



General Dental Council Standards of Conduct, Performance and Ethics

Drafts for consultation

Background, draft standards and consultation questions

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Please submit your response by 31 December 2012 to:

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General Dental Council
37 Wimpole Street
London
W1G 8DQ

Email: standardsreview@gdc-uk.org

Telephone: 020 7887 3819

Other formats

This consultation is available on request in large print or audio. If you would like to receive a copy in one of these formats, please contact us on the telephone number above.

Freedom of information

The information you give us in your response may be subject to disclosure under the Freedom of Information Act 2000 which allows public access to some information held by the GDC. You may ask for your response to be kept confidential by ticking the box below and we will take this into account if someone requests your response under the FoI Act.

Please tick this box if you want us to treat your response as confidential

Background

The General Dental Council (GDC) is the organisation which regulates dental professionals in the United Kingdom. All dentists, dental nurses, dental technicians, clinical dental technicians, dental hygienists, dental therapists and orthodontic therapists must be registered with us to work in the UK.

Our purpose is to protect the public by regulating the dental team. We do that by:

- registering qualified dental professionals,
- setting standards of dental practice and conduct,
- assuring the quality of dental education,
- ensuring dental professionals keep up-to-date,
- helping patients with complaints about a dentist or dental care professional, and
- working to strengthen patient protection.

Why are we consulting?

The purpose of the consultation is to seek your views on the draft GDC Standards of Conduct, Performance and Ethics.

How can I respond?

You can submit your response to the consultation through the GDC website: www.gdc-uk.org.

You can also respond by post to the address given on page 4 or you can email your response to standardsreview@gdc-uk.org. Please mark your email 'Consultation response'.

The consultation is open until 21 December 2012. The responses will be analysed and reported to Council in March 2013 and the new standards will be published shortly after that meeting.

Questions about the draft GDC Standards of Conduct, Performance and Ethics

This consultation asks for your views on the draft GDC Standards of Conduct, Performance and Ethics. The drafts are available on the GDC website.

We do not ask questions about every paragraph of the drafts but throughout the consultation you are provided with the opportunity to provide any further comments.

There are 32 questions in total.

Standards Review



General Dental Council Standards of Conduct, Performance and Ethics consultation

We are seeking views on the draft GDC Standards of Conduct, Performance and Ethics.

The consultation closes on 31 December 2012.

Introduction

1. The General Dental Council (GDC) issues ethical guidance that all registrants (dentists, dental nurses, dental technicians, clinical dental technicians, dental hygienists, dental therapists and orthodontic therapists) are expected to follow. At present, this ethical guidance is called *Standards for Dental Professionals*. To supplement these standards we have also published our Scope of Practice document and a series of useful statements. You can find all these on our website: www.gdc-uk.org/dentalprofessionals/standards/pages/default.aspx
2. The standards were published in 2005 and a review was initiated to ensure that they continued to be up to date and fit for purpose. Since 2005 our Registers have changed dramatically. They doubled in size when the mandatory registration of dental care professionals was introduced in 2008 and the categories of registered dental professionals also increased at that time from three to seven.
3. The draft GDC Standards of Conduct, Performance and Ethics are intended to replace the entire Standards Guidance. The useful statements will be retained and renamed 'advice sheets'. A review of these will be conducted in 2013 to ensure they remain up to date and we will also be developing advice sheets on additional topics such as social networking. You will find references to these advice sheets throughout the guidance and when the final version is published, these will feature in the guidance as hyperlinks.
4. We are also currently consulting on a proposal to expand direct access which is giving patients the option to see a dental care professional without having seen a dentist first and our current Scope of Practice document will be retained until the outcomes of both of these consultations are known.

Our approach

5. A Working Group (the 'Group') was set up to oversee the review of the Standards Guidance. We are committed to evidence based policy making and so we embarked upon an ambitious evidence gathering exercise throughout 2011 and the first half of 2012 to ensure that the new drafts are fit for purpose.
6. We asked members of the public and patients, through the annual patient survey and a series of workshops, what they expected from their dental professionals. We also asked registrants, educators, primary care commissioners, defence organisations, professional associations, our fitness to practise panellists and some of our own staff what they thought patients expected from their dental professionals and what should feature in the new standards. We carried out an audit of the allegations considered by our Investigating Committee during the first six months of 2010 and 2011 to look for trends and we have also taken the recent Office of Fair Trading's (OFTs) Market Study¹ into account.
7. We also had the opportunity to gain feedback on our initial drafts of the GDC Standards of Conduct, Performance and Ethics at our most recent registrant events and have made substantive changes to the drafts in light of that feedback. A complete list of the evidence gathered during the review can be found at **appendix 1** and the individual reports can be found on our website.

¹ http://www.offt.gov.uk/shared_offt/market-studies/Dentistry/OFT1414.pdf

8. The research told us that communication and trust were of critical importance to patients. Patients wanted to be provided with information about costs and the risks and benefits of having, or not having, treatment before it started. Those patients who were positive in their dental professional's ability to communicate effectively with them were also more trusting of the profession as a whole and as a result, we decided that the draft GDC Standards of Conduct, Performance and Ethics needed to have a clear focus on communication.
9. Registrants we spoke to, although appreciative of the fact that the current standards enabled the use of professional judgment, were critical of the current standards and felt that they were ambiguous and lacked specific detail. Many thought that there needed to be more prescriptive detail in areas which were of most concern to patients including consent, communication and transparency with costs. In general, the majority of registrants and stakeholders thought that the current standards lacked clarity.
10. Some stakeholders thought that the current standards were not applicable to all our registrant groups and that guidance should be tailored to specific groups where appropriate. Some registrants said they found the current standards helpful when training staff but there was also evidence that suggested a lack of awareness of the current standards amongst some of our registrants. A separate piece of work is being undertaken to make the Standards pages on the GDC website more interactive.
11. There was also feedback from stakeholders that the link between standards and fitness to practise was not made explicit in the current standards and there needed to be more signposting in the standards so that registrants knew where to go for further advice.
12. The results from this consultation will be analysed and considered by the Group and the Policy Advisory Committee in February and Council will approve the final drafts at its meeting in March 2013.
13. It is our intention to publish the principles, patient expectations and standards in hard copy and for the guidance to be available electronically. This would enable us to change the guidance with relative ease if any section became out of date and would also enable us to add more guidance so, for example if we noticed an increase in the number of fitness to practise concerns relating to inadequate record keeping, we would be able to produce more specific guidance on that particular issue without having to reproduce hard copies.

Question 1: Do you agree with our intention to only publish the principles, patient expectations and standards in hard copy?

<input type="checkbox"/>	Strongly agree
<input checked="" type="checkbox"/>	Agree
<input type="checkbox"/>	Disagree
<input type="checkbox"/>	Strongly Disagree
<input type="checkbox"/>	Neither agree nor disagree

Please provide reasons for your answer:

The Dental Schools Council agrees with the intention to only publish the principles, patient expectations and standards in hard copy and there is the opportunity for this to be complemented with background information distributed electronically.

We are concerned that there is a risk that the regulations and guidance can grow in scope without the changes being made explicit to registrants. There is also a need to understand how changes and amendments can be communicated to registrants more widely. When amendments are made to the document this could be communicated through other channels, such as a GDC newsletter.

As stated in paragraph 10 of the consultation document, there are concerns with regards to the level of awareness of the current standards amongst some registrants. While working to make the standards pages on the GDC website more interactive, there is also the opportunity to consider how to raise awareness of the standards documentation more widely.

The introduction

14. We wanted to retain the principles of practice approach that feature in the current standards and so the GDC Standards of Conduct, Performance and Ethics contain nine core principles. Each principle is then divided into three sections; patient expectations, standards and guidance.
15. The patient research indicated that awareness of the existence of the GDC was low, however there was an assumption that dental professionals would be subject to some form of code of conduct. The addition of patient expectations in the drafts aims to ensure that patients' interests are kept paramount and the attendees at our stakeholder events felt that the new standards needed to focus more on patients' needs. Patients should know what to expect when they visit a dental professional and we hope that the inclusion of these patient expectations will encourage transparency, will manage patients' expectations and will enable them to make more informed decisions about their care.

Question 2: Does the introduction adequately explain how the document works?	
<input type="checkbox"/>	Strongly agree
<input type="checkbox"/>	Agree
<input checked="" type="checkbox"/>	Disagree
<input type="checkbox"/>	Strongly Disagree
<input type="checkbox"/>	Neither agree nor disagree
Please provide reasons for your answer:	
<p>The Dental Schools Council disagrees that the introduction adequately explains how the document works. To be effective a dental team needs to work with mutual respect, as the document is to be used by both the public and the wider profession, there is the opportunity for the documentation to further explore the interprofessional standards that will affect relationships within the dental team. This could also be considered within the introduction.</p>	

16. As communication was such an important issue for both patients and registrants, we decided to include this as a standalone principle, distinct from consent, although there is some repetition between the two in the guidance.
17. There is some evidence from our fitness to practise cases that the number of allegations relating to social networking, personal behaviour, convictions and failure to co-operate are increasing and this principle captures those aspects of behaviour.
18. Some of the feedback we received indicated that the link between standards and fitness to practise was not made explicit in the current standards. We wanted to make the link between the two clear and emphasise that every person on our registers has an individual responsibility to ensure that they adhere to our standards.
19. Many of the registrants we spoke to wanted more prescriptive guidance in particular areas. The words 'must' and 'should' have been used throughout the document to

provide a clear steer to registrants about what we expect from them and they have been defined in the introduction to provide clarity to the profession:

- **'must'** is used for an overriding duty or principle;
- **'should'** is used when we are providing an explanation of how you will meet the overriding duty.
- **'should'** is also used where the duty would not apply in all situations or circumstances, or where there are factors outside your control that could affect whether or how you can comply with the guidance.

Question 3: Are the definitions of 'must' and 'should' clear?

<input type="checkbox"/>	Strongly agree
<input type="checkbox"/>	Agree
<input checked="" type="checkbox"/>	Disagree
<input type="checkbox"/>	Strongly Disagree
<input type="checkbox"/>	Neither agree nor disagree

Please provide reasons for your answer:

The Dental Schools Council disagrees that the definitions of 'must' and 'should' are clear. The word 'should' has been ascribed with two different meanings which may potentially cause confusion for registrants.

We believe this confusion will be reduced if 'should' is only used when suggesting the duty will not apply in all situations or when there are factors outside of a registrant's control that could affect how they can comply with a duty. Consequently, the use of the word 'should' within the context of providing an explanation of how registrants will meet the overriding duty could be replaced with 'you will be expected to', or another variant, which captures the strength of expectation placed on a registrant.

Question 4: Does the introduction make clear to registrants the consequences of not adhering to the standards?

<input type="checkbox"/>	Strongly agree
<input type="checkbox"/>	Agree
<input checked="" type="checkbox"/>	Disagree
<input type="checkbox"/>	Strongly Disagree
<input type="checkbox"/>	Neither agree nor disagree

Please provide reasons for your answer:

The Dental Schools Council disagrees that the introduction makes clear to registrants

the consequences of not adhering to the standards. Point 11 of this document states that the “link between standards and fitness to practise was not made explicit in the current standards”; there is an opportunity for the new document to make further, and explicit, links between existing fitness to practise documents and the new standards.

There is also a risk that the standards are framed so they are understood only in terms of setting thresholds for fitness to practise investigations rather than the wider benefit they provide for the reputation of the profession.

Principle 1: Put patients’ interests first

20. Our patient research indicated that some patients felt that dental professionals were more concerned with their own financial benefits rather than patient care. The OFT’s study also indicated that many patients did not know whether their treatment was provided privately or on the health service.
21. The guidance under standard 1.7 has been drafted in direct response to this feedback. It aims to make clear to registrants that treatment should not be carried out for a registrant’s own financial benefit and that patients should not be misled into believing that treatment is not available to them under the health service if that is not the case.

Question 5: Does the guidance make clear what we mean by registrants putting their patients’ interests first?

<input type="checkbox"/>	Strongly agree
<input type="checkbox"/>	Agree
<input checked="" type="checkbox"/>	Disagree
<input type="checkbox"/>	Strongly Disagree
<input type="checkbox"/>	Neither agree nor disagree

Please provide reasons for your answer:

The inclusion of section 1.3 in principle 1 creates some confusion in what is meant by ‘putting their patients’ interest first’. We believe that many of the standards included in this section are related to general professional behaviours rather than being directly related to patient interests and so it is unclear why these standards have been included in this section.

22. Some of the stakeholders we spoke to thought that the new standards should provide more signposting to assist registrants in knowing who to contact for further advice. The current standards state that registrants should find out about laws and regulations which affect their work, premises, equipment and business and follow them. The guidance under standard 1.6 provides some direct references to regulations that registrants will need to follow without providing a definitive list.
23. We agreed that signposting would be advantageous to registrants but thought that caution would need to be exercised in providing references to particular regulations or legislation as they may quickly become out of date. Whilst it is the intention that

the guidance will be reviewed regularly, we thought that having to update it too frequently may lead to confusion. We were also of the view that with seven registrant groups all working in different practice settings, providing a complete list would be virtually impossible.

24. We decided that the best approach would be to prioritise and to only reference particular documents which, if not followed, had the most potential to adversely impact on patient safety. Other regulations have been grouped in categories to provide further assistance to registrants.

Question 6: Do you think the approach adopted with signposting in the guidance under standard 1.6 is adequate?

<input type="checkbox"/>	Strongly agree
<input checked="" type="checkbox"/>	Agree
<input type="checkbox"/>	Disagree
<input type="checkbox"/>	Strongly Disagree
<input type="checkbox"/>	Neither agree nor disagree

Please provide reasons for your answer:

The approach taken is sensible as it focuses on ensuring signposting is used in a clear way that will not date the document.

Question 7: Do you have any other comments on Principle 1?

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Principle 2: Communicate effectively with patients

25. Throughout the research, both patients and registrants acknowledged that effective communication was crucial for the success of the patient/registrant relationship. Communication was also acknowledged as being critical to ensuring that patients are able to make informed decisions about their care. The patient and public survey asked patients what gave them confidence in their own dental professional and 43% cited the communication skills of the dental professional as the reason.
26. As communication was such an important issue and because of its potential impact on patient safety we decided to include specific guidance on fluency in English language.

Question 8: Do you think it appropriate to include in 2.2.2 the need to be fluent in written and spoken English as a requirement for effective communication?

<input type="checkbox"/>	Strongly agree
<input checked="" type="checkbox"/>	Agree
<input type="checkbox"/>	Disagree
<input type="checkbox"/>	Strongly Disagree
<input type="checkbox"/>	Neither agree nor disagree

Please provide reasons for your answer:

It is appropriate that the need to be fluent in written and spoken English is included as a requirement for effective communication (within 2.2.2). However, it is also relevant to consider the language requirements of patients to ensure that patients are fully informed when accessing dental treatment. This is established in 2.3.4 and we believe there is the opportunity for this principle to be cross-referenced within the document.

27. The guidance under standard 2.3 makes clear that patients should be provided with enough information about their treatment to enable them to make an informed decision, be given the opportunity to ask questions, to know who is involved in their care and to be provided with a written treatment plan. The OFT study concluded that few patients had received a written treatment plan and we believe them to be beneficial not only to the patient, but also to registrants, particularly when disputes arise.

28. The patient research we conducted also indicated that there was a lack of transparency in relation to costs and that some patients were not aware of the cost of their treatment prior to it starting. When we asked those who took part in our patient and public survey what affected their confidence in their dental professional, lack of transparency of information about the cost of treatment was cited as one of the principal reasons.

29. In addition, one of the recommendations from the OFT report was that we should require registrants to display indicative prices of private treatment to enable patients to make more informed choices about their care. In response to this feedback, we have included clear guidance under standard 2.4 about the information on costs that registrants should be providing to patients including the need for price lists to be displayed.

Question 9: Does the guidance under standards 2.3 and 2.4 make clear what information registrants should provide to patients?

<input type="checkbox"/>	Strongly agree
<input checked="" type="checkbox"/>	Agree
<input type="checkbox"/>	Disagree
<input type="checkbox"/>	Strongly Disagree
<input type="checkbox"/>	Neither agree nor disagree

Please provide reasons for your answer:

The guidance provides adequate information as to the expectations placed on registrants as to what they should provide to patients. The guidance has considered what should be included in a treatment plan, along with the need to display information regarding the cost of treatment.

Question 10: Do you have any other comments on Principle 2?

Principle 3: Obtain valid consent

30. When we asked registrants who attended our Edinburgh and Cardiff registrant events what to include in the new standards almost all the groups thought that dental professionals should offer patients all the options and that their needs and preferences should be taken into account. The groups also thought that patients had a right to clear information on costs, treatment options and that they needed time to consider their options.
31. The patients we spoke to said that they wanted a balanced view of all the options before deciding whether to have treatment. They also said they wanted guarantees so that they would not have to pay again if the treatment failed within a given timeframe. The OFT also recommended that dentists must remedy private treatment, at no additional cost to the patient, if the treatment fails within one year. In addition 69% of the registrants we surveyed in the annual registrant survey in 2011 thought displaying clear information about treatment fees and costs would give patients confidence in their dental professional.
32. The guidance in 3.1.4 states that registrants should provide patients with the reasons for the proposed treatment, together with the consequences, risks and benefits. They should also tell patients the cost of the proposed treatment, what might happen if the treatment is not carried out, provide alternatives as well as provide an indication as to whether the treatment is guaranteed.

Question 11: Is the guidance in 3.1.4 reasonable?

<input type="checkbox"/>	Strongly agree
<input type="checkbox"/>	Agree
<input checked="" type="checkbox"/>	Disagree
<input type="checkbox"/>	Strongly Disagree
<input type="checkbox"/>	Neither agree nor disagree

Please provide reasons for your answer:

The Dental Schools Council believes there is the opportunity for this principle to further define what is meant by 'guaranteed' treatment. While it suggests that patients should be told whether treatment is assured, there is the potential for this to be further developed by defining whether this means clinical assurance or financial assurance or both. For example, a tooth which has been successfully extracted does remove the tooth but may not necessarily eradicate pain for the patient. This indicates the complexity of 'guaranteed treatment' and there is the opportunity for the principle to provide further clarification.

Question 12: Do you have any other comments on Principle 3?

Principle 4: Maintain and protect patients' information

33. There is an assumption that dental professionals will keep patients' information confidential and maintain accurate records. 67% of registrants who were involved in our annual registrant survey in 2011 thought efficient administration of personal records would increase patients' confidence in the profession. These views were also echoed in the patient and public survey.
34. The current standards do not provide specific detail on what we mean by accurate and complete records and in recognition of the fact that poor record keeping can lead to fitness to practise concerns; we have provided more prescriptive guidance on records under standard 4.1.

Question 13: Does the guidance under standard 4.1 make clear what we expect from registrants in relation to good record keeping?

<input type="checkbox"/>	Strongly agree
<input checked="" type="checkbox"/>	Agree
<input type="checkbox"/>	Disagree
<input type="checkbox"/>	Strongly Disagree
<input type="checkbox"/>	Neither agree nor disagree

Please provide reasons for your answer:

The Dental Schools Council believes standard 4.1 does make clear what is expected from registrants in relation to good record keeping. It is helpful that standard 4.1 has been further broken down to consider what is meant by keeping contemporaneous, complete and accurate patient records.

Question 14: Do you have any other comments on Principle 4?

Principle 5: Have a clear and effective complaints procedure

35. The patient and public survey we conducted in 2011 asked patients to rank a number of qualities in order of importance in giving them confidence in their dental professional and dealing with a complaint or concern was ranked highly.
36. Some of the registrants we spoke to at our Edinburgh event thought that patients should understand their right to complain, the process for doing so, and that dental professionals must understand and fulfil their obligations under that process.
37. Our Dental Complaints Service staff thought that the new standards needed to reemphasise to registrants the importance of taking responsibility for complaints and not reacting defensively to them as well as responding to them in an appropriate time. Our audit of allegations considered by the Investigating Committee showed that complaints handling featured in the top five types of allegations in both of the first six month periods in 2010 and 2011.
38. We have set out clear guidance in 5.1.5 as to what we expect from a complaints procedure including displaying it where it can be seen by patients.

Question 15: Does the guidance in 5.1.5 make clear what we expect from registrants?

<input type="checkbox"/>	Strongly agree
<input checked="" type="checkbox"/>	Agree
<input type="checkbox"/>	Disagree
<input type="checkbox"/>	Strongly Disagree
<input type="checkbox"/>	Neither agree nor disagree

Please provide reasons for your answer:

The guidance in 5.1.5 clearly states what is expected to be included in a complaints procedure; particularly that information regarding the complaints procedure should be accessible for patients.

Question 16: Do you have any other comments on Principle 5?

The Dental Schools Council believes there is an opportunity for principle 5.3 to be further clarified. The principle states that registrants should "Give patients who complain a prompt and helpful response". We believe there is a need for the principle to state who has the responsibility of assessing the 'helpfulness' of the response. If this is taken to be the opinion of the patient, this then creates the potential for a registrant to also be accused of breaching standard 5.3 when a complaint is made to the GDC under principle 5.

Principle 6: Work with colleagues in a way that serves the interests of patients

39. Throughout the research we conducted with registrants, it was clear that effective dental team working was important to ensure that patients were being provided with the best care. There was a recognition that whilst each member of the team had an individual responsibility towards the patient, there was also a collective responsibility and the importance of effective communication within the team was highlighted.
40. All dental professionals are required to complete a specified amount of continuing professional development (CPD) in order to maintain their registration. We wanted to emphasise in the guidance that those individuals who manage, employ or lead a team have an additional responsibility to ensure that their team members are provided with the opportunity to learn and improve (see 6.2.1 and 6.3.1). These team leaders must ensure that their team members have access to the training they need, are given the opportunity to take part in CPD activities and are supported in complying with their CPD requirements.

Question 17: Are the requirements for those who manage, employ or lead a team in 6.2.1 and 6.3.1 adequate?

<input type="checkbox"/>	Strongly agree
<input checked="" type="checkbox"/>	Agree
<input type="checkbox"/>	Disagree
<input type="checkbox"/>	Strongly Disagree
<input type="checkbox"/>	Neither agree nor disagree

Please provide reasons for your answer:

The requirements state the need for registrants to create a strong and beneficial working environment for the dental team, along with supporting team members undertake CPD. These are essential to maintain the strength of dental services provided.

41. We decided that in the interests of patient safety we should provide more prescriptive guidance to prevent dental professionals who are treating patients from routinely working on their own. The guidance under standard 6.4 states that any member of the dental team who is treating patients should work with another appropriately trained dental team member. We provide a definition of 'appropriately trained' and we also outline the circumstances where it would be acceptable not to work with another dental team member. These exceptions include providing treatment as part of a public health programme such as Childsmile which has produced statistically sound results on its clinical effectiveness.

Question 18: Are the requirements for those who manage, employ or lead a team in 6.2.1 and 6.3.1 adequate?

<input type="checkbox"/>	Strongly agree
<input type="checkbox"/>	Agree
<input checked="" type="checkbox"/>	Disagree
<input type="checkbox"/>	Strongly Disagree
<input type="checkbox"/>	Neither agree nor disagree

Please provide reasons for your answer:

The Dental Schools Council believes there is an opportunity for Standards 6.2.1 and 6.3.1 to be further developed so they take into account the need to demonstrate good management and leadership skills in all circumstances. There is also the opportunity for 6.8 to be further developed so it takes into account the need to display these positive characteristics, regardless of whether or not a registrant manages a team.

Question 19: Do you have any other comments on Principle 6?

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Principle 7: Maintain, develop and work within your professional knowledge and skills

42. When we asked registrants at our Birmingham event what they thought were the most important issues for patients, a number of them thought that competence and skill would feature. Our fitness to practise panellists also cited competence and keeping knowledge and skills up to date as two of the top ten expectations that patients would have of their dental professionals.
43. The patient and public survey asked patients what qualities in dental professionals would give confidence to patients and good knowledge and technical ability were ranked second highest. Registrants were asked the same question in the registrant survey and high quality treatment, competent and well qualified were ranked highly. When patients were asked what gave them confidence in their own dental professional, 50% cited the high quality of care and clinical skills as the reason.
44. The online call for ideas asked respondents what they thought patients expected from their dental professionals and clinical competence and high quality care were two of the most popular responses.
45. The guidance in 7.2.2 provides an indication of the topic areas where dental professionals will need to find out about laws and regulations affecting their work. We make specific reference to the legislation governing dental appliances in 7.2.6 as we believe there to be low awareness of the requirements set out in that legislation.

Question 20: Do you think there are any topic areas missing from the list in 7.2.2?

Yes

No

If yes, what are they?

Standard 7.2.2 states that it 'includes, but it not limited to', consequently, the standard covers relevant areas not covered by the standard.

Question 21: Do you think there is any other specific legislation that we should reference in the guidance?

<input type="checkbox"/>	Strongly agree
<input type="checkbox"/>	Agree
<input type="checkbox"/>	Disagree
<input type="checkbox"/>	Strongly Disagree
<input checked="" type="checkbox"/>	Neither agree nor disagree

Please provide reasons for your answer:

Question 22: Do you have any other comments on Principle 7?

Principle 8: Raise concerns if patients are at risk

46. We recognise that raising concerns is a real challenge for dental professionals, particularly when raising the concern could lead to a loss of employment if action is taken against an individual who owns or manages a practice or place of work.
47. The guidance is intended to make clear to dental professionals that, although difficult, concerns must be raised through the appropriate channels and the guidance aims to provide assistance on how to deal with concerns. It also places a responsibility on those who employ, manage or lead a team to ensure there are written procedures in place, which are adhered to, for dealing with concerns.

Question 23: Does the guidance in 8.2.7 make clear when a concern should be raised with the GDC?

<input type="checkbox"/>	Very clear
<input checked="" type="checkbox"/>	Clear
<input type="checkbox"/>	Unclear
<input type="checkbox"/>	Very unclear

Please provide reasons for your answer:

The standard clarifies when a concern should be raised with the GDC and acknowledges when action should be escalated from the local level.

Question 24: Do you have any other comments on Principle 8?

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Principle 9: Make sure your personal behaviour maintains patients' confidence in you and the dental profession

48. The attendees at the two stakeholder events were of the view that we needed to produce guidance on personal and professional behaviour. The patient and public survey asked patients what gave them confidence in their own dental professional and 54% cited the personal behaviour of the dental professional as the reason.
49. Our audit of allegations considered by the Investigating Committee showed that inappropriate behaviour towards colleagues, patients and the public featured in a large proportion of the allegations in both of the first six month periods in 2010 and 2011. Our fitness to practise staff highlighted instances in cases where registrants had failed to co-operate with external agencies and had failed to respond to requests for information relating to fitness to practise cases. They also had concerns about the lack of clarity in our current standards in relation to reporting the outcome of criminal proceedings to us. Our fitness to practise panellists also fed back examples of cases where registrants had failed to engage with their indemnity or insurance organisations to the detriment of patients.
50. We received mixed feedback on the appropriateness of us including a principle on personal behaviour when we discussed it at the most recent registrant events. However, we are firmly of the view that dental professionals should demonstrate appropriate standards of personal, as well as professional, behaviour to maintain public confidence in the profession.

Question 25: Do you think the guidance under standard 9.1 makes clear what we expect from dental professionals?

<input type="checkbox"/>	Strongly agree
<input checked="" type="checkbox"/>	Agree
<input type="checkbox"/>	Disagree
<input type="checkbox"/>	Strongly Disagree
<input type="checkbox"/>	Neither agree nor disagree

Please provide reasons for your answer:

The standard clarifies what is meant by personal life and also includes expectations regarding social media.

Question 26: Do you think the guidance under standard 9.4 is reasonable?

<input type="checkbox"/>	Strongly agree
<input type="checkbox"/>	Agree
<input checked="" type="checkbox"/>	Disagree
<input type="checkbox"/>	Strongly Disagree
<input type="checkbox"/>	Neither agree nor disagree

Please provide reasons for your answer:

The exceptions listed under 9.4.1 are too specific as there are other very minor traffic infringements which are not covered in the guidance. Using a more 'catch-all' phrase, such as 'minor traffic offences, for example a FPN for a parking or speeding offence' could reduce bureaucracy while also clarifying the reporting expectations placed on registrants.

Question 27: Do you have any other comments on Principle 9?

Principle 9 provides specific methods of social networking, for example "Facebook, Twitter or Google", this may mean the document becomes more time-limited than the GDC intends. There is the opportunity for this to be limited to 'social networking sites' as we believe this is a widely understood phrase.

Principle 9.5.2 suggests there is the expectation for registrants to co-operate with other external bodies in the event of a formal or informal inquiry. However, the Dental Schools Council suggests there is a possibility that, taken at face value, registrants could inadvertently breach patient confidentiality. Consequently, the principle should acknowledge limitations through the use of the following suggested wording, "In line with the principles of maintaining patient confidentiality, you are expected to cooperate with:"

General Questions

Question 28: Do you think the guidance contains the right level of detail?

- | | |
|-------------------------------------|---------------------|
| <input type="checkbox"/> | Too detailed |
| <input checked="" type="checkbox"/> | About right |
| <input type="checkbox"/> | Not detailed enough |

Please provide reasons for your answer:

While the guidance provides a suitable level of information for a background document which should be available online, it is too detailed for general release. There is the opportunity for this to be further streamlined for general release via printed means.

Question 29: Do you think the GDC Standards of Conduct, Performance and Ethics is the correct title for the document?

- | | |
|-------------------------------------|----------------------------|
| <input type="checkbox"/> | Strongly agree |
| <input type="checkbox"/> | Agree |
| <input type="checkbox"/> | Disagree |
| <input type="checkbox"/> | Strongly Disagree |
| <input checked="" type="checkbox"/> | Neither agree nor disagree |

Question 30: If not, do you have any other suggestions for the title?

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Question 31: Do you think that applying the standards and guidance in the draft GDC Standards of Conduct, Performance and Ethics will adversely impact on any particular groups of people?

(for example on disability, age, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation)

<input type="checkbox"/>	Yes
<input checked="" type="checkbox"/>	No
<input type="checkbox"/>	Not sure

Please provide reasons for your answer:

Question 32: Do you have any additional comments on the draft GDC Standards of Conduct, Performance and Ethics?

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Section 3 - About you

We would be grateful if you would provide the following information to help us to analyse the consultation responses:

Your details

Name: Emily Burn
Job title: Policy Officer
Organisation: Dental Schools Council
Address: Woburn House, 20 Tavistock Square, London WC1H 9HD
Email: admin@dentalschoolscouncil.ac.uk

Would you like to be contacted about future GDC consultations?

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

If so, please let us know which areas of our work you are interested in:

<input checked="" type="checkbox"/>	Education	<input checked="" type="checkbox"/>	Registration	<input checked="" type="checkbox"/>	Fitness to practise
<input checked="" type="checkbox"/>	Standards	<input checked="" type="checkbox"/>	Revalidation	<input checked="" type="checkbox"/>	Scope of practice

Responding as an individual

If you are responding as an individual, please complete this section:

If you are responding on behalf of an organisation, please complete the next section.

(Put an x in the blue box to the **left** of your chosen answer)

Are you a:

<input type="checkbox"/>	Dentist	<input type="checkbox"/>	DCP	<input type="checkbox"/>	Other healthcare professional
<input type="checkbox"/>	Dental student	<input type="checkbox"/>	Student DCP	<input type="checkbox"/>	Dental educator/trainer
<input type="checkbox"/>	Member of the public				

If you answered 'DCP' above, are you a

<input type="checkbox"/>	Dental nurse	<input type="checkbox"/>	Dental hygienist	<input type="checkbox"/>	Dental therapist
<input type="checkbox"/>	Orthodontic therapist	<input type="checkbox"/>	Dental technician	<input type="checkbox"/>	Clinical dental technician

Where do you practise?

<input type="checkbox"/>	England	<input type="checkbox"/>	Wales	<input type="checkbox"/>	Scotland
<input type="checkbox"/>	Northern Ireland	<input type="checkbox"/>	Other		

What is your age?

<input type="checkbox"/>	Under 24	<input type="checkbox"/>	24-34	<input type="checkbox"/>	35-44
<input type="checkbox"/>	45-54	<input type="checkbox"/>	55-64	<input type="checkbox"/>	65+

Are you:

<input type="checkbox"/>	Male	<input type="checkbox"/>	Female
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What is your ethnic origin?

Asian or Asian British

	Bangladeshi		Indian		Pakistani
	Other Asian background: please specify				

Black or Black British

	Black or Black British		African		Caribbean
	Other Black background: please specify				

Chinese or other ethnic group

	Chinese
	Any other background: please specify

Mixed

	White and Asian		White and Black African		White and Black Caribbean
	Any other Mixed background: please specify				

White

	British		Irish
	Any other White background: please specify		

Responding on behalf of an organisation

If you are responding on behalf of an organisation, please answer the following questions:

Name of organisation: Dental Schools Council

Which best describes your organisation?

<input type="checkbox"/>	Body representing dentists	<input type="checkbox"/>	Body representing DCPs	<input type="checkbox"/>	Body representing patients or the public
<input type="checkbox"/>	NHS/Health service organisation	<input type="checkbox"/>	Dental school (undergraduate)	<input type="checkbox"/>	Postgraduate dental deanery
<input type="checkbox"/>	DCP training provider	<input type="checkbox"/>	Independent healthcare provider	<input checked="" type="checkbox"/>	Other Dental Schools Council

In which country is your organisation based?

<input checked="" type="checkbox"/>	UK wide	<input type="checkbox"/>	England	<input type="checkbox"/>	Wales
<input type="checkbox"/>	Scotland	<input type="checkbox"/>	Northern Ireland	<input type="checkbox"/>	Other

Appendix 1

Qualitative non self-selecting research

- i. George Street Patient and Public Research (November 2010)

Quantitative non self-selecting research

- ii. Patient and Public Annual Survey (June 2011)
- iii. Registrant Annual Survey (July 2011)

Qualitative self-selecting research

- iv. Belfast Registrant Event (January 2011)
- v. Birmingham Registrant Event (February 2011)
- vi. Edinburgh Registrant Event (March 2011)
- vii. Cardiff Registrant Event (May 2011)
- viii. Edinburgh Stakeholder Event² (October 2011)
- ix. London Stakeholder Event³ (November 2011)
- x. Bristol, Glasgow and Londonderry Registrant Events (January – February 2012)

General Feedback

- xi. FtP Panellists' Feedback (February – May 2011)
- xii. Customer Advice and Information Team (CAIT) Feedback (April 2011)
- xiii. FtP Caseworkers' Feedback (April 2011)
- xiv. Dental Complaints Service (DCS) Feedback (August 2011)
- xv. Ad hoc and Online Feedback (throughout 2011)
- xvi. Feedback from Defence Organisations (September 2011 – July 2012)
- xvii. Office of Fair Trading (OFT) Report (May 2012)

Other sources

- xviii. Audit of Investigating Committee Allegations (January – June 2010 and January – June 2011)
- xix. Office of Fair Trading (OFT) Report (May 2012)
- xx. Electoral Reform Services patient research (June 2008)

² Attendees included educators, primary care commissioners, representatives from defence organisations and professional associations.

³ See above