# GDC research into Raising Concerns

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| **Purpose of paper** | To provide a summary of the GDC's recent research into the issue of registrants raising concerns and how they will be used. |
| **Action** | To note |
| **Public/Private** | Public |
| **Corporate Strategy 2013-15** | Deliver proportionate and targeted regulation of dental professionals to improve public protection and enable the public to have confidence in dental regulation. (Strategic Objective 2.0)<br><br>2.3 Implement and effectively communicate the new professional standards<br><br>2.6 Expand our consultation and research programme to provide evidence for policy development and risk-based regulation |
| **Business Plan 2015** | 1.1.3 Implement an action plan to respond to the Francis Report – 2014 Business plan<br><br>Continue to implement our standards for the dental team through guidance and communication |
| **Decision Trail** | None – this paper is for information |
| **Recommendations** | The Council is invited to note the key findings of the research and the further work being undertaken. |
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| **Appendices** | Appendix 1:   Executive summary of research report |

## Executive Summary

1. The GDC's commitment to reviewing the guidance on raising concerns provided to our registrants was set out in our action plan for responding to the Francis report. As a first stage of this review, the GDC commissioned research amongst registrants to assess perceived barriers to and enablers in raising concerns, and their experiences of doing so. This paper sets out the background and main findings of the research and how these will be used to review our guidance to registrants.

## Introduction and Background

2. The professional duty of GDC registrants to raise concerns is set out in the GDC's *Standards for the Dental Team*, the document which sets out the standards of conduct, performance and ethics that apply to all dental professionals. The standards state that all dental professionals must raise any concern that patients might be at risk due to the health, behaviour or professional performance of a colleague; any aspect of the environment where treatment is provided; or if asked to do something that they think conflicts with their duty to put patients' interests first, and act to protect them.

3. The 'Report into the Mid Staffordshire NHS Foundation Trust Public Inquiry' (the Francis Report), which found numerous examples of poor care and abuse of patients, also found evidence that staff who spoke out felt ignored and many were deterred from doing so through fear and bullying.

4. The Francis report clearly demonstrated that the decision to raise a concern in the workplace is often a difficult one, which may impact on registrants' personal and professional lives. As a result, one objective of the GDC's action plan in response to the report was to review our guidance for registrants on raising concerns, to ensure it demonstrates that we are committed to an open and transparent culture and to remove any perceptions that whistleblowing will be treated as a fitness to practise issue.

5. The GDC therefore commissioned a piece of research which would enable us to:

   - identify barriers which affect registrants who want to raise concerns, and the enablers which exist in raising concerns;

   - provide clear guidance/advice for registrants who may want to raise a concern, taking into account the identified barriers and enablers; and

   - ensure that the GDC's internal processes enable us to deal effectively and efficiently with registrants when they raise concerns, taking into account the identified barriers and enablers.

6. The research digest - a four page summary of the research, is attached at **Appendix 1** and a full copy of the report is available in the research library on the GDC website.

## Research methodology

7. The GDC commissioned Community Research to undertake this work. The research consisted of two parts: in-depth telephone interviews followed by an online bulletin board (set up for the same participants of the telephone interviews) for the open discussion of issues and ideas.

8. Participants included a mix of dental professionals, some of whom had raised concerns with the GDC previously; some of whom had raised concerns locally; and some of whom had had a concern but not raised it. A total of 36 participants were recruited for the telephone interviews from two sources: dental professionals who had taken part in GDC's Annual Survey of Registrants 2013 and indicated that they would be happy to take part in further research; and dental professionals who had previously raised a concern to the GDC.

## Main findings of the research

### The 'duty' to raise concerns

9. The research found that whilst there was good awareness of the existence of the GDC's standards, there was incomplete awareness of the contents in detail, with not all participants aware that the professional duty to raise concerns is set out explicitly in the standards document.

10. Participants who recently qualified, those working in training and hospital environments and those who are generally more proactive in self-development were found to be more aware that the responsibility to raise concerns is set out in the standards. Those who have been qualified for a longer period are more likely to know they should raise concerns because it is the right thing to do, rather than because it is a requirement of the GDC's standards.

11. Participants felt that the profile of raising concerns is higher than in the past.

12. Some respondents were very clear and confident about what constitutes a concern and what does not, referring to issues of patient safety or practices that put a patient or a colleague at risk. However, the research also showed that there are some 'grey areas' where it can be very difficult to judge whether or not something constitutes a concern. This is particularly notable in general dental practice settings.

### Barriers to raising concerns

13. The strongest barriers to raising concerns cited by participants included:

   - the culture of the workplace – hierarchical structures and a lack of openness and transparency, with particular reference to the personality and approachability of the employer/principal dentist;

   - the size and type of workplace – with those in smaller practices citing less support and less ability to remain anonymous, those in larger workplaces citing feelings of being too removed from senior management and those in hospital or community environments citing fewer barriers;

   - the system under which the practice operates – many of those working under an NHS contract felt that pressures to meet targets eclipsed any issues of raising concerns, while those in private practices felt that performance and revenue were prioritised over raising concerns;

   - age, lack of experience and lack of confidence, with younger and more recently qualified registrants feeling less able to raise concerns; and

   - fears about the aftermath of raising a concern, including disloyalty to peers and colleagues.

14. Whilst the majority of participants identified local resolution as the preferred approach to deal with a concern, some specific barriers to raising concerns locally were cited. In particular, there was confusion around identifying local intermediaries, particularly amongst those working in private practices who felt that the pathways were less clear for them than those providing NHS treatment.

15. Asking participants about raising concerns to the GDC yielded a mixed response, with some saying that the GDC was a last resort and matters should preferably be resolved locally. Various participants felt that inaction at the local level discouraged them from reporting issues to the GDC. There was also a mixed perception about the GDC's approach to dealing with concerns, with some feeling that GDC encouraged local resolution, while others felt that GDC escalated concerns too quickly.

16. There was also some mistrust of the regulator, which tended to deter participants from raising concerns with the GDC. This was reflected in a lack of confidence that the GDC would be fair and balanced in its approach to concerns that were raised, that the fitness to practise process is inefficient, does not provide appropriate support for whistleblowers and does not enable whistleblowers to remain anonymous.

## Triggers or enablers of raising concerns

17. Participants were asked to discuss ways of breaking down the identified barriers and encouraging dental professionals to raise concerns. The most popular suggestion was the introduction of an anonymous helpline which could be contacted prior to raising a concern formally.

18. Another key area for improvement was workplace culture in terms of management, improving systems and procedures, and valuing and respecting staff. More training and guidance, and peer-to-peer mechanisms for feedback were also discussed. In terms of the GDC, some participants identified improvements to the FtP process as an important solution.

## How this research will be used

19. The GDC is using the insight gained from this research, along with the recommendations set out in the recent 'Freedom to Speak up' report[1], to review our guidance for registrants. We intend to publish our revised guidance in tandem with our guidance on the statutory duty of candour later this year.

20. We will also take into account the outcomes of the further review announced by Jeremy Hunt on 3 March. In a statement to the House of Commons following the publication of the Morecambe Bay Investigation[2], the Secretary of State said:

*"Secondly, whilst we have made good progress in encouraging a culture of openness and transparency in the NHS, this report makes clear there is a long way to go. It seems medical notes were destroyed and mistakes covered up at Morecambe Bay, quite possibly because of a defensive culture where the individuals involved thought they would lose their jobs if they were discovered to have been responsible for a death.*

*But within sensible professional boundaries, no one should lose their job for an honest mistake made with the best of intentions. The only cardinal offence is not to report that mistake openly so that the correct lessons can be learned.*

*The recent recommendations from Sir Robert Francis on creating an open and honest reporting culture in the NHS will begin to improve this. But I have today asked Professor Sir Bruce Keogh, Medical Director of NHS England, to review the professional codes of both doctors and nurses and to ensure that the right incentives are in place to prevent people covering up instead of reporting and learning from mistakes. Sir Bruce led the seminal Keogh Inquiry into hospitals with high death rates two years ago that led to a lasting improvement in hospital safety standards and has long championed openness and transparency in healthcare. For this vital work he will lead a team which will include the Professional Standards Authority, the GMC, NMC and HEE, and will report back to the Health Secretary later this year."*

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[1] *'Freedom to Speak Up – A review of whistleblowing in the NHS'* report by Robert Francis published February 2015

[2] *'Morecambe Bay Investigation'* - The findings of an independent investigation into the management, delivery and outcomes of care provided by the maternity and neonatal services of the University Hospitals of Morecambe Bay NHS Foundation Trust between January 2004 and June 2013. Published March 2015.

Based on the experiences of registrants, and taking into account the real or perceived barriers to and enablers in raising concerns, the revised guidance will seek to encourage registrants to raise concerns where they have them. The guidance will also help registrants raise concerns via the most appropriate channels, using local resolution where possible, to ensure the most appropriate outcome. We are also looking at what can be done to improve the information available on our website to support registrants who have – or think they may have – a concern.

21. Meanwhile, the Director of FTP is working with the Operational Excellence Team on a number of activities to improve the support provided to those who raise concerns as well as improve the information provided to those who raise concerns. The outcomes from this and any further research will help to inform that work, but in light of the current activity around whistleblowing, the Director of FTP believes it important to make these improvements during Q1 2015. The principal aims and objectives of that work are as follows:

   i.   Improve the support the GDC provides to whistleblowers as part of the FTP process  - amending standard letters to include bespoke paragraphs acknowledging the additional effort and stress associated with raising concerns;

   ii.  Working with Public Concern at Work (PCaW) to provide support to registrants and signing up to their 100 signatories campaign to raise the GDCs profile in relation to whistleblowing – this will enable the GDC to provide real support to those who raise concerns and will demonstrate the GDC's commitment to encouraging registrants to raise concerns. In addition we are investigating the viability of working collaboratively with PCaW to set up a confidential telephone support line for registrants who have made or are considering making protected disclosure. PCaW operates a similar scheme with the GDC;

   iii. Improving the profile of whistleblowing on our FTP internet pages – reviewing the information provided on the website, researching the information provided by other regulators and revising content based on best practice; and

   iv.  Providing additional training to FTP staff – raising awareness of whistleblowing issues, outlining the assistance available through PCaW and encouraging an empathetic approach to managing whistleblowers.

## Recommendations

22. The Council is invited to note the key findings of the research and the further work being undertaken.

## Appendices

**Appendix 1**    Raising concerns research digest

# Research Matters

**General Dental Council** | protecting patients, regulating the dental team

# Raising Concerns

## Key Messages

- Amongst the participants there was general awareness of the standards but less clarity regarding specific obligations to raise concerns, and what constitutes a concern.

- A large proportion of participants felt that a "concern" related to a less serious issue whilst a "complaint" required a formal process

- Those working in autonomous dental practice settings identified "grey areas" and difficulties in making judgement about a concern, versus those working in hospital settings who engaged with more standardised processes and had more clear guidance.

- Four main groups of barriers to raising concerns were identified: broad cultural/systemic, workplace, personal and process barriers.

- The main enablers to raise a concern related to removing the major barriers: improving workplace culture, channels to reporting/management and support available

- Workplace culture, lack of support during processes and repercussions of raising a concern were identified as major barriers by the participants

- An anonymous helpline was identified as a solution to enable dental professionals to discuss concerns before formally raising them, however there was no single organisation identified as best to run this.

## Introduction

As professional regulator, the GDC has a duty to encourage dental professionals to raise concerns where they have witnessed something that they believe poses a risk to patients. These concerns may relate to dental care, or to the general protection of patients, particularly vulnerable patients.

The professional duty for GDC registrants to raise concerns is set out in the GDC's *Standards for the Dental Team*, the document which sets out the standards of conduct, performance and ethics that apply to all dental professionals. The standards state that all dental professionals must raise any concern that patients might be at risk due to the health, behaviour or professional performance of a colleague; any aspect of the environment where treatment is provided; or if asked to do something that they think conflicts with their duty to put patients' interests first and act to protect them.

# Policy Context

This commissioning of this research has resulted from two distinct policy drivers:

1) The 2013 GDC Annual Survey of Registrants asked a series of questions about raising a concern to a representative sample of dental professionals. The survey found that almost half of registrants (46%) had come at least one issue that they felt could be raised as a concern. (Full details of the research can be found in the Annual Survey of Registrants Research Report[1]).

2) In November 2013, the GDC published its response to the 'Report into the Mid Staffordshire NHS Foundation Trust Public Inquiry' (the Francis Report) and our related action plan.  The Francis report clearly demonstrated that taking the decision to raise a concern in the workplace is often a difficult one, which may impact on registrants' personal and professional lives. One objective of the GDC's action plan was to review our guidance for registrants on raising concerns, to ensure it demonstrates a commitment to an open and transparent culture and to remove any perceptions that whistleblowing will be treated as a fitness to practise issue.

   In February 2015, Sir Robert Francis published the review *Freedom to Speak Up,* in which findings relating to raising concerns from the 2013 GDC Annual Survey of Registrants were highlighted, and mention was given to this current piece of raising concerns research[2].

The GDC therefore sought to commission a piece of research which would enable us to:

• identify the barriers and enablers which affect registrants who want to raise concerns,;

• provide clear guidance/advice for registrants who may want to raise a concern, taking into account the identified barriers and enablers; and

• ensure that the GDC's internal processes enable us to deal effectively and efficiently with registrants when they raise concerns, taking into account the identified barriers and enablers.

# Methodology

The GDC commissioned the company Community Research to undertake this piece of research. A two-stage qualitative approach was adopted; 36 in-depth telephone interviews with dental professionals were conducted first, followed by an online bulletin board (set up for the same participants of the telephone interviews). 26 took part. The bulletin board acted as a platform for open discussion and iterative debate of issues and ideas raised during the telephone depth interviews.

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[1] General Dental Council: Annual Survey of Registrants 2013: Research Report (pg 73-74) The report can be downloaded from the GDC's research library available here

[2] Freedom to Speak Up- review commissioned by Sir Robert Francis (pgs 185 and 188). The full report is available here

# Findings

*Awareness, definitions and environmental context*

The qualitative research revealed a variety of interpretations and attitudes toward the subject matter raising concerns within participants.

A significant finding was that while there is a general overarching awareness of the standards amongst dental professionals, there is a mixed understanding of their obligations to raise concerns, as set out in the standards. Those participants who were recently qualified, working in training and hospital environments or who generally took a more proactive interest in their own development were found to have more awareness than others. Older registrants were more likely regard raising a concern as a matter of 'common sense' rather than knowledge of GDC standards.

The heightened awareness of raising concerns is felt to be more prominent now than in the past, popular reasons for this included the introduction of registration of dental care professionals (DCPs), a societal shift towards a blame culture, and an increased focus in professional training.

Participants also had different opinions when identifying the difference between "concern" and "complaint", and the appropriate avenues to raise them. Many participants drew a distinction in which "complaint" was a more serious issue that required formal investigation, whilst "concerns" were of a less serious nature.

Both individual and environmental factors were expressed by participants in their approach to raising concerns. On one hand, an individual sense of ethics was identified as a considerable driver for reporting concerns. However when it came to identifying and dealing with issues, some felt that in clinical practice settings, grey areas and autonomous decision-making clouded the ability to define and approach issues with clarity. This was in contrast to those in hospital settings who felt they had clearly defined processes to deal with concerns.

*"The culture here is much more regimented because it's an NHS strictly governed system. We've got a lot of rules and regulations here to fulfil and we have got to fulfil them and it's a good thing. But in practice we did get away with a lot of other stuff, you're your own boss there." (Male dentist, community setting, qualified more than 20 years, White British, England)*

The figure below illustrates the process of decision-making around pro-social or desirable behaviour, of which many aspects have been identified within participant discussions.
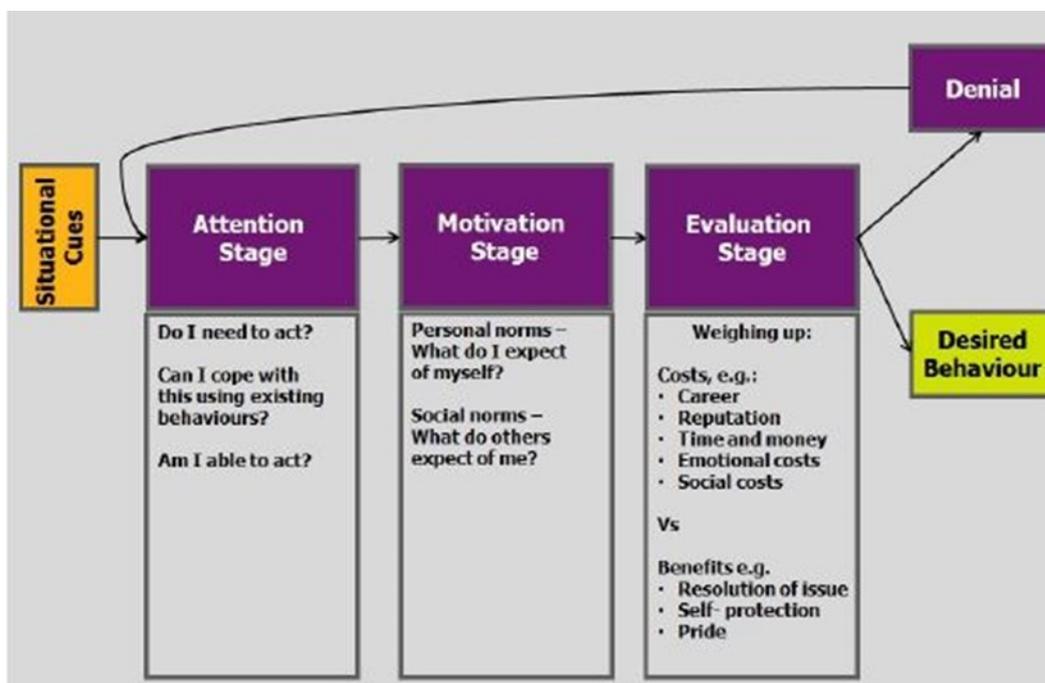


*Modification of the Norm-activation Model (Klöckner & Matthies, 2004) of pro-social behaviour, permission to reproduce this image has given by Community Research which appears on pg 62 of the research report*

### Barriers

Many barriers to raising concerns were identified by participants, and categorized under four loose groups:

1) Broad cultural and systemic barriers- cultural workplace issues, stigmas and the broader health system
2) Workplace barriers- structural and processing issues, personality types and relationships, variable workplace settings.
3) Personal barriers- experience, doubts over validity, fear of repercussions and loyalty to peers.
4) Process barriers- inadequate policies and procedures, lack of knowledge

Some of the more influential factors for participants included:

- Cultural, hierarchical and status issues, with particular mention of dentist behaviours, attitudes and approachability from DCP points of view.

*"We're all dental care professionals and we have to be registered to practise and I think that needs to be more embedded into dental care professionals and to dentists as well.  There is a culture that a dental nurse is just a dental nurse and the amount of times I hear that, 'I'm just a dental nurse'." (Female dental nurse, training and education role, qualified between 5-10 years, White British, England)*

- The size of the workplace, where those in smaller clinics felt they were less supported and anonymous, and those in larger companies felt too anonymous and remote. Self-employed, agency workers and part time workers face particular issues in raising concerns.
- Those working in NHS clinics felt that pressures to meet targets superseded any issues of raising concerns. Similarly, those in private clinics felt that performance and revenue were prioritised over raising concerns.
- Loyalties to peers and colleagues.
- Fears about the aftermath of raising a concern, including individuals' reactions, impacts on reputation and career after whistle-blowing, and ability to retain their job

*"It's accepted that dental nurses, for example, if you've got concerns about your boss, well, if you raise a concern about your boss and he's your employer then that's your job probably gone down the pan." (Male dental hygienist, dental practice, qualified more than 20 years, White British, Scotland)*

### *Resolution*

The majority of participants identified local resolution as the preferred approach to deal with a concern initially. Local resolution was generally recognised as that taking place within the workplace or a local intermediary. However there was confusion when identifying local intermediaries, particularly those working in non-NHS clinics or surgeries who felt that the pathways were less clear that for an NHS clinic.

Views of the GDC among participants were mixed. The GDC's contribution to ensuring that raising concerns was higher on the agenda and in providing helpful guidance about what constitutes a concern was welcomed. For some, there was mistrust and a negative perception in relation to the GDC, which tended to inhibit participants from raising concerns with the regulator.

Of particular note was the feeling towards the Fitness to Practise (FtP) process, with mentions of stress, insufficient support and lack of anonymity. There was a perception among some participants about extent to which the GDCs ability to deal with cases in a fair and balanced way

Asking participants about raising concerns to the GDC yielded a mixed response, with some saying that the GDC was a last resort, and matters should be preferably resolved locally. Various participants felt that inaction at the local level discouraged them from reporting issues to the GDC. There was also a mixed perception about the GDC's approach to dealing with concerns, with some stating that GDC encouraged local resolution, while others felt that GDC escalated things too quickly.

*"The GDC should generally be a last resort but if the patient reports to dentist to the GDC then I get the impression they don't delegate it back locally first, they just launched a full-scale investigation." (Female dentist, dental practice, qualified between 11-20 years, White British, Scotland)*

Feedback from those few participants who had previously raised a compliant with the GDC was on the whole negative, citing issues with the lack of communication and support, and the lengthy nature of the process.

*<u>Enablers and solutions</u>*

Participants were asked to discuss what would enable and encourage them to raise a concern, and ways of breaking down the identified barriers

The major enablers to encourage raising a concern, and areas for improvement were related to workplace culture in terms of management, improving systems and procedures, and staff recognition. More training and guidance, and peer-to-peer mechanisms for feedback were also discussed. In terms of the GDC, some participants identified improvements to the FtP process as an important solution.

The most popular suggestion for a solution was the introduction of an anonymous helpline, which could be engaged prior to raising a concern formally. There were various ideas as to which organisation should run the hotline, (including GDC, British Dental Association and defence unions) with no consensus achieved on the online bulletin.

## Policy Implications

Using the insight gained from this research with registrants, the GDC will review and publish updated guidance for registrants on raising concerns. Based on the experiences of registrants, and taking into account the real or perceived barriers and enablers to raising concerns, the guidance will seek to encourage registrants to raise concerns where they have them, and to raise them via the most appropriate channels.

The GDC will also use the evidence gained through this research to explore if and how we can improve our own internal processes for dealing with registrants who raise concerns to us, to ensure they are as effective as possible in safeguarding patient safety.

The findings suggest there may be a need for a more standardised approach and framework for raising concerns, in which registrants can operate to comply with their registration requirements.

## Conclusions

This raising concerns research highlights the heterogeneous beliefs, attitudes and experiences and understanding amongst the participant registrants regarding the subject matter and provides evidence as to how these vary according to a number of factors including practice setting,age etc. It identifies a number of clear barriers and enablers to raising concerns and suggests and also some suggestions as to how they could be addressed by the GDC and other dental stakeholders.

## Disclosure Statement

This research was commissioned by the GDC and carried out independently by Community Research.