The publication last week of an Audit of the General Dental Council’s initial stages fitness to practise process by the Council for Healthcare Regulatory Excellence (CHRE) has been deemed to create further concern about the organisation’s performance.

The audit, published on Monday 5 September, identifies a number of significant issues with GDC processes including inadequate information gathering, on-going weaknesses in explaining the closure of cases, extensive unexplained delays in the referral of cases and poor recording and management of case information. Damningly, the review also says that GDC assurances that it would take action to address weaknesses identified by previous CHRE reports have either not been fully implemented or have failed to have any noticeable effect. The audit follows a critical review of the GDC by CHRE in July.

The audit revealed that there were incomplete information gathering by GDC FTP staff

- Decision letters that did not fully address all the issues or properly explain why the GDC was taking no further action
- Unexplained delays in the FTP processes
- Poor record keeping
- Non-compliance with the GDC’s policy that cases cannot be closed by a single caseworker unless their decision is appropriately authorised.

We were pleased that in this audit we found no evidence of cases that had been closed too early, or of closure decisions that we considered were unreasonable.

At the end of this report we refer to the changes that the GDC is already implementing to its FTP processes, which we hope will help to address the weaknesses we have identified during our audit.

Peter Ward, Chief Executive of the BDA, said: “This report is a catalogue of errors that asks profound questions about the GDC’s ability to fulfil one of its core responsibilities. It does not reflect favourably on an organisation that has undergone significant change in recent years, with a poorly managed move away from professional self-regulation and a massive expansion in the professionals it registers.

“The publication of the report comes on top of BDA concerns about the GDC’s priority setting and is likely to damage the confidence of both patients and dentists in the body. It must now concentrate on addressing the concerns this report identifies and demonstrating it is a competent force in the regulation of dentistry. Dentists and patients alike need a regulator that they know is reliable, professional and demonstrating it is a competent force in the regulation of dentistry.”

The CHRE report states: “We are confident that the GDC is now aware of the work it needs to do to achieve the necessary improvements to its FTP processes, and that it has plans in place to achieve those improvements within a reasonable timescale.”

The GDC states that progress is already being made in achieving these improvements and regular updates are given at the GDC’s Council meetings.