Quality of UK dental services remains high
Overall majority of providers achieving good or outstanding rating from CQC

By DTI

LONDON, UK: Only one per cent of all dental practices inspected by the Care Quality Commission (CQC) in 2015 and 2016 required enforcement action for not meeting the regulator’s criteria. The overall majority were found to deliver high-quality care, the body announced in its State of Care report issued last week.

At least nine out of ten practices complied with the CQC’s five key tests for being caring, responsive, well led, safe and effective.

Of the five core community services, which include services for children, young people and families, as well as for adults, and in-patient services and community end-of-life care, dentistry was found to deliver the highest care, with 86 per cent of all inspected providers achieving a rating of good or outstanding from the CQC.

The results were based on almost 13,000 dental care inspections the CQC conducted during the last two years in dental practices around the UK. Of those, only ten per cent needed to make improvements in fields like leadership and safety, the organisation said.

“As in other sectors, where there are concerns, they tend to be related to the well-led and safe key questions—for example not carrying out mandatory audits or having incomplete dental records. This can mean that dentists do not have the right information to hand when they are treating a patient,” it is stated in the report.

Despite the good results in most sectors of social and health care, the CQC has warned that these levels cannot be sustained in the long run owing to factors like a growing and ageing population, people with more long-term conditions, and a challenging economic climate.

“Colleagues continue to provide an excellent, committed service, despite a 35 per cent drop in taxable income over the last decade, and without a penny of government investment. Dentists are subsidising this high quality care from their own pockets. In the long term this situation is unsustainable,” agreed Chair of the British Dental Association’s Principal Executive Committee Mick Armstrong.

“There are huge challenges facing the dental profession but in spite of these the CQC provides proof—if that were needed—that we remain the most efficient, trusted and compliant of healthcare sectors,” he said.

GDC to introduce first case examiners

By DTI

LONDON, UK: As part of legislative changes implemented earlier this year, the General Dental Council (GDC) introduced case examiners this month. They will carry out the decisions currently made by the body’s Investigating Committee in an effort to streamline the GDC’s fit for practice process.

The measure is part of a three-year road map aimed at making dental regulation in the UK less costly and more effective. It was approved by both the Houses of Parliament and the Scottish Parliament in April.

According to the GDC, case examiners will have the authority to agree upon undertakings, including further training or exiting aspects of practice, until retraining has been completed with dental professionals under investigation, thus preventing them from having to go through lengthy and potentially stressful Practice Committee hearings. This way, it is intended that only the most serious cases will continue to the process of a full hearing, the GDC said.

“When there is a realistic prospect of the dental practitioner’s fitness to practice being impaired, case examiners will have the opportunity to refer the case to one of the three Practice Committees,” the organisation stated.

By reducing the number of cases heard by the regulatory body, the organisation hopes to save £1.8 million per year.

Working in pairs, the 14 case examiners—a mixture of clinical and lay members—will assess the evidence gathered during an investigation. In addition to undertakings or agreements, they will have the option to issue a warning or take no further action and close a case.

“The new mechanism is about patient safety as Case Examiners will be able to make agreements with the dental professional much earlier in the FTP process than ever before,” said Jonathan Green, Director ofFitness to Practise at the GDC. “We can take action straight away to support the dental professional to improve his practice. Allowing a dental professional to improve patient care by raising standards through continuing education and feeding back any relevant learning to the profession, rather than taking punitive action through a stressful hearings process, is much better for all concerned,” he added.

The GDC received over 3,000 cases in 2014 according to its annual report.