



# Remediation of Dental Registrants in Difficulty

Guidance notes on the management of remediation cases referred to Dental Postgraduate Organisations

October 2015

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\* PGDD – Postgraduate Dean/s and Director/s

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## 1. Introduction

Postgraduate Dental Deans and Directors (PGDDs) have assisted with the remediation of Registrants in difficulty for many years. In the past the number of cases being referred to PGDD has been low. The gradual transition to a more litigious society and a heightened awareness of the need to address poor professional performance has resulted in a marked increase in the number of cases requiring remediation. There were 286 completed conduct or performance hearings completed by the General Dental Council in 2015, a 47% increase on the 194 in 2014.

The majority of registrants to PGDDs are not direct referrals from any one organisation. Most referrals come from recommendations for self-referral under the direction of the GDC, the Area Team/LHB and Indemnity Organisations etc. This latter recommendation is a notably increasing number.

In the Interest of protecting the public, and recognising the need for appropriate quality assurance of remedial training, the PGDDs, in 2009, determined that it would be beneficial to develop a framework and guidance for handling these cases. This was intended to benefit the various regulators and referrers, the dentists and dental care professionals (DCPs) involved in the processes and PGDDs, and their staff.

This guidance has been revised to take account of changes since 2009 and is designed to cover all dental registrants. The document has been created with the collaboration of those individuals responsible for this work from the various Regional Offices in England, Scotland and Wales. It is intended to reflect a practical, deliverable, approach to the support offered by all Offices although it should be noted that regional additional services may be available through historic arrangements.

Ultimate responsibility for the remediation rests with the registrant. The role of the Postgraduate Dental Deans and Directors, and their staff, is to provide assistance in constructing a remediation action plan, to give advice on resources available to the registrant, to monitor the milestones in the action plan and to transparently report back to the regulatory body, if required.

**The remediation programme and costs incurred are primarily the responsibility of the registrant, although financial support may be available from other sources dependent on the remediation required.**

## 2. Causes of poor performance

In order to manage the remediation of registrants who are deemed to be performing below acceptable standards it is essential to have an understanding of the factors that are implicated in the poor performance, as these will need to be addressed in addition to any clinical concerns. The issue that brings a registrant to the notice of the authorities is rarely the sole cause, but often a manifestation, of an underlying problem or problems.

NCAS has published comprehensive guidance on the issues relating to poor performance. The clinical manifestation of poor performance may be due to:-

- Health issues
- Behavioural issues
- Clinical issues
- Contextual/ environmental issues

The Postgraduate Dental Dean or Director and staff should normally be able to support the remediation of clinical issues. It would generally be appropriate to develop a remediation plan for clinical activity which runs in parallel to those that address health and behavioural issues. If it is established that the major factors are non clinical, the Postgraduate Dental Dean or Director may work with the regulator and other parties to assist the registrant to deal with all the issues.

Poor performance often occurs across many areas of professional practice; remediation may need to take these into consideration. Poor clinical work is often linked to poor record keeping and poor standards of administration. The underlying cause can take time to resolve and the registrant may take time to accept it is their responsibility. They may also need considerable support and assistance in drawing up an appropriate action plan as they are often not aware of the tools and resources available or how to use them.

### **3. Aims of the remediation process**

- Assure patient safety / public protection
- Return the registrant to independent safe practice
- Have fair, consistent and transparent processes that are
  - Appropriate
  - Timely
  - Clearly defined
  - and have measurable outcomes
- Quality managed processes
- Recognise the need to take account of equality and diversity

### **4. Roles and responsibilities of the Postgraduate Dean or Director (PGDD)**

Where a PGDD agrees to support the remediation process it is the responsibility of the PGDD or his/her nominated deputy to:-

- Appoint a named adviser to oversee the case
- Advise the registrant on the activities and tools they can use to remediate themselves
- Assist the registrant in drawing up action plans for their clinical remediation
- Assist in sign posting operative assessments where appropriate
- Advise the referrer if there are concerns about health, with the consent of the registrant
- Confirm in writing with the registrant the issues, actions and outcomes associated with the process
- Agree the plan with the registrant and the referrer, as appropriate
- Monitor the action plan
- Report progress in achieving the milestones in the action plan to the referrer
- Report failure to achieve the milestones to the referrer
- Report outcomes of the action plan to the referrer
- Share reports generated with the registrant
- Liaise with the registrant's defence organisation as appropriate
- Make and retain appropriate records, including notes of meetings, during the remediation period and for 11 years afterwards
- Refer back to the referrer if the PGDD deems it is unable to assist

**The PGDD reserves the right to decline to accept a remediation referral at its sole discretion or to terminate its support if the registrant fails to fully engage with the process.**

## **5. Responsibilities of the referring agency (GDC, Area Team/ PCO, Indemnity Organisation, HB etc).**

It is the responsibility of the above (once the referral has been made) to:-

- Notify the PGDD of the requirements for receiving update reports
- Monitor progress towards remediation
- Arrange appropriate assessments which may include occupational health and behavioural assessments
- Take appropriate action should the registrant fail to attain the agreed outcomes of the remediation process
- Assist in arranging operative assessments where appropriate

## **6. Responsibilities of the registrant**

It is the responsibility of the registrant to:-

- Notify the PGDD or nominated deputy of a request for remediation and provide the name of the case worker, if known.
- Provide the PGDD with appropriate, accurate information in relation to the referral
- Attend meetings with the PGDD named adviser and staff as requested
- Draft the action plan for PGDD approval
- Fully engage in the remediation process
- Report progress to the PGDD against the action plan milestones
- Provide evidence of attainment of the action plan goals
- Respond to PGDD requests for information in a timely manner
- Fund any remediation training as determined by the action plan or PDP
- Seek medical advice if appropriate
- Fund the plan unless alternative sources of funding are available
- Allow the PGDD to report fully to the referrer(s) as required.

### [Appendix 1: Memorandum of understanding](#)

## **7. Stages in the remediation process**

1. Advice to contact the PGDD or nominated deputy.
2. Initial exploration and review of problems raised by the referrer, including available data on assessments (such as that provided by NCAS) including any health or behavioural issues.
3. PGDD, or nominated deputy, decision whether to accept the registrant into a remediation programme
4. Develop an action or remediation learning plan via a Personal & Professional Development Plan (PDP)
5. Timetable, milestones, evidence of outcomes and approval of the remediation plan
6. Registrant undertakes the action/ remedial plan.

7. Monitoring of the plan
8. Sign off that agreed evidence submitted to the PGDD or nominated deputy
9. Report to originating organisation, copying in the registrant.

### **7.1 Referral to the PGDD**

PGDD may receive requests for support from different sources:-

- General Dental Council Referral (Self referral to the PGDD in Determination)
- NHS organisations (sometimes the referral arises from employers but Performance Panels do not refer, they require the dentist to undertake specific actions including seeking support)
- Dental defence organisations (normally the registrant approaches the PGDD on its advice)
- Local Dental Committees (rare for a direct referral)
- Self referral by a registrant usually on the advice from any of the above (most common route)

[Appendix 2: Referral routes](#)

[Appendix 3: Referral information required by a PGDD](#)

### **7.2 Initial Case Assessment**

On receipt of a request for a remediation programme an appropriate member of the PGDD's team will contact the registrant. Before accepting the registrant into a remediation programme, appropriate reports and assessments about the registrant and the areas for remediation must be received by the PGDD team. An initial meeting will be arranged with the registrant to establish the issues and identify what assessments have already been undertaken and what data may be needed to plan the remediation.

[Appendix 4: Checklist](#)

The PGDD or nominated deputy will identify a named person to oversee and or monitor the educational aspects of the remediation process.

[Appendix 5: Selection and training of PGDD staff involved in managing remediation cases](#)

The PGDD may request the registrant to prepare a portfolio of evidence in advance of the initial meeting to assist with the planning process. This portfolio of evidence should contain a copy of any GDC hearing determinations and any other evidence advised by the GDC, or referring body, for the first stage of remediation.

[Appendix 6: GDC domains, sources of evidence and portfolio content](#)

Initial case assessment will include:-

- Issues that led to the referral
- Review of prior training, learning and assessment of operative skills\*

- Recognition of any health or behavioural issues that may need addressing
- Referral to other bodies for health and behavioural issues as appropriate (occupational health, clinical psychologists).
- Gap analysis of areas of deficiency, skills, knowledge and attitudes. The gap analysis will be self-driven by the registrant with the support of the PGDD.

**At the initial meeting the registrant must be made aware that he/she is responsible for funding the costs of the remediation process and identifying possible sources of funding available.**

The role of the PGDD is to support and advise on tools and resources to assist. The registrant must be informed of any reports which will be sent to the regulator / referring body and what will happen if s/he fails to complete agreed actions including making agreed payments. The registrant should be informed of any costs they will be expected to meet, and the normal charge rate for the activity, before the onset of any remediation programme as well as the level of confidentiality to be expected during the process.

\*Evidence of the value of operative skills assessment in determining remedial training needs for mature practitioners (as opposed to Foundation Dentists) is not yet well validated and is not currently a PGDD function.

### **7.3 Decision on whether to accept a dentist into a remedial programme**

Once the initial assessment of the case has taken place the PGDD will have to establish whether they can develop and monitor a remediation plan. This may depend upon:-

- co-operation of the registrant
- funding to support the programme being available
- complexity of issues to be addressed
- any health\* issues that may hinder progress of a remediation plan
- timeframe for the remediation to be successful
- availability of PGDD staff to draw up and monitor the plan

\*Health issues should be identified and, if appropriate, addressed prior to commencing the remediation process.

If, after discussion with the registrant, the PGDD does not feel able to support a plan they will inform the registrant and report back to the referring agency accordingly.

### **7.4 Develop a draft action plan / remediation plan**

Where the issue that leads to the referral does not require external assessment in order to fully identify the training needs, it should be possible to draw up an action plan to work through the issues. It is likely that the registrant will need support on how to develop an action plan, especially determining appropriate outcome measures. A quality assured, appraisal process may be available to facilitate the action plan.

For more complex matters, perhaps related to health or behaviour, the action plan will set out the clinical and professional issues to be addressed in parallel with plans by any other agencies involved in the process. It is important that the registrant acknowledges their responsibility for declaring all agencies that are, or become, involved in their remediation, as otherwise the plan may be compromised.

It is essential that the registrant is given the responsibility to draft the action plan themselves in the light of the advice about what is required at each stage. This will give the registrant ownership of the plan and thus increase the likelihood of its success.

[Appendix 7: Examples of reference and resource materials and tools for remediation](#)

The plan should identify the major issues that need to be addressed, define the acceptable evidence of the outcome and the date on which it will be completed. It may be helpful if there is an action plan for each major item giving milestones along the route. Breaking down the project into smaller activities with short deadlines may make the plan more manageable and less daunting for the registrant.

The COPDEND GDC PDP form provides an example of a PDP that can assist the process.

The PGDD, or nominated deputy, may ask the registrant or the referrer/regulator for additional information if there are specific areas identified for assessment within the action plan.

The role of the PGDD or nominated deputy is

- to assist the registrant in drawing up an appropriate plan,
- advising him/her of resources to assist in attaining the goals of the plan,
- to agree what acceptable evidence is recommended
- approving the plan,
- monitoring progress and
- to report appropriately.

Action planning stages-

Defines:

1. outcomes for each area of remediation specified by the referral body / regulator
2. outcomes for each domain of the remediation framework
3. evidence of attainment of the defined outcome
4. actions needed to collect the evidence
5. success criteria for each part of the plan and what will determine the timetable to the outcome and indicate milestones
6. what the success criteria for each part of the plan will be and what will happen if the registrant fails to achieve the required outcome
7. the agreement of the plan with the referring body, if requested
8. who is responsible for sign off and for what

[Appendix 8: Overview of an action plan](#)

[Appendix 9: Quality Management](#)

## **7.5 Timetable and milestones**

To be effective, the action plan must have clearly defined milestones for each activity and a date agreed for each milestone. These milestones need to be recorded on the action plan. The milestones should relate to specific actions and should have as short a timeframe to attainment as possible.

## 7.6 Monitoring of the plan

Whilst the final responsibility for monitoring progress lies with the referrer, the PGDD or nominated deputy will, at agreed intervals, provide the referrer and other parties with a brief report on progress in achieving the milestones in the action plan. The PGDD, or nominated deputy, will notify the referrer if it has any concern that the registrant is unlikely to attain the milestones.

It is likely that any area of practice that needs addressing may require review at various stages, these can include:

1. Review/ update of knowledge in the subject
2. Action plan to implement changes as a result of this review
3. Action plan to demonstrate that clinical practice is to an appropriate standard

Reflection is a key element of effective remediation and so the recording of reflections may be appropriate at any or all stages of the process and may become one of the outcomes for each stage.

## 7.7 Report

The PGDD, or nominated deputy, will provide a report to the referring body/ regulator when requested and at the end of the remediation programme to confirm the attainment of the action plan items and any concerns, if appropriate. Ideally this should include the COPDEND/GDC agreed PDP summary with each item being signed off by the appropriate person acting on behalf of the PGDD.

The GDC may ask for an update report on progress every 3 months using an agreed pro-forma.

**The PGDD will not make a judgement on the registrant's fitness to practise but merely report on the attainment of agreed actions against the plan without reference to the quality.**

[Appendix 10: COPDEND GDC-PDP form](#)

## 8. Outcome of the remediation process

The objective of a remediation programme should be to return the registrant to safe professional practice or at an appropriate and agreed level or, if they do not satisfactorily complete the process, for them to be given information on future career options or appropriate referral. It may not be appropriate for a registrant to return to their original position.

The remediation process will address the particular issues related to poor performance that triggered the referral and, in addition, the registrant will be expected to have achieved the standards required by the GDC for full registration. In order for remediation to be deemed successful, the registrant will be expected to demonstrate at the end of the remediation period that they have attained the standards expected of a professional to be fully registered without conditions as well as addressing any specific areas of poor performance. There maybe a need to address underlying issues that would render the remediation less than successful, this may require referral to other agencies

Ideally, where clinical operative skills are a concern, a full assessment of a registrant's operative skills should be undertaken in their own working environment. However, this may not always be possible, but as it could be assumed that most registrants would have operated at an appropriate standard when first registered, the end point of remediation should be to attain the level of competence and professional behaviour required for entry to the GDC register.

Evidence of the value of an operative skills assessment in determining remedial training needs for mature practitioners is not yet well validated and Clinical assessment is not currently part of the role of the PGDD.

If this end point is defined with the registrant at the start of the remediation process, it is their responsibility to demonstrate to the referring body that they have attained this level of competence at the end of the remediation period. This should equate to the expectations of the *GDC Standards for the Dental Team* and the expectation that they are able to work within the *GDC Scope of Practice*.

A key principle of being a dental registrant is that they should be able to reflect on their work and actions and thereby undertake appropriate Continuing Professional Development to maintain their skills and competence within their scope of practice. Therefore the remediation action plan should maximise opportunities for the registrant to reflect on their own activity and to provide supporting evidence. The role of the PGDD is to provide tools and a framework to do this. Some PGDD's will be able to provide mentors and coaches as appropriate, at the registrant's expense, to help facilitate the remediation.

[Appendix 11: Glossary of Terms](#)

## **9. Disclosure of information**

At the start of the remediation process, the registrant must be made aware of what information will be disclosed to third parties and at what points during the remediation programme these disclosures will be made. The registrant must also be informed that disclosures will be made to the General Dental Council if concerns for the safety of patients are discovered during the remediation process or programme (within the requirements stipulated in the Data Protection Act 1998 & the Freedom of Information Act 2000).

## **10. Complaints**

Should the registrant wish to make a complaint, an appropriate LETB/Deanery complaints process should be employed. Each LETB/Deanery must ensure that such a process is in place and available as necessary.

## Appendix 1

### Educational Memorandum of Understanding

This agreement is between \_\_\_\_\_ LETB/Deanery and the Dentist/DCP requesting  
educational remediation *PLEASE USE BLOCK CAPITALS*

Name	
Qualifications and year	
Practice/Clinic address	
Local Area Team / Health Board	
Signature	
Date signed	
Named person (on behalf of the department of PGDE)	
Signed	
Date signed	

**The Local Education and Training Board (LETB) / Deanery agrees that the registrant will receive:**

	Tick ✓
• A training needs analysis	<input type="checkbox"/>
• Help with a Personal Development Plan	<input type="checkbox"/>
• Quality-assured education	<input type="checkbox"/>
• Regular review opportunity	<input type="checkbox"/>
• Summary and feedback on any assessments (DOPs, LEPs etc) supplied to it	<input type="checkbox"/>
• Summary and feedback on any Patient Assessment Questionnaire/360 degree feedback supplied to it	<input type="checkbox"/>
• Support for audit	<input type="checkbox"/>
• Opportunities for the participating dentist/DCP to give feedback on their training and assessment	<input type="checkbox"/>
• Advice on career choices where necessary	<input type="checkbox"/>

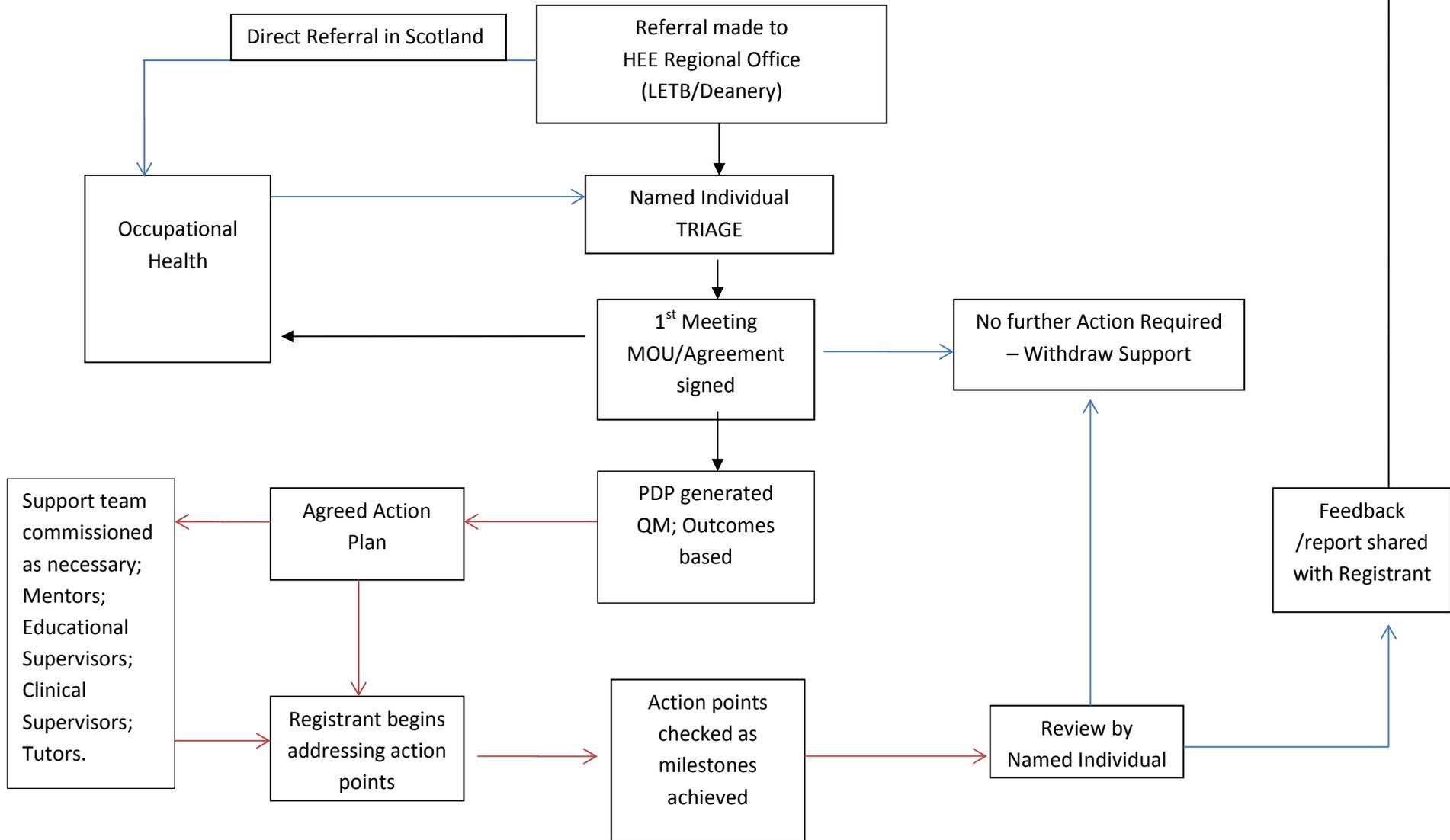
**The Dentist/DCP entering educational remediation agrees to:**

Tick ✓

<ul style="list-style-type: none"><li>• Honour the obligations of his/her agreed action plan</li></ul>	<input type="checkbox"/>
<ul style="list-style-type: none"><li>• Attend all meetings and training requested by the LETB/Deanery. Failure to attend a training day is taken seriously and could lead to termination of your contract. In the case of illness this must be reported to the relevant person and where appropriate may trigger an occupational health referral</li></ul>	<input type="checkbox"/>
<ul style="list-style-type: none"><li>• Undertake a Training Needs Analysis</li></ul>	<input type="checkbox"/>
<ul style="list-style-type: none"><li>• Co-operate in the preparation of a Personal Development Plan</li></ul>	<input type="checkbox"/>
<ul style="list-style-type: none"><li>• Attend case conference if necessary</li></ul>	<input type="checkbox"/>
<ul style="list-style-type: none"><li>• Attend and participate in assessment</li></ul>	<input type="checkbox"/>
<ul style="list-style-type: none"><li>• Attend and participate in appraisals</li></ul>	<input type="checkbox"/>
<ul style="list-style-type: none"><li>• Attend and participate in CPD and other appropriate education</li></ul>	<input type="checkbox"/>
<ul style="list-style-type: none"><li>• Complete and maintain, in a professional manner, the portfolio of attainment</li></ul>	<input type="checkbox"/>
<ul style="list-style-type: none"><li>• Complete and present audit, reflective logs and presentation cases if deemed necessary</li></ul>	<input type="checkbox"/>
<ul style="list-style-type: none"><li>• Undertake any additional targeted training identified through case review or appraisal</li></ul>	<input type="checkbox"/>
<ul style="list-style-type: none"><li>• Act in a professional manner at all times and always be respectful to colleagues, postgraduate centre staff, mentors and peers</li></ul>	<input type="checkbox"/>
<ul style="list-style-type: none"><li>• Comply with any local rules in force in any establishment which he/she visits or works in as part of the educational programme</li></ul>	<input type="checkbox"/>

The general expectations of standards of behaviour should comply with the GDC document; *'Standards for the Dental Team'*. These expectations will additionally include a zero tolerance of smoking, drugs and alcohol during ALL education and training activities.

Concerns raised by Registrant themselves or Agencies



## Referral information required by a PGDD

**1. Referrer contact details**

Name of Referrer and Organisation If applicable	
Address	
Contact telephone/mobile number	
Email address	

**2. Details of registrant requiring educational remediation**

Name of person requiring remediation	
GDC number	
Mobile number or other preferred telephone number	
Details of employment and practice address  (Self employed provider /performer/ Associate/salaried service, DCP, Other?)	
% NHS commitment if known	
NHS performer number if applicable	
Name of contract holder if relevant	

**2. Reason for Referral**

*Please give details of reason/s for referral including the origin of the initial complaint if from another geographical area*

Large empty rectangular area for providing details of the reason for referral.

**3. Status of referral**

Has there been the involvement of...		If Yes...	
Indemnity organisation	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<i>Please give details including name of organization and indemnity number</i>

**Appendix 3**

General Dental Council	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<i>Please give the status of any GDC case at time of referral with any key reporting dates</i>
NCAS	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<i>Please give details of NCAS involvement at time of referral</i>
<b>4. Level of involvement</b>			<i>If Yes, please give details</i>
Have there been any meetings with the above stakeholders	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Has an Appraisal been undertaken?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Is there an agreed Personal Development Plan in place?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

<p>Are there any disciplinary processes in progress involving the above stakeholders?</p>	<p>Yes <input type="checkbox"/></p>	<p>No <input type="checkbox"/></p>	
<p>Has any additional training and support already been offered by the above stakeholders?</p>	<p>Yes <input type="checkbox"/></p>	<p>No <input type="checkbox"/></p>	

**6 What may prevent you/the registrant from engaging in educational remediation?**

*Please give details*

<p>Are there any on-going issues?</p>	<p>Yes <input type="checkbox"/></p>	<p>No <input type="checkbox"/></p>	
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**7. Health**

Are you aware of any underlying health issues?

Yes

No

**8. Further information**

*Please give details*

What expectation do you have of the Post Graduate Dental Education Department?

Do you have any other information that you think may help us help the practitioner?

Please give an Executive summary of the situation

**Statement of Support by External Referrers**

By referring this practitioner, where required, your Organisation agrees to provide support.

**Signed** \_\_\_\_\_

**Name** \_\_\_\_\_ **Designation** \_\_\_\_\_

**Date** \_\_\_\_\_

**Statement of Commitment by Registrant;**

I agree to co-operate fully with the Post Graduate Dental Education Department in seeking its assistance.

I agree to pay any relevant fees (details of which will be made clear before I formally commission such help and support) when asked to do so, in timely manner.

I have completed this referral form honestly and completely and will notify the PGDE of any changes in my circumstances, as soon as I can, following such changes.

**Signed** \_\_\_\_\_

**Name** \_\_\_\_\_ **Date** \_\_\_\_\_

**Checklist; To assist the identification of areas for remediation for**

\_\_\_\_\_ (insert name of Registrant)

Area of concern	Yes/No
<b>Clinical</b>	
➤ Diagnosis and treatment planning	
➤ Radiology prescription/diagnosis	
➤ Radiology quality of images	
➤ Routine conservation	
➤ Crown and bridge	
➤ Endodontics	
➤ Dentures	
➤ Extraction	
➤ Minor oral surgery	
➤ Periodontics	
➤ Paedodontics	
➤ Sedation/ anxiety control	
➤ Prescribing	
➤ Implants	
➤ Orthodontics	
➤ Other – please give details	
<b>Records</b>	
➤ Lack of	
➤ Poor quality	
➤ Altered	
<b>Consent</b>	
➤ General concerns	
➤ Specific concerns eg. sedation	
<b>Communication</b>	
➤ With patients	
➤ With colleagues	
➤ With staff	
➤ Allegations of rudeness	
<b>Practice management</b>	
➤ Health and safety	
➤ Lack of documentation eg IRMER	
➤ Infection control	
➤ Other please state	
<b>Concerns raised by Primary Care Organisation</b>	
➤ Lack of appropriate NHS forms	
➤ Concerns re prescribing profile	
➤ Band gaming	
➤ Complaints - number and type	
➤ Other - please state	

<b>Previous disciplinary matters</b>	
➤ GDC	
➤ NHS England AT/PCO	
➤ Trust/PCO	
<b>Health</b>	
➤ Previous issues	
➤ Current issues	
<b>History from Defence organisation</b>	
➤ Number of complaints	

**Summary**

Checklist completed by \_\_\_\_\_

Designation \_\_\_\_\_

Date \_\_\_\_\_

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**Selection and training of PGDD staff involved  
in managing remediation cases**

The PGDD staff appointed to act as part of the support team to the registrant should have the appropriate skills and knowledge for the role as part of quality management of the process.

The following domains in the COPDEND publication 'Standards for Dental Educators' provide a useful source of reference:-

Domain 1: Teaching and Learning

Domain 2: Assessing the learner

Domain 3: Guidance for personal and professional development

Domain 4: Quality assurance

Training should be refreshed at regular intervals

Support for the LETB/PGDD remediation advisers should be provided as necessary

<http://www.copdend.org.uk>

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## GDC Domains; sources of evidence and portfolio content

[www.gdc-uk.org.uk](http://www.gdc-uk.org.uk)

Suggested sources of evidence for the domains

Domain	Source of evidence	Portfolio evidence
<b>Clinical</b>	Record keeping Audits Direct Observational Procedures (DOPs) Case based discussion (CBD) notes Radiographs Photographs, videos & models Reflective notes	Copy Report Copies  Copies
<b>Communication</b>	Multi Source Feedback (MSF) Patient Survey Questionnaire Patient feedback Videos of consultations Copies of referral letters Reflective notes	Copies Copies Copies  Copies Copies
<b>Professionalism</b>	PDP and CPD records MSF, Peer observation reports Minutes of meetings Quality of evidence in portfolio Letters Patient Survey Questionnaire Patient feedback Publications Appraisal notes Involvement with professional committees Reflective notes	Copies Copies Copies Copies  Copies Copies Copies Copies Copies Minutes Copies
<b>Management &amp; leadership</b>	Third party accreditation – BDA, FGDP, liP Denplan Excel etc. Minutes of meetings Business plans PDP Accredited training Audit Third party reports – NHS England AT Reflective notes	Certificates/ reports  Copy Copy Certificates Copies Copies  Copies

Suggested minimum content of remediation portfolio for continuing assurance:

- a. Examples of reflective learning in practice
- b. A personal development plan
- c. Evidence of Continuing Professional Development
- d. Evidence of regular appraisal

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## Examples of reference and resource materials and tools for remediation

### National Clinical Assessment Service

[www.ncas.npsa.nhs.uk/resources/publications/key-publications](http://www.ncas.npsa.nhs.uk/resources/publications/key-publications)

- Investigating performance concerns - Primary care
- Back on Track - Restoring doctors and dentists to safe professional practice - Framework Document
- Managing dental underperformance
- Entering a Health Programme

### General Dental Council:

[www.gdc-uk.org.uk](http://www.gdc-uk.org.uk)

- GDC Standards for -the Dental Team
- GDC – CPD Guidance
- The GDC Fitness to practice procedures
- Scope of Practice

### COPDEND

[www.copdend.org.uk](http://www.copdend.org.uk)

- Standards for Dental Educators (2013)
- Regional websites for HEE/ Scotland and Wales Regional Offices
- COPDEND GDC-PDP example
- Curriculum for UK Dental Foundation

### Faculty of Dental Practice (UK)

[www.fgdp.org.uk](http://www.fgdp.org.uk)

- Standards in Dentistry
- Selection Criteria for Dental Radiography
- Clinical Examination and Record Keeping
- Clinical Dental Practice
- Adult Antimicrobial Prescribing in Primary Dental Care for General Dental Practitioners
- Key skills –
  - Clinical record keeping
  - Infection control
  - Legislation and good practice guidelines
  - Medical emergencies
  - Radiography
  - Risk management and communication
  - Team training



**Overview of an Action Plan as a Quality Management tool**

PGDD			
Remediation Case			
Name		GDC No	
Tel No		Email	
<b>Key areas to be addressed</b>			
	<b>Area</b>	<b>Outcome</b>	<b>Completion Date</b>
1.			
2.			
3.			
4.			
5.			
6.			
7.			

**Detailed plan**

PGDD			
Remediation Case			
Name		GDC No	
Tel No		Email	
<b>Item Detail</b>	<b>Activity</b>	<b>Outcome</b>	<b>Outcome Date</b>

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## Quality Management and Complaints

People and processes involved in the support for dental registrants in difficulty follow the principles of the COPDEND publication '*Standards for Dental Educators*'

The PGDD should define a quality management and control process for how it handles remediation cases.

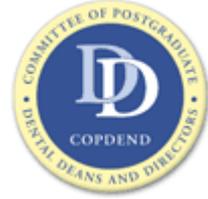
The process should:

- Define the standards the PGDD sets for each stage of the process
- State how these standards are monitored
- Establish what review of these standards, processes and monitoring take place on an annual basis
- Include the definition of a PDP, which should;
  - Be based on appraisal or SWOT analysis
  - Contain proof of reflection
  - Contain time frames
  - Have SMART action points/milestones
  - Provide evidence of learning/modified behaviour including Audit
  - Have an action plan which addresses the identified development areas
  - Demonstrate blended CPD in the 5 year cycle
  - Contain 'value added' learning (over and above developmental areas)
- Include an Action Plan and a method of monitoring milestones achieved
- Establish which suitably qualified personnel may sign off certain elements of the PDP/Action Plan and agree this with the Registrant at the time of creation of the PDP/Action Plan.
- Name the individual designated to sign off reports
- Include The Glossary of Terms which should correspond with that of the GDC.
- Contain a Complaints Process which should follow that of the LETB/Deanery

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## Appendix 10

### PERSONAL DEVELOPMENT PLAN



Name:

GDC number:

Main areas to be addressed:

- 
- 
- 
- 

	<b>Educational need</b> <i>Subject to revise/update</i>	<b>Learning objective(s)</b>	<b>Update method</b>	<b>Success criteria</b> <i>(SMART)</i>	<b>Completion date</b> <i>(target)</i>	<b>Completed</b> <i>(signature of reviewer)</i>
1						
2						
3						
4						
5						
6						
7						

Success criteria should be SMART – specific, measurable, achievable, realistic and timed.

Approved by :

Date:

August 2012

## **GDC Glossary of Terms**

### **Glossary of Terms used in our Practice Committee Conditions Bank provided for use by General Dental Council (GDC) Practice Committees**

#### **Personal Development Plan (PDP)**

This is a document setting out a registrant's plan for continued professional and/or personal development over a set period. All registrants should have an active PDP. In the context of conditions, it is the starting point for the process of remediation and/or retraining. The PDP should cover all areas of the GDC's Standards for Dental Professionals, but must specifically set out an action plan for the areas of concern identified by a Practice Committee.

The PDP should identify the planned action, measures to be taken and aimed completion date. Postgraduate Dental Deaneries can give the registrant advice about preparing a PDP, but it is the registrant's responsibility to prepare and complete it.

#### **Educational supervision**

An educational supervisor is a person appointed by the Postgraduate Dental Deanery. S/he is selected and appropriately trained to be responsible for the overall supervision of a specified dentist or DCP's educational progress during a specified period. The educational supervisor will assist the registrant in drawing up their PDP to address the issues identified in a Practice Committee determination, or a referral. S/he will monitor the registrant's progress against agreed deadlines in the PDP and will be responsible for reviewing the completed written evidence as specified in the PDP. The Postgraduate Dental Deanery will provide the GDC, or other relevant bodies, with reports on this process at times specified in the determination or letter of referral.

#### **Reporter**

Every registrant who has conditions imposed by a Practice Committee must have a reporter in place. This person will be contacted by the GDC soon after the decision to restrict the registrant's registration has been made.

The reporter must agree to provide regular feedback to the GDC, Postgraduate Dental Dean, educational supervisor, workplace supervisor and medical supervisor, as referred to in their conditions. In general, the feedback should include:

- Confirmation that the registrant is complying with their conditions.
- Confirmation of any complaints received.
- Confirmation of progress made in relation to any remedial activities.
- Any other relevant information.

The person undertaking the role of reporter might also be, but does not need to be, any educational or workplace supervisor who is appointed.

If the reporter does not work at the same premises as the registrant, s/he must be able to attend and have access at any time, to any documentation relevant to the conditions set. 2

### Workplace supervision

The Practice Committee, if it so determines, may appoint a workplace supervisor to oversee the clinical practice of a registrant during the period the conditions are in force. This person may be appointed by the GDC and shall be responsible to the GDC as determined. Postgraduate Dental Deaneries do not appoint or manage workplace supervisors.

### Levels of workplace supervision

- **Supervised**

The registrant's day to day work must be supervised by a person who is registered with the GDC in their category of the register or above. The supervisor need not work at the same practice as the registrant, but must make himself/herself available to provide advice or assistance should they be required. The registrant's work must be reviewed at least once fortnightly by the supervisor via one to one meetings and case-based discussion. These fortnightly meetings must be focussed on all areas of concern identified by the conditions.

- **Closely supervised**

The registrant's day to day work must be supervised by a person who is registered with the GDC in their category of the register or above and who must be on site and available at all times. As a minimum, the registrant's work must be reviewed at least twice a week by the supervisor via one to one meetings and case-based discussion. These bi-weekly meetings must be focussed on all areas of concern identified by the conditions.

- **Directly supervised**

The registrant's work must be directly supervised at all times by a person who is registered with the GDC in their category of the register or above and who is in the same place of work. The level of supervision required is equivalent to that of a Foundation Trainee.

### Medical Supervision

This must be directed for all cases where a registrant's fitness to practice is impaired by reason of ill health.

The medical supervisor will meet with the registrant regularly to discuss their progress and they will liaise with the treating doctors. The medical supervisor may, with the consent of the registrant, consult with others involved in the registrant's conditions.

The medical supervisor reports to the GDC on a regular basis, setting out their opinion in relation to the registrant's progress under treatment, compliance with their conditions and their fitness to practise in general. 3 August 2012

### **Mentorship (by recommendation only)**

This is usually carried out by a more senior and experienced colleague, who is able to offer guidance. A mentor is available to discuss with the registrant issues occurring within their practice. Mentorship can be a useful means of supporting a registrant who has become professionally isolated.

This is a personal and private support role. Therefore the GDC does not expect the mentor to provide reports. The GDC will, however, satisfy itself that the chosen mentor is an appropriate person.