

## Written evidence submitted by The Dental Defence Union (DTY0029)

### Opening remarks

1. The Dental Defence Union (DDU) is pleased to have this opportunity to make a submission to the Health and Social Care Select Committee's inquiry into NHS dentistry. The DDU is the specialist dental division of the Medical Defence Union (MDU) – a mutual, not-for-profit organisation, owned and run for the benefit of our members, who in their number include dentists and other dental professionals across the United Kingdom.
2. The DDU is staffed by dentists who have real-life experience of the pressures and challenges faced every day by members of the dental team. Our dento-legal advisers and expert team of in-house lawyers support DDU members with the myriad of dento-legal issues that can arise out of their professional practice, including claims of clinical negligence, patient complaints and action by regulators.
3. The Committee is to be commended for launching this important inquiry. The difficulties facing NHS dentistry across England are numerous and complex. Patient access; recruitment and retention of dental professionals; in many ways these are inextricably linked.
4. In responding to the Committee's call for evidence, we recognise that other bodies will be best placed to set out the impact of contractual and financial restraints in the delivery of NHS dental care. Consequently, the DDU focuses its submission on the fourth limb of this inquiry – regarding the incentives that can be offered to recruit and retain dental professionals.
5. With many people experiencing difficulty in accessing NHS dentistry, we need to address all the barriers that exist across the dental system. One of those lesser focused upon barriers, we are concerned, stems from the regard in which the profession holds its regulator – the General Dental Council (GDC) and the consequential widespread 'culture of fear'.
6. The GDC, in company with other healthcare professional regulators, is long overdue substantive, root and branch reform. Delay in delivering that reform, in our submission, is contributing to a wider problem for the dental landscape.

### Regulation of dental professionals

7. The DDU interacts with the GDC on a near daily basis. Whether it is in relation to a specific case, or discussions more broadly about regulatory policy, the GDC engages with the DDU in a constructive, collaborative manner. Senior DDU staff regularly meet with their GDC counterparts; the GDC's sincere commitment to dialogue with its stakeholders and service users is to be commended.
8. Nevertheless, in its latest Performance Review of the GDC, the Professional Standards Authority for Health and Social Care (PSA) scored the GDC 16 out of 18 on its *Standards of*

*Good Regulation.*<sup>1</sup> One of the two areas where it failed to meet a standard was in *Registration*, where it scored 3 out of 4.

9. We need as many dental professionals as possible to be practising, so patients across the country can access the dental care they need. However, for a dental professional to practice they must be registered with the GDC. That is why a robust and efficient registration scheme is essential at the regulator.
10. Unfortunately, there have been problems at the GDC in this regard – as evidenced in their failure to meet one of the PSA *Registration* standards.
11. Delays have been identified at all stages of the process; for new UK dental graduates, new dental care professional (DCP) registrants, overseas graduates via the overseas registration examination (ORE) route and the Specialist Lists Assessed Application (SLAA) process, which is currently suspended.
12. There has long been an issue of a small but significant number of registrants being removed from the Register each year due to simple administrative lapses such as the failure of direct debits to pay the annual registration fee (ARF), the potential for such lapses having increased since 2021 following the introduction of the option for quarterly payment of the ARF.
13. It is of course the responsibility of dental professionals to ensure they keep their bank and other details up to date with the GDC. Yet at the same time, it is incumbent on the regulator to make the administrative process as simple and as swift as possible. This has not been the case in recent months, with delays of up to three weeks being needed to restore individuals to the relevant Register – and in some cases, up to two months.
14. This really matters. Not only is the time off the relevant register extremely stressful for the dental professionals involved, who cannot earn an income while they await restoration, but it means many NHS dental patients are experiencing needless inconvenience and delays in getting treatment when the system is already under immense strain. The GDC has acknowledged the findings of the PSA and identified a range of measures to improve performance, however, it is important that effective change is now implemented without delay.
15. A simple, swift and efficient registration process is a very small incentive, but an incentive, nevertheless.
16. Something that rarely receives the attention it deserves outside the regulatory community is the slow speed with which the GDC deals with FtP concerns about members of the dental team.
17. The second of the two areas where the GDC failed to meet a standard in the recent PSA review was in *Fitness to Practise (FtP)*, where it scored 4 out of 5. While the GDC has been making efforts to improve its processes, insufficient progress is being made.

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<sup>1</sup> PSA General Dental Council Performance Review, Periodic review 2021/22

18. In 2021, it took on average 11 months and 2 days to start an initial hearing after a case was referred.<sup>2</sup> As we told the PSA in its recent review of the GDC, this is simply not good enough and improvement is needed.
19. Proceedings at the GDC can be amongst the most stressful times of a dental professional's career, with the impact not only being felt by them, but by their patients, colleagues and family. Whilst involved in FtP proceedings, a dental professional may not be able to provide the quality dental care they entered the profession to provide.
20. Fear of the regulator; a lack of trust in the regulator; a lack of confidence that the regulator will deal with FtP concerns in a fair and timely manner: should dental professionals possess any of these concerns, then it does nothing for retention purposes.
21. The simple fact of the matter is this: if a dental professional is fit to practise, they have never been more needed than they are currently. Having good dentists caught up in protracted and burdensome fitness to practise proceedings, benefits nobody, especially their patients.
22. The current situation is not good enough. While many problems facing FtP proceedings are within the GDC's gift to address – and once again, the DDU acknowledges the positive efforts the regulator is making – greater systematic change requires the government to finally deliver its long-promised package of healthcare professional regulatory reform.
23. Dental professionals - dentists in particular - have waited a long time to see their regulator reformed. Dentists have some of the oldest legislation governing their regulation of the regulated healthcare professions in the UK (Dentists Act 1984).
24. The DDU has long campaigned for comprehensive reform of the regulation of dental professionals. These professionals deserve a regulatory regime that is fair, proportionate and managed in a timely manner.
25. In 2021, there was hope across the dental community that change was on the horizon, when the Department of Health and Social Care (DHSC) issued its consultation, *Regulating healthcare professionals, protecting the public*.<sup>3</sup> In the consultation paper, the government proposed detailed reforms to all elements of healthcare professional regulation – with a very significant proportion of those reforms focused on FtP. While the government initially proposed a timetable of autumn 2021 for bringing forward the necessary legislation to firstly give effect to the reforms for the General Medical Council (GMC) - with those changes taking effect in spring 2022 - the GDC was expected to not be far behind. Indeed, the DDU made a strong case for that.
26. Sadly, the government did not honour this commitment. In July 2022, it was announced that reform of the GMC was to be delayed until at least 2024, and by implication pushing reform of the GDC further down the road. The DDU is acutely conscious of the ever-decreasing

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<sup>2</sup> General Dental Council Annual Report 2021, page 20

<sup>3</sup> DHSC Consultation: Regulating healthcare professionals, protecting the public. March 2021

calendar months this parliament has left. This ongoing, indefinite delay is unacceptable. Dental professionals deserve to see their regulator reformed.

27. The DDU urges this Committee to exert its influence on the government and lend its voice to the need for fundamental reform of the GDC, without delay. Legislation is needed in this parliament.

### **The health and well-being of the dental workforce**

28. Dental professionals work incredibly hard. It is a rewarding career, but it is also a challenging and demanding one. The DDU wishes to place on the record the fact that dentists and other dental professionals – in the face of so many pressures – are working immensely hard to deliver the safe, effective patient care, that they entered dentistry to provide. We are proud to work with them and stand alongside them.
29. The government must look at the whole dental landscape to ensure those providing NHS dentistry feel adequately supported.
30. In December 2022, the DDU surveyed nearly 500 of our dental members to ascertain the impact of workplace pressures. 90% of respondents said they found their work emotionally exhausting – a deeply troubling figure, and one that must make policy makers take notice.
31. Exploring the results of that survey deeper: 85% said they had experienced burn-out because of work; one in five had experienced abuse or threats in the course of their professional practice, and almost two in three said relationships with patients had become more strained in recent times, attributable to workplace pressures.
32. When the DDU asked members what coping mechanisms they use to deal with workplace pressure, more than 50% said they had reduced their working hours.
33. These figures bare out and provide further context to what this Committee is concerned about: the ability of patients to access NHS dentistry alongside concerns about the availability of dentists, and both the recruitment and retention of them.

### **Closing remarks**

34. The DDU hopes this Committee's important inquiry bares fruit, and that tangible commitments can be secured from the government, NHS England and regulators, to better support dental professionals.

35. Once again, the DDU is pleased to have this opportunity to contribute to this inquiry, and stands ready to contribute further and support the Committee in its deliberations going forward.

*Jan 2023*