

**Provisional registration consultation****Who are you?**

To help us to understand the context of your response, please indicate the perspective from which you are replying.

**I am replying as a** ( please tick the boxes that apply to you)

On behalf of an organisation

Council of Heads and Deans of Dental Schools, (CHDDS)

**What do you think?****Policy**

We plan to develop a period of provisional registration for dental professionals who are applying for registration for the first time. During provisional registration dental professionals will need to demonstrate in the working environment that they meet the standards required for full registration.

1. Do you support the idea of dental professionals completing a period of provisional registration before they could become fully registered?

**Yes**

Please explain **why**...

The implementation of VT has shown the value of a supervised period of dental practice before progressing to full independence. The expectation of dental graduates being fully independent at BDS no longer exists, but even post-VT we see some variation in performance and quality. Formalisation of post-BDS training with workplace assessments will help to ensure maintenance of quality and adequate preparation for fully independent practice or for further specialist training.

It will also help to further inculcate the ethos of life-long learning.

Provisional registration will provide a more formal framework for this period of postgraduate training with a clear end point

We are going to start by developing provisional registration for dentists. We may consider developing provisional registration for some or all of the other groups of dental professionals.

2. Do you think that all dental professionals should complete a period of provisional registration?

**Yes**

If “No” or “Don’t Know” what should be different and why?

### **Demonstrating skills**

We would like dental professionals to be able to meet the requirements of provisional registration in a variety of ways. We want to explore how the required skills and behaviours under the four standards headings (below) might be demonstrated.

Examples of assessment might include: direct observation, portfolio of evidence, objective structured clinical examination (OSCE), online assessment. These are just a few examples and we are keen to know what types of assessment you think might be useful for demonstrating skills including any forms of assessment we have not named.

3. What forms of assessment or measurement might be best suited to demonstrating:

There are a variety of ways of assessing workplace performance. Overall the assessments should be progressive and based on attainment of key competencies. Progression should be recorded in a training portfolio or logbook, which may in itself record observational assessments made by trainers and supervisors. Examples may include

**Clinical Skills:**

**OSCEs**

Direct observation of clinical skills and patient interactions

Clinical evaluation exercises

Case presentations and discussions

Peer-review and feedback

**Communication Skills:**

Direct observation of patient interactions

Peer review and feedback

Case presentations

Professionalism:

Patient feedback – formal and informal

Peer review

Direct observation

Management and Leadership skills:

Peer review feedback

Feedback from team members (eg DCPs)

Direct observation

Portfolio

We propose to limit how a dental professional can practice until they complete provisional registration. For example restrictions for a dentist might include not being able to own a practice or work without the supervision of a fully registered dentist.

4. Do you agree that during a period of provisional registration a dental professional should only be able to work in a restricted way? (E.g. the right to own a practice, a restriction on the right to practise unsupervised, and a requirement to complete a minimum time period).

**Yes**

Please explain **why**...

Restricted and supervised practice is explicit in the idea of provisional registration. Largely this is to protect the public and to provide clear evidence of a commitment to quality

5. If you said **Yes** above what do you think the restrictions should be? Please explain **why**?

There should be flexibility, for example it may be possible for a dentist to buy or own a practice (a dentist may for example inherit a practice within the period), but there should be a restriction on independent clinical practice and foundation training should be supervised at an appropriate level.

Certain clinical procedures may be inappropriate at this level without clear evidence of further or specialist training – clear guidelines in terms of ‘clinical privileges’ may be needed. The framework for restricted practice, already set out in *Standards for Dental Professionals* may need to be applied more rigorously during a provisional registration period.

However there needs to be flexibility since the training environment will also determine the nature of clinical practice (eg. Dental Practice vs Hospital).

There should be flexibility to allow a graduate to complete the requirements for full registration in a wide variety of ways, making full allowance for the variety of career pathways which may be followed – for example there must be allowance for time spent in academia, pursuing higher research degrees, or pathways with little clinical contact such as pathology or public health.

A requirement to complete a minimum period of training may be appropriate but consideration should be given to flexibility in both the type of training and in the length.

### Structure of provisional registration

We believe that there should be a minimum time period that a dental professional must complete as a provisional registrant before they can apply for full registration. What factors do you believe should be taken into account in deciding the length of a minimum period of provisional registration?

6. Should the minimum of time required to complete provisional registration be dependant on:

Time taken to complete initial qualification **Yes** (but this may be largely applicable to potential registrants from overseas)

Nature of initial training (i.e. **No**  
academic versus on the job training)

Level of skills required for work **Yes** ( eg. in a competency based framework the time may vary between individuals, but there must still be a minimum)

Should be the same for all groups **Yes**

**Other** please explain...

The purpose of provisional registration will be to validate the skills of a dental professional to ensure they are fit for full registration. While most dental professionals will complete provisional registration and go on to be fully registered others may not. They may be unable to demonstrate that they are fit for full registration.

7. What should happen if a dental professional does not meet the requirements of provisional registration?

There must be an opportunity to undertake remedial training with appropriate mentoring and counselling.

If it cannot be completed then an alternative career should be sought.

The GDC may wish to give consideration to allowing registration for different career pathways, similar to the current provisions by the GMC – which allows, for example, non-exposure prone practice for individuals who are BBV positive.

It is possible that special circumstances may prevent an individual from attaining certain competencies, but they may still be able to pursue a productive and worthwhile career in an alternative branch of Dentistry. Eg. Technical clinical skills are not needed to practice oral pathology, microbiology or dental public health.

8. How many opportunities should a dental professional get to pass provisional

registration?

Flexibility is needed and special circumstances must be considered. But probably two chances are sufficient.

Please explain **why**...

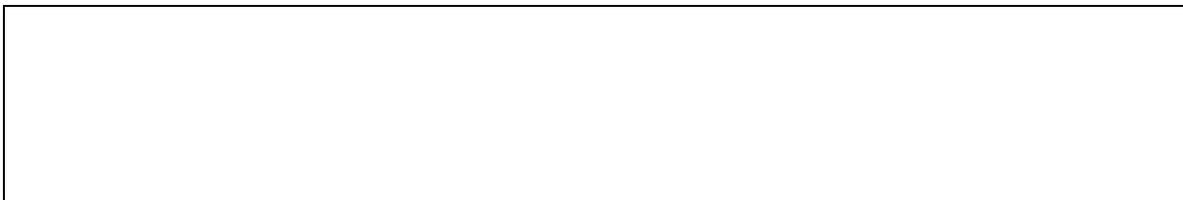
### **Delivery**

We are looking at a variety of ways through which provisional registration might be delivered. One route, for example might be Vocational Training (VT) or similar schemes developed by independent providers. We would quality assure all providers to ensure that they met our standards.

9. In what ways do you think provisional registration could be delivered?

We feel it would be most appropriate for provisional registration and the management of foundation training to be overseen by a new committee structure similar to and possibly derived from JCSTD. There should be clear recognition of the important role and expertise of the Schools and of the Postgraduate Deans as well as representation of other stakeholders such as the specialist societies.

10. We would welcome your additional thoughts and suggestions on any aspect of provisional registration:



Please reply to:

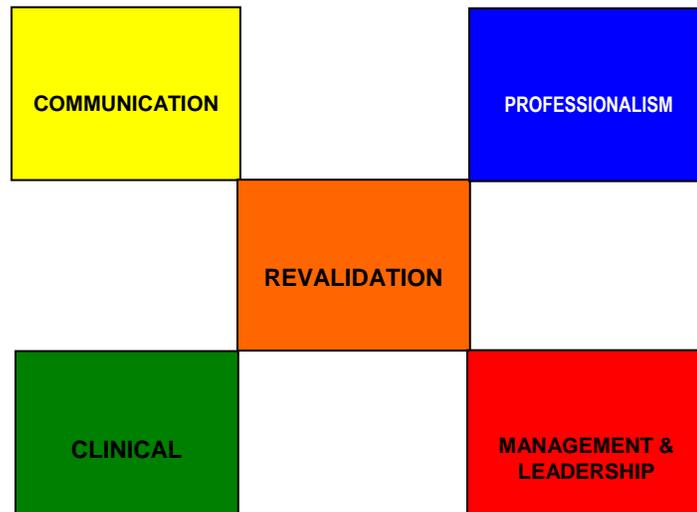
**Moragh Loose**  
**Provisional Registration Consultation**  
**General Dental Council**  
**37 Wimpole Street**  
**London**  
**W1G 8DQ**

You can also reply by email to [mloose@gdc-uk.org](mailto:mloose@gdc-uk.org)

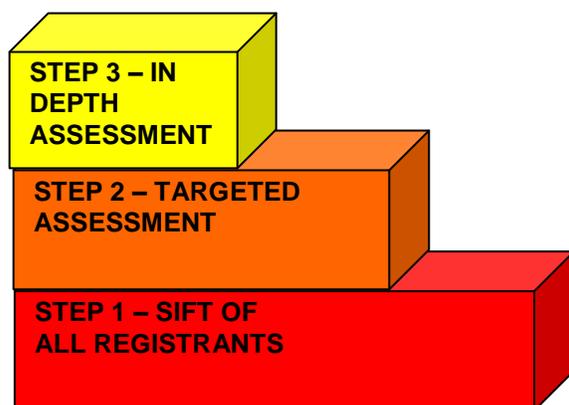
**The deadline for responses is 5.00pm on 20 March 2008. Please note that we cannot guarantee that any responses received after the deadline will be considered.**

## Revalidation of dental professionals – summary of proposals for information

1. The GDC is currently developing a revalidation system which will require all dental professionals to demonstrate, periodically, that they continue to meet the standard necessary to maintain their registration. Revalidation will be focussed on four headings<sup>1</sup>. These are:



2. A three stage process is envisaged, as shown below.



### Step 1

3. Step 1 will apply to all dental professionals, with a number of potential routes to demonstrate continuing fitness to practise, to accommodate the diversity of the GDC's registrant base.
4. Each registrant will provide the GDC with evidence of the activities they have undertaken which demonstrate that they meet the standards required

to show that they are fit to practise under the four headings. Use will be made of existing local quality assurance mechanisms and locally gathered evidence wherever possible and appropriate. We seek to avoid duplication of effort where possible.

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<sup>1</sup> These headings are already used to structure standards elsewhere in the profession.

5. The GDC is developing a points accrual model whereby points may be accrued for successfully carrying out various activities which go towards demonstrating satisfactory performance. The GDC has scoped the activities currently undertaken by dental professionals as part of employers' or voluntary processes which could be used in this system to demonstrate one or more of the four areas. Examples which may, in their present form or in an adapted form, contribute to the process include:
  - a. appraisal (subject to it containing a summative assessment);
  - b. practice inspections;
  - c. achievement of positive outcomes under clinical governance processes;
  - d. completion of examinations and/or postgraduate programmes of education.
6. In terms of process, it is envisaged that dental professionals will submit a form detailing their activities, and against which a points score can be determined. Dental professionals will maintain e-portfolios of activity to support the content of the declaration on their forms. It is envisaged that dental professionals would be able to use their e-portfolios to collect evidence to be used both for revalidation and other purposes (for example, NHS clinical governance processes). The GDC would carry out a random sample audit of e-portfolios to validate the declaration collection process at Step 1.
7. There will be a cut-off level where dental professionals whose points score is insufficient will be subject to a Step 2 assessment. The system may also be developed to flag dental professionals for a further look at Step 1 based on a recent poor conduct history, inadequate CPD evidence<sup>2</sup> or revalidation history.
8. It is felt that there is currently insufficient evidence available to support a system based on potential risk factors. In due course, the process of revalidation, and better collection and analysis of data from fitness to practise procedures, may facilitate the development of a sound evidence base to support such a system.
9. The advantage of the system currently envisaged is that the factors which determine whether or not a practitioner requires a 'further look' will largely be within their control to change, unlike a system in which individualised or group 'risk factors' (for example, age) are pre-determined and applied to the registrant population to determine who to target for further assessment. This will make for a system which is summative and formative, rather than punitive.

## **Step 2**

10. The nature of Step 2 may vary depending on the setting in which the practitioner works. For dental professionals working in primary care, the GDC is developing a system based on a peer assessment in the practice setting. This may consist of a dental records review, observation of practice, and an interview, carried out by

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<sup>2</sup> It should be noted that the GDC already has a mandatory CPD system in place for dentists, and, from next year, will extend this to all registrants.

trained assessors. It is envisaged that, in addition to targeted assessments at Stage 2, the GDC will carry out a small number of random peer assessments, in order to validate the effectiveness of Step 1 as a filter.

### **Step 3**

11. A Step 3 assessment would be an 'in depth' assessment intended to be used for those who were unable to demonstrate fitness at Step 2. The system relies on very small numbers being required to undergo a Step 3 assessment<sup>3</sup>. A Step 3 assessment would need to be sufficiently robust to justify removal from the register in the event of a registrant failing to demonstrate fitness. It is the GDC's view that revalidation failure should result in administrative erasure (not referral into fitness to practise procedures).
12. Our overall objective is to ensure that the GDC has a robust revalidation system to protect the public and reassure patients – which is also practical and affordable.

Frances Garratt, Head of Quality Assurance  
Carol Varlaam, Chair of Revalidation Working Group

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<sup>3</sup> The GDC is currently examining evidence to enable it to forecast likely numbers at each step.