well-organised way.

Because we are now proposing that all dentists are checked through an approved external verifier at Stage 1, we have altered Stage 2 to be a remediation phase, rather than a peer assessment phase, as originally envisaged.

Section 2 – how and when revalidation will apply to different groups

This section expands on how revalidation will apply to different groups. So far, we have concentrated on how the system will apply to GDPs. However, we are currently considering how it will apply to other groups and welcome your views on this.

GDPs

Standards and evidence

We are currently drafting the standards against which GDPs will have to revalidate. These will reflect our ethical standards and the outcomes required of dental education. The draft is at **Appendix 1** for information. We envisage that approved external verifiers for GDPs will be likely to check that standards are met through practice inspection or accreditation schemes, making use of existing quality initiatives within dentistry. Ideally, this will mean that you have one practice inspection which checks compliance with our standards, and any contractual or other standards you have to meet, at the same time.

You will notice that some of the draft standards are practice-based (such as C1 – recognises and works within national and local clinical governance and health and safety requirements), rather than individual. This is because we believe that a lot of the material collected to demonstrate practice quality is also relevant to individual performance.

The main individual elements of evidence that we see as relevant to GDP revalidation are:

- personal development planning and CPD
- patient and colleague feedback
- patient records checks; and, in future
- clinical outcomes indicators (including patient-reported outcomes measures).

These elements will provide evidence of compliance with a large number of the standards.

We realise that not all of these elements are in place at the moment, such as formal mechanisms for seeking patient and colleague feedback. These will need to be explored and developed further. However, there are examples already used within dentistry on which we can build.

The process

As described in Section 1, revalidation will be a three stage process. We expect most GDPs to revalidate at Stage 1, by providing a declaration that they meet the standards and, if asked, by submitting a certificate from an approved external verifier as proof of their compliance. If, for any reason, you are unable to comply at Stage 1, you will have an additional six months in which to do so. At the end of that six month period, you will be asked to provide us with a report from an approved external verifier confirming that you now meet all the standards.

If you are unable to do so, you will be referred into Stage 3 of our procedures. Stage 3 is intended to be an in-depth assessment against our standards. We have identified two ways in which such an assessment might be carried out for GDPs, and we are seeking your views on them. They are:

Option A – an examination approved by us; or

Option B – a defined period of supervised continuous assessment in practice approved by us

We envisage that for Option B, the continuous assessment would be akin to the vocational training model. For public protection reasons, informal colleague supervision or mentoring would not be suitable for the continuous assessment option. It may be possible to offer a choice between the two options.

We consider the advantages and disadvantages of each option to be as follows:

	Advantages	Disadvantages
Option A	<p>Fits well with expectations of the public</p> <p>Controllability</p> <p>Cost to GDP relatively low</p> <p>GDC already has an available model which assesses the standards it requires of GDPs</p> <p>Quality assurance simpler than with continuous assessment</p>	<p>One-stop assessment so performance cannot be assessed over a period of time</p>
Option B	<p>Arguably more remedial/sympathetic process than an examination from the point of view of the GDP</p> <p>Can test more areas over a longer period and more frequently than an examination allows</p> <p>Realism (if practising on patients)</p>	<p>High cost to GDP</p> <p>Difficulty attracting people to the role of supervisor</p> <p>Patients may not be willing to be treated by a Stage 3 GDP, even if they are supervised</p> <p>Potential for abuse/public protection risks</p> <p>Indemnity considerations</p>

Dentists on the specialist lists

We will produce standards and evidence frameworks for each of the specialist lists. These will reflect our ethical standards and the outcomes set out in the specialist curricula approved by the GDC.

In terms of evidence, specialists in high street practice are likely to be subject to the same quality systems as GDCs, for example, mandatory practice inspections or participation in voluntary accreditation schemes. We anticipate that these systems can be adapted so that the provider becomes an approved external verifier for these specialists. Specialists in managed services may have a performance appraisal, and we envisage that performance appraisal systems may also be adapted to provide approved external verification. In such cases, the NHS Trust, Health Board or hospital could be the approved external verifier. Where the NHS is concerned, we would anticipate making arrangements for approved external verification with the Departments of Health in the four administrations, rather than each individual Trust, Health Board or hospital. Performance appraisals, or inspections of specialists, might alternatively be carried out by royal colleges or specialist societies, subject to those bodies seeking approval and being approved as external verifiers.

These are our initial thoughts, and we welcome your views on how the approved external verifier concept should work for specialists.

Dentists in salaried services

Dentists in salaried services may have a performance appraisal through their employer. We anticipate that this could be adapted so that the employer becomes an approved external verifier. Again, these are our initial thoughts, and we welcome your views on how the approved external verifier concept should work for dentists in salaried services.

Dentists in other roles

Some dentists hold roles which do not fit into any of these categories, and we are currently scoping these for further discussion. If you hold such a role, and you have views on how the system we are proposing should apply to you, we would very much like to hear from you. In particular, we are asking your views on whether dentists in non-clinical roles should be revalidated at all.

Timing of revalidation for dentists

To implement revalidation, we need to obtain changes to legislation. This will take some time. We hope to begin the first cycle of revalidation for dentists in 2014. This will mean that we will need to have the changes to legislation in place, and have approved external verifiers to deliver Stage 1, by 2013.

We intend to introduce revalidation for all dentists at the same time, dividing them into tranches as we did previously for CPD. We have not yet decided how those tranches will work. However, we will ensure that dentists have plenty of notice of their revalidation cycle start-date so that they can plan for revalidation.

Dental care professionals (DCPs)

We welcome DCP input into this consultation. We do not plan to consider in-depth whether revalidation is necessary for all DCP groups until the random audit of the first cycle of CPD for DCPs is complete, in late 2013. Dentists all went through at least one complete cycle of CPD without any further requirements being put on them, and it would be unfair to DCPs to expect them to begin discussing whether revalidation is necessary until they have had the same opportunity to complete and review one cycle of CPD. Nonetheless, if you have ideas about whether and how DCP groups should be revalidated, we would like to hear them, since it is likely that we will use a similar structure to the one we are proposing for dentists if we decide to revalidate DCPs in future. Further, if you would like to comment on our proposals for dentists in your capacity as a professional colleague, teacher or trainer, please do so.

Section 3 – patient and public involvement

This section deals with the ways in which patients and the public will contribute to the revalidation process.

We are suggesting that patient and public involvement in revalidation will take the following forms:

- (1) lay involvement in policy development through membership of the Revalidation Working Group and Council
- (2) targeted research into patient views and experiences to inform policy development and measure the success of revalidation
- (3) patient feedback on individual dentist performance through validated questionnaires
- (4) lay involvement in quality assurance processes for approved external verifiers

(1)

This involvement already takes place.

(2)

We have carried out initial research into patient views and experiences to inform revalidation development. The report, *Revalidation: the Patient Perspective* can be found on our website at www.gdc-uk.org. We intend to carry out targeted research and consultation as the project progresses, and draw on planned annual surveys of patient experiences. We will also take account of relevant research carried out by other bodies.

(3)

We are proposing that patient involvement in the revalidation of individual dentists takes place through patient feedback, sought through validated questionnaires. This will be a huge step forward in ensuring that dental professionals provide patient-centred care. Some models of patient feedback questionnaires are already being used in the profession, and we may be able to build on these. We will need to develop criteria to determine which questionnaires are suitable for revalidation, and we will need to make sure that they are administered appropriately.

Dentists who took part in our Stage 1 pilot were concerned that patients are not well placed to assess the extent to which the dentist is performing acceptably. Our research indicates that patients would, in the main, agree with this. However, there are a number of areas in which *only* evidence from the patient will show that the dentist is meeting the standards, for example, standards which test whether or not the patient felt his or her informed consent to treatment was sought. We have modified our GDP standards and evidence framework in the light of the pilot so that it reflects the areas where patient feedback is essential.

We recognise concerns about dentists hand-picking patients to provide feedback, and the point that the dentist needs to take account of feedback – rather than merely collect it - in order to change his or her practice. We are seeking your views on these issues.

(4)

We anticipate involving lay people in our quality assurance mechanisms for approved external verifiers, in the same way as lay people contribute to our existing quality assurance systems for dental education and training.

Section 4 – questions we would like you to answer

To help the GDC understand the context of your response, please fill in the relevant forms below as they apply to you

Are you a dental professional?

Yes	<input type="checkbox"/>
No	<input type="checkbox"/>

Dental professionals	
I am replying as a (please tick (√) the box(es) that apply to you)	
Specialist in high street practice	<input type="checkbox"/>
Other specialist	<input type="checkbox"/>
Salaried services dentist	<input type="checkbox"/>
Dentist in training	<input type="checkbox"/>
Dental student	<input type="checkbox"/>
Non-clinical dentist	<input type="checkbox"/>
Clinical dental technician	<input type="checkbox"/>
Dental hygienist	<input type="checkbox"/>
Dental nurse	<input type="checkbox"/>
Dental technician	<input type="checkbox"/>
Dental therapist	<input type="checkbox"/>
Orthodontic therapist	<input type="checkbox"/>
General Dental Practitioner	<input type="checkbox"/>
(Please specify).....	
I have been in practice for (please tick (√) the box that applies to you)	
Less than 2 years	<input type="checkbox"/>
2-5 years	<input type="checkbox"/>
6-10 years	<input type="checkbox"/>
10-20 years	<input type="checkbox"/>
Over 20 years	<input type="checkbox"/>
I work (please tick (√) the box that applies to you)	
Full-time	<input type="checkbox"/>
Part-time	<input type="checkbox"/>
Not working	<input type="checkbox"/>
I work in (please tick (√) the box(es) that apply to you)	
Primary care	<input type="checkbox"/>
Secondary care	<input type="checkbox"/>
Tertiary care	<input type="checkbox"/>
Other	<input type="checkbox"/>
(Please specify).....	

Other respondents		
I am replying (please tick (✓) the box(es) that apply to you)		
As an individual member of the public	<input type="checkbox"/>	
On behalf of an organisation	<input type="checkbox"/>	(Please specify).....

Equality and diversity information

Filling in this section will help the GDC to ensure that it gets a wide range of views and can take into account any potential equality and diversity considerations. The GDC will keep the information confidential.

Gender	
Male	<input type="checkbox"/>
Female	<input type="checkbox"/>

Age	Please tick (✓) the boxes that apply to you.
18-24	<input type="checkbox"/>
25-34	<input type="checkbox"/>
35-44	<input type="checkbox"/>
45-54	<input type="checkbox"/>
55-65	<input type="checkbox"/>
65-74	<input type="checkbox"/>
75+	<input type="checkbox"/>
Ethnic group	
White	<input type="checkbox"/>
Mixed race	<input type="checkbox"/>
Asian or Asian British	<input type="checkbox"/>
Black or Black British	<input type="checkbox"/>
Chinese	<input type="checkbox"/>
Other Ethnic Group	<input type="checkbox"/>

Consultation questions

The process

1. The GDC envisages that all dentists will have their compliance checked at **Stage 1** by an approved external verifier. For general dental practitioners (GDPs), we expect that this verification will normally take place through a practice inspection (see page 15)
 - a. Are there any other ways an approved external verifier might check a GDP's compliance?
 - b. What are the ways in which an approved external verifier might check the compliance of other groups of dentists e.g. specialists, dentists in salaried services?
2. A lot of the evidence that GDPs currently collect is practice-based. The main individual evidential elements within the framework we are proposing for GDPs are set out on page 15 and are:
 - a. Continuing professional development (CPD)
 - b. Patient feedback/Patient reported outcomes measures
 - c. Colleague feedback
 - d. Patient records checks/clinical outcomes indicators

Are there any additional items of evidence of individual performance that we should require approved external verifiers to check at **Stage 1** of revalidation for GDPs? If so, what are they?

3. What evidence of the individual performance of other groups of dentists should be collected for **Stage 1**? (see page 17)
4. Should a dentist be subject to any additional requirements at **Stage 2**, to differentiate it from **Stage 1**? (see page 8) If so, what should these be?
5. The GDC has identified two options for in-depth assessment of GDPs at **Stage 3**. (See page 16) These are:
 - a. An examination
 - b. A defined period of continuous assessment akin to the model used for vocational training.

Which of these options do you prefer? Please state the reasons for your answer.

Which approach do you think would be the most effective in protecting patients? Please state the reasons for your answer.

6. What do you think **Stage 3** should involve for other dentist groups?

Dentists who do not practise clinically

7. The GDC has put forward three options for the revalidation of non-clinical dentists (see page 10). These are:
 - a. Non-clinical dentists should revalidate against all four domains, in the same way as other dentists.
 - b. Non-clinical dentists should revalidate under an adapted standards and evidence framework, placing greater emphasis on the Management and Leadership domain and less emphasis on the Clinical domain.
 - c. Non-clinical dentists should not have to revalidate.

Which option do you think would work best? Please state the reasons for your answer.

Applying to restore after taking time off the register

8. Please state whether you agree or disagree with the following statement.

“The GDC proposals for dentists seeking to restore to the register after a career break of less than five years are reasonable”. (See pages 11-12 for details of the proposals)

Choose one of the following options

Strongly agree Agree Neither Disagree Strongly disagree

Please state the reasons for your answer.

9. Please state whether you agree or disagree with the following statement.

“To protect patients, a person who is off the register for five years or more should have to revalidate at Stage 3 in order to restore, whatever the reason for their erasure”. (See page 12 for details of the proposal)

Choose one of the following options

Strongly agree Agree Neither Disagree Strongly disagree

Please state the reasons for your answer.

Patient and public involvement

10. Do you agree or disagree with the GDC’s approach to patient and public involvement in revalidation? (see pages 19-20)

Choose one of the following options

Strongly agree Agree Neither Disagree Strongly disagree

What other arrangements would you suggest?

11. How do you think the GDC should manage the patient feedback element of Stage 1 of revalidation? For example:

- a. Should the process be managed centrally or locally?

Please circle one of the options

Centrally

Locally

- b. Should the GDC develop its own, required questionnaire, or accept other questionnaires which cover the standards required?

Please circle one of the options

GDC questionnaire

Other organisations' questionnaires

What are your suggestions for how the patient feedback process should be managed?

Equality and diversity

12. Can you identify any positive or negative impacts you perceive the GDC's policy proposals will have on different groups or communities, for example, particular ethnic groups, age groups, etc? (See page 41 for Equality Impact Assessment). Please explain your answer.

Please let us know any other views you have about what we are proposing.

Appendix 1 – draft standards and evidence for GDPs

NB: this is a work in progress. Comments and suggestions are welcomed. We will define in detail the evidence we require and how it will be checked. In particular, we have not yet decided how we will manage the patient feedback elements and seek your views on this. Where possible, we are looking for evidence of outcomes (such as patient satisfaction), rather than inputs (such as practice protocols and policies). However, we recognise that at the moment there are few outcomes-based systems available, and the evidential requirements will therefore develop over time.

Domain 1 – Professionalism				
Ref.	Generic standards	Outcomes	Potential evidence (to be checked by approved external verifier)	Checkbox
P1.	Puts patients' interests first and acts to protect them	<ul style="list-style-type: none"> Recognises and works within limits of training and competence 	Patient record check	
		<ul style="list-style-type: none"> Makes and keeps accurate, contemporaneous and complete patient records, including a medical history 	Patient record check	
P2.	Respects patients' dignity and choices	<ul style="list-style-type: none"> Makes sure that no steps are taken without the patient's consent, in line with <i>Principles of Patient Consent</i> 	Validated patient feedback tool	
		<ul style="list-style-type: none"> Treats patients fairly and in line with the law 	Validated patient feedback tool	
P3.	Protects the confidentiality of	<ul style="list-style-type: none"> Maintains systems to 	Check that records are stored securely	

	patient information	ensure patient information is kept secure at all times and is used only for the purposes for which it is given, in line with <i>Principles of Patient confidentiality</i>	Evidence of data protection registration for computerised records	
P4.	Co-operates with other members of the dental team and other healthcare colleagues in the interests of patients	<ul style="list-style-type: none"> Co-operates with other team members and colleagues and respects their role in caring for patients 	Validated peer feedback tool	
		<ul style="list-style-type: none"> Treats all team members and other colleagues fairly and in line with the law 	Validated peer feedback tool	
		<ul style="list-style-type: none"> Communicates effectively and shares knowledge and skills with other team members and colleagues as necessary in the interests of patients 	Validated peer feedback tool	
P5.	Maintains professional knowledge and competence	<ul style="list-style-type: none"> Develops and updates knowledge and skills throughout working life 	Personal development plan and certificates/CPD log demonstrating completion of 250 hours of targeted	

			CPD (of which at least 75 hours are verifiable CPD)	
		<ul style="list-style-type: none"> Reviews and reflects on knowledge, skills and professional performance 	Personal development plan and certificates/CPD log demonstrating completion of 250 hours of targeted CPD (of which at least 75 hours are verifiable CPD)	
		<ul style="list-style-type: none"> Maintains knowledge of laws, regulations and evidence relevant to practice 	Personal development plan and certificates/CPD log demonstrating completion of 250 hours of targeted CPD (of which at least 75 hours are verifiable CPD)	
P6.	Is trustworthy	<ul style="list-style-type: none"> Justifies patients', public and colleagues' trust by always acting honestly and fairly 	Validated patient and colleague feedback tools	

Domain 2 - Clinical				
Ref.	Generic standards	Outcomes	Potential evidence (to be checked by approved external verifier)	Checkbox
C1.	Ensures systems are in place to protect patients and improve care	<ul style="list-style-type: none"> Recognises and deals appropriately with medical emergencies 	<p>Certificate demonstrating completion of 10 hours verifiable CPD in medical emergencies</p> <p>Staff training records for medical emergencies</p> <p>Check that recommended medical emergency drugs are available, dated and stored safely</p>	
		<ul style="list-style-type: none"> Prescribes safely and with appropriate knowledge of potential interactions and side effects 	Prescribing data	
		<ul style="list-style-type: none"> Follows IRMER regulations and appropriate radiation protection procedures 	<p>Certificate demonstrating completion of 5 hours verifiable CPD in radiography and radiation protection</p> <p>Staff training records for radiography and radiation protection</p>	

		<ul style="list-style-type: none"> Recognises and works within national and local clinical governance and health and safety requirements 	Check to be carried out equivalent to the current checks currently carried out by PCTs/Health Boards.	
		<ul style="list-style-type: none"> Implements and performs effective decontamination and infection control procedures 	<p>Certificate demonstrating 5 hours of verifiable CPD in decontamination and infection control</p> <p>System in place to manage current decontamination processes</p> <p>Staff training records for decontamination and infection control</p>	
		<ul style="list-style-type: none"> Recognises the signs of abuse or neglect in vulnerable groups, and the local procedures that should be followed when reporting such circumstances 	Evidence of verifiable CPD	
C2.	Referrals to specialists and other healthcare colleagues are relevant, appropriate and timely	<ul style="list-style-type: none"> Makes sure requests to colleagues to 	<p>Patient records check</p> <p>Validated colleague feedback tool</p>	

		provide treatment, a dental appliance or clinical advice for a patient is clear and that the colleague is given all the appropriate information		
		<ul style="list-style-type: none"> Records the process of referral clearly 	Patient records check	
C3.	Provides appropriate clinical care in line with established standards and evidence ³	<ul style="list-style-type: none"> Examines patients appropriately, taking account of relevant history and making appropriate use of diagnostic imaging 	Patient records check Validated achievement of clinical outcomes indicators Dental Reference Officer reports Evidence of assessment of clinical skills	
		<ul style="list-style-type: none"> Generates differential diagnoses and treatment plans based on evidence through the correct interpretation of clinical findings 	Patient records check Dental Reference Officer reports Evidence of assessment of clinical skills	

³ At Stage 3, the in-depth assessment will be mapped onto the detailed outcomes set out in “Outcomes for registration”.

		<ul style="list-style-type: none"> Manages patient treatment effectively 	<p>Patient records check</p> <p>Patient reported outcomes measures</p> <p>Dental Reference Officer reports</p> <p>Evidence of assessment of clinical skills</p>	
		<ul style="list-style-type: none"> Regularly reviews the outcomes of treatment given to improve patient care 	<p>Clinical audit records</p> <p>Significant event analysis records</p>	

Domain 3 - Communication				
Ref.	Generic standards	Outcome	Potential evidence (to be checked by approved external verifier)	Checkbox
CM1.	Communicates effectively with patients (and carers or relatives, where appropriate)	Makes sure the patient has all the information they want and need to make decisions about their care, including clear information about costs and preventative information	Validated patient feedback tool	
		Handles challenging communication situations and complaints effectively, in line with <i>Principles of Handling Complaints</i>	Validated patient feedback tool	
		Identifies patients with special communication needs and makes arrangements to meet those needs effectively	Validated patient feedback tool	
CM2.	Communicates effectively with colleagues in the dental team and other health or social care professionals	Works effectively as part of a team, in line with <i>Principles of dental team working</i>	Validated colleague feedback tool	

Domain 4 - Management and Leadership				
Ref.	Generic standards	Outcome	Potential evidence (to be checked by approved external verifier)	Checkbox
	Every dentist:			
ML1.	Delegates appropriately	<ul style="list-style-type: none"> Asks another member of the team to carry out a task or type of treatment only where confident that they are trained and competent to do so 	Validated colleague feedback tool	
ML2.	Contributes appropriately to ongoing quality improvement and training of self and team		Validated colleague feedback tool Evidence that [a significant proportion of] verifiable CPD has been carried out among colleagues, and not simply online or via journals	
	Every dentist who leads a team:			
ML3.	Employs suitably trained and, where appropriate, qualified and registered staff		Evidence of registration, qualifications and CPD of staff	

ML4.	Makes sure that all team members have access to the training they need and the opportunity to take part in continuing professional development		Validated colleague feedback tool Staff training records	
ML5.	Makes sure staff can raise concerns, and that these concerns are dealt with effectively	<ul style="list-style-type: none"> Ensures that effective systems are in place to allow people to raise concerns about the health, behaviour or professional performance of any staff the dentist directs or manages, or about any part of the organisation's clinical or administrative environment. 	Validated colleague feedback tool	

Appendix 2 – frequently asked questions

This appendix includes answers to the questions we were asked in piloting or in responses to our previous consultation *Developing revalidation: your chance to get involved*. We will keep this document on our website and update it during development as more information becomes available.

What do you mean by an approved external verifier?

We explain this in Section 1. An approved external verifier will be an organisation approved by us for checking your evidence that you meet our standards. It is likely that organisations which currently provide quality checks such as practice inspection and accreditation schemes will, with some adjustment to those systems, be able to meet our criteria. To become an approved external verifier, the check must take place at least once in every five year cycle face-to-face. Providing dentists with opportunities for self-assessment or online assessment will not be sufficient to become an approved external verifier (although these tools will support dentists in preparing for revalidation and may be useful supplements to a system of inspection, accreditation or performance appraisal).

If I apply for approval as an external verifier, won't I carry the can if something goes wrong?

No. Although of course we expect external verifiers to carry out their role properly, it is the GDC which ultimately makes the revalidation decision, and takes responsibility for that decision. We will expect external verifiers to tell us immediately if a serious patient safety issue emerges during their checking process, however.

What if I am part of an existing quality system which covers some, but not all, of the standards?

We will be working with stakeholders to make sure that as many existing systems as possible can be adapted to meet our requirements, in addition to the requirements of the body responsible for the quality system. We hope that dentists will therefore be able to provide evidence for a variety of different purposes under one umbrella. If this is not possible, we will consider identifying external verifiers whose systems provide partial evidence of compliance, so that if there are gaps in the standards checked, the dentist can make alternative arrangements to deal with them, by providing evidence from an additional approved external verifier who covers those standards.

You say existing quality systems can contribute, but most of these look at the practice, not the individual. How will this work?

A lot of the material collected to demonstrate quality of the practice or services is also relevant to individual performance. The particular elements

we have identified as reflecting individual performance are CPD, patient and colleague feedback, patient records checks, and, in future, clinical outcomes indicators. We are inviting views on whether there is any other evidence of individual performance which we should look at.

How will clinical governance evidence used to contribute to revalidation apply to different dentists within the practice?

Because clinical governance information is usually collected and checked as a practice, rather than as individuals, the clinical governance information which applies to the practice will apply to you. For example, if your practice has successfully met all of a practice inspection's clinical governance requirements, you can use that evidence to support your individual revalidation if the inspection was carried out by an approved external verifier. Similarly, if the practice you work in has failed a clinical governance inspection carried out by an approved external verifier, this will affect your ability to revalidate. We make no apology for this. If, for example, the practice you work in has been criticised for failing to meet decontamination requirements, you have an ethical responsibility not to put patients at risk by continuing to practice in that environment without doing something about it.

What if I work on more than one practice site?

You will need to explain this to your approved external verifier and use evidence from across the practice sites on which you work.

What will be assessed or measured and who will do this?

We will set out the standards you will be assessed against, and the criteria which will be used to assess you, in the standards and evidence framework. There will be no surprises. This will enable you to use the framework as a tool to address any deficiencies in your practice. At Stages 1 and 2, the assessment will be carried out by an approved external verifier. In turn, we will quality assure the external verifier. At Stage 3, you will undergo a full assessment and the arrangements for that are discussed in Section 1 and, for GDPs, in Section 2.

It will be difficult to measure some of the evidence in the framework objectively. How will you do this?

Revalidation is an objective system. It will clearly set out the standards you need to meet, the means by which you can show that you meet them, and the criteria against which you will be assessed.

How will the management and leadership domain of the standards apply to me? I am an associate in a dental practice and have nothing to do with the management of it.

The management and leadership domain is far broader than the responsibilities which attach to running a practice. If you are an associate, you

will still be responsible for managing your relationships with other members of the dental team where you work, ensuring you contribute to meeting health and safety requirements by following practice policies and protocols, and so on. All dentists have these responsibilities whether or not they own or run a practice.

[I don't consider myself to be a GDP, as I provide cosmetic/implant/etc treatment only. How will I revalidate?](#)

By general dental practitioner we mean any dentist working in primary care who is not on one of our specialist lists or working in salaried dental services. Therefore the GDP standards and evidence framework will apply to you. You will be expected to show that you meet contemporary clinical standards in the areas in which you practice as part of this process.

[Who will provide remediation and how will this work?](#)

Dentists who cannot comply with Stage 1 will have an additional six months in which to remedy deficiencies. However, the GDC is not responsible for funding or providing remediation. Responsibility for both will lie with the dentist concerned. It is likely that organisations with a responsibility for supporting dentists will help those who are struggling but it is up to the profession to decide how to organise this.

[Will dentists have to hold this information in an e-portfolio and how will this work?](#)

It would be useful if all dentists were able to hold the information they need in one place, so that have it to hand for checking by approved external verifiers. The GDC will explore this with the relevant professional and commercial bodies. However, dentists will not be obliged to use e-portfolios. The important thing is that the dentist keeps his or her supporting evidence for revalidation in a safe place, and in a well-organised way. However, all dentists should recognise that it is becoming increasingly important to use IT wherever possible, and it saves a lot of money and time if paperwork is readily available electronically.

[Will 'risky' practitioners be targeted in the revalidation process?](#)

The system targets individuals who do not currently carry out activity to maintain the quality of their performance and their practice. Individuals who do not participate in quality systems, and so are not checked by anybody, are likely to represent a greater risk to patients than those who do take part in such systems. Therefore, our revalidation proposals will require all dentists to make sure that they are part of a quality system.

How will dentists appeal a revalidation decision?

When we seek legislative change to allow us to bring in revalidation, we will build into our proposal a mechanism for appeal. We would anticipate that the appeals process would be similar to CPD appeals currently.

You have only run pilots with GDPs. Will you be piloting revalidation with other groups of dentists?

Yes. We considered revalidation for GDPs first, as they are the largest group of practitioners, although a small number of salaried dentists also took part in our pilot. We will carry out pilots with other dentist groups in 2011 and 2012.

What is the current position on provisional registration?

In addition to this consultation, we are currently consulting on new learning outcomes for registration. As part of this consultation, we are asking whether there is a significant gap between what is expected on registration with the GDC and what primary qualification providers can deliver. The answer to this question will direct the way forward on provisional registration. The consultation can be found at www.gdc-uk.org.

How will specialists be revalidated?

We are asking for your views on this as part of the current consultation. Please note that unlike the GMC, the GDC will not delegate the setting of standards for specialist revalidation to other bodies (for example, royal colleges or specialist societies). The standards required of specialists will reflect the specialist curricula already approved by the GDC. However, we would anticipate that these bodies will play a central role in helping to determine methods for gathering supporting evidence for specialist revalidation. It is also open to specialist bodies to apply to be approved external verifiers and we would welcome this.

Can you provide more detail on the revalidation plans for those working in NHS trusts or university settings?

We are inviting your views on how the approach we are proposing might work for these groups as part of the current consultation.

Does the integration of CPD with revalidation mean that I will no longer have to send a CPD declaration to the GDC?

Yes. We will decide precisely how CPD will be integrated in due course, but you will not be required to send in a separate declaration.

Will approved external verifiers check CPD records instead of the GDC?

This is open to discussion. As stated, we have not yet made any firm decisions about how CPD will be integrated. However, you will still have to comply with the CPD requirements, whatever we decide.

What is the relationship between revalidation and fitness to practise?

They are separate processes. Revalidation is proactive; it requires the dentist to demonstrate to us regularly that they continue to meet our standards. The fitness to practise process is reactive, and picks up and deals with problems that are notified to us, either through patient complaints, contractors and employers, concerned colleagues etc.

However, in exceptional circumstances, we may have to make a referral to fitness to practise in the event that a serious patient safety issue requiring immediate action is discovered during revalidation checks. We may also refer an individual to fitness to practise if it is clear that a dentist has given us false information in order to pass revalidation.

We are also discussing some practical details about how revalidation will work when someone has been suspended by the health, conduct or performance committee. However, in principle, suspended dentists will have to revalidate just like everyone else.

Who will pay for revalidation?

Dentists will be responsible for making arrangements to be checked by an approved external verifier at Stages 1 and 2. Because we envisage being able to adapt existing systems, this should not involve any significant additional costs. The most costly stage of the process is likely to be Stage 3, and as a matter of principle, we think that a dentist who gets to that stage should be responsible for paying for their assessment, rather than members of the profession who have revalidated having to subsidise it through the ARF. We will be carrying out a full economic evaluation of our revalidation proposals later in the year.

Why aren't you basing the system around appraisal, like the GMC?

Performance appraisal (rather than educational appraisal) will be a potential means by which an approved external verifier can check a dentist's compliance with our standards. However, it is not the only means, nor necessarily the best means, depending on your working arrangements. Performance appraisal is usually an employer-employee relationship; the majority of our dentist registrants work in general dental practice and are not employees. Because of our commitment to building on existing systems, we are envisaging that GDPs will be able to revalidate through evidence gathered as part of practice inspection and accreditation processes, rather than appraisal. However, potential approved external verifiers are welcome to submit performance appraisal systems as alternative methods for revalidation.

Appendix 3 – equality and diversity impact assessment

This is the equality and diversity impact assessment which the GDC has produced for revalidation. If you can think of any additional matters which are not covered here, please let us know in your consultation response.

We monitor our work in terms of ethnic origin, race, colour, gender, religion, disability, sexual orientation and age.

1.	Description of policy/procedures
	Revalidation: a system requiring dental professionals to demonstrate on a regular basis that they meet our standards for registration.
2.	Who are the stakeholders for this policy area?
	Dental patients, carers, the wider public, dental professionals, other bodies with a regulatory role within dentistry across the four administrations, NHS and commercial organisations providing dental services or support services, professional associations, postgraduate education and training providers, indemnity providers.
3.	Please list specific equality issues that may need to be addressed through consultation (and/or research)?
	<ul style="list-style-type: none"> - Revalidation for dentists who are taking/have taken career breaks - How to ensure there are no social or physical barriers to patient involvement in the provision of feedback about individual professionals for revalidation purposes
4.	Does existing data reveal any relevant concerns?
	The report <i>Better Opportunities for Women in Dentistry</i> indicates that women struggle to return to the profession after a career break. The revalidation pilot raised concerns about part-time practitioners.
5.	Could aspects of this policy/these procedures indirectly or directly have an adverse impact on a particular group or groups?
	<p>Dentists who work part-time; likely to include semi-retired practitioners and larger numbers of women than men</p> <p>Dentists who take career breaks</p> <p>Further exploration into risk-based targeting for revalidation might bring with it potentially adverse impacts for particular groups, which is why (alongside the lack of reliable data) the GDC's approach thus far has been to enable dentists to manage their own risk, rather than to come up with 'risk profiles' for different groups.</p>
6.	If there is an adverse impact, is it justifiable in terms of our statutory duty or public interest?
	<p>Part-time dentists</p> <p>Any adverse impact is justified on the basis that registration gives an unlimited right to practise; the standard a practitioner is required to perform to is the same whatever the hours the practitioner chooses to work.</p>

	<p>Dentists who take career breaks</p> <p>This issue is covered in the consultation. We believe it is justifiable after a substantial absence to require the dentist to undertake an in-depth assessment, on public protection grounds.</p> <p>Further exploration into risk-based approaches</p> <p>The GDC is committed to making better use of its own sources of data to identify any particular issues which point to areas of risk. If it decides also to collate data to identify whether any particular risk factors can be identified in order to inform the intensity of revalidation required for particular groups, as some regulatory bodies are doing, the equality and diversity implications are significant. Any approach to data mining to inform 'risk-based approaches' needs to be guided by firm principles and careful thought as to the kinds of data the GDC wants to seek and what it intends to do with them.</p>
7.	<p>What, if anything, could we do to mitigate any adverse impact?</p> <p>Since revalidation evidence can be collected over a five-year cycle, the proposals are flexible enough not to disadvantage part-time workers. This is also the case with those who take career breaks; however there are potential difficulties where an individual takes a lengthy career break which calls into question their ability to return to practice without extensive retraining and assessment. This issue is covered in the consultation.</p>
8.	<p>Has this gone out to consultation? If so, were any equality concerns raised and how were they addressed?</p> <p>Respondents to this consultation are invited to identify any equality concerns they have. We are also considering holding focus groups, with the advice of the Research Manager, to ensure that we get a full range of views. We have tailored our patient research to be representative.</p>
9.	<p>Could this policy help us to actively promote equal opportunities and good relations between different groups? If so, how?</p> <p>Yes. Since it is planned to incorporate patient feedback into revalidation processes, this could indirectly promote equal opportunities by identifying to dentists issues important to patients, which can inform personal and practice development. In turn, this could improve patient experience.</p>
10.	<p>What arrangements are in place to monitor and review the impact of this work?</p> <p>The Revalidation Working Group has taken a decision to review equality and diversity implications at every stage of its work and, where further work is required (e.g. to identify whether there are equality and diversity issues, to consider means of minimising them, testing whether or not an aspect of policy which disadvantages a particular group is justified etc), it will take advice as necessary and record the issues and its findings/recommendations to Council.</p>