

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 Report¹).
- 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 research².

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.

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.

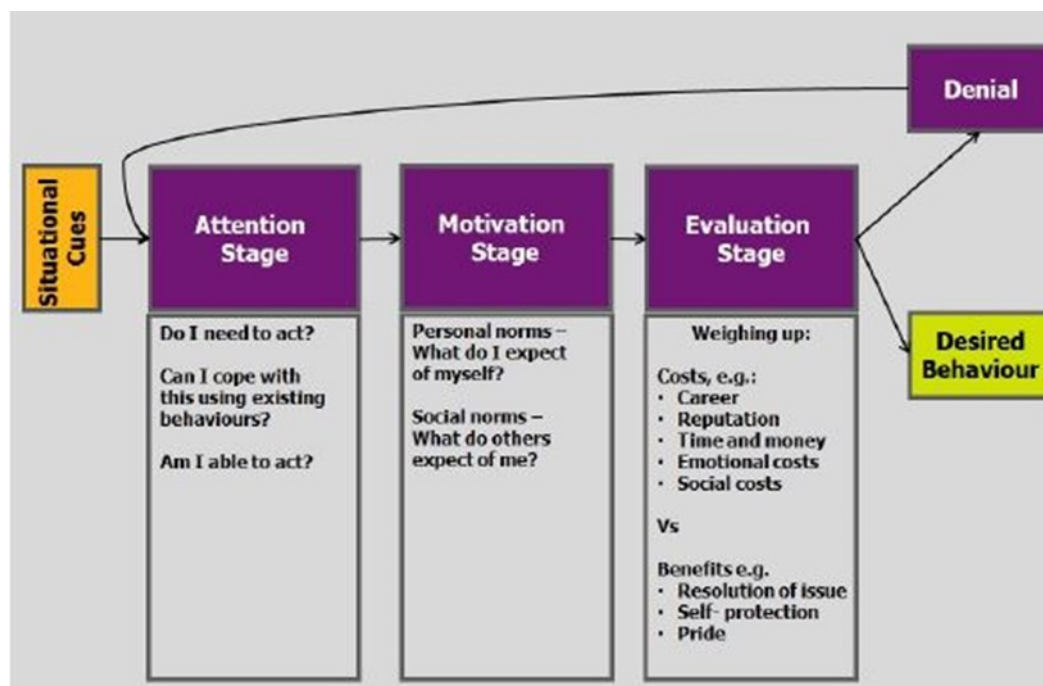
The heightened awareness of raising concerns is felt to be more prominent now than in the past, popular reasons for this included the introduction of registration of dental care professionals (DCPs), a societal shift towards a blame culture, and an increased focus in professional training.

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 than 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 GDC's 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 complaint with the GDC was on the whole negative, citing issues with the lack of communication and support, and the lengthy nature of the process.

Enablers and solutions

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.