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## Response to the General Dental Council consultation on Student Fitness to Practise guidance

The Dental Schools Council welcomes the guidance on Student Fitness to Practise, especially at a time when student behaviour is increasingly becoming an issue. This document is extremely thorough and clear, and will provide a helpful reference point for all involved.

***Are there any areas which need further explanation or which are unclear? If so, please give details.***

### What is fitness to practise? (p1)

Bullet point 3 – ‘make sure that students who are a risk to patients are not allowed to pass the registrable qualification’. There is a degree of separation between passing the educational component of BDS and displaying the necessary professional behaviour to be eligible for the register. A student may be stopped from progressing to take the examination if their academic performance warrants this. However, for a student who is able to progress academically there is seldom a method of preventing them from taking the professional examination. The award of the degree itself (an academic qualification) is distinctly separate from being admitted to the register. If a student has displayed unprofessional behaviour and is being considered under a fitness to practise policy then the two go hand in hand. If however, a student has a positive CRB check or commits an offence after taking the examinations, Schools cannot prevent that individual from passing and can only advise the GDC of the situation at the time of submission of the registration form. The decision to register or otherwise will be that of the GDC not the educational provider.

There is no purpose, and a significant cost to both the individual and the Department, in admitting a student if successful registration is unlikely after completion of the programme. The reference to advice being available from the GDC on the possible outcomes of registration, based on the disclosed facts of an individual case, is therefore welcome. However, it is hoped that the provisos outlined do not make this worthless.

### Principles of professional behaviour (p2)

It is important to add to the list of principles of professional behaviour a reminder of the link between the quality and safety of care a student delivers to their patients and the diligence and commitment they show towards their studies, i.e. ‘Students should (x) Understand that in the interests of their patients they must adopt a committed and professional approach to all aspects of their studies’.

It should be emphasised that poor health places the student at risk as well as their patients and colleagues. There may be times when a student believes that they should attend clinics etc when this can in fact serve to worsen their illness.

It would be advantageous to clearly define the degree of communication that students should have with their patients. There may be times when a student discusses the care of a patient without the knowledge of their

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academic/ clinical supervisor, hence there may be the opportunity for patient confusion and harm – despite that in most instances the student is behaving in a largely innocent manner.

It would be helpful to expand the second to last paragraph (starting 'A disability or health condition...' to include a comment that if such impairments are present at the time of commencement on the course, the university should make arrangements to make an adequate assessment and advise on non-acceptance, including the reasons for this, and support acceptance onto another course if possible. Such assessment processes should be undertaken on Health & Safety and Disability grounds, not Disability alone.

#### Being trustworthy (p5)

Some students deliberately understate or totally deny any health or disability problem in statements to UCAS and indeed Occupational Health. When these matters come to light later, the Disability lobby accept that a person could have chosen not to make a statement for fear of being stigmatised. However, there are also cases where a student deliberately misleads the university. We would like to suggest that where students who do not make a positive declaration when there is a health or disability problem, this should at least lead to consideration of a SFtP hearing.

In view of the current problems in relation to students' behaviour outside the Dental School, a welcome addition to the section 'Being trustworthy' would include 'students should (x) Be aware that comments apparently made privately via e-mail, text or on social networking sites about academic staff, fellow students, patients or members of the public may be open to misinterpretation and therefore may lead to charges of unprofessional behaviour.' It would be helpful also to rename this section to 'Being trustworthy and acting in a professional manner'.

#### Fitness to practise and registration with the GDC (p5)

There is currently no place on the registration form for a self declaration by the student as to whether they have been involved in any disciplinary action whilst at university, whether this be under university regulations or fitness to practise policies. The GMC registration form does have this and consideration should be given by the GDC to including such a section.

#### Confidentiality and disclosure (p7)

This should include a specific reference to disclosure to placement providers. Whilst providers should protect confidentiality of students, they also have a clear duty to patients.

#### Investigator (p8)

The nature of the issues that might be considered by a SFtP panel may need to be investigated in the clinical area. For a non-clinician this may create difficulties in terms of accessing clinical notes and liaising with NHS agencies and staff. We recommend that consideration is given to suggesting that the Investigator should be a registered dentist.

#### Panel composition and training (p8)

It is unclear who should set up a SFtP panel. The guidance suggests that the School would be responsible for the Dental SFtP procedure. In some universities, it is the Dean of the Faculty who takes the role of setting up a SFtP Panel, which thus includes medical and dental students. Does the GDC suggest (as implied by the guidance) that this guidance should separate the medical and dental SFtP procedures?

Quite correctly the guidance states that panels should keep in mind the balance between patient safety and the interests of the student. The chairman of the panel will play a central role in ensuring that this balance is achieved. University panels are often chaired by non-clinical academics and there is an understandable bias in favour of students' interests in all Higher Education Institutions (HEIs). We would respectfully suggest that the GDC gives consideration to suggesting that panel chairs should be registered dentists with experience of dental undergraduate teaching.

We would welcome clarity was required on the advice that a student representative should be a panel member. If this means that another university student (unknown to the dental student) should be on the panel this might

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be difficult to achieve within a small university such as Queen's, Belfast. Might it be better to recommend that a recent dental graduate should be on the panel?

#### Outcomes of student fitness to practise hearings (p14)

The guidance states 'it should be made clear to students that they can withdraw from their course rather than go through formal fitness to practise procedures'. However, if a student withdraws at this point, there is nothing to prevent the student from applying and potentially being admitted elsewhere, either to another Dental School or to another education programme. The GDC should stipulate that any fitness to practise issues should be reported to them irrespective of the outcome even if a student withdraws.

#### ***Can you identify any difficulties in implementing the SFtP guidance – in particular, taking account of the variation in training provided for dentists and DCPs?***

No. The document recognises both the generic standards that apply and the diversity of learning environments.

The guidance is consistent with the procedures that most universities have in place to handle UCAS similarity detection warnings and the admission of specific groups of applicants (including those with disabilities or a criminal record). It may however be difficult to get a university that already has in place established SFtP procedures to adopt a document that requires a specific standard of professional behaviour from dental students. Failure to meet professional standards of behaviour would not necessarily be supported by a University SFtP panel without robust guidance that Dental Schools must conform to the GDC document.

#### ***Once the SFtP guidance is published, can you suggest other tools the GDC could provide that you would find useful? (For example a database of relevant SFtP case studies or a web-based inter-school forum)?***

A student roadshow with GDC representatives should visit the Schools at an early stage, on a rolling programme, to reinforce the GDC role in regulation of the profession and patient and Standards for Dental Professionals. At the moment these messages are delivered by university staff with the GDC remaining 'faceless' to most GDC undergraduates (dental and DCP). Further most undergraduates seem to feel that the consequences of their actions are abstract and that they are 'disengaged' from the GDC until qualification. An 'undergraduate registration' would be useful to engage the students and raise their awareness.

A series of case studies and worked examples of the impact of SFtP could be built up for reference through a central database or similar. For example, staff at Bristol Dental School were aware of an issue with students not attending lectures (as a professional programme it is mandatory). By asking the SFtP Committee to look at this, attendance improved dramatically – but it also unearthed a health issue in one student and clear evidence of bullying in another.

#### ***Can you suggest other ways that the GDC can engage students in issues relating to professional behaviour and SFtP?***

In view of the need for students to be aware of the regulations of the GDC, University and Trust, it may be sensible to ensure that all BDS courses have a mandatory module that provides teaching on regulations before commencement of at least clinical activities. Students are often told to read up on regulations etc but it is doubtful if there is an audit trail to confirm that all students are aware of the material.

#### ***Further comments***

For this guidance document to be meaningful in practice, the paragraph below needs to be implemented, and agreed by all universities. This would provide a level of consistency and make the GDC more accountable to the process.

- Dental Schools and other training providers should inform students, as part of their admissions procedures, through student handbooks and induction programmes, and also as part of their fitness to practise guidance and procedures, that the GDC is responsible for decisions regarding registration. It must be made explicit to students that the GDC may consider any issue that could call their fitness to practise

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into question. This would include anything that happened before or during their education and training, and any decisions made by a fitness to practise panel, university or other educational institution.

Dental Schools, and other education and training providers, would find a 'hotline' to the GDC particularly helpful, such that specific issues are given a rapid response rather than waiting until e.g. the end of a course before identifying that a collective of misdemeanours by a student results in questions around their registration.

#### Language

It would be helpful where reference is made to 'admissions information' that this is extended to refer to 'admissions and/or enrolment information', which would encompass for example the stage at which students are asked to agree to university data protection arrangements.

The document at times refers to Dental Schools as separate from their parent universities. This creates some confusion and it might be better to simply refer to 'Universities' rather than 'Dental Schools'. This will of course vary throughout the text.

Rather than referring to Blood Borne Viruses in isolation, it might be best to simply refer to 'infections' (TB is not a virus for example).

#### Format

The document is complex and would benefit from a series of explanatory diagrams/flow charts that define the roles and duties of the student, university and allied Trust (s).

There are likely to be occasions when reference will be made to specific parts of the guidance and from this perspective the inclusion of numbering would be helpful.

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