

**Memorandum of Understanding
between
General Dental Council and the NHS Practitioner Health Programme**

Purpose

1. This Memorandum of Understanding (MoU) describes the roles of the General Dental Council (GDC) and NHS Practitioner Health Programme (PHP). It identifies areas where cooperation between the two bodies is necessary for both to meet their respective responsibilities. It sets down the principles underpinning the interaction between the two bodies and provides guidance on the exchange of information between them.

Role of the GDC

2. The GDC is a statutory body independent of the NHS and of Government, with responsibility for maintaining the dental register for the United Kingdom. The GDC aims to protect patients, promote confidence in dentists and dental care professionals and be at the forefront of healthcare regulation.
3. The GDC
 - registers qualified dental professionals
 - sets standards of dental practice and conduct
 - assures the quality of dental education
 - ensures professionals keep up-to-date
 - helps patients with complaints about a dentist or a dental care professional
 - works to strengthen patient protection.
4. The GDC has statutory powers to take action where there are concerns about the fitness to practise of a registered dentist. This includes dentists whose fitness to practise is affected by their health.
5. Where the GDC finds that a dentist is not fit to practise, it has powers to remove that dentist's name from the dental register, to suspend the dentist from the register or to place conditions on the dentist's practice. These restrictions apply to practice in any sector of employment in any part of the UK.

Role of the PHP

6. The PHP will provide advice, assessment and case management services for dentists and, where necessary, onward referral to specialist services. Dentists accessing the PHP will have health concerns that relate to:
 - a mental health or addiction problem (at any level of severity) and/or
 - a physical health problem (where that physical health problem may impact on the dentist's performance).
7. Dentists approaching the PHP for help need to be assured that they have the same rights to confidentiality as any other patient. To this end PHP has devised a Confidentiality Policy for dentists (available on its website www.php.nhs.uk).

Principles of the MoU

8. The PHP and GDC are committed to working collaboratively and with others to ensure that patients are protected.
9. The PHP and the GDC have a responsibility to complete their processes for all dentists referred to them and maintain the confidentiality of personal health information as far as possible.
10. This MoU is intended to ensure that effective channels of communication are maintained between the GDC and the PHP where information needs to be exchanged.
11. The governing principles in the relationship between the two organisations are that either organisation will provide the other with information in accordance with the legal framework and the statements of intent contained within this memorandum.
12. The legal framework governing information sharing includes, amongst others, obligations under the Freedom of Information Act 2000, Data Protection Act 1998, the Human Rights Act 1998, the common law duty of confidence, the NHS Code of Confidence and, in the case of the GDC, powers conferred under the Dentists Act 1984.

Areas of possible communication

13. Communication between the GDC and the PHP is based on an overriding duty to protect patients, while, as far as possible, protecting confidential health information about individual dentists. Areas of possible communication between the PHP and the GDC include the following (the list is not intended to be exhaustive):
 - a. “In principle” discussion – discussion about how best to manage concerns about a dentist and whether the regulator would need to be informed. In these cases normally the discussion will take place on an anonymised basis.
 - b. Point of referral discussion – discussion regarding concerns about individual dentists on the point of referral to either body, where there are concerns about public protection or the safety of patients under the care of the dentist. These discussions will establish how best to progress the case. In these cases the discussion may need to take place on a named dentist basis.
 - c. Post-referral discussion - discussion regarding concerns about individual dentists after one of the bodies has received a referral, to avoid unnecessary duplication and to coordinate activity where appropriate.
 - d. Conditions of registration may be imposed on a dentist following a GDC hearing, and the registrant may be required to provide to the GDC details of their treating physician. If the dentist notifies the GDC that the PHP will be fulfilling this role then the PHP may be required to provide reports or the results of medical tests to the GDC to enable the dentist to comply with the conditions set.
 - e. A dentist who has been suspended following a GDC hearing may be required to engage the assistance of an addiction service, a consultant psychiatrist or a treating physician. If the registrant notifies the GDC that the PHP will be fulfilling this role then the PHP might be required to provide reports or the

results of medical tests to the GDC to enable the dentist to comply with their suspension recommendations.

- f. Sharing method development, policies and procedures in relation to the assessment and supervision of dentists who are unwell.
- g. Communications and educational initiatives.
- h. Evaluation and research.
- i. Access to specialist expertise.

14. Each of these areas is further explored in the following paragraphs.

“In principle” and point of referral discussions about individual dentists

15. Both the GDC and the PHP are approached for advice by NHS organisations which have concerns about the health of particular dentists; the purpose of these discussions is to determine whether the organisation should take further steps locally, refer to the PHP or refer to the GDC.

16. In many cases, it will be clear what advice should be given to the enquiring organisation at this stage. However, in order to clarify the most appropriate course of action, it may be necessary for the GDC and the PHP to liaise to clarify the issues involved. In these cases the GDC or PHP will discuss matters raised by the enquiring organisation, normally having obtained consent from that organisation to do so. If the organisation making the enquiry does not agree, they will be offered appropriate contact details for both bodies so they may conduct their own discussions.

17. The PHP may have dentists under their care who have restrictions placed on their registration. Where the PHP are notified of breaches of these restrictions then contact should be made with the GDC Case Review Team to discuss the most appropriate course of action. The discussion may take place on an anonymised basis, however in the absence of the dentist’s agreement, disclosure of this information should be considered to ensure that patient and public safety is maintained.

Post-referral discussions about individual dentists

18. The GDC and the PHP recognise that there will be times where they both have a case open about a named dentist. They will work together to ensure that overlap between their roles and responsibilities is kept to a minimum, and that appropriate channels of communication exist. The GDC and the PHP aim to co-ordinate their processes for any individual dentist to achieve public protection and patient safety. As far as possible they will also aim for the best outcome for the dentist with a health difficulty.

19. Contact with the GDC regarding initial referral should be directed to the Head of Casework or a Casework Manager.

20. Contact with the GDC regarding a dentist who has breached restrictions placed on their registration should be directed to the Case Review Manager.

Referrals to GDC

21. Initial consideration is given to concerns raised whenever the GDC receives a complaint about a dentist. The complaint may include concerns that a dentist is unwell.
22. Where the complaint raises issues which call the dentist's fitness to practise into question, the GDC's Fitness to Practise procedures are engaged and an investigation will follow. In these cases, for dentists who are ill, the GDC will seek to establish whether the dentist is currently undergoing assessment or treatment by the PHP. If so, it will, with the dentist's consent, seek relevant information from the PHP.
23. If the PHP is already involved in the case of a dentist under investigation by the GDC, any information provided by the PHP will be considered by GDC decision makers in relation to that dentist's fitness to practise.
24. Where the PHP is not already involved and the GDC does not take action on the dentist's registration, the GDC may still consider that a referral to the PHP is indicated. If so, the GDC contractor for providing health assessments will suggest referral to PHP to the registrant, or the GDC may refer directly to PHP.
25. Where the dentist is subject to a GDC Fitness to Practise investigation or where, following a GDC hearing, the dentist has restricted registration the GDC may seek a report(s) from the PHP about a dentist's health. These will be provided with the dentist's consent.
26. Where the PHP is involved in the care of a dentist and they are advised that the dentist has breached the restrictions placed on their registration, then contact should be made with the Case Review Team to discuss the issues as per paragraph 17.

Referrals to PHP

27. When the PHP receives a referral (either self-referrals or referrals from an employer or contracting organisation) they will ask the dentist (and/or their employer) whether they are currently under investigation by the GDC, and perform a GDC registration check to ascertain if restrictions are in place.
28. If the dentist or referring organisation indicates that the GDC is currently investigating them, the PHP will seek the dentist's consent to contact the GDC to explain that the dentist has sought PHP intervention. If consent is not forthcoming, the PHP will consider whether disclosure to the GDC is required, using the criteria set out in paragraphs 30 - 32.
29. There are certain circumstances where information about a dentist's case will need to be disclosed by PHP to the GDC. Such disclosure will normally be made with the dentist's consent, but, if consent is not forthcoming, disclosure may still be necessary if the registrant's health poses a significant risk to patient or public safety or if disclosure is necessary in the interests of the registrant themselves. In this instance, the disclosure would take place to enable the GDC to consider whether to impose an interim order to restrict the registrant from practising.

Disclosure for concerns about a dentist's health

30. Disclosure will be made where the dentist's health raises concerns regarding the possibility of impaired fitness to practise. This will normally be limited to those cases where the dentist's condition may significantly affect their performance or patient safety

and the dentist is not complying with assessment, treatment or monitoring, or heeding advice to remain on sick leave. Where appropriate this will be on an anonymised basis until the need for a GDC referral is agreed.

31. In such a case, if a dentist has been referred by an employer/contracting organisation, the PHP Medical Director will alert the referring organisation to the concerns and advise them of the necessary steps. Where referral to the GDC is indicated, the PHP will follow up the case with the referring organisation and seek confirmation that the referral has been made. If a referral has not been made, the PHP will refer directly to the GDC. Where there is no referring organisation, the Medical Director will refer directly to the GDC if necessary.

Disclosure for concerns about a dentist's performance or conduct

32. Where there are concerns (at initial assessment of the dentist's health or emerging during the course of the further assessment or treatment) about a dentist's performance or conduct which may call into question their fitness to practise, the PHP Medical Director will take action as in the preceding paragraph. It may be helpful for a case conference to be arranged between the GDC, the PHP and referring organisation about the options for action in the case.

Sharing method development, policies and communications initiatives

33. The purposes of the methods employed by the GDC and by the PHP are distinct. However, as each organisation learns from the experience of providing assessment, monitoring and supervision of dentists, it will be useful to share methods (for example, case management and assessment), experience, expertise and plans for further development. Senior staff with lead responsibility for handling dentists with health concerns will meet regularly.
34. The PHP and the GDC will each share drafts of policies, procedures and proposed communications which have the potential to affect the working of the other.

Communications and Educational initiatives

35. Both organisations may benefit from shared learning in relation to the handling and processes involved in managing registrants with a health concern. The PHP and the GDC will aim to educate each other in relation to their respective processes with a view to ensuring a suitable approach is adopted to vulnerable registrants in GDC proceedings.
36. The PHP and the GDC should communicate openly and regularly in relation to information or developments that may affect either organisation or be of benefit or interest. The PHP and GDC will also take steps to educate their staff on the roles of responsibilities of each organisations and provide training to the other's staff members where possible.

Evaluation and research

37. Both organisations have evaluation and research programmes and areas of common interest which may benefit from a shared approach to research. Both organisations may seek opportunities for collaborative projects, and will keep each other informed about the progress of their respective research programmes.
38. The PHP and the GDC will share anonymised high level information about trends, concerns, approaches and initiatives, which are relevant to the shared aim of effective

handling of dentists with health concerns in order to help the NHS and registered medical dentists to continue to provide high quality patient care.

Access to specialist expertise



39. Both organisations need access to specialist medical expertise. This includes mental health and addiction expertise, also for conditions where specialist assessment is required for a dentist with a new or chronic physical health problem that may adversely affect their ability to practise.
40. The PHP and the GDC will explore the appropriateness of building shared lists of suitable experts, working with the medical royal colleges, and provide access to appropriate support and training for such experts.

Review of the Memorandum of Understanding

41. This document will be reviewed within one year from the date of its agreement.

On behalf of GDC

On behalf of PHP

<p>Name Evlynn Gilvarry</p> <p>Signature</p>  <p>Designation: Chief Executive and Registrar</p> <p>Date 27th November 2014</p>	<p>Name Dr Clare Gerada</p> <p>Signature</p>  <p>Designation: PHP Medical Director</p> <p>Date 16th September 2014</p>
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