Blowing the whistle and protecting patients

Dilhani Silva details who to contact when you're concerned about a colleague

As health care professionals we have a duty of care to our patients. All our staff are trained to do so and taken an oath on protecting patients. However we seem to have had forgotten or deliberately trampled the truth. We have a responsibility and are gait to protect patients and improve on our skills in order to deliver the best treatment and maintain standards. Vast majority of the dental care professionals use their skills, education and dedication to deliver the most excellent treatment to their patients.

The Department of Health publication ‘Shifting the Balance of Power: the next steps’ stresses that: ‘It is essential in protecting patients that instances of poor practitioner performance are recognised much earlier than they have been in the past and effective solutions found. It is anticipated that many more will in future be helped by retraining or other means to restore an acceptable standard of practice.’

PCO
If you have an NHS contract your Primary Care Organisation (PCO) will have a Practitioner Advice and Support Scheme (PASS). This is a committee who will investigate underperformance and provide support and guidance. PASS can recommend additional training, courses or mentoring etc.

Practitioner Advice and Support Scheme (PASS)
The government guidelines for PASS are as follows:

- The PCOs will work with the Local Dental Committee to help develop a system for identification, assessment and remediation in general dental practice
- The process must be clear in distinguishing concerns from complaints. Concerns can come from anyone, and can lead to an investigation of the wider content of a GDP’s practice, whereas a complaints investigation is limited to specific circumstances
- Information might reach the Panel via the following routes:
  - Self-referral
  - Member of the public
  - Dental Practice Board
  - The PCO
  - A concerned colleague
  - A member of practice staff
- Under-performance can be reviewed under the four elements of commissioning accountability framework, namely:
  - Clinical and professional
  - Patients and the wider public
  - Management
  - Finance

General Dental Council
The GDC has a three-stage complaints procedure for dealing with allegations about the registrant’s performance. At stage one the allegations are considered by a caseworker. If they need further investigation the information is passed on to the Investigating Committee (IC).

At stage two the IC considers the allegations, comments from the dental professional, any additional comments from the individual who made the allegations. All parties receive a complete copy of the paperwork (excluding any sensitive health information). The IC decides whether to refer the case to full public enquiry (stage three) or not to refer it for a public inquiry and take no further action or issue advice or warning. If the case is referred for a full public enquiry it is forwarded to one of the practice committees - the Professional Conduct Committee, the Professional Performance Committee or the Health Committee.

If the IC decides to refer the allegations for an enquiry, they can refer the dental professional to the Interim Orders Committee (IOC) to consider whether to impose conditions or interim suspend until the enquiry has been held.

At stage three (full public inquiry) the relevant Committee hears evidence and investigates facts. If any allegations are proven, the Committee can erase the registrants, suspend them, impose conditions on registration, prohibiting them, for example, from working in a particular area of practice or issue a reprimand. See the GDC guidelines Principles for Raising Concerns: available downloadable from the GDC website. The GDC states: ‘Try to raise concerns locally first. Come to us if you can’t, or if you have already raised a concern locally and nothing has been done about it.’

National Clinical Assessment Service NCAS
The PCO or GDC may decide to involve NCAS for the more complex or serious cases. NCAS has dealt with over 5000 cases of underperformance in doctors and dentists and brings great experience towards helping practitioners to improve standards and keep working.

NCAS works in a number of different ways and for complex cases may carry out an assessment and can recommend further training or mentoring.

Dentists’ Health Support Programme
The Dentists’ Health Support Programme was launched by the British Dental Association in January 1986 under the title ‘The Sick Dentist Scheme’, the DHSP title was adopted in 2001. The objects of the programme are to identify and support dentists who may be impaired by dependency/ addiction to alcohol or other drugs. Through a system of investigation, verification, intervention, referral for treatment, post-treatment support and monitoring the dentist can overcome his/her impairment and is supported in return to satisfactory, safe practice.

A colleague may be referred to this programme either personally or from one of the other bodies referred to above.

GDC principles for raising concerns
Ensure that staff members have familiarised themselves with the GDC principles of raising concerns and clarify any issues and questions at a practice meeting.

Adapt a policy on raising concerns and provide staff members with the relevant training to ensure that they are aware of who they need to notify in the relevant circumstances.

Provide relevant information to the new staff members during their induction programme.

For more details about the Practitioner Advice and Support Scheme (PASS), carry out a Google Search and you should find details of your local scheme.

Government has scrapped the draconian confidentiality clauses aimed at silencing whistle-blowers, in the NHS. This is assuredly the best news in the NHS opposite to its negative press. It is time to put things right by ending the blame culture. We all are adults, not children who work in the profession, and should be able to take responsibility to raise concerns of our poor performance to protect the public, which simply could be our family. Staff should be encouraged regularly and should be alerted by the systems in place not only by the government but by our own working environment. There should not be a fear to report any wrong doing, misconduct or any poor performance as it will elevate the profession and the surgery performance. It has proven that ‘Non-disclosing’ clause in contracts has silenced the profession for some time.

Towards April each year we (most of us) chase the UDAs, that is a fact. Some might say we are forced by the system to do so. Are we doing this ethically? Meeting targets, ticking the boxes and endless bureaucracy has brought this upon us! Many of you may agree but I leave this to my intelligent readers.