Experiences of GDC fitness to practise participants 2015 – 2021: A realist study

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Research team abbreviations

In this report, members of the research team are at times referred to by their initials, as follows: Gabrielle Finn **(GF)**, Paul Crampton **(PC)**, Amelia Kehoe **(AK)**, Abisola Balogun-Katung **(ABK)**, Paul Tiffin **(PT),** Michael Page **(MP)**, John Buchanan **(JB)**.

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Disclaimer

This report presents independent research. The views and opinions expressed by the authors do not necessarily reflect those of the funders.

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List of abbreviations and acronyms

BAME	Black Asian and Minority Ethnic
CCG	Clinical Commissioning Group
CDA	Clinical Dental Advisor
CMO	Context-Mechanism-Outcome
CMOC	Context-Mechanism-Outcome Configuration
DCP	Dental Care Professional
EDI	Equality, diversity and inclusion
FtP	Fitness to Practise
GDC	General Dental Council
GMC	General Medical Council
GOC	General Optical Council
GOsC	General Osteopathic Council
GPhC	General Pharmaceutical Council
HCPC	Health and Care Professions Council
MPT	Medical Practitioners Tribunal
PPI	Patient and Public Involvement
NMC	Nursing and Midwifery Council
PSNI	Pharmaceutical Society of Northern Ireland
PSA	Professional Standards Authority

Our findings in brief

This study was done in order to look at experiences of Fitness to Practise (FtP) processes in dentistry. FtP processes are started when concerns are raised that a dental professional may have been treating patients poorly or behaving in an unprofessional manner. The case is then closely looked at to make sure the public are safe. The regulator for dental professionals, the General Dental Council (GDC), must also make sure that the process is fair but effective. We wanted to know how the process is experienced so that improvements can be made.

Our study used many methods. We undertook over 70 interviews with those involved in all aspects of FtP processes including those dental professionals being looked at closely as well as the GDC and legal staff involved. We also looked at published research papers on FtP in healthcare professions and public facing GDC documents. We observed a small number of case hearings online. We also discussed the findings with the GDC staff. All of our findings were used to consider in what ways the GDC could improve the experience.

Overall, we found that the experience had a negative impact on the dental professional's state of mind. Indeed, certain parts of the FtP process may be making things worse: for example, when cases take a long time to resolve and also, when participants were unclear about the progress of their case. Reassuringly, all participants felt the FtP outcomes were fair. They were, however, less favourable about the overall process experience. The GDC staff involved with the process believe it is effective. However, they were unsure if it was done in the right way. Members of the dental professions undergoing FtP procedures report needing more support. To enhance the experience, there is a need for better organisation of the process and a more empathic, formative approach. Quicker resolutions to less serious complaints will also help. To build on our research, the GDC needs to look at how they support particular individuals who may be at greatest risk of mental health problems caused by the FtP process. There is also a need to explore how other aspects of the GDC's work influences the experience. NHS dentistry in the post-COVID-19 era is struggling. A non-supportive FtP approach might make things worse not only affecting the confidence of the individual dental professionals (DPs) involved so reducing the dental procedures (i.e. defensive dentistry) they will undertake but also resulting in them leaving the profession. A formative, quality improving, and supportive approach is attractive whilst recognising the GDC's role as the regulator.

Contents

Executive Summary

Introduction

This is the executive summary for 'Experiences of GDC fitness to practise participants 2015-2021: a realist study'. This research project was commissioned by the General Dental Council (GDC) and commenced in December 2020. Within this executive summary, the data collection and analysis from stakeholder interviews, as well as analysis from the observations, learning events and documentary analysis are summarised. This summary includes overall findings answering the research questions.

Background

Fitness to Practise (FtP) processes are at the core of all healthcare professions' regulation. Typically, someone is defined as 'fit to practise' ('in good standing') when they have the appropriate skills, knowledge, character and health to practise their profession safely and effectively. To adhere to the principles of right touch regulation, the FtP process should be proportionate, consistent, transparent, fair, robust, equitable and defensible, as well as formative. FtP should focus on judgments relating to whether the public's wellbeing is threatened (Affleck and Macnish, 2016). The GDC's Corporate Strategy 2020-2022, 'Right time. Right place. Right touch', confirms the commitment to the principles of right touch regulation and includes the strategic aim to 'use evidence, research and evaluation to develop, deliver and embed a cost-effective and right touch model for enforcement action.' There is a need to understand the impact on wellbeing at every stage of the FtP process, find areas for improving regulation, including upstream regulation, enhancing transparency and working on reducing protracted processes which may lead to more distress.

Compared to many other professions, dentistry and medicine have relatively high rates of depression, and may be more prone to a range of risk factors associated with suicide (Lange, Fung, Dunning, 2012; Rada and Johnson-Leong, 2004; Mata et al. 2015; Jones, Cotter, Birch, 2016). Although it is a relatively under-researched area, there is some evidence that being the subject of any complaint or investigation is associated with an additional adverse impact on the psychological health of a health practitioner (Nash, Tennant, Walton, 2004; Bourne et al. 2015). Regulators have pledged more support and compassion for those under investigation (Hawton 2015; Casey and Choong 2016), and to show greater awareness of the potential impact. Whilst this vulnerability does not change a regulator's duty to protect the public from poor practice or professional misconduct, it does imply that FtP processes need to be cognizant of this issue. It is also important to note that in some cases the 'punitive' process involved in the GMC FtP procedure (Chamberlain, 2016) or the threat of it has been sufficient to cause doctors to accept high tariff punishment at an early stage of proceedings without going to adjudication in order to avoid the stress of the investigation process. This could potentially impact on the fairness of the process and reduce any learning for the individual and the profession.

The FtP process must be fair and supportive to witnesses and informants. Witnesses, and especially those who may have to act as 'whistleblowers', are also often adversely impacted by the stress of being involved in the FtP process. Specific issues in this regard have been highlighted in the wake of the Francis report into the Mid Staffordshire hospital scandal (Francis, 2013). Many of these factors will also apply to dental practices (Mather and Sillitoe, 2013). Many also fear that such 'whistleblowing' will affect their own reputation. For example, Stephen Bolsin, who officially raised concerns about children's heart surgery in Bristol in the late 1990s, claimed that he was subsequently unable to find employment as an anaesthetist in the UK (Cassidy, 2009).

Study aim and research questions

The aim of the research was to understand and learn from the experiences and perspectives of the people who have been directly involved in GDC FtP processes. This study addresses the following research questions:

1. What are the lived experiences of participants (informants, witnesses, registrants, GDC staff, experts) who have been through the FtP process in the last 5 years including their perceptions of support, processes and ways in which outcomes are reached?
2. What strategies work to ensure that FtP processes are accessible and inclusive?
3. What do participant perspectives reveal about personal (including EDI), environmental and technical factors associated with FtP cases?
4. To what extent and in what ways do those involved in GDC FtP processes experience those processes (and their outcomes) as efficient, transparent, fair, and proportionate?
5. What can the first-hand experiences of those involved in GDC FtP processes tell the GDC about how the principles underpinning those processes are understood?
6. Based on secondary sources, what can the GDC learn from best practice relating to FtP including those conducted by other regulators and the Professional Standards Authority activities?
7. Based on the interviews of FtP process experiences, how can the GDC enhance their prevention and upstream activity, ensure accessibility and inclusivity, and address personal (including EDI), environmental and technical factors associated with FtP cases?
8. What improvements can be made to enhance both the provision and access to support for participants throughout the FtP process?
9. How can findings from this review be informed by and/or link to ongoing or connected research relating to the GDC?
10. How can the GDC best collect and analyse data from FtP participants to develop and sustain monitoring and evaluation of FtP and upstream and prevention work?

Study design and methods

We regarded the FtP processes as a complex intervention characterised by multiple components. Complex interventions, like the translation of FtP policy into practice, require a detailed research approach to reveal the ways in which the intervention may (or may not) lead to certain outcomes in certain situations and for particular individuals. Consequently, the study design was informed by a realist evaluation methodology (Pawson and Tilley, 2006).

As a methodology intended to reveal the important cause-and-effect relationships within complex interventions, realist evaluation enabled us to explore how FtP processes, and their context, impact on the experiences of those involved, including registrants, informants and witnesses. At its core, realist evaluation incorporates a focus on four theoretically constructed and inter-related core questions: what works, for whom, in what circumstances, and how? The end goal is to develop a programme theory that will enable a deeper appreciation of how components of the FtP process are effective and efficient in achieving their aims, and the extent to which they may negatively impact those involved.

Realist research allows for the use of multiple research methods in order to reveal the complex relationships within social interventions. Our project therefore involved a mixture of research methods in order to answer the research questions (see table 1 and table 2 in full report for more detail), including:

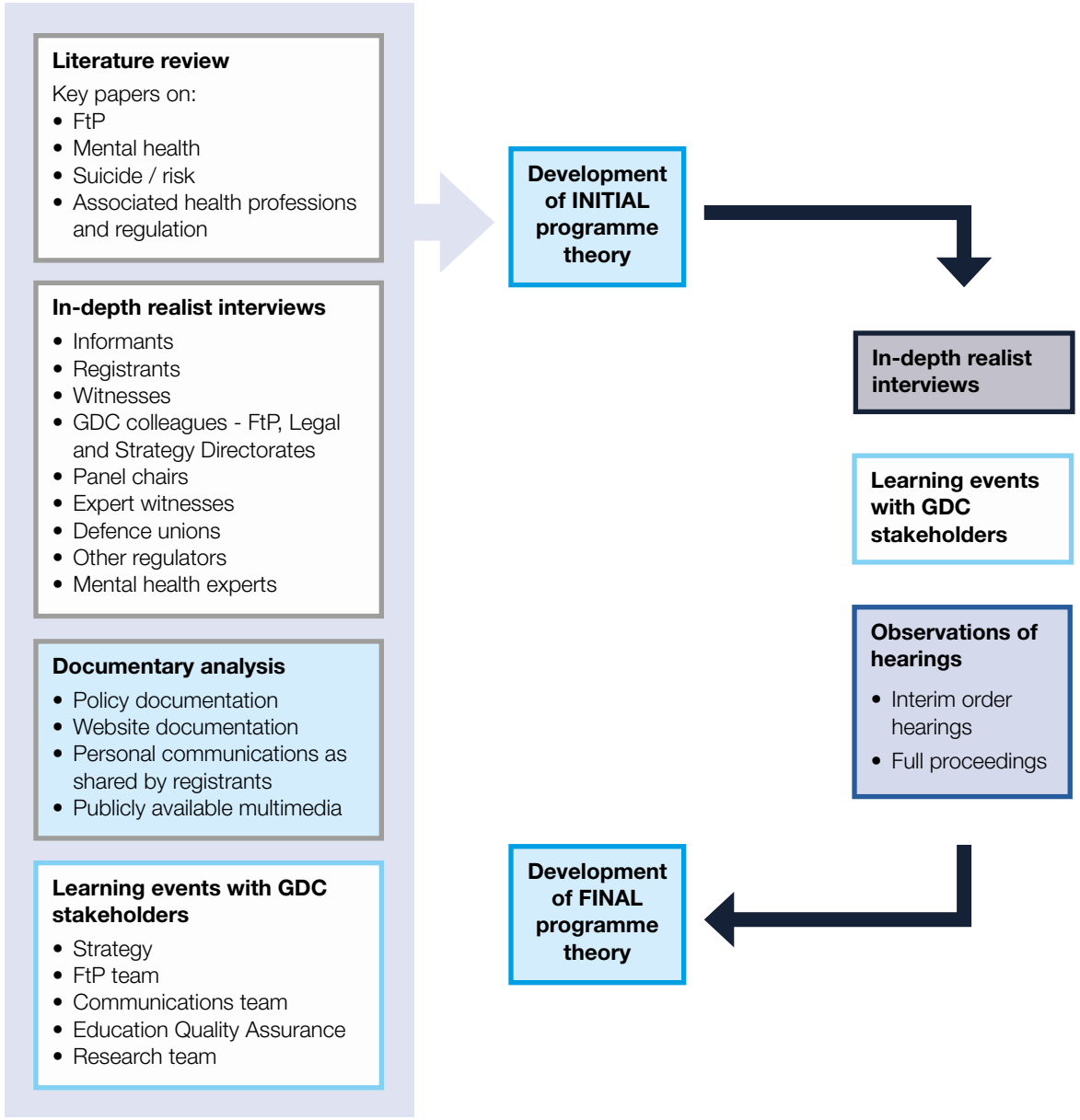
- **Scoping phase** - development of the remit of the study in consultation with funders, rapid literature review, observations of panel hearings, initial interviews with GDC staff, initial FtP hearing observations
- **Document reviews** - looking at FtP regulation approaches, comparison of regulators, FtP guidance documents, changes over time
- **Qualitative interviews** - narrative interviews with registrants (range of outcomes and cases), witnesses, informants, GDC staff, panel members and chairs, defence unions and other FtP regulators
- **Written-diary entries** were offered as an alternative to interviews for those who did not feel comfortable taking part in an interview

The project evolved around the development of the programme theory hence specific activities were undertaken at different stages. The first stage involved a scoping phase with the development of the study objectives, a literature review, observations of panel hearings, draft logic model and interviews with GDC staff. From the analysis of these components the study then moved to more formal data collection with wider stakeholders in the FtP process including registrants, witnesses, informants, panel members and other FtP regulators as well as a documentary analysis to look more closely at FtP communication. Throughout this stage there was ongoing communication with the GDC which was facilitated through learning events to help calibrate and sense check the developing programme theory. Sense checking interviews with senior GDC staff were also conducted. Learning events focused on specific aspects of the FtP process such as communication, workforce policy and direct experiences. The final stage involved synthesis and analysis of all the above components to present the developed programme theory. Logic models and implications informed by the programme theory will help to prioritise key areas for the GDC to focus on with respect to future FtP activities.

Within the analysis presented in this report we detail key context (C), mechanism (M) and outcome (O) Configurations (CMOCs). Context describes the conditions that may influence the mechanisms to produce a particular pattern of outcomes. Mechanisms refer to underlying entities, processes, or structures which operate in particular contexts to generate outcomes of interest. Outcomes include the intended and unintended consequences of an intervention. Configurations relates to how the CMOs are linked together and their relevance to one another.

Ethical approval for this study was granted by the Hull York Medical School Ethics Committee (Reference: 2072).

Figure 1. Overview of research methods used.



Main findings

This realist evaluation sought to explore experiences of GDC FtP regulation approaches and processes from the perspective of multiple stakeholders. In order to synthesise all the data and work from the project, the main findings are presented in relation to how the different aspects collaboratively informed the developed programme theory. Firstly, the underpinning data sources are described including the development of the initial programme theory. Secondly, the developed programme theory and key context, mechanism and outcome configurations are presented. The overall research questions are answered in the discussion section drawing on data from across the project.

Underpinning data to support the development of the programme theory

Data were collected using multiple approaches in order to answer the research questions, and so help to refine and develop the overarching programme theory. A summary of key information about the data sources (e.g. participant characteristics, amount of literature identified) is highlighted first. Relevant data which informed the iterative development of the programme theory are also included. The key findings relating to the realist programme theory are then presented. The data sources also underpin the findings that are later referred to in the discussion and implications section, and in the considerations table (Appendix 10).

In total, 71 interviews and one written-diary entry were conducted. These included 17 registrants (including 13 dentists, three dental nurses and one dental hygienist), 14 informants, two witnesses, two expert witnesses, five panel chairs or staff, six staff from other regulators, six stakeholders from defence unions, and 19 GDC staff of differing levels of seniority who had various roles within the organisation, including in FtP. Whistleblowers were referred to within interviews. See Table 4 in the main report for the breakdown of participant characteristics. The interviews with registrants, informants and witnesses all related to cases which had reached a final decision at the time of the research. Four panel hearings were observed by the researchers.

The literature search initially identified 4,598 records across the databases. Sixty-seven results were then retrieved as full text articles and data extracted from 57 of the articles. Fifty-one of these were excluded at full text review with the majority of reasons for exclusion focused on articles which did not contain data or were not directly related to the FtP experience. From the 57 articles extracted, the most common profession represented within the literature was medicine (26), followed by nursing (8). There were eight articles which analysed regulation of multiple professions. There were two articles which looked at FtP processes in students (one focusing on nursing students and one on medical students).

Initial observations of hearings revealed process issues such as the absence of paperwork and confusion over legal representation. This led to time delays and potentially more stress for all involved. The observations appeared to take into account individual differences of those involved. While the remote nature of the hearings raised questions over appropriate wellbeing support for registrants and technical issues, it also highlighted the benefits in terms of ease in attending. The virtual nature of the session also meant that at some points people talked over each other and subtle nonverbal communication may have been missed. This was most obvious when a witness was being cross examined by the defence barrister as the witnesses appeared at times, defensive and frustrated, and so would talk over the barrister. Cases worked well when the barrister was in the same room as the registrant, offering a degree of support. Chair panels were also observed putting registrants and witnesses at ease, offering impartial support. On that note, attention must be paid to the non-verbal communication of those involved in hearings, particularly registrants, informants, and witnesses as this may be indicative of wellbeing and is potentially less visible on online platforms.

The results of the literature review revealed that overall there is a dearth of rigorous research regarding FtP experiences across healthcare professions. Six articles were included in the final review, including one from dentistry. The articles highlighted the severe and far-reaching impacts on those undergoing FtP investigations. The identified impacts included those with the potential to affect the individual's personal wellbeing (e.g. feelings of vulnerability or shame, stress, loss of trust, self-doubt) and their professional wellbeing (e.g. change of career, increased surveillance and documentation, defensive practice, blame culture). Further useful contextual information emerged from articles excluded from the final review relating to right touch regulation principles in relation to risk approaches, proportionality, transparency and agility.

The themes identified from the literature review were used to support development of the initial CMO configurations within the programme theory. There were implications for resilience, insight, and patient safety. Timeliness, engagement and representation were highlighted as playing an important role within the FtP process. Timeliness was seen as critical to the overall experience of people undergoing an FtP concern, while engagement and representation were identified as factors in sanctions. Better upstream intervention, development and training, the development of a safety culture, as well as better data collection and recorded consent were discussed as possible ways to pre-empt professional difficulties. Additional training for managers, to enable them to better support registrants undergoing these processes, was also suggested.

For the documentary analysis, an infographic summarising the findings and implications for improvement is presented below (Figure 2). The key findings from this documentary analysis, like those from the literature review, have fed into the final programme theory.

Figure 2. Summary of documentary analysis findings

Documentary Analysis

Experiences of FtP

Accessibility

1. Avoid technical jargon & continuous references to standards and regulations
2. Ensure content is not off-putting and overly legalistic
3. Ensure that content links, and titles are aligned. Example
4. Proof read documents to ensure that auto-populated areas are completed and that names are correct
5. Rearrange the order of information presented

Engagement

1. Keep videos short and integrate videos or talking heads/avatars to deliver content in accessible, colourful and engaging formats
2. Invest in marketing campaign and brand development that is more engaging for the general public
3. Continue with diverse representatives in videos but be sure the white male archetype is not displayed as the principal expert
4. Think about the power of imagery
5. Tailor documents to the relevant stakeholders

Searchability

1. Make website more searchable
2. Streamline content
3. Break text heavy documents with pictures, diagrams or bullet points

Signposting

1. Include more clear and obvious signposting
2. Mental health support should be front and centre
3. Signpost mental health support in all communications

Reassurance and Support

1. Provide more case studies and explicit examples of what constitutes a complaint within the GDC's remit
2. Review the tone of documentation to ensure the balance between regulatory information and empathy
3. Discuss empathic, compassionate approach

Final programme theory

All of the data collected during the study informed the final programme theory. The diagrams below present an overview of the key areas of the developed programme theory and key CMO (context, mechanism, outcome) configurations. The CMOs are presented at three levels: Organisational level, FtP process level, and individual level. We developed these levels based on understanding around the key parts of the FtP processes in our initial programme theory development. There is no hierarchy of the levels as they are all interrelated in how the FtP processes work in practice.

The broad environmental organisational level relates to culture surrounding the GDC and FtP against the backdrop of legislation, resources, wider perceptions, duty and strategies that influence how experiences unfold. The FtP process level refers to the process itself which highlights contributing technical factors such as complexity of the process, communication, support, roles, and how fair the processes are, ensuring equality, diversity and transparency. The individual level relates to localised factors including the support available, conflicting role boundaries, dual registrations and different professional roles.

Figure 3a. Overview of CMOs by level – organisational, process and individual

Organisational level:

- **Culture** surrounding GDC and FtP
- Complex and rigid **legislation and strategies**
- GDC **resource** issues
- **Perceptions** of the GDC and FtP process
- Balancing **duty** of regulation with protecting registrants

FtP process level:

- Effective **operating procedures**
- FtP **committees** ensuring fair process
- Effective use of **online hearings**
- Support from **defence unions**
- **Complexity** of FtP process
- Problems with **communication**
- Lack of focus on **mental health and wellbeing** (disregarded or overlooked)
- Internal issues for **GDC staff**
- Inadequate processes for dealing with **malicious referrals**
- Role of **witnesses**
- **Equality and diversity** within the FtP process

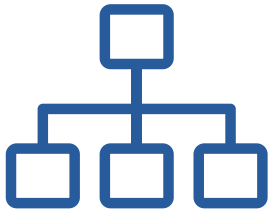
Individual level:

- **Individual circumstances**
- The burden and confusion of being a **dual registrant**
- The jeopardy of **registrants acting as an informant**
- Lack of support for **DCPs**

Figure 3b. Summary of key CMOs from programme theory

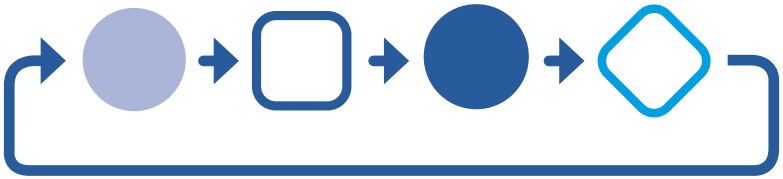
Context

Organisational



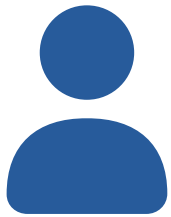
- Culture
- Legislation
- Resources
- Perceptions
- Duty of regulator

FtP Process



- Complexity of FtP
- Communication
- Mental health
- GDC staff
- Defence unions
- Malicious referrals
- DCPs
- Witnesses
- Hearings
- EDI
- Operating procedures
- Remediation
- FtP committees
- Online hearings

Individual



- Individual circumstances
- Dual registration
- Understanding GDC role
- Jeopardy as informant

Mechanisms

- Fear
- Anxiety
- Stress
- Uncertainty
- Legal process
- Dissatisfaction
- Avoidance
- Disengagement
- Lack of empathy
- Perceptions of fairness
- Proportionality
- Awareness

Outcomes

Exit profession

Staff shortage

Defensive dentistry

Malpractice continues

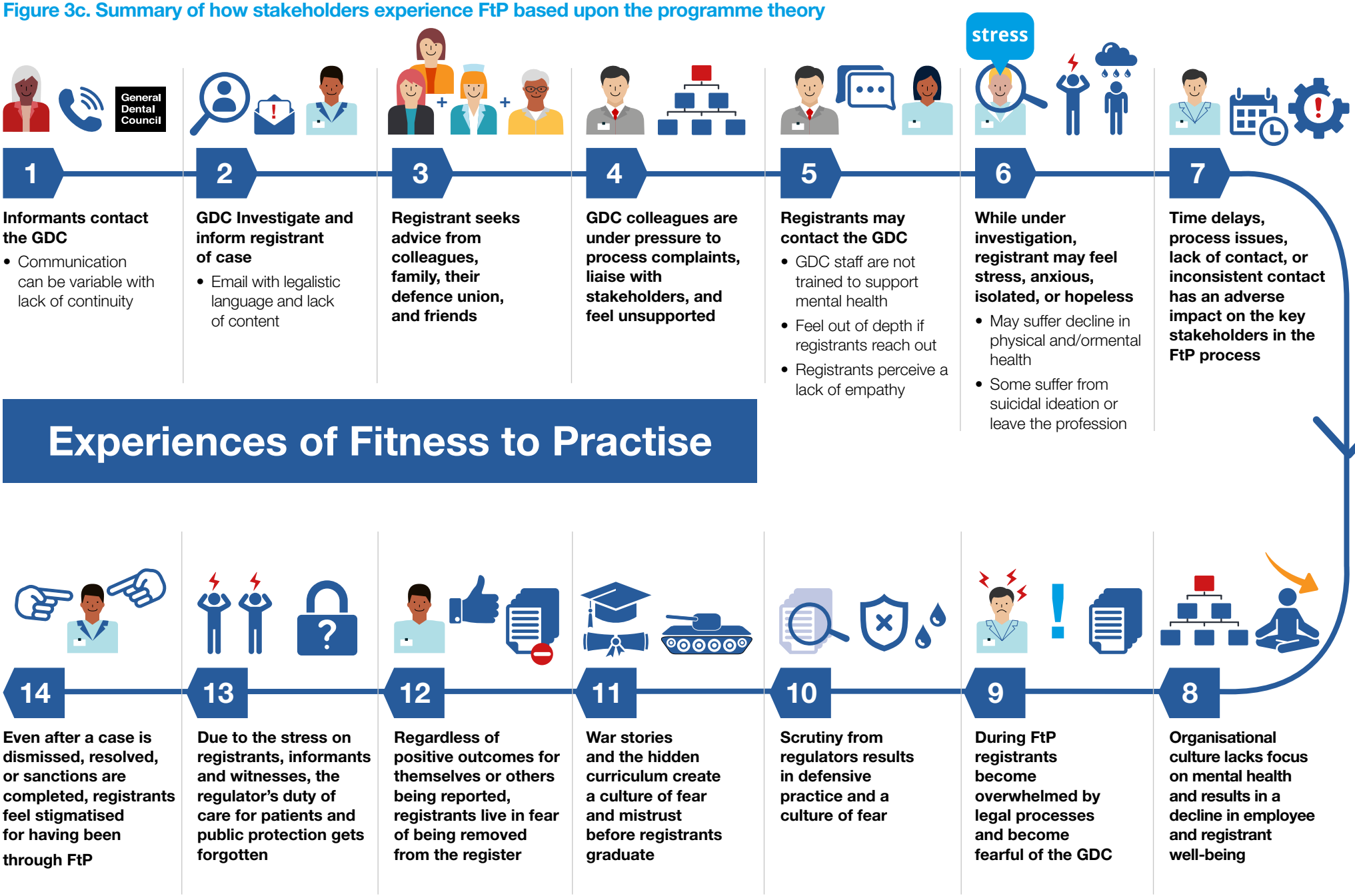
Negative relationship with regulator

Lack of timeliness

Decline in wellbeing

Decline in efficiency of process

Figure 3c. Summary of how stakeholders experience FtP based upon the programme theory



Discussion

This research has looked at participants' lived experiences of the GDC's FtP processes using data from various stakeholders (registrants, informants, witnesses, GDC staff, experts), documentary analysis, academic literature, and observations. The project provides insight into FtP experiences taking into account contextual factors, so that the nuanced detail of how outcomes are underpinned by mechanisms can be appreciated. Based on all project data we answer the research questions as follows:

1. What are the lived experiences of participants (informants, witnesses, registrants, GDC staff, experts) who have been through the FtP process in the last 5 years including their perceptions of support, processes and ways in which outcomes are reached?

Data from the interviews identified that the lived experiences of participants who have been through FtP processes were categorised by severely negative outcomes relating to wellbeing, dissatisfaction and frustration. In regards to mental health, outcomes for registrants included a decline in wellbeing, suicidal thoughts, sickness, leaving the profession, impacts on patient care and a reluctance to self-disclose. These outcomes were underpinned by mechanisms such as anxiety about the process, stress, embarrassment and feelings of depression. Informants were also impacted negatively, including lack of clarity about the process and how outcomes were reached. Perhaps unsurprisingly there were differences across participant groups with those who had been subject to investigations reporting having more negative experiences. Concerningly, in the latter group, in some cases there was a perception of *guilty until proven innocent* which ran throughout investigations and had subsequent impact on returning to the workforce. More favourable outcomes were reported by GDC staff and case handlers who were aware of what was trying to be achieved in relation to GDC values, but held some reservations about how effectively these were being handled and reached. A lack of support was identified for dealing with individual cases (for instance not having a consistent case handler) and also a lack of support for the wellbeing of all individuals throughout the processes. This was particularly the case for registrants who were at higher risk of harm during investigations but also for GDC staff and colleagues about how to best handle individual cases. Wider questions emerged about how and whether the GDC should support individuals in this way throughout FtP owing to the associated resource and policy implications. A key contextual factor of long protracted cases was linked to mechanisms of stress and anxiety, producing negative impacts on wellbeing and negative perceptions of the FtP experience in general.

Professional identity was important in how a registrant makes sense of going through an FtP process particularly related to their characteristics, values and norms. FtP processes challenge the very core of an individual's professional identity. Supporting professional identity is necessary for healthcare professionals to feel part of a group. Our data suggest that when undergoing FtP, registrants feel compromised and develop a sense of otherness - they become part of an out-group. Professional attributes that many once have prided themselves on, such as conscientiousness, patient-centredness, and perhaps even altruism, are called into question. The case presented against them was deemed to impugn their character.

2. What strategies work to ensure that FtP processes are accessible and inclusive?

Documentary analysis of GDC guidance about the FtP process demonstrated that the text was often dense and couched in terms that a lay audience may find difficult to understand. Furthermore, the communications were often overloaded with technical and overly legalistic information, with key information about how to engage with the GDC coming later in the document.

Interview data demonstrated that while there is an ongoing debate about the limitations of online hearings and the perception of, or fear of, more punitive outcomes when registrants cannot attend panel hearings in person, participants reported improved accessibility and satisfaction from online hearings.

In general, panel diversity was applauded and should be continued. However, during interviews we heard concerns about perceived differential rates of

sanction between White British registrants and those who identify as members of minority ethnic groups or those whose primary dental qualification had been attained outside the UK. In view of this there are grounds for the GDC to continue to explore differential rates of involvement in FtP and if needed look again at the influence of unconscious bias in their decisions to investigate and sanction registrants. It may also be prudent for the GDC to heed recent calls, reported in the mainstream media, for health professions regulators to take an interest in the upstream narrative of registrants from minority ethnic backgrounds who are reported to them. In this way, the GDC could demonstrate its determination to truly understand the nature and aetiology of ethnic bias within dentistry, and its associated regulatory system.

3. What do participant perspectives reveal about personal (including EDI), environmental and technical factors associated with FtP cases?

The complexity of cases yielded mechanisms such as perceived unfairness, disproportionate actions and dissatisfaction with processes, leading to a mistrust of decisions. The ways in which FtP outcomes were reached and handled was mostly seen as appropriate for its fairness in relation to EDI as there were no major barriers or obstacles reported. From the literature it is known that BAME (Black Asian and Minority Ethnic) individuals are over-represented in FtP referrals and, as reported above, this perception was supported somewhat from the data collected in our study. From our documentary analysis we highlighted a lack of diversity in materials produced for public facing aspects of FtP. We understand that this is to be reviewed. During the COVID-19 pandemic more case hearings were held online and this enhanced accessibility and allowed DCPs to attend more easily. This triggered greater engagement, and so resulted in potentially less severe sanctions, and increased the overall perceptions of fairness.

4. To what extent and in what ways do those involved in GDC FtP processes experience those processes (and their outcomes) as efficient, transparent, fair and proportionate?

As described above, there were key concerns raised regarding efficiency of the process and how decisions were made in a timely manner. Even in cases where FtP outcomes were favourable, there were instances of dissatisfaction with how long the process had taken, and the experience of the process in reaching the outcome. In many cases, the inefficiency was perceived to reflect a disproportionate expenditure of time and resource in the pursuit of cases that were perceived to be minor and for which relatively limited sanctions were handed out. Arguments that we heard presented during learning events, to the effect that the majority of registrants need not fear the FtP process owing to the very small percentage who finally receive serious sanctions, may have been intended to be reassuring to registrants, but arguably speak to the generally disproportionate nature of the process. This would not be reassuring to an isolated registrant facing FtP proceedings who would nevertheless experience significant anxiety and stress.

The introduction of case examiners - GDC employees, including dentists and DCPs, who have been trained to make early judgements about the severity of a case and the likelihood of the case being proven - was welcomed. There were, however, perceptions that too many cases were still progressing to full hearings when they could have been resolved at an earlier stage, thus impacting on efficiency, cost, stress and proportionality.

In contrast, the operating procedures were seen as largely effective with contextual factors such as leadership, structure, evaluation and improvement, thorough decision making and tracking. Key contributing mechanisms included perceived fairness, transparent process, improved learning and reflection, and confidence in the process. Clearly when processes have been done well, favourable outcomes followed and resulted in enhanced wellbeing, improved practice, enhanced patient safety, and proportionate outcomes.

5. What can the first-hand experiences of those involved in GDC FtP processes tell the GDC about how the principles underpinning those processes are understood?

There appeared to be very little awareness of how principles of the processes are understood and enacted in practice. Whilst key individuals such as case handlers and expert witnesses had a more nuanced understanding of particular components, there was a lack of knowledge and insight that could be analysed. In essence there is a need to clearly communicate how such principles are applied to the processes throughout so that participants can be clear about what is the driving force. The adversarial nature of the process, including legal representation and legal argumentation in many cases, firmly established the principle of 'establishing guilt or innocence' in the perceptions of those who had been through FtP. This is misaligned with the FtP process being concerned with establishing a finding of fact about a registrant's potential impairment, as set out in the legal framework governing that process.

Another key finding was that some parties felt that the driving force behind FtP processes was to satisfy individuals or groups whose interests they perceived to be contrary to their own. Thus, registrants felt that a key principle was public protection, if necessary at the expense of dental professional well-being, whereas lay people felt that the role of the GDC was to protect the professional.

As described above, the experiences of FtP processes are largely negative which perhaps reflects the high stakes nature of being subject to investigations. There is the potential for serious consequences for a registrant regarding their right to continue working in the profession. There are however a number of considerations outlined in our 'considerations table' (Appendix 10) where the principles could be better embedded across communication, processes and reputation.

6. Based on secondary sources, what can the GDC learn from best practices relating to FtP including those conducted by other regulators and the Professional Standards Authority activities?

Best practices from other regulatory bodies such as the General Medical Council (GMC), Health and Care Professions Council (HCPC) and Nursing and Midwifery Council (NMC) across key areas of the FtP process relating to signposting, searchability, accessibility and engagement were identified in the documentary analysis. For instance, in the areas of signposting and searchability, the researchers recommended clearer and more obvious signposting particularly as it pertained to mental health support. The GMC webpage contained streamlined content, which made it more searchable and could potentially prevent information overload. The researchers also recommended breaking text-heavy documents with colourful pictures, diagrams, bullet points or short videos to keep readers engaged and make key information more accessible. Examples of these are the NMC revalidation video which is colourful, contains images with diverse representation, and concise. Another example is the HCPC video that outlines the fitness to practise process incorporated in the HCPC webpage.

Within the academic literature there is very little published in relation to direct experiences of FtP, however, there is still learning from outcome data and the ways in which other regulatory bodies function. Shared decision making and collective approaches to FtP appear to be incompatible with data protection and organisational responsibilities which unfortunately creates duplication in the FtP systems. The inability to share adds to the burden of work. In recent years the GMC has sought to review and collect more rigorous data surrounding mental health impacts of FtP. This review and data collection is ongoing but should lead to a more effective and supportive process delivered by the regulator and provide useful evidence for the GDC. Whilst there are key legal and statutory processes which impact on the ways activities can be conducted, there are opportunities to look at how approaches could be tailored more specifically within dentistry. Upstream preventative work may improve perceptions of the GDC amongst its registrants, build trust and allow greater partnership working in order to ensure that registrants understand the role of the GDC and their own professional responsibilities as dentists and dental care practitioners.

7. Based on the interviews of FtP process experiences, how can the GDC enhance their prevention and upstream activity, ensure accessibility and inclusivity, and address personal (including EDI), environmental and technical factors associated with FtP cases?

There is an ongoing student engagement programme to try to raise awareness of the GDC's role, including their FtP remit and processes. At the time of the research this was limited to undergraduate and newly qualified dentists and some DCPs and had yet to achieve full coverage of all UK dental students. Therefore, there is scope to expand the programme to include DCPs as well as all undergraduate and postgraduate settings. The DCPs are of particular importance, given indications within our research that DCPs are less likely than dentists to have a connection to a defence organisation, less likely to have taken legal advice and prepared adequately for the FtP process, and less likely to have understood the seriousness of the FtP process and its potential consequences for them and their career, leading to worse outcomes.

Given the importance of working in partnership with registrants - a feature of contemporary approaches to regulation - upstream engagement activity should focus on building trust with the registrant cohort as well as raising awareness of the role and remit of the GDC and its processes. Sharing information and working together with registrants on FtP, including recent, ongoing and planned process improvements, would increase transparency and should also improve registrant trust. Ideally, upstream regulation would support registrants, including students as future registrants, to understand how the professional standards work in practice, including through opportunities to discuss real-world examples of professional practice challenges and dilemmas. These activities should support registrants in exploring professionalism, including ethical practice, as a component of their professional identity rather than tackling it purely as a discrete element of professional practice.

There was evidence that there is scope for developing knowledge and skills amongst registrants that are believed to be preventative against professionalism lapses and professional difficulties. Some of these constitute a hidden curriculum, in that they are not apparent or particularly emphasised within official guidance on professionalism and professional standards. There was evidence that some registrants, including those who have been through FtP, have never received formal tuition on the development of their reflective skills, and so upstream efforts could include delivering skills-based professionalism training as well as awareness-raising activity and including this within mandatory CPD. Other important preventative measures, including the development of a safety culture, better data collection and recorded consent might also be addressed through appropriate upstream activity.

In addition to the aforementioned EDI considerations, respondents applauded the diversity in panels with respect to gender and ethnicity. This should be maintained and, where possible, expanded. There is a need for the GDC to streamline FtP processes so that all participants are better supported through the process, limiting the negative impact that environmental and technical factors may exacerbate. As described in the considerations table there is a range of opportunities that can be taken by the GDC to reduce the complexity, length and lack of transparency regarding participant experiences. Key aspects include reducing jargon-based terminology, enhancing support and empathy throughout the process, and making sure processes and decisions are more transparent. Whilst many of these factors link directly to the registrant experience, there was also data to support a need for greater clarity and support for those staff who were actioning the process.

8. What improvements can be made to enhance both the provision and access of support to participants throughout the FtP process?

A clear take-home message is not to overlook the risk of registrants suffering severe mental health issues as a result of FtP. It is all too easy to associate mental health issues with a lack of resilience or coping mechanisms, or even dismiss such issues as being uncommon. However, a decline in mental health is frequently associated with undergoing FtP. This is demonstrated both within the literature, and by the narratives of participants in this study.

Moreover, within the programme theory, the importance of empathy was evident. This was of particular significance for registrants. Across the organisational and individual levels, perceptions of levels of empathy exhibited

towards registrants were frequently cited as problematic, and within participant narratives, correlated to the degree of satisfaction with the FtP process that registrants reported.

From start to finish the FtP process is a stressful experience where the role of support can greatly help to mitigate negative outcomes, even if the FtP outcome is detrimental. As described in the considerations table there are a range of opportunities that can be taken by the GDC to reduce the complexity, length and lack of transparency regarding participant experiences. Key aspects include reducing jargon, enhancing support and empathy throughout the process, and making sure processes and decisions are more transparent. Specific considerations include:

- shifting the tone of voice of FtP from punitive to formative;
- providing individualised case support with one point of contact;
- self-referral processes for mental health needs assessments;
- early identification of vulnerable registrants;
- GDC reassurance that the focus is on finding facts on whether fitness to practise is impaired so that registrants are considered innocent until proven guilty;
- better training and support for GDC staff regarding empathy;
- more support for informants and witnesses;
- specific support for malicious referrals;
- development of a public support service;
- new roles for supporting all participants;
- better communication of key GDC values throughout.

Whilst many of these factors link directly to the registrant experience, there was also data to support a need for greater clarity and support for those staff who were actioning the process, as well as for informants and witnesses.

9. How can findings from this review be informed by and/or link to ongoing or connected research relating to the GDC?

The research will feed into ongoing work by the GDC and commissioned projects relating to FtP that seek to enhance the effectiveness of the process and the experience for participants. A considerations table is presented in this research which outlines and gives detail on specific areas that may enhance such perceptions. Following our programme theory, these considerations relate to the Context (C), Mechanism (M) and Outcomes (O) 'CMO' configurations identified and tackle areas such as: communication; complaint handling; FtP process; reassurance, support and mental health; facing investigation; improving knowledge about the FtP process; and GDC staff and efficiency. Reviewing these considerations alongside key findings related to FtP from supporting research (e.g. The concept of seriousness in fitness to practise), will help to ensure that the GDC's future activities are tailored towards rigorous and robust suggestions that look to improve experiences.

10. How can the GDC best collect and analyse data from FtP participants to develop and sustain monitoring and evaluation of FtP and upstream and prevention work?

Alongside data collection in this study, we have developed logic models (Appendix 1, 2 and 11) that help to provide actionable outputs from the developed programme theory to give priority towards key areas of consideration to improve FtP experiences. The logic models extrapolate particular findings for mental health and wellbeing, length and complexity, and dental care professionals; these areas are suggested for how the GDC can best collect and analyse data regarding FtP experiences. Each logic model details the context, inputs, activities, outcomes, and potential impacts of actions related to these areas and how the GDC may seek to implement change based on the research. Furthermore, within the study through the development of key indicators to evaluate FtP experiences, there is a considerations table that catalogues families of research methods suggested which may yield sustainable approaches to ongoing monitoring and evaluation of FtP work. The programme theory delineates the importance of specific parts of FtP, which highlights the ways in which upstream and prevention work fits into the broader organisational context where FtP plays one part.

Conclusions

Utilising a realist evaluation approach, the research has illuminated the range of experiences of the different participant groups and the critical factors which give rise to these experiences. An overarching programme theory is presented to help understand how and why certain participant groups may experience the processes in particular ways. Whilst the FtP outcomes reached during processes were seen as fair and appropriate, the process by which outcomes were reached raised concerns. Key areas which emerged related to mental health and the lack of support for registrants throughout, as well as the lack of training for staff in supporting others and themselves. Informants and witnesses also reported negative impacts. The experience of going through an FtP investigation is highly emotive, hence any views about the process are likely to be influenced by the specific contexts of cases. Nonetheless in FtP outcomes which were favourable or unfavourable to the registrant, there remained a pervasively negative experience which related to contributing factors such as poor timeliness, lack of transparency and fairness in the process. Wider contextual factors relating to the GDC reputation and remit, FtP approach, and duty of care were all highly influential in the FtP process experience. Within the programme theory there is detail provided as to how technical, environment and social factors influenced such perceptions, which then form the basis of the consideration table to help the GDC tackle such perceptions, with a view to enhance participants' lived experiences of FtP.

Implications and areas for development

Our findings offer considerable insight into the GDC FtP processes, and the programme theory helps to bring together the key elements which influence and determine participant experiences. The research will feed into ongoing work by the GDC and commissioned projects relating to FtP that seek to enhance the effectiveness of the process and the experience for participants. A table of considerations to improve FtP experiences is presented in Appendix 10 which outlines and gives detail on specific considerations with a view to enhance such perceptions. Following our programme theory these considerations relate to the CMOCs identified and tackle areas including:

- communication;
- complaint handling;
- FtP process;
- reassurance, support and mental health;
- facing investigation;
- improving knowledge about the FtP process;
- and GDC staff and efficiency.

The table has focused on changes which are actionable by the GDC so does not include the full remit of possibilities which are less likely to change (e.g. regulations on handling cases). Potential indicators and research approaches are outlined against the considerations with a view to developing sustainable approaches to enhancing FtP experiences and evaluating these. The adoption of appropriate indicators can help to bring together cross regulatory working as this will help to build a stronger foundation for the ways in which the Professional Standards Authority can look to benchmark the performance of regulators. Through adopting such approaches, there may be a better opportunity for the GDC to coordinate right touch regulation principles and preventative upstream regulation in relation to FtP experiences.

To help translate the research into meaningful outputs, the use of logic models was adopted within the project. An initial logic model was drafted for the project itself (see Appendices 1 and 2 for full details). This was based on the GDC logic model template and discussion with the GDC. The research team subsequently discussed the logic model to develop the framework for utilisation across the project.

Informed by the data synthesis, three other logic models have been developed in order to effectively communicate the project findings to the GDC, ensuring practical messages are delivered. These were based on three key CMOs: mental health, support for Dental Care Professionals (DCPs) and complexity of the FtP process. The research suggested that these should be a focal point for the GDC to look at, informed by the programme theory. They are shown in Appendix 11. The logic models highlight key areas where the GDC can input resources and activities, describe what these may look like, and discuss potential outcomes and impact. The logic models encapsulate the data analysis, as well as the GDC remit with links to patient safety and public confidence.

Collectively, the study has helped to highlight a range of future developments and work to be undertaken by the GDC, researchers and other stakeholders working collaboratively. The work will help to better understand participant needs and help to facilitate more favourable experiences for allparticipants, covering:

- **Mental health and wellbeing.** There are severe risks for vulnerable groups who go through FtP processes with a clear need to better identify and support those who are most at need, and train personnel to appropriately support such cases.
- **FtP experiences.** Now that we have developed a programme theory from direct experiences of FtP there is a need to measure, test and refine the programme theory. Key indicators and approaches to enhance work in this area are suggested with a view to enhance FtP experiences.
- **GDC FtP regulatory remit.** This realist evaluation has helped to understand the experiences of FtP however there are broader policy implications and areas of GDC work that also influence FtP experiences such as upstream regulation, risk approaches, GDC remit for all regulated professions (e.g. DCPs), and quality assurance. Further work to explore the linkages between such approaches is needed to better contextualise the programme theory developed and how meaningful change can be enacted.
- **Communication.** The role of public and participant facing materials needs further testing upon modification to ensure it meets the needs of participant groups. Work is currently underway in this area by the GDC which also requires robust research designs to underpin long term effective change.

Suggested future research

To develop further work in supporting the GDC, we highlight three priority areas and potential methods:

1. **Evaluating the consistency of decision making and sources of potential (unconscious) bias at each stage of the FtP process.** This could be done with a mixed methods approach. It could involve creating scenarios to be used in situational judgement tests. Respondents could choose an action they felt was most appropriate from a range of options. Using statistical modelling it is likely to find further quantitative evidence of any bias when evaluating the outcomes of FtP cases in existing data held by the GDC. Staff interviews may also provide qualitative evidence to help understand some of the drivers behind any potential sources of bias identified.
2. **Understanding the elements of effective remediation following sanctions for impaired fitness to practise.** This could involve a literature review, collating and synthesising evidence relating to effective remediation in health professionals, and a mixed methods approach. Documentary analysis could be conducted on a case series, including cases where remediation had been deemed both effective and ineffective. Qualitative interviews could be used to identify the themes and elements that were likely to be associated with effective remediation. If a sufficient quantity and quality of data were available some statistical modelling could be conducted around the prediction of further lapses in professionalism following remediation.

3. **Exploring the application of upstream regulation, governance arrangements, professionalism lapses and links to fitness to practise.** This could be done with a realist evaluation approach to explore the ways in which undergraduate and postgraduate training supports those who get into difficulty with professionalism-related issues at early stages. There are strong links between early-career professionalism lapses and future FtP events, therefore this work would help to inform how the GDC and dental schools can undertake preventative work with undergraduate students and postgraduate practitioners, as well as how they can use preventative strategies to strengthen partnership working and right-touch regulation with organisations that train and employ DCPs and dentists. Interviews could be conducted with decision makers as well as those who have undergone early investigation at dental schools. A survey of UK wide FtP leads would help to understand what is currently in place and how effective such processes are in stopping future FtP investigations. The project would help to better tie together the principles of right touch regulation, upstream regulation, GDC values and FtP processes.

4. **Exploring professionalism and professional identity amongst GDC registrants in the context of professionalism lapses and fitness to practise investigation.** This work would seek to understand the complex issue of professional identity formation amongst DCPs and dentists, with a view to understanding the nature of their relationship with the GDC and the extent to which, and ways in which, being a member of a regulated profession influences practitioners' professional identity. We are particularly interested in how registrants' experiences of professionalism lapses and FtP investigation impact on their professional identity, and what, if anything, can be done to mitigate these effects.

1. Main Report

1.1 Introduction

This document is the final report for the project titled 'Exploring, understanding and evaluating experiences of Fitness to Practise at the General Dental Council', which was commissioned by the General Dental Council (GDC) and commenced in December 2020. Within this report, all elements of the project are presented including interview data collection with stakeholders, learning from the engagement events, documentary analysis and literature review, and observation data, which have been synthesised and presented in an overarching final programme theory.

1.2 Background

Healthcare regulators have a mandate to protect the public from harm and a core component of how this activity is fulfilled is through effective and fair fitness to practise (FtP) processes. These processes are handled by statutory professional regulators who ensure that healthcare professionals are in good standing in terms of having the appropriate skills, competencies, knowledge, character and health to practise their profession safely and effectively. They do this by dealing with concerns raised about healthcare professionals on their respective registers. The focus of FtP processes should be on judgements about threats to the public's health and wellbeing and can also relate to the standing of the profession (Affleck and Macnish, 2016). Therefore, such processes need to be transparent, fair, robust, equitable, defensible, but also formative and empathic.

Being subject to investigation is a stressful experience for the healthcare professional involved and there is evidence that it can have adverse impacts on their psychological health and wellbeing and subsequent practice (Nash, Tennant, and Walton 2004; Bourne et al. 2015; Maben et al. 2021). Furthermore, significant anxiety could ensue from a registrant being contacted by their regulator (Baker-Glenn, Marshall and Caplan, 2015). In medicine, this was highlighted in a General Medical Council (GMC) commissioned report investigating 28 cases between 2005 and 2013, in which a doctor had died from confirmed or suspected suicide while undergoing an FtP investigation (Horsfall, 2014). Similarly, there is evidence which indicates higher rates of depression and possible suicide among healthcare professionals in dentistry and medicine who are under investigation compared to other healthcare professions (Lange, Fung, and Dunning 2012; Rada RE, Johnson-Leon 2004; Mata et al. 2015; Jones, Cotter and Birch, 2016).

Complaints procedures in healthcare have been described as having a 'poisonous' effect on the mental health of practitioners (Pulse Today, 2021). Recent research undertaken with registrants of the Health and Care Professions Council (HCPC) has suggested that the inclusion of better signposting and provision of psychological support could counteract this effect (Maben et al. 2021). Dentistry is, in itself, a highly stressful profession. A recent report on mental health and wellbeing in dentistry revealed that general dental practitioners and community dentists working in England displayed higher levels of stress than dentists working in other settings (e.g. hospital, the military and public health) and other UK countries (Northern Ireland, Wales, Scotland) (Plessas et al, 2021). Amongst the leading stressors identified were regulator-led stressors. Despite these effects on mental health, dental care professionals (DCPs) and dentists have reported receiving little in the way of pastoral support (Chamberlain 2016). The fear of litigation and a GDC investigation (Bretherton, Chapman and Chipchase, 2016; Collin et al. 2019; DPL 2018), which are both associated with high levels of stress, have been shown to cause dentists to abandon, delay, defer or avoid decision making and provision of specific treatments and in some cases practice 'defensive dentistry' (Chipchase et al. 2017). This potentially leads to dentists making irreversible clinical mistakes and has obvious repercussions for the quality of patient care (DPL, 2019).

The majority of healthcare professionals who are reported to their regulators do not have significant cases to answer and the investigation is resolved at an early stage. However, in some cases, the 'punitive' processes involved or merely the threat of being sanctioned, have been sufficient to cause them to accept high tariff punishment at an early stage of the proceeding without

going to adjudication in order to avoid the stress of the investigation process (Chamberlain 2016). This potentially has negative impacts on the fairness of the process.

Regulators have pledged more support and compassion for those under investigation (Hawton 2015; Casey and Choong, 2016). In recent years, the GDC has sought to embed values of fairness, transparency, responsiveness and respect. In completing the 2019 end to end FtP review, the GDC achieved several targets in relation to timeliness, efficiency, resilience and continuous improvement. Steps to further reduce the time it takes to resolve cases are underway. However, there is still some way to go before these benefits are fully embedded within the FtP process.

In order for the research to reach more meaningful implications it is important to look conceptually at the GDC's FtP process, in particular, the role of professional identity and, within that, the way that the hidden curriculum functions in UK dental practice, including regulation and FtP.

Professional identity formation research seeks to understand the influences and drivers that may become part of an individual's identity development. The resulting professional identity subsequently has an impact on an individual's thoughts, behaviours and actions, which are of paramount significance in the likelihood of exacerbating misconduct and future healthcare behaviours. Professional identity is a core characteristic of a healthcare professional and the potential for FtP to exert an influence on it is a crucial factor when considering how an individual may subsequently react and take up future identities within the profession. Challenges that influence identity can be related to an individual's sense of wellbeing, preparedness and their confidence in how regulation is upheld. For the clinical professional this all starts during their university degree and subsequent postgraduate training. GDC involvement is therefore key during these early stages. Furthermore, there can be important identity-related tensions that arise in the context of regulated healthcare practice. For example, an individual may derive a degree of professional pride as a member of a regulated health profession, and subsequently experience a level of stress as a consequence of being subject to regulatory oversight.

At a broader social level, the hidden curriculum (Hafferty, 1998) considers the structures and processes within the workplace that may impact on individuals' experiences. The hidden curriculum refers to things which are not formally taught but are iteratively acquired and are known within the profession and influences how it functions. As an example, educators and more senior dentists may pass information on to trainees and new registrants which infiltrates their perceptions of and interaction with the GDC as the professional regulator and with FtP investigations. Commonly-held beliefs, behaviours and assumptions may be part of the hidden curriculum in dentistry and ultimately may influence the experience of the FtP processes for individuals.

Collectively these conceptual elements are of relevance throughout the study and we need to understand more about how they are enacted during FtP investigations. Interestingly, Hafferty and Frank (1994) argue that the hidden curriculum, including medical ethics, is better conceptualised as a feature of professional identity than as a distinctive element of professional practice. This has important implications for how we understand FtP, and for the recommendations that are made for future developments.

There is, therefore, a definite need to understand the impact on well-being at every stage of the FtP process, identify areas that can benefit from upstream regulation, enhance transparency of the decision-making process and reduce protracted processes which may further increase distress. This project, therefore, sought to do this by exploring experiences of FtP in detail, providing the GDC with an understanding of what is working for whom and what may require further development.

1.3 Research aim, objectives and questions

The aim of the research is to understand and learn from the experiences and perspectives of the people who have been directly involved in GDC FtP processes. The study critically appraises the mechanisms and outcomes related to individuals at various points along the FtP process journey. It also explores how the intervention and context interacts with the positioning of the regulator and healthcare environments with regard to best practice (e.g. cross-regulator working, right touch regulation, sustainability, enhancement-led) in dental regulation. The project has four objectives:

- **Understanding mechanisms and impact:** to learn from participants at each stage of the FtP process how their involvement impacts upon them and what are the mechanisms for those impacts. This will include learning on how specific groups of participants in FtP are impacted differently.
- **Understanding support needs:** to learn from all those involved in FtP cases, and particularly informants, witnesses and registrants, what their support needs are, what works to support them in the current approach and where there is need for improvement. This will include learning to support equal access and fairness for all stakeholders.
- **Defining right touch regulation:** to understand from the perspectives of those directly involved in FtP cases what it means for a regulator to apply the principles of right touch regulation and how this feeds into and meshes with the developing GDC approach to right touch regulation
- **Sustainability:** during and as a result of the research, to develop approaches, processes and use methods that can be trialled and tested at GDC to contribute to ongoing research, monitoring and evaluation that could be adopted by GDC and used in all aspects of inquiry-based learning, reflective practice, transparent reporting and for a range of research purposes. This would lead to ongoing quality improvement.

In order to meet the objectives, the following research questions are being explored:

1. What are the lived experiences of participants (informants, witnesses, registrants, GDC staff, experts) who have been through the FtP process in the last 5 years including their perceptions of support, processes and ways in which outcomes are reached?
2. What strategies work to ensure that FtP processes are accessible and inclusive?
3. What do participant perspectives reveal about personal (including EDI), environmental and technical factors associated with FtP cases?
4. To what extent and in what ways do those involved in GDC FtP processes experience those processes (and their outcomes) as efficient, transparent, fair and proportionate?
5. What can the first-hand experiences of those involved in GDC FtP processes tell the GDC about how the principles underpinning those processes are understood?
6. Based on secondary sources, what can the GDC learn from best practices relating to FtP including those conducted by other regulators and the Professional Standards Authority activities?
7. Based on the interviews of FtP process experiences, how can the GDC enhance their prevention and upstream activity, ensure accessibility and inclusivity, and address personal (including EDI), environmental and technical factors associated with FtP cases?
8. What improvements can be made to enhance both the provision and access of support to participants throughout the FtP process?
9. How can findings from this review be informed by and/or link to ongoing or connected research relating to the GDC?
10. How can the GDC best collect and analyse data from FtP participants to develop and sustain monitoring and evaluation of FtP and upstream and prevention work?

1.4 Project Steering Group

The project was supported by a steering group at the GDC. In addition, there were internal project steering meetings. These included representatives from Patient and Public Involvement groups (PPI). This report has been reviewed by Ms Lauren Aylott, PPI representative from Tees Esk and Wear Valley Trust (TEWV).

2. Research Design and Methodology

2.1 Realist approach

Our study approach was shaped by a realist evaluation methodology (Pawson and Tilley, 2000) which conceptualises FtP processes as a complex intervention characterised by multiple components to help reveal the ways in which the intervention may (or may not) lead to certain outcomes in certain situations and for particular individuals. This realist evaluation seeks to systematically explore the effect of multiple processes and outcomes on individuals as it critically analyses how processes, and their context impact on registrants, informants and witnesses involved in FtP processes. At its core, realist evaluation incorporates a focus on four theoretically constructed and inter-related core questions: what works, for whom, in what circumstances, and how (Pawson et al., 2005; Pawson., 2013). This enables a deeper appreciation of how components of the FtP process are effective, or ineffective, in achieving its aims, and ways in which they may impact those involved.

Context, Mechanisms and Outcomes (CMOs)

Here we present some pertinent information relating to realist methodology from the associated literature. This is provided to ensure clarity in interpretation of the different CMOs, noting the developing nature of the findings:

- **Context** is defined as the 'social rules, values, sets of interrelationships that operate within times and spaces that either constrain or support the activation of programme mechanisms' (Pawson and Tilley., 1997; Greenhalgh et al., 2017). Context includes the conditions that may influence the mechanisms to produce a particular pattern of outcomes. Within the literature two key 'narratives' exist with respect to how context is conceptualised. Context can be described as observable features such as a space, place, people, or things that triggered or blocked an intervention (Greenhalgh and Mazano, 2021). This works on an underlying assumption that context operates at one moment in time and sets in motion a chain reaction of events. Further, context has been described as the relational and dynamic features that shaped the mechanisms through which the intervention works (Greenhalgh and Mazano, 2021). Again, this assumes that context operates in a dynamic, emergent way over time at multiple different levels of the social system.
- A **mechanism** can include underlying entities, processes, or structures which operate in particular contexts to generate outcomes of interest. Mechanisms could include the behaviours or reactions that you can't see, those that are triggered by the context. For example, it can include the process of how participants interpret and act upon the resources offered by the intervention and their reasoning in response.
- **Outcomes** include short, medium and long term changes, intended and unintended, resulting from an intervention (Westhorp, 2014). These are the effects produced by the causal mechanisms being triggered in a given context.
- **Configurations** relate to how the CMOs are linked together and their relevance to one another.

In this report, we reveal the complex links between contexts (e.g. where, when and with whom the FtP processes take place), intervention components (stages of the FtP process), mechanisms (underlying processes which result in the intervention being effective or ineffective), and outcomes (intended and unintended consequences), and outline how current interventions may be affected by different contexts, leading to different outcomes (Wong et al., 2012). Case studies will be used to illustrate this.

Our approach has involved the development of an overarching 'programme theory' which has helped to drive the data collection process and ongoing testing of mechanisms to understand their links to outcomes. The first iteration of the programme theory that was developed to drive initial data collection is described later in the report. The programme theory seeks to explain the FtP process and how it leads to the explored outcomes taking into account various sources of data. Realist and Meta-narrative Evidence Syntheses: Evolving Standards (RAMESES) were used to guide the method and reporting (Pawson et al., 2005).

2.2 Overview of research methods

The project has involved a mixture of research methods in order to answer the research questions utilising a realist approach (see table 1 and table 2 for more detail), including:

- Scoping phase - development of the remit of the study in consultation with funders, rapid literature review, initial interviews with GDC staff, initial FtP hearing observations
- Document reviews - looking at FtP regulation approaches, comparison of regulators, FtP guidance documents, changes to FtP process over time
- Qualitative interviews - narrative interviews with registrants (range of outcomes and cases), witnesses, informants, GDC staff, panel members and chairs, defence unions and other FtP regulators
- Written-diary entries were offered as an alternative to interviews for those who did not feel comfortable taking part in an interview
- Learning events – the research team presented at several GDC learning events to share and triangulate emerging findings.

Individual methods of each phase are provided in more detail in each section of this report.

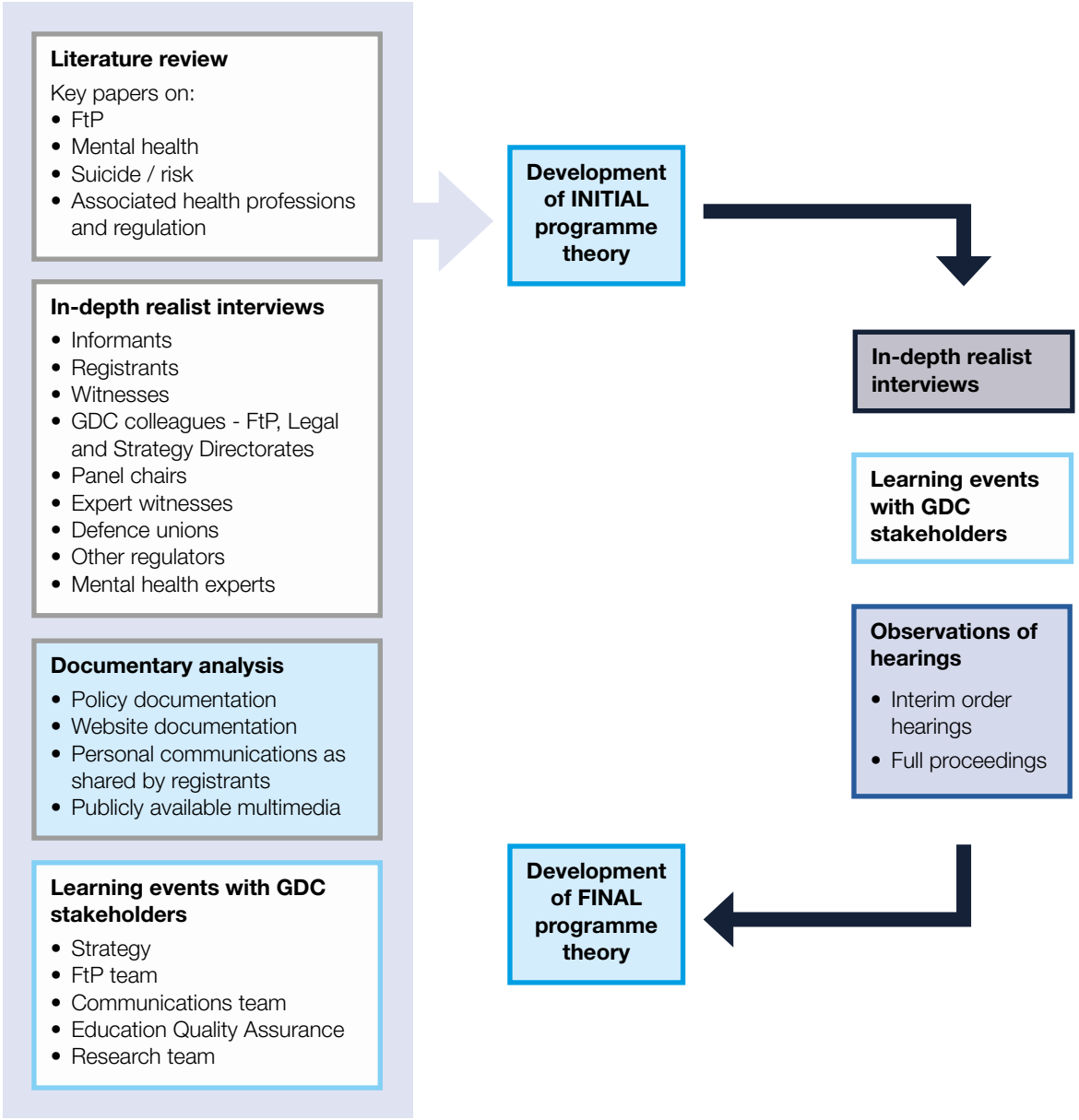
Table 1. Using a realist approach

Realist approach
• We have employed realist evaluation techniques to elicit participant experiences of their FtP process journey to identify key mechanisms. • We have ensured that a diverse range of individuals were interviewed relating to various FtP stages and demographic characteristics. • Realist techniques have ensured that we pay close attention to the mechanisms of action to track how individuals in different contexts may require and experience different support needs. • We worked with the GDC key stakeholders to produce a series of learning events in which participants gave feedback on and discussed ways to utilise our findings. • The purpose of a realist evaluation is to inform and develop a programme theory which seeks to unpick the various components of the experiences and understand how they may or may not lead to certain outcomes at different times. • The programme theory therefore will provide a rich source of evidence which can form the bedrock of ongoing scholarly and pragmatic inquiry to test and refute the programme theory. • Avenues of investigation for further data collection and guidance on types of data have been identified based on existing sources.

Table 2. Overview of research questions and associated methods

Research questions	Methods
1. What are the lived experiences of participants (informants, witnesses, registrants, GDC staff, experts) who have been through the FtP process in the last 5 years including their perceptions of support, processes and ways in which outcomes are reached?	Scoping literature review Interviews Observations Learning events
2. What strategies work to ensure that FtP processes are accessible and inclusive?	Scoping literature review Document analysis Interviews Written-diary entries Learning events
3. What do participant perspectives reveal about personal (including EDI), environmental and technical factors associated with FtP cases?	Interviews Observations Learning events
4. To what extent and in what ways do those involved in GDC FtP processes experience those processes (and their outcomes) as efficient, transparent, fair and proportionate?	Interviews Learning events
5. What can the first-hand experiences of those involved in GDC FtP processes tell the GDC about how the principles underpinning those processes are understood?	Interviews
6. Based on secondary sources, what can the GDC learn from best practices relating to FtP including those conducted by other regulators and the Professional Standards Authority activities?	Scoping literature review Document analysis Consultation
7. Based on the interviews of FtP process experiences, how can the GDC enhance their prevention and upstream activity, ensure accessibility and inclusivity, and address personal (including EDI), environmental and technical factors associated with FtP cases?	Interviews
8. What improvements can be made to enhance both the provision and access to support for participants throughout the FtP process?	Interviews
9. How can findings from this review be informed by and/or link to ongoing or connected research relating to the GDC?	Document analysis
10. How can the GDC best collect and analyse data from FtP participants to develop and sustain monitoring and evaluation of FtP and upstream and prevention work?	Learning events Document analysis

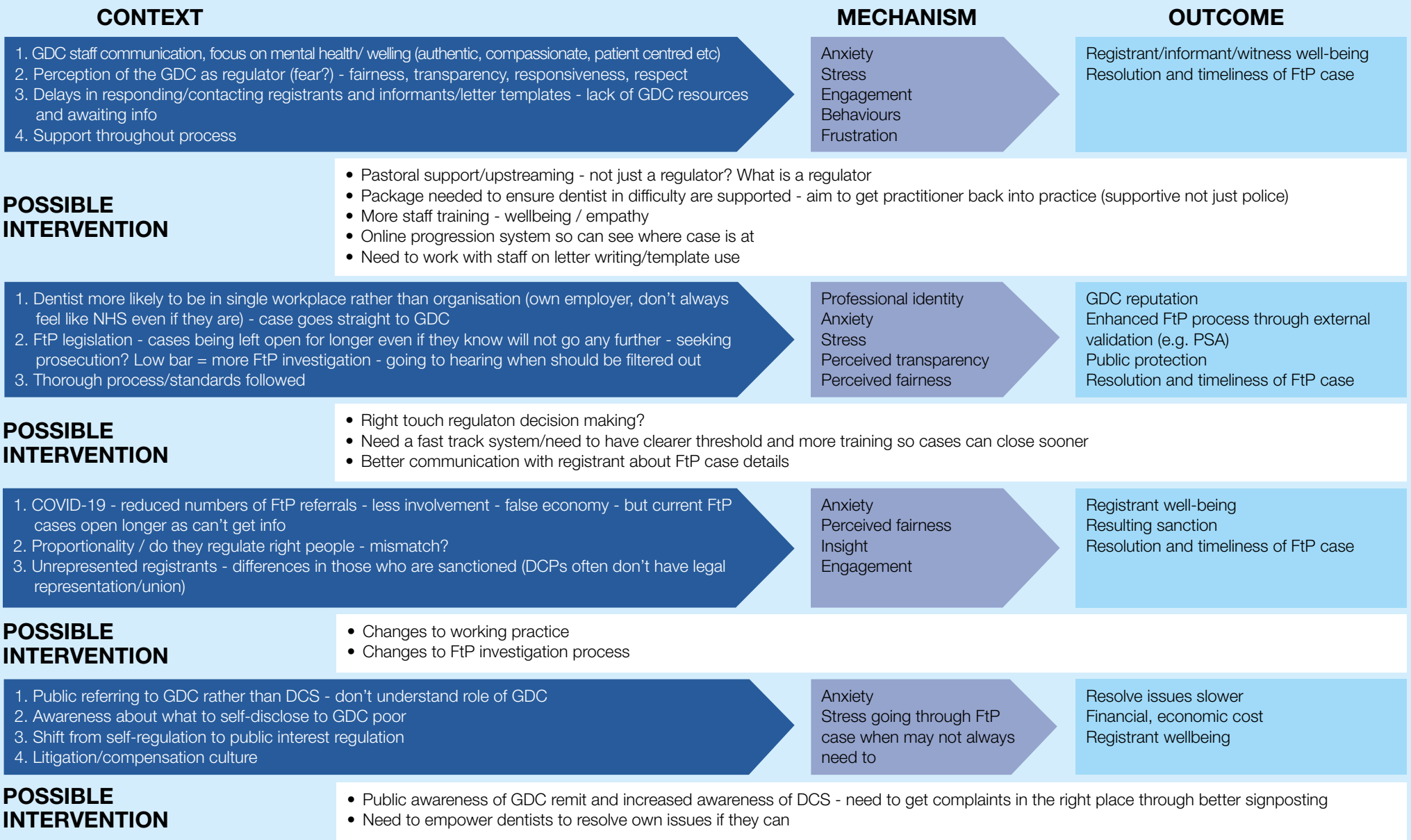
Figure 1 depicts a chronological summary of the methods utilised in order to develop the initial and final programme theory



2.3 Initial programme theory

Realist approaches begin by eliciting and formalising an overarching theory as to how the intervention may work and describing the initial CMOs (Kehoe., 2017). Put simply, the theory represents initial ideas about FtP experiences. Initial theory formulation was achieved through searching relevant literature, policy documents, and through discussions with stakeholders and dental professionals. The theory highlighted below (Figure 2) was the output of this scoping activity before any data had been collected. As an example of how the CMOs link, some proposed contextual issues include GDC communication, timeliness and support, particularly around mental health. These contextual factors were expected to lead to mechanisms such as registrant, informant and witness levels of anxiety, stress, engagement and other behaviours. This in turn was expected to impact upon wellbeing and FtP resolution and outcomes. The CMOs were also used to develop the interview schedule and guided data collection.

Figure 2. Initial programme theory



2.4 Methods

Observations

Members of the research team observed a limited number of hearings, which were all remote hearings. The observations formed part of the scoping phase of the project and fed into the developing programme theory throughout the project. Notes were made during the observations in order to develop avenues for exploration during the interviews. The observations helped the researchers to contextualise the study and gain a better understanding of the FtP process. Themes and issues were discussed with interview participants to gain further insight into how the Ftp may have impacted on participants.

Literature review

The aim of the review was to understand from the peer reviewed published literature what is known about the impact of FtP investigations on registrants and any lessons that can be implemented to enhance the processes. The review focused on the experiences of individuals who undergo FtP investigations. The findings from the review informed our developing programme theory to better understand factors contributing to experiences of the FtP process. The literature review informed research questions 1,2 and 6. Following best practice the review protocol was uploaded to a registration database prior to commencing the search.

An information scientist at the University of York was consulted on the strategy and search terms. The search process was based on the Preferred Reporting Items for Systematic Reviews and Meta-Analysis (PRISMA) guidelines. The searches were conducted in March 2021. For a detailed breakdown of the search process please refer to Appendix 3. Databases were chosen that would identify the broader health professions' regulation models as well as specific dentistry resources including Medline, Oral and Dentistry Sciences, Web of Science, CINAHL, AMED, and Scopus.

Documentary analysis

The document analysis explored current GDC FtP regulation pathways and procedures tailored for participants of the FtP process particularly pertaining to accessibility, engagement, signposting and providing reassurance. The documentary analysis informed questions 2,6,9 and 10 of the study. As recommended by Gross (2018), a systematic approach was employed to sample relevant documents. Exclusion and inclusion criteria based on the research questions (see Table 3 below) were drawn up for the review. Our aim was to explore current practices: therefore, documents were narrowed down to those dating back no further than five years.

A list of documents informed by the project advisory group, local research team and expert insight, was drawn up by the research team and can be seen in Appendix 5. Letters and other communication to registrants and informants were obtained from those who had offered to share these with the research team during interviews. The GDC website and that of other regulators (e.g. HCPC, GMC, NMC) and the PSA were examined in order to identify public facing and other relevant documents pertaining to and intended for those involved and/or undergoing the FtP process, namely: informants, witnesses, registrants and panel members/chairs. Websites of other regulators were also explored to identify documents as a basis for comparison.

Close attention was paid to those documents from across the life-cycle of a complaint, which were reviewed by the research team for consistency, transparency, openness and fairness. Additionally, the research team reviewed documents pertaining to ongoing internal processes such as guidance and policies pertaining to complaints and concerns, committee decision making, equality and diversity and mental health support. The types of standard documents reviewed included: letters, web pages, process feedback data and any complaints, proformas for case escalation, and guidance and policy documents all of which were available and accessible in the public domain.

The research team requested specific information on signposting for wellbeing and support as well as other documents not in the public domain.

Throughout the documentary analysis process, analysis meetings were arranged, during which the documents identified were sorted, thoroughly scrutinised, compared and contrasted and subsequently summarised. The team focused on elements that were both relevant and useful to the developing programme theory. The findings from this documentary analysis have fed directly into the programme theory. An infographic summarising the findings and suggestions for improvement from this documentary analysis is also provided in the synthesis of findings section below.

Table 3. Inclusion and exclusion criteria

Inclusion criteria	Exclusion criteria
Year: Published(dated) within the last 5 years	Published(dated) outside the last 5 years
Regulators: similar regulatory processes to GDC e.g. NMC, GMC	Non healthcare regulators, education providers and healthcare organisation FtP investigation processes
Types of documents: media (e.g. videos) letters, templates, proformas, outcome reports, sanctions and records, information sheets, posters, process diagrams, investigator training documents, guidance and policies, feedback data, complaints form	Academic and peer-reviewed literature e.g. journals, commentaries, reviews, insights
Any document covering the core principles of best practice: accessibility, clarity, proportionality, timeliness, fairness, independence, confidentiality, complaints processes	Documents that relate to other aspects of healthcare regulation other than FtP processes

Interviews

This final report synthesises the data collection from all participants interviewed, including interviews with registrants, informants, witnesses, stakeholders from defence unions, GDC staff and experts from other regulators.

When interviewing different samples of participants, different aspects of the programme theory were focused on. A specific topic guide was created for each group of participants (see Appendix 7). Each topic guide was developed using the initial programme theory to ensure that all research questions and objectives were explored. However, as new aspects of theory developed, questions were revised and new areas explored further in an iterative manner. Interviews followed a realist protocol, in that the interview guide was informed by the initial, and subsequently the developing, programme theory. Interviews took place either over the telephone or via Zoom and lasted between 25-60 minutes. Both written and verbal consent were obtained prior to recording. Participants were also asked to read an information sheet (see Appendix 6) and a disclosure protocol, and complete a screening survey (to obtain demographic data) prior to the interview. The interviews informed research questions 1, 2, 3, 4, 5, 7 and 8.

Learning events

Realist evaluation is an iterative approach, whereby steering groups and meetings are used to fact check as well as support theory development. The purpose of the learning events was to provide a sense check of findings from the literature review, interviews and documentary analysis to date, and aid further development of the programme theory. The learning events informed questions 1, 2, 3, 4 and 10 of the study. Four learning events were held, each aimed at differing key stakeholders from within the GDC: one had a focus on communication, one had a focus on FtP staff, one had a focus on policy, and one involved discussion and interaction with senior GDC staff. These events were very well received and there was a high degree of participant engagement. The responses were collated from padlets (a collaborative web-platform) and discussions. The findings have been very valuable and fed into the programme theory presented below. An example of vignettes used within the learning events are presented in Appendix 8.

2.5 Analysis

The purpose of realist evaluation is to explore the relationships between the contexts, mechanisms and outcomes, utilising and developing the ideas proposed in the initial programme theory. Analysis therefore focussed on exploring these factors as well as new ideas that were developed into the theory. A framework approach was deemed the most appropriate choice of analysis. This approach ensures that analysis is guided by initial theory and provides transparency as to how the CMOs were developed. Framework analysis involves five stages: 1) Familiarisation 2) Identifying a framework 3) Indexing 4) Charting and 5) Mapping and interpretation. (Srivastava and Thomson., 2009).

Interview data were professionally transcribed. Transcripts and learning event data were uploaded to NVivo for analysis. Documentary analysis was guided by the programme theory, but documents were coded separately rather than being uploaded to NVivo for simultaneous analysis with interview transcripts.

2.6 Ethical approval

Ethical approval for this study was granted by the Hull York Medical School Ethics Committee (Reference: 20 72).

3. Main research findings

3.1 Underpinning data to support the development of the programme theory

Data were collected using the methods described in order to answer the research questions, and to help refine and develop the overarching programme theory. A summary of key information about the data sources (e.g. participant characteristics, literature identified, documents analysed) is highlighted in this section. Relevant data which informed the development of the programme theory are also included. In the next section (3.2) the key results relating to the realist programme theory are presented including key CMOs. The data sources also underpin where findings are later referred to in the discussion, considerations table and implications section.

Interview Participant Characteristics

In total, 71 interviews were conducted and one written-diary entry completed. These included 17 registrants (including 13 dentists, 3 dental nurses and 1 dental hygienist), 14 informants, 2 witnesses, 2 expert witnesses, 5 panel chairs or staff, 6 from other regulators, 6 from defence unions, and 19 GDC staff who have various FtP roles and have differing levels of seniority. The interviews with registrants, informants and witnesses all related to cases which had reached a final decision at the time of the research. The total sample represented a relatively even spread across geographical regions and consisted of 37 males and 27 females, with the majority being White British. For a detailed breakdown please see table 4.

Table 4. Participant demographics

Participant type	Number	Geographical location	Number	Disability	
GDC Staff	19	West Midlands	11	Yes	6
Informant	14	Greater London	9	No	49
Panel staff/chair	5	East Midlands	6	Did not disclose	16
Defence Union	6	North West	5	**Marital Status**	
Expert Witness	2	South West	4	Single	8
Witness	2	South East	7	Married	34
Other Regulators	6	East of England	2	Divorced	8
Registrants:	17	Yorkshire & The Humber	3	Long-term Civil Partnership	10
-Dentist	13	Wales	1	Did not disclose	11
-Dental Nurse	3	Scotland	5	**Origin of qualification**	
-Dental Hygienist	1	Did not disclose	18	UK graduate	27
		Age range	29-74	International graduate	2
Total	71	**Ethnicity**		Did not disclose/ not applicable	42
Gender		White, White British, White Other	49		
Male	37	Black or Black British	3		
Female	27	Asian or Asian British	4		
Non-binary	0	Mixed or Multiple Ethnicities	4		
Did not disclose	7	Did not disclose	11		

Observations

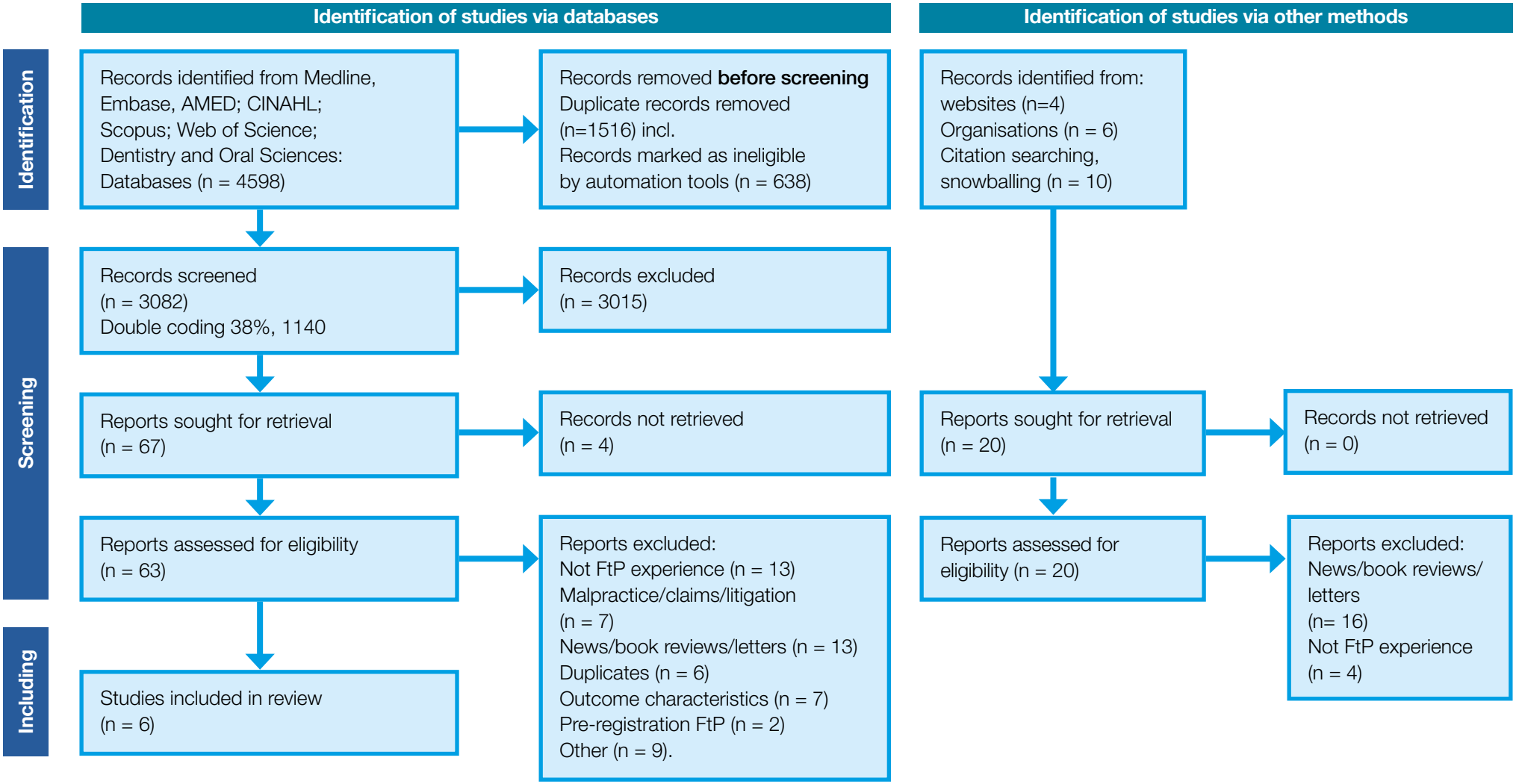
Four hearing panels were observed by researchers. Initial observations revealed process issues, such as the absence of paperwork and confusion over legal representation. This led to time delays and potentially more stress for all involved. The remote nature of the hearings raised questions over appropriate wellbeing support for registrants and technical issues, yet highlighted the benefits in terms of ease in attending. The virtual nature of the session also meant that at some points people talked over each other. This was most obvious when being cross examined by the defence barrister as the witnesses appeared at times, defensive and frustrated, and so would talk over the barrister. Cases worked well when the barrister was in the same room as the registrant, offering a degree of support. Chair panels were also observed to actively put both registrants and witnesses at ease, offering impartial support. On that note, active attention must be paid to the non-verbal communication of those involved in hearings, particularly registrants, informants, and witnesses as this may be indicative of wellbeing and is potentially less visible on online platforms. While virtual panels may feel less intimidating for some registrants, or be deemed more accessible, there is a risk to well-being when registrants are upset and isolated in a room alone. During COVID-19 restrictions, participants were observed breaking down whilst sitting alone, with only telephone contact with their legal advisor.

Literature study characteristics

The literature search initially identified 4598 records across the databases. Sixty-seven results were then retrieved as full text articles with data extracted from 57 of the articles. Fifty-one of these were excluded at full text review with the majority of reasons for exclusion focused on articles which did not contain data or were not directly related to the FtP experience.

From the 57 articles extracted (see Appendix 4), the most common profession represented within the literature was medicine (n=26), followed by nursing (n=8). There were eight articles which analysed regulation of multiple professions. There were two articles which looked at FtP processes in students (one focusing on nursing students and one on medical students). Three papers were identified which related to the dental profession. See Figure 3 below.

Figure 3. PRISMA flow diagram for the review process which included searches of databases and other source

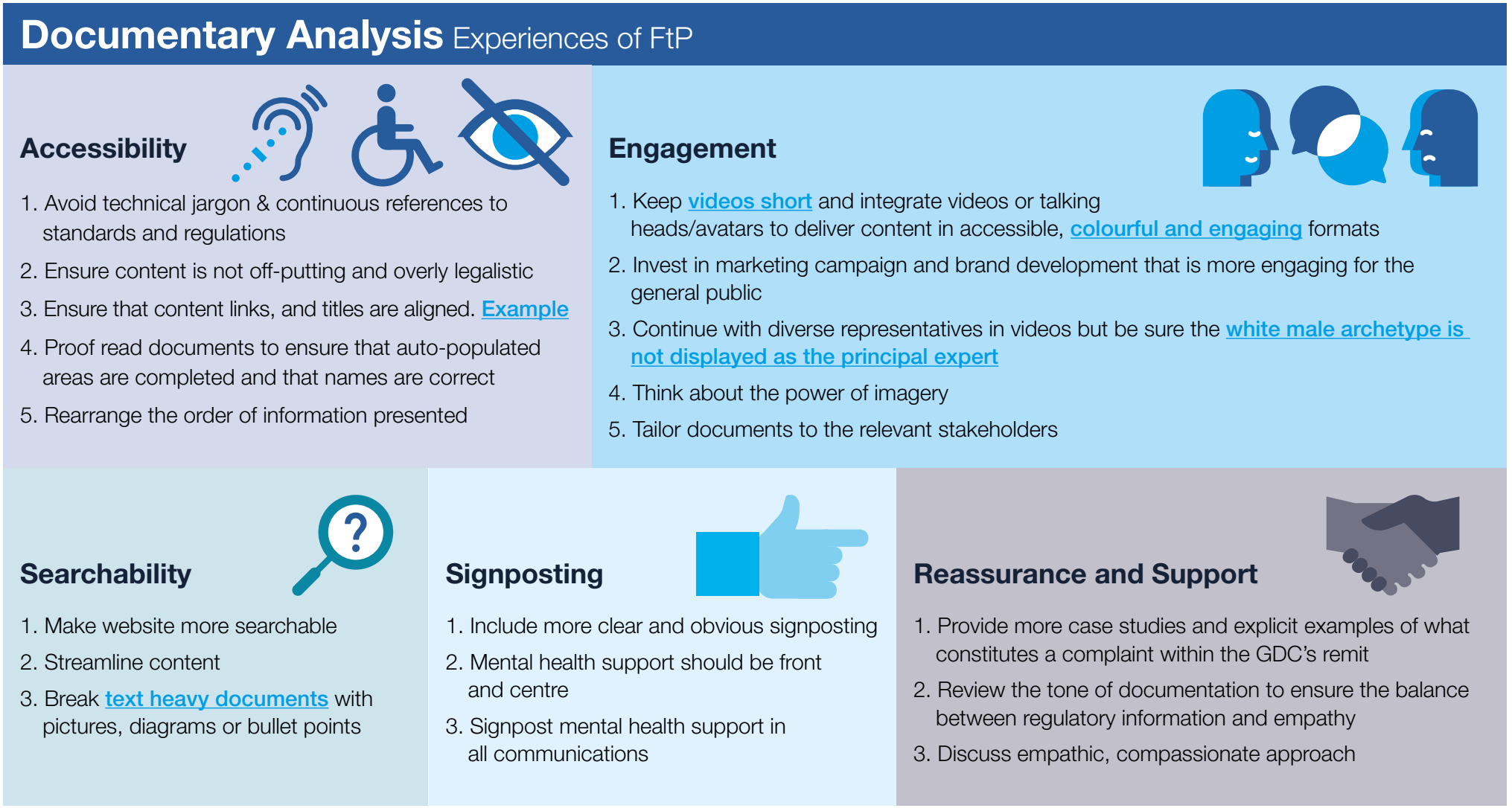


From: Page MJ, McKenzie JE, Bossuyt PM, Boutron I, Hoffmann TC, Mulrow CD, et al. The PRISMA 2020 statement: an updated guideline for reporting systematic reviews. BMJ 2021;372:n71. doi: 10.1136/bmj.n71. For more information visit www.prisma-statement.org

Documentary analysis

An infographic summarising the findings and implications for improvement is presented below (figure 4). The key findings from this documentary analysis, like those from the literature review, were fed into the final programme theory and are presented within the synthesis of the findings below. Documents included publicly available literature and interactive media, letters from the GDC to registrants, and policy documentation available on the GDC website.

Figure 4. Summary of documentary analysis findings



3.2 Developed programme theory: Exploration of key Context, Mechanisms and Outcomes

This section explores the key CMOs within the final programme theory in more detail. CMOs are specifically highlighted within the text to ensure transparency and understanding of how the programme theory has developed. Example quotes are provided for context, transparency, credibility and verification. To ensure readability and interpretation of this report, a succinct analysis and key examples are provided to highlight key aspects rather than to explore full CMO configurations. Full CMOs are evident in the tables provided. Actors have been highlighted within the theory to illustrate which group of participants are impacted by the context. Where participants have suggested interventions, these are highlighted as part of the realist method. A summary of suggested interventions is provided in more detail at the end of the report within a table of implications.

The programme theory was partially informed by the results of the literature review which revealed that there is a dearth of rigorous research regarding FtP experiences across healthcare professions. Six articles were included in the final review, including one from dentistry. The articles highlighted the severe and far-reaching impacts on those undergoing FtP investigations. The identified impacts included those with the potential to affect the individual's personal wellbeing (e.g., feelings of vulnerability or shame, stress, loss of trust, self-doubt, or affective disorders such as depression) and their professional wellbeing (e.g. change of career, increased surveillance and documentation, defensive practice, blame culture). Although many articles were excluded from the final review, these provided valuable background contextual information relating to right touch regulation principles in relation to risk approaches, proportionality, transparency and agility, and this is reported on below. The themes that have been identified from the literature review were used to support development of the initial CMOCs within the programme theory.

For example, from the literature there were implications for resilience, insight, and patient safety. Timeliness, engagement and representation were highlighted as playing an important role within the FtP process. Timeliness was seen as critical to the overall experience of people undergoing an FtP investigation, while engagement and representation were identified as factors in sanctions. Better upstream intervention, development and training, the development of a safety culture, as well as better data collection and recorded consent were discussed as possible ways to pre-empt professional difficulties. Additional training for managers, to enable them to better support registrants undergoing these processes, was also suggested. A summary of findings relating to the programme theory are presented in Appendix 9.

The developed programme theory and key CMOs below are presented at three levels: organisational, FtP process levels, and individual level (Figure 5a). We developed these levels based on understanding around the key parts of the FtP processes in our initial programme theory development. There is no hierarchy of the levels as they are all interrelated in how they affect how the FtP processes work in practice. Figure 5b presents a brief version of the programme theory diagrammatically. Figure 5c presents the experiences of stakeholders contextualised within the programme theory. The following CMOs in figure 5a are presented for each level

Figure 5a. Overview of CMOs by level – organisational, process and individual

Organisational level:

- **Culture** surrounding GDC and FtP
- Complex and rigid **legislation and strategies**
- GDC **resource** issues
- **Perceptions** of the GDC and FtP process
- Balancing **duty** of regulation with protecting registrants

FtP process level:

- Effective **operating procedures**
- FtP **committees** ensuring fair process
- Effective use of **online hearings**
- Support from **defence unions**
- **Complexity** of FtP process
- Problems with **communication**
- Lack of focus on **mental health and wellbeing** (disregarded or overlooked)
- Internal issues for **GDC staff**
- Inadequate processes for dealing with **malicious referrals**
- Role of **witnesses**
- **Equality and diversity** within the FtP process

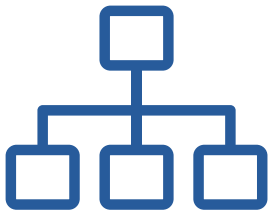
Individual level:

- **Individual circumstances**
- The burden and confusion of being a **dual registrant**
- The jeopardy of **registrants acting as an informant**
- Lack of support for **DCPs**

Figure 5b. Summary of key CMOs from programme theory

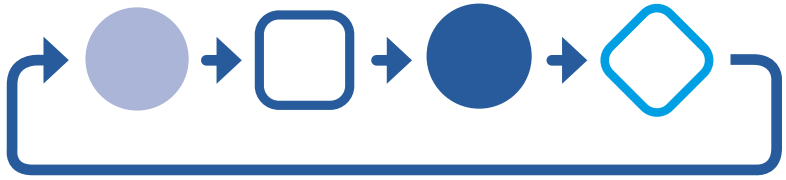
Context

Organisational



- Culture
- Legislation
- Resources
- Perceptions
- Duty of regulator

FtP Process



- Complexity of FtP
- Communication
- Mental health
- GDC staff
- Defence unions
- Malicious referrals
- DCPs
- Witnesses
- Hearings
- EDI
- Operating procedures
- Remediation
- Ft committees
- Online hearings

Individual

- Individual circumstances
- Dual registration
- Understanding GDC role
- Jeopardy as informant

Mechanisms

- Fear
- Anxiety
- Stress
- Uncertainty
- Legal process
- Dissatisfaction
- Avoidance
- Disengagement
- Lack of empathy
- Perceptions of fairness
- Proportionality
- Awareness

Outcomes

Exit profession

Staff shortage

Defensive dentistry

Malpractice continues

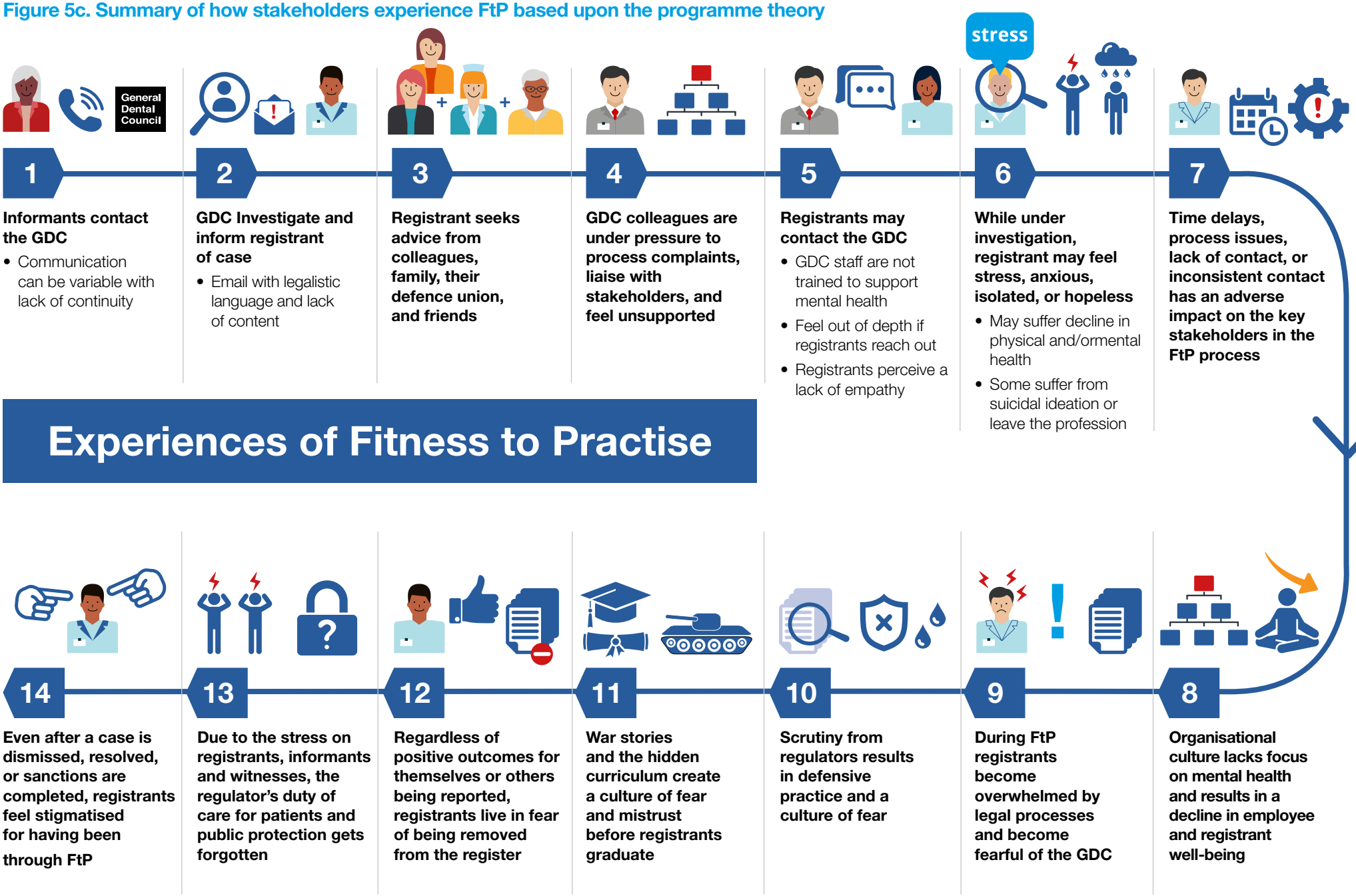
Negative relationship with regulator

Lack of timeliness

Decline in wellbeing

Decline in efficiency of process

Figure 5c. Summary of how stakeholders experience FtP based upon the programme theory



Organisational level

The organisational level aspects of the programme theory are presented in the tables below. These elements are currently embedded in GDC practice, such as culture and legislation. Below we unpick key CMOs relating to these wider factors, however, we recognise that the issues presented may be difficult to address in the short term.

	Context	Actor	Mechanism	Outcome
Culture	**Culture surrounding the GDC and FtP**			
1	Bureaucratic and adversarial culture	Registrants	Fear of regulator Disengagement with process/ avoidance	Leave practice, loss to profession Defensive dentistry Malpractice continues Avoid interacting with GDC Lose confidence in the GDC process Process becomes summative and there is no learning for the registrant
		GDC staff	Decline in efficiency and productivity Decline in empathy or display of empathic dissonance	Leave role (resulting in high turnover and staff shortage) Reaputational damage - GDC seen as uncaring
		All	Traumatic process Moral injury	Leave role (resulting in high turnover and staff shortage)
2	Blame culture	Registrants	Fear	Defensive dentistry People don't refer or whistleblow Malpractice continues Lack of confidence in process
		Witnesses and registrants	Fear of reputational harm Guilt by association Fear of repercussions and trepidation	

Participants discussed how the culture of the GDC was 'bureaucratic' and 'adversarial' with a perceived focus on litigation (C) (Alexander, 2018). For many registrants, the focus during the interview shifted from the FtP outcome towards their feelings of aggrievement about the process. This led to disengagement with the process and added to the fear of the GDC (M). Even where the outcome was favourable to the registrant, often having no sanction at all, they still felt strongly that the GDC had mishandled the whole process, a sign of the ongoing distress that the process had caused (O).

Defence union representatives further highlighted the need for a move to a less adversarial and more negotiated approach in terms of how cases are moved forward to hearings. Many highlighted the traumatic process for all involved (M)

> **"No doubt at all that that should be the case...there was a change years ago when case examiners, to dispose of a case they'd offer undertakings… I think it's a shame it's not used more actually, I think hearings are devastating for all people involved, you know, patients, registrants, everybody. They're extraordinarily expensive for the GDC, I mean I imagine, they're costing them a fortune, cheaper now everyone's at home but I'm sure it's costing them a fortune and it seems to me that if you can have a negotiated, you know, resolution then surely that's in everyone's interest...there are two routes through which they could negotiate the outcome. The first is for the Case Examiners to be more ready to offer undertakings, I think registrants would take undertakings rather than go to a hearing and the other option is that someone could say okay, we've now looked at the expert report, we now think x, y and z, we think this is probably a case where if you were to agree undertakings now we could dispose of it without a hearing...I think there should be more readiness to either consider that as an option or to implement it."**
> **(Interview 50, Defence union)**

A further point with regard to accepting undertakings is the perception that although it is often better for registrants to go to a full hearing resulting in no sanction, this has to be balanced against the length of time and stress involved. GDC staff also highlighted the need to move towards a more flexible and agile FtP process to support their own productivity and quality of work (M).

> **"I look forward to being in a world where we can be more flexible, more agile, you know, where we are much less constrained by prescription, by prescriptive rules and I think if we were, if or when we get to that sort of halcyon world then, you know, we'll be able to close things quicker and take a lot of the pain out."**
> **(Interview 1, GDC staff)**

This adversarial culture was also pointed out by informants and witnesses who stated that the resulting fear of repercussions (M) could lead to defensive practice for registrants (O). This was supported in the literature, with many having a 'fear of making another mistake' (Worsley, 2017).

> **"I think the whole, I think the whole style of it, you know, the adversarial style is ludicrous, you know, the potential penalties, I can see potential penalties for the dentists are so severe, there's a massive disincentive to them to sort of obviously cooperate in a sense with the process, you know, they're on the defence, rather than try to constructively engage and find out what's going and looking at systemic issues or, or practice issues for instance."**
> **(Interview 19, Informant)**

Of obvious relevance to dentistry, other regulators also discussed the perceived impact of this culture on patient safety (O).

> **"Public protection is not helped when I have seven thousand stressed professionals, ninety percent of whom have no reason to be stressed, that puts the risk to the public up not down."**
> **(Interview 70, NMC)**

Another important element within culture was the idea of blame (C) and how this led to increased fear (M). As the quotes below illustrate, this has impacted on potential whistleblowing and many sensed a feeling of injustice in the process. Some discussed how they would not refer to the GDC after seeing how the process plays out (O).

"I spoke to the GDC, because I was really actually quite interested in the fact that, as a whistleblower, well where does this go? We're creating a culture where there's fear, nobody's going to raise a concern, so really what you're doing is your Principle 8, even though it's all very nice, ethically and morally, well who's going to actually do it?" (Interview 45, Registrant)[1]

"I was contacted several times by the GDC…not very sympathetic and certainly not empathetic, it was certainly a case of can you just confirm that you said this, can you confirm you've done that? And if you are found to be dishonest obviously you may face repercussions in future…it was almost as if the side that you're supporting was already guilty, that's sort of how it's viewed, it's very different to what we're led to believe in society, you're innocent until proven guilty. My experience of the GDC referral system is you are guilty until you prove yourself innocent and I don't think that's very good. I don't think it sends the right message to other professionals who might be thinking of whistleblowing or reporting on something that they might have seen and they're not quite sure what to do with it. If they were to know the experience that I went through I don't think they would refer to the GDC because of it." (Interview 34, Registrant/Informant)

Fear of reputational harm and repercussions were also a factor (M), and was also supported by the literature (Alexander, 2018). As noted in the literature, although many 'survive' the process, few emerged 'unscathed' and as a result, some wanted to leave the profession (O) (Worsley, 2017; Alexander, 2018). Alexander (2018) further noted, "Professional relationships were "coloured by fear" and litigation had a negative effect on clinical practice and morale and fostered a culture of blame in the workplace." This was made worse where support was lacking.

	Context	Actor	Mechanism	Outcome
Legislation	**Complex and rigid legislation and strategies**	All	Stress and anxiety Timeliness Disengagement with process Dissatisfaction with process	Decline in wellbeing following traumatic process Perception of unreliable sanction outcomes Leaving the profession

[1] Principle 8: Patients expect: (1) That the dental team will act promptly to protect their safety if there are concerns about the health, performance or behaviour of a dental professional or the environment where treatment is provided, (2) That a dental professional will raise any concerns about the welfare of vulnerable patients

Many of the issues discussed within the 'culture' section are caused by the complexity of the legislation and strategies currently in place at the GDC (C) influenced partly by government mandates and guidelines from the Professional Standards Authority. The inflexible rules mean that the FtP assessment bar is perceived to be set too low and ultimately means the overall FtP process is slowed down. As already mentioned, this can have consequences for the registrant concerned, as well as informants, regarding their wellbeing (O), which is associated with the stress and anxiety (M) caused by the lengthy process.

> **"So the first issue is our initial test to get through to us is so low that pretty much everything that's referred gets through, so every, like it could be the smallest complaint but because the test threshold is so low they'll send it through to us and then it's just like that's wasting a bit of time because ultimately that could have been resolved in other ways." (Interview 8, GDC staff)**

> **"I found the whole thing very unsatisfactory and when it finally got investigated it took over a year, you know, ridiculous, expensive process and it ended up eventually I thought they'd got all the charges wrong and, you know, I didn't think they really understood the case..." (Interview 19, Informant)**

The perceived complexity of the FtP process has been highlighted by all participant groups, with so many streams in the process and steps involved (C). The use of different teams, with many teams working in silo, was also thought to add to registrant/informant stress and anxiety, and also lead to disengagement (M).

> **"...that's pretty much how it works, because the thing with that is as well I feel like everyone's like 'well that's not the part that I do so I don't have to worry about it'…that is what causes the issues because there's no ownership, so it's like well I don't care, I'll pass it on to the next person but then you've caused issues for the next person going down because we all rely on what the person before has done." (Interview 8, GDC staff)**

Participants from defence unions noted how in recent years, they have seen an increasing number of organisations taking an interest in GDC registrants' activities to ensure safe standards (C), including organisations alongside the GDC, such as the CQC and NHS, monitoring dental professionals' activities. This increased scrutiny and further level of complexity (C) has led to registrants feeling under increased pressure and led to disengagement (M), with some feeling that the degree of scrutiny is unacceptably high and thus leaving the profession (O).

	Context	Actor	Mechanism	Outcome
Resources	**GDC resource issues**	Staff	Low morale at work Productivity and quality of work impacted (timeliness and efficiency of getting through cases/mistakes made/responsiveness) Lack of empathy	Wellbeing is at stake Pressure and unmet targets
		Registrants and informants	Stress and anxiety from the process Frustration with delays and lack of response from staff Disengagement with the FtP process	Wellbeing is at stake Sanction outcomes affected

Limited resources within the GDC, particularly staff shortages and a focus on speedy outcomes (C) has impacted upon a number of factors, including stress, anxiety and frustration for both registrants and informants (M). Caseworkers themselves highlighted the impact this has had on their own morale and performance (M). Caseworkers in particular highlighted this concern which related to resources and noted the negative impact that it had on those they have to liaise with, ultimately leading to questionable sanction outcomes at times (O).

"I've been indirectly told that it's the number, the quantity, not the quality ...you start to think about what we're doing is, A, it's somebody's livelihood on the line. And B, it's somebody health, so if I'm, if I've even raised a concern about my health or my livelihood's on the line I'd expect a thorough investigation to be done, I'd expect it to be handled by a person who has the capabilities and the qualification to handle that, not somebody who's got thirty five cases which all need to go through the process, so it's not only doing an injustice to us but it's an injustice to the people that matter the most and the people that are paying that bill."
(Interview 9, GDC staff)

"Resources will help us improve how we speak to people...we're not good enough at doing it...we've had one of our lawyers working in the team for the past two months or so and I spoke to him yesterday and he said he couldn't believe how much work some of the caseworkers have, he said basically with the amount of work they've got, they can't really do their job properly, it's just impossible."
(Interview 66, GDC staff)

The lack of resources and limited experience of staff also meant that mistakes were made (M).

"...hang on a minute, you've sent me somebody else's case files...Well apparently, when I spoke to them, it's not an uncommon happening. Mine wasn't the first, they didn't even proffer a decent apology but I wasn't in a position where I could say hang on a minute, what about your fitness to practise? Because if I'd have done that the people at the NPS, they told me this happens, you know, it's not an uncommon, it's not common but it's not, it's not an unheard thing to happen. If they have such high standards, which I'm not questioning, why can they do that and think that it's okay just to say oh we're investigating it? Don't open it. Really. It wasn't a small case, I mean I didn't, it wasn't my place to read it but just looking at it. I mean my, my case was like two pages long, this. The lot, everything, it was the whole redacted, the whole unredacted if you get my drift. Well my concern was, okay, if you sent me, if you've sent me somebody else's, what assurances have I got that you've not sent mine to somebody else?"
(Interview 17, Registrant)

"I feel as though you're forced into trying to get it done as quickly as possible and because you're just thinking, moving it along, it can create a system whereby inadvertently things can be missed or things can be rushed over or things have been stuck because oh, you should have done this but in reality you didn't have the time to do it, so it's, yeah, it's just really the time of the organisation."
(Interview 9, GDC staff)

Large organisational change, such as moving office location, had a noticeable and significant impact on resources and performance quality (O). There was also a perception that this had been impacted by a reduction in registration fees for registrants.

"I can see the issue in quality and I do think that we've always been under-resourced because obviously they cut a lot of staff when we moved to Birmingham and there's just not that appreciation that it takes time to train people and then we've got people leaving and it's just kind of a vicious circle but I do think that that's had a major impact on the quality because what then happened, when the cases are lacking in quality, they end up being adjourned and so then it's just going round and then the caseworkers will have extra work to do and above the other caseworkers and it's building up so to have that time to really focus on quality and it's the same for caseworker managers making the decisions, I don't feel they've got enough time to really focus on checking everything."
(Interview 16, GDC Staff).

Other examples included documentation that included the wrong names and template letters being sent without the context of the case being detailed within the letter, so the information did not entirely make sense. These mistakes create more frustration and stress for the individuals (M).

> **"…if a registrant self-refers, so, you know, tells us about one of their own failings and then we close that case, the letter, you know, with no further action imposed, no sort of interventions upon them, the letter that we send to them says, we've closed your case, we won't be taking any further action, you can appeal this decision if you want and it's like. Why, why would that person enrol on to appeal that decision?" (Interview 1, GDC staff)**

	Context	Actor	Mechanism	Outcome
Perceptions	**Perceptions of the GDC and FtP process**			
1	Rigid/ingrained processes that can't be changed Tickbox exercise Hidden curriculum ('war stories')	Registrants	Disengagement in FtP process and feedback Lack of power Fear of GDC Misunderstanding about process	Perceived unfair process and sanction outcomes Relationships with GDC and the profession negatively affected Engaging in unprofessional behaviours
2	Guilty until proven innocent	Registrants	Feeling of helplessness Mistrust of GDC Stress increased	Defensive dentistry

Many participants viewed the GDC as being reactive and heavy-handed in their approach to regulation. There is a view that their processes are inflexible and rigid: the processes and outcomes are preordained and will happen regardless of what the participants do or say (C); the registrants are guilty until proven innocent for many. This has led to registrants, particularly, feeling helpless, powerless and disengaging from the process (M). It was found that this negative perception of the GDC (C) may lead registrants to engage in unprofessional behaviours, such as altering patient notes or presenting a misleading or incomplete picture of their practice or personal behaviours in order to avoid investigation and suspicion (O). A lot of this stems from fear and mistrust (M).

"…what people try to do when they are facing criticism, they try to mitigate it or I didn't do it, it wasn't me or whatever, in other words they try to deflect or try to get out of the crime, metaphorically, what you've been committed, which you've been accused of and so people lie, people will do stupid things, at a spur of the moment because they're frightened. One of them is to change the notes and this is where I'm coming to. I know of a case where a dentist was basically struck off, was a single case, about something which was basically, I think a denture, where, it was a friend of mine, many years ago this is, and he made the mistake of altering the notes and you will look at that and say oh that's terrible, that's fraudulent."
(Interview 49, Defence union)

Casey (2016) supports this, highlighting that although the presumption of innocence operates in FtP investigation just as it does in court, doctors undergoing FtP proceedings often feel that they are judged 'guilty until proven innocent'.

This feeling of helplessness and mistrust (M) is also likely to lead to defensive dentistry (O). Some of this negativity has also arisen from previous media campaigns and from the general opinion built up from undergraduate level and hearsay - we refer to these as 'war stories' (C).

"...the GDC has very, very bad press and are not trusted by the profession therefore most decisions they make are immediately not trusted, that's the perception through, social media etcetera, etcetera, so there's maybe a false impression that the GDC give."
(Interview 30, Registrant)

"He did indeed say something racist and [redacted], we heard about this and we stopped that hearing and we got him removed from the Panel full stop, so it wasn't a quick hearing, he stopped being a chair full stop but because he's a dentist, we also took him to fitness to practise and that got back to a substantive hearing…now that got reported, over the next couple of days, as GDC is a hot bed of racism or something along those lines, it's like, okay..."
(Interview 66, GDC staff)

Interviews with experts suggested that upstream preventative work to clarify how the standards work in practice may help alleviate these fears (C), improving engagement with the GDC by registrants (M) and decreasing the likelihood of registrants attempting to cover up perceived minor breaches (O). Interestingly, other regulators discussed this theme in great detail. Despite what regulators such as the GDC say, it is viewed that perceptions will not change.

"...how many times do I tell folk, less than one percent of people go through fitness to practise are struck, less than half of the register in any one year would be part of the process, so it is overwhelmingly not going to happen, ninety percent of things that come through fitness to practise have no sanction at the end of them. So, you know, you can say these things a hundred thousand million times but people still view it and, and perceive it as being the opposite. It's a big funnel, once you're sucked into it bad things will happen to you and, and there's no point me saying that's not true."
(Interview 70, NMC)

Despite the efforts the GDC have gone to in the past, or what message they have conveyed, the feeling is that this perception is too difficult to shift.

"The fear should have gone down by about fifty percent, bearing in mind that we've halved the number of complaints that we're getting by fifty percent since I've been around. You think okay you should be much more reassured that we've done a lot of work to make sure that as few of you need to be in fitness to practise…we get no credit for that whatsoever."
(Interview 66, GDC staff)

	Context	Actor	Mechanism	Outcome
Duty of regulator	**Balancing duty of regulation with protecting registrants**	Informants	Perceived lack of protection for patients Stress	Feel they are not safeguarded from future harm Wellbeing affected
		Registrants	Lack of understanding about GDC duty to protect patients whilst supporting remediation of registrants Dissatisfaction with the GDC Mistrust in GDC Perceived lack of protection for DCPs	Defensive dentistry Leave role (resulting in high turnover and staff shortage)

Further exploration of perceptions of the GDC suggested there was confusion surrounding what the duty of the GDC is. There is also a perceived lack of satisfaction with the experience and outcome of the FtP processes. The intended outcomes of the FtP process include safer dentistry, better quality dentistry, reassurance to the public and indeed, as found through the learning events, reassurance to dental professionals more generally, yet this was not reflected in the interviews with each participant group perceiving that they were not the party being protected by the GDC.

> **"[the GDC] do not protect patients from harm and when negligence occurs they do nothing to ensure patients are safeguarded from harm in the future...It's not fair that patients only get one chance to reopen a case particularly when the GDC are not forthcoming in acting on information...I have found the whole process with the GDC so stressful...I thought the whole point of the GDC was to protect patients but clearly that is not the case."**
> **(Interview 59, Informant).**

This lack of understanding about the importance of FtP in protecting the public, coupled with dissatisfaction with the process, has led to such negativity, that some registrants have decided to leave (O).

> **"Since I've been poorly and maybe like five years before a lot of my friends and dentists as well, they've left the profession, so we've lost good dentists, hygienists, therapists, just because the whole rigmarole, including the GDC, is just a bit of a nightmare and because there is not a lot of protection for us as individuals working, it's all patient based, so it's really sad for dentistry when you see good people, you know, giving up, it's heart-breaking, heart-breaking."**
> **(Interview 40, Registrant)**

Mistrust (M) and perceived lack of support (M) are again, crucial factors in this, alongside defensive dentistry (O).

> **"I think it was a few years ago they put an ad out in the newspaper and in the profession, that was a stinker because it's almost like that ad in the newspaper was like, it's an open thing to sort of say, you must have complaints against dentists, if you do come and tell us about it, it completely sort of put us off in terms of their approach to things… they've got a long way to go to earn that trust back now."**
> **(Interview 40, Registrant)**

Process level

At the FtP process level, we highlight key CMOs relating to FtP processes including components such as how processes are handled, a lack of focus on mental health and vulnerable cases, the input and influences of various stakeholders on the process experiences, staff training needs and the ways in which these factors impact on FtP outcomes and registrant wellbeing. There is a risk of registrants suffering severe mental health issues, including suicide, as a result of their experience of FtP. This could be triggered by a single event or result from the cumulative impact of a number of factors. This is also a particular concern for this group given the high stakes nature of FtP and public protection.

	Context	Actor	Mechanism	Outcome
Complexity of FtP Process	**Complexity of FtP process**			
1	Lack of transparency and detail about how decisions are made	Registrants and informants	Perceived unfairness/disproportionality and dissatisfaction with process Perceptions of GDC conspiracy against groups (laity, registrants, informants)	Mistrust of decisions
2	Long/protracted FtP process, not closing unfounded cases at beginning	Registrants and informants	Stress and anxiety throughout process Disengagement with the process	Overall painful lengthy process Leave profession Wellbeing affected
3	Lack of consistency throughout the process	Registrants and informants	Questionable expertise and efficiency	Differential outcomes
		GDC staff	No job satisfaction as not seeing cases through from start to finish	Poor morale amongst GDC staff

A mistrust of outcome decisions was highlighted (O) due to a lack of transparency in communication received (C), particularly for informants. Many mentioned a lack of detail in communication and inability for the GDC to illustrate how decisions were made (C). Registrants also reported that the GDC did not provide enough information about how decisions were being made at the time.

"It went on for a while and obviously asked for the full records and everything but it didn't go beyond that. I suppose because of lockdown, that didn't help, but it was seven months."
(Interview 27, Registrant).

"I think everything takes a long time, as we found with FtP in the Faculty, you know, just to get a case that comes from a complaint or an issue to get to a full blown hearing, something relatively small...it takes a long time, I think there's lots of delays in the system and that's got worse with COVID-19."
(Interview 30, Panel Staff/Chair)

As mentioned in the quotes above, the length of the cases (C) led to feelings of stress and anxiety (M) during the process. This was heightened during the COVID-19 pandemic. Particular attention was given to the GDC not closing unfounded cases at the beginning. Alexander (2021) supports this, discussing how the process consumed the lives of participants, who often took periods of leave associated with anxiety, insomnia or substance abuse. This impacted upon wellbeing and maintaining employment became harder over time (O).

The evidence further supports the findings from Worsley (2017), who noted "The legal costs, combined with the drawn-out process of the FTP procedure, can induce feelings of being beaten down over a lengthy period and we were informed that some of our participants did not engage or, more precisely, stopped engaging with the HCPC simply because they could no longer afford to." The negative effects on participants' health were exacerbated (O) by the length of time the proceedings took. The cumulative effect of the stress (M) the process created had a major impact—a factor that all participants felt required considerable fortitude; "Anybody, anybody weaker would have thrown themselves under a train" (Worsley 2017, p.2433). Those participants who were without work faced financial difficulties —a situation exacerbated for those without a working partner to support them during this time (Worsley, 2017).

A lack of continuity in the process was also highlighted (C). This was in part due to the fact that in some of the FtP streams, individuals are not given the same caseworker to work with, leading to a lack of consistency and support throughout the process. This seemed to negatively affect both GDC staff and the individuals they are working with. The expertise and continuity of the panel members and expert witnesses was also questioned (M).

"There was one dentist who seemed quite young who probably didn't know much and there was one DCP professional and I think a nurse, one legal advisor and then one chair. The legal advisor, during the course of the hearing, changed three times. The first guy was disabled and he only could work four days because he then became suddenly very ill...Then the first guy was from Scotland [he] said he didn't know English law so he excused himself on the first day, can you believe? This is after [X] years of frustration."
(Interview 40, Registrant)

"...so first of all the expert evidence, so the expert's report read to me like slapdash money for old rope, he'd misunderstood some of the issues and you had no opportunity to correct or ask him questions or say actually no, this is what I meant, what the expert says goes and actually in this particular case because I was informant against my own dentist it was the same expert in both cases and there was the same issue of not advising properly about sedation in both cases, pretty much an identical issue and his, his conclusion was completely diff, you know, just in, there was no consistency where there should have been and that's a pretty rare insight I guess to have seen an expert advising in two different cases with that same issues."
(Interview 61, Informant)

	Context	Actor	Mechanism	Outcome
Communication	**Poor communication**			
1	Communication is inadequate and lacking appropriate empathy/tone of voice	Registrants	Fear and distress after getting letter about FtP Anxiety about process Stress during process	Decline in wellbeing
2	Lack of adequate signposting/ clear information about FtP process	Registrants Informants Witnesses	Uncertainty and confusion about their individual FtP process Frustration with process Dissatisfaction with process Perceive process as 'lip service' Disengagement with process Lack of understanding and awareness of process even after reading documents	Dissatisfaction with sanction outcome GDC reputation negatively impacted
3	Perceived lack of person centredness	Registrants	Dehumanising Professional isolation	Decline in wellbeing
4	Focus does not seem to be on remediation and supporting registrants through the FtP process	Registrants	Perceived lack of empathy Disengagement with process Lack of understanding and insight	Decline in wellbeing

Poor communication was a major theme which was highlighted by participants (C). A clear theme emerged that the level of communication was inadequate throughout the process.

> **"Certainly not for me or the other two female witnesses, we didn't get anything, from either side. I mean anything when I had my own referral... so he [witness] was in contact with the witness support team at the GDC but from what I understood of it wasn't actually that helpful, I think it was more along the lines of we'll record that you've called and we'll record that you're now going through this at work or in your personal life but nothing really proactive come from him talking to the witness support team and certainly I wasn't given any information on a witness support team from the GDC, it was a case of if you were struggling mentally and emotionally you have to go to your GP and sort it out yourself."**
> **(Interview 34, witness).**

Not only was it limited in terms of the amount of contact, but also contained mistakes at times, some more serious than others.

> **"...another criticism in his report is because he was looking at incomplete information, so the information that had been sent to the caseworker wasn't completely passed on to the Clinical Advisor...So that was pretty sloppy on behalf of the GDC caseworker, if that had been done. You know, it's a serious thing...they've got a job to do they should do it...when the final outcome came it had somebody else's name on it, and the judgement came and it had some initials and treatment for a different tooth for a different patient."**
> **(Interview 36, Registrant)**

> **"This is this problem when using standardised correspondence, say just leave an old address on or a point that was relevant to another person. I've seen it happen on registration correspondence as well where, you know, a sample letter's been sent to me but it's been sent with all the personal data from the person that last received it in it, so I think there's some definite process issues as well as accuracy in, you know, attention to detail, particularly. Some of these cases are health related so there's, you know, there could be sensitive personal health information in that correspondence, particularly around people's mental health or, you know, personal health conditions as well as personal, private employment information etcetera and so I think there, you know, there are some process issues that we need to, to take account of there to make sure those things aren't happening or that there are checks in place to make sure that they don't."**
> **(Interview 67, GDC Staff)**

Communication was also perceived to lack empathy (C). The documentary analysis found that documents targeted to registrants, informants and witnesses offered little assurance or empathy and appeared to have been predominantly legalistic. The tone of voice within the first letter received by registrants seems to be a major barrier in terms of engagement and reassurance (M). This is supported by Worsley (2017) and Casey (2016), highlighting how many registrants felt that the tone was 'accusatory' with emphasis on legal terminology and a subsequent failure to reflect compassion.

> **"We've had a lot of complaints and concerns about that letter, in particularly its tone. We have done a little bit of work over recent years on some of the core standard correspondence but there is a programme of work scheduled in for next year to go through all that standard communication and review of the tone because we do understand that there are quite a lot of issues with that standard correspondence and having looked at it, quite a bit of it myself I can very much understand that. From my perspective the correspondence is very legal based, it's presented as a very much a legal process, a lot of jargon, legalese, quoting of legislation, it's difficult for people to understand, gives a lot of weight of seriousness to the, to the investigation before that is completely necessary. People have described it as getting the fear of God put into them, you know, receiving a letter with the GDC letterhead on the top. Having looked at a few of them myself, I mean yes, I can completely understand where people are coming from."**
> **(Interview 67, GDC staff)**

The lack of adequate signposting and clear information about the FtP process was a recurrent issue (C), particularly for informants and registrants. The documentary analysis corroborated these findings. Analysis of the webpages revealed the layout of the pages could be improved for clarity and ease of navigation. For example, the lack of signposting was evident on the support pages where there was no explicit link to mental health support and mental health issues were not clearly headlined. Furthermore, letters and other communications to registrants and patients did not provide clear signposting to mental health support.

The findings of the documentary analysis further highlighted that relevant guidance about the FtP process could be improved and could potentially reduce its complexity, particularly documents provided to stakeholders (e.g. patients, members of the public, registrants). Documents labelled 'easy read' that met required readability standards such as "how to report a concern about a dentist or dental worker", were still found to be quite text heavy, lengthy and dense; as a result these may be difficult to digest by a lay audience. Furthermore, the purpose of these types of documents were to provide guidance on reporting a concern, however, terms were sometimes complex and the document was not focussed. Informants particularly were unclear about the complaint processes and procedures (M) and this led to their dissatisfaction with the process (O).

> **"Well I complained to my dentist and I didn't really feel like they handled it and they said this is our complaints procedure, we've been through it we will now tell you to go to the GDC and another body... Dental Complaints Service, Stephenson House...well that's not clear from, I thought I had two separate complaints on the go...I didn't get satisfaction from either of them in the end."**
> **(Interview 22, Informant)**

A lack of person centredness (C) was noted by all participants, leading to a feeling of dehumanisation (M). This was also found by Casey (2016).

> **"...let's say several months at least from the first letter until you get to case examiners, you're not even being asked to provide your side of the story, you don't even have an opportunity to say I've got a clean sheet for thirty years. I think, you know, it's not surprising in those circumstances that people feel it's a bit personal and dehumanising."**
> **(Interview 65, GDC staff)**

This is enhanced by the fact that there is a lack of personal contact throughout the process. Some received minimal communication and felt that they did not receive support over this delayed period of communication (Casey, 2016). The importance of communication was recognised by GDC staff.

> **"So there's no excuse for people not to be phoning anymore and we will be checking that they are, if you phone someone it's got two things, one you're more likely to get information more quickly, it's that personal contact. Secondly, it does give people the opportunity to raise other things they're worried about, you can talk them through the process in an interactive way which you just can't do in email even, letters, no chance, you can have a conversation by email but it's quite stilted. Face to face or on the phone you can talk someone through if they've got a concern about a process, you can explain it to them."**
> **(Interview 66, GDC staff)**

As discussed at the learning event, many of the issues raised will be addressed by the 'Tone of Voice' work to review the way the GDC communicates with audiences. There are clear opportunities for learning through FtP investigations with regard to the ways in which better communication can help remediate registrants. Clear lines of communication will help to reach more positive outcome experiences even in cases where the FtP outcome remains unfavourable for the registrant.

> **"...to perceive having experienced this first hand with being stronger in practice and I think that's an untapped, or under tapped kind of consideration... our job is to get to the truth not to find a sanction or an outcome that, that implies impairment, our job is to get to the truth, it isn't that and beyond that it's not to get to the truth to punish, it's to get to the truth to make good decisions about the future."**
> **(Interview 70, NMC)**

	Context	Actor	Mechanism	Outcome
Mental health	**Lack of focus on mental health and wellbeing** (need to review self-referral process)	Registrants	Anxiety about process Stress during process Feelings of embarrassment/shame Feeling depressed	Decline in wellbeing Suicidal thoughts Sickness Leave profession Affect patient care Reluctance for registrants to self-refer / disclose substance abuse

Registrants described how the process resulted in feelings of anxiety, stress, embarrassment and depression (M) that affected both their wellbeing and their patient care (O). As discussed above, the length of the process (M) also led to more negative outcomes regarding registrant wellbeing (O). With regards to the prevention of suicide of a registrant undergoing FtP, Casey (2016) highlighted that in a report, it was stated that 'if the GMC had responded in a more timely fashion the death may have been prevented.' This sobering evidence highlights the need for timely and supportive FtP processes to be designed and undertaken.

"...the chap who called me yesterday, you know, he's a grown man, he's in his fifties and he is absolutely beside himself and he's had to stop seeing patients because he said his hands shake, he's so anxious because of the way that he's got this letter and the GDC."
(Interview 50, Defence union)

Suicidal thoughts were something that some registrants experienced (O) as a result of the pressure and negative feelings during the FtP investigation.

"I think the mental health side of it is huge, I had a really bad experience from the mental health side of it, my worst, I had something wrong in the surgery right in the midst of everything that was going on and I just, you know, had a panic, I had a panic attack because I was like this is another thing that's going to lead to GDC...It was awful, I basically went home that day and I was very, I was very, very close to, you know, committing suicide at that point."
(Interview 52, Registrant)

"There will be the odd individual who for them it would be so embarrassing, shaming, to even have a fitness to practise case you know, their personality type is such that it will put them into a place where they contemplate suicide."
(Interview 66, GDC staff)

This is also supported in the literature (Alexander, 2018; Worsley, 2017; Casey, 2016). Within one study, five of the eight respondents interviewed had attempted suicide or had suicidal thoughts (Worsley, 2017).

GDC staff discussed the impact on themselves when working with registrants whose mental health had been affected, including suicide. The lack of mental health training, appropriate support, physical disconnect with split sites and increasing workload (M) for staff compounded the situation.

"...if I've got somebody that's really, you know, really vulnerable right now, internally who do I turn to? Like one registrant, literally about a month or two ago...killed himself. None of us knew what to do, like who do we turn to?...the work we do could be so much better in just the right way."
(Interview 9, GDC staff)

"...if you [as employee] feel disconnected from the organisation then even if you changed those organisational values those people are still going to feel disconnected and they're not going to, they're just going to feel well now you want me to be a sort of mental health support worker and, you know, who taught me how to do that? And, you know, it's my fault if somebody dies and, so I think the, the organisational disconnect was a, was an important issue and it will take leadership at a higher level…"
(Interview 63, Expert)

The interviews indicate the importance of GDC staff having the skills to be able to identify and support people involved in the FtP process who are vulnerable. The evidence also suggests that this is currently lacking (C). Many suggested the need to include a specific counselling role as part of the FtP team at the GDC. The appointee might have specific mental health training. A lack of process for those who self-refer was also noted, with one individual discussing how their disclosure of a mental health issue led to further FtP investigation, ultimately leading to the loss of their career (O).

"...so I self-referred to the GDC and they investigated it, now their investigation, I don't know how they investigated it, They were shocking, it was awful and it, it added to an already difficult situation that rendered me unable to go back to work again and I've lost my career because of it."
(Interview 17, Registrant)

As noted previously, the FtP process and traumatic experience is what has often led to a negative impact on the registrant's mental wellbeing, rather than the outcome of FtP itself. Those from defence unions have been of the opinion that death by suicide of a registrant during or after investigation should be a 'never event', for which the GDC should be alert to, as they may be perceived as being, at least partially responsible for such tragic outcomes. Whilst the GDC are carrying out their statutory role there is the inherent risk for registrants that when undergoing FtP investigation they become at risk of reactive mental health issues which could potentially lead to self-harm and ultimately suicide (M). The GDC aims to protect the public, including its registrants, especially from what is or may be seen as avoidable harm. There should be an assumption that every registrant under investigation is vulnerable (C). This is a strong message that has come from the data. The importance of connection for well-being both personally and professionally is highlighted (Alexander, 2018; Worsley, 2017; Casey, 2016).

"They should not just focus on people with explicit mental illness, they need to change some things about that but it is also to recognise the vulnerability of the population as a whole that they're dealing with…a wholescale improvement that's needed, it's a whole organisational shift that is required"
(Interview 63, Expert)

	Context	Actor	Mechanism	Outcome
GDC staff	**Internal issues for GDC staff**			
1	Staff training needs	GDC staff	Lack of training Lack of empathy Perceived incompetence	Dissatisfaction with outcome Negative perception of GDC Potential loss of livelihood
2	Impact of pressure	GDC staff	High stress levels due to inability to work differently Frustration with process Choice between quality and quantity	Job satisfaction and morale low Retention Quality of care for each case affected Perceived impact on sanction outcome
3	Current role of caseworkers and differing expectations	Registrants Informants Witnesses	Lack of rapport with caseworkers Disengagement with process Stress developing during process	Wellbeing affected Loss of continuity

Whilst there is a clear need for staff to be better trained in addressing mental health issues and dealing with vulnerable individuals, it is also apparent that staff need to have the time and competence to effectively signpost and support all involved in the FtP process (C). GDC staff, particularly caseworkers, felt that they face a large amount of pressure and unrealistic expectations with regard to workload and reaching targets (C). This impacted upon the level of support received during the FtP process (M) and the time or attention caseworkers could give to ensuring quality was upheld in each case (O). GDC staff themselves highlighted the impact that their lack of time to give to each case had on the rapport and engagement with those they were communicating with (M). This ultimately impacts negatively for all involved. It also led to caseworkers' own frustration and stress (M), resulting in poor job satisfaction and low morale (O). It has become apparent that levels of pressure have escalated for caseworkers in particular due to the change in office location and resulting recruitment of new staff (C). More training is ultimately needed, however, not as a 'tick-box' exercise.

"Sometimes you feel like they just organise training quickly and just to tick the box and say well everyone's been trained, so we've done our bit, that's not how it works...there was training organised by the FtP change team, that Samaritans did...it was the kind of hard to deal with vulnerable people over the phone type of training, which was a good starting point but following up on the training we've also raised issues such as what is our processes and how do we support staff members dealing with these cases? I've taken a difficult phone call, what do we have in place to support them, what's the debrief? Like there has to be a process and there has to be a process of what do you do if you receive a call from a registrant who's highly vulnerable? …we don't have a process in place to support the staff."
(Interview 16, GDC Staff)

Defence union representatives discussed the need for caseworkers to have more empathy. They suggested that registrants could share their 'stories' with caseworkers, almost like a training session, to help them understand the impact of the process and make it more 'real' to them. It is important to note that whilst registrants and other stakeholders involved in FtP experiences may perceive GDC staff as lacking empathy, from the perspective of the GDC staff themselves, the problem sits more in the domain of lack of training and support.

"I think the caseworkers are just administrative people who are pushing paper around and I'm afraid I don't think they have got any empathy, I don't think they've got any recognition of how hard this is. I mean, a few years ago I think someone from our organisation went in and talked to the GDC about the impact that it does have on registrants and maybe that should be done again for people like their caseworkers and it, I know it's harder from home but they can have a Zoom, you know, they can invite someone to talk to them about how devastating is it and I, I looked after somebody years ago who, who was really, really distraught about the case and we went, I, as far as I remember we went to fitness to practise and then he was totally exonerated and I think he then, we put him in touch with the GDC and I think he went in and he talked to people about this is how bad it is and maybe they need to hear that a bit more from the registrant because all they ever hear from is the patient."
(Interview 50, Defence union)

The COVID-19 pandemic has had a variable impact on everyone involved in the FtP process. Whilst there had been reduced cases, this did not lead to a reduced workload for GDC staff, it in fact led to the opposite. It also added more stress in terms of less contact, less involvement, cases were open longer as it was harder to engage with individuals and obtain necessary documentation (M). It is important to note that whilst there has been a lot of negativity, GDC staff have shared their insight into the positive work that staff do within the FtP process. For example, there are staff members that have a great deal of experience and there are in-house dental advisors.

	Context	Actor	Mechanism	Outcome
Malicious referrals	**Poor processes for dealing with malicious referrals**			
1	Lack of timely resolution	Registrants	Anxiety and depression following process Lowered self-esteem following complaint Professional identity impacted upon	Wellbeing affected Perception of GDC affected following unnecessary investigation
2	Perceived witch-hunt	Registrants	Helplessness Fear of GDC Isolation Dissatisfaction and confusion with process	Questionable sanction outcome Bullied/harassed/unjust treatment/ victimisation Loss of career/income Affects clinical work and may lead to 'defensive dentistry'

Registrants discussed instances when they believed they had been maliciously referred to the GDC by disgruntled colleagues and/or patients (C). They felt that it was unfair and unjust for the GDC to conduct investigations on cases that were linked without adequate scrutiny.

"Now the backstory for this is quite interesting which is that the person who complained about me because I was working as a consultant at the dental hospital, many consultants had put in a complaint about this one individual, as a group, he was struck off for a period of time, I think it was a year and then he had to do some retraining and then he got back on to the list at that stage and this was his way of getting back because it turns out that most of us have had complaints against us by this individual."
(Interview 47, Registrant)

"...I got remarried, it had been planned for a while and we decided to go ahead with the wedding and just after I got remarried anonymously somebody reported me to the General Dental Council... [inferring it was ex-husband]"
(Interview 17, Registrant)

Furthermore, there were no obvious processes in place for identifying or dealing with these malicious, or otherwise vexatious, referrals and no apparent communication between different teams at the GDC (C). Mostly such cases had ended in no further action; however, they were reported to often be unnecessary, and protracted. It was suggested that the GDC needs to look at its processes for dealing with those colleagues who have made these allegations and think about how the GDC progresses these cases in general.

"...in terms of these malicious referrals, they're almost being weaponised against people and they're not being picked up on... there's no repercussions and the fact of it is when you do take into account the entire picture of this one particular case it is quite clear to see that it was all based on a bit of a tit for tat, 'oh I don't really like you anymore, I don't want to work in the same practice as you, I'm going to refer you to the GDC' and I think referrals like that, especially when the allegations aren't found proven and they're even things that are being said during the live hearing that suggest she had manipulated a lot of the information to push it through to a live hearing, I do feel that there should have definitely been repercussion, maybe to restore faith in the GDC."
(Interview 34, Registrant)

"I think back to public protection, public confidence…putting them under jeopardy inappropriately, putting them under conditions of practice or suspending them or what have you, that isn't public protection."
(Interview 70, NMC)

In some cases, poor registrant mental health and wellbeing were discussed (O), often stemming from anxiety and depression (M). It was further suggested that the GDC develops a system of expediently discarding cases that were filed with malicious intent.

Where participants had faced a malicious complaint against them, whilst feeling they had an impeccable track record, going through the long FtP process had substantial impacts on their self-esteem and professional identity (M), and ultimately their practice with patients (O). Registrants may also feel unable to take on more complex cases, an example of 'defensive dentistry' (O) as a result of this low self-esteem (M). One individual illustrated this, also discussing how they left practice (O) as a result of the investigation and had no desire to fight for their cause any longer (M).

"I'd got like every year five times above the amount that I had to do from courses, from reading, from journals, so I wasn't somebody who had qualified and hadn't done anything, I've ticked all the boxes and I took pride in my work but suddenly I just, I felt like a bit ashamed and disgraced, you know, and it gave you low self-esteem...in my eyes I just didn't deserve the level, I'm not saying I'm above it all, but I think in the first instance they should have just looked at my past record and maybe just said, you know actually, just bear it in mind and like move on. So this procedure just went on and on and on, I had to have some counselling because I was so unfit, if you like, to treat patients. I was working but I was nervous, I told you, I was anxious, paranoid that they were all going to complain, it just got you a bit like that and I'm not that sort of person...I got what's called a Published Warning which meant that for a year, if you'd have gone into the GDC register and put my number in, along that, with my registration it would have said Published Warning and when you clicked on it, a whole briefing came about this case. But if I wanted to contest, it was the easiest option just to get rid of them on my back...it would have taken another year, I'd have had to go to court and the whole thing would have just dragged on and on and on, and by this stage you're in no fit state to, to fight anymore, you just feel like victimised and worthless, so I just accepted it because it was the easiest thing. They treat you like absolute shit and, you know, hell hath no fury like a woman scorned, I thought I'm getting out, you can sod off, I've given you thirty-two years of my life. NHS dentists are really hard to come by."
(Interview 37, Registrant)

Within the broader context of referrals, the perception of a 'witch-hunt' was also noted by other regulators.

"... the system is geared to assume that until you know that there isn't a case you keep looking, I've used the phrase ratchet, so it's a ratchet process, you can go up easily, you can't get back down. What that would be seen as from our registrants is, it's inevitable, so once you're in the net it is inevitable that a bad thing will happen because it's geared to finding something out about you that merits a sanction. Why would they put all of that effort into finding there's nothing to find?... the notion that for us success means finding something bad about you, I absolutely understand how it feels...It's a big funnel, once you're sucked into it bad things will happen to you and, and there's no point me saying that's not true."
(Interview 70, NMC)

"I tell you what the rectification was and you pull me up for making a mistake in my subsequent treatment or I give you notes that it's meant to be about record keeping but you find that you also think that I didn't have appropriate infection control in reading my notes, so you don't simply determine whether what I've been accused of happened but you are very open to seeing anything else that you may determine as being not in accordance with standards."
(Interview 70, NMC)

	Context	Actor	Mechanism	Outcome
Witnesses	**Role of witnesses**			
1	Poor treatment of witnesses, including treatment from colleagues	Witness and expert witnesses	Dissatisfaction with process Dehumanising Disengagement with process	Wellbeing affected Perceived unfair sanction outcome
2	Recruitment of expert witnesses	Registrants and expert witnesses	Perceived unfair Confusion about the roles	Defensive dentistry
3	Questionable quality of expert witnesses and association with criminal justice system	Registrants	Mistrust Stressful Dissatisfaction with process Frustration	Perceived unfair sanction outcome Process viewed as less effective

Witnesses as a group highlighted the poor treatment that they received (C). These issues are summarised in Figure 6. Witnesses generally raised issues around their treatment in hearings and lack of support from the GDC. Ultimately, all witnesses will be challenged and their evidence questioned, however a lack of support led to the feeling of being dehumanised and of dissatisfaction (M).

"I think firstly because you're treated as a woman, because you're a witness, no-one is representing you, you're just a witness, you don't have any opportunity to properly instruct a solicitor, no-one is acting for you so you have no opportunity to say well wait, this is wrong and that's wrong and I'd like to introduce this person who could tell you that and I'd like to, you know, prove it to you, not the one statement and that's it. I didn't realise that at the time I could have had support, the GDC said nothing, oh maybe I heard something after the event, as far as we were concerned nothing… My experience of cross examination was basically they're just constantly telling me that I was lying and they, so they also had, they got hold of the whole complaint and including my complaint against my dentist and they pointed to like tiny inconsistencies in that to say well actually you're a complete liar aren't you?"
(Interview 61, Informant/Witness)

Expert witnesses tended to focus on ill-treatment from their own colleagues (C), often leading to disengagement and dissatisfaction with the role (M), which in turn could have a negative impact on the fairness of the proceedings (O).

> **"They are seen as moving over to the dark side...they got a huge amount of professional stick for being seen to make difficulties for their professional colleagues, that doesn't help if it prevents the people who are most capable of performing the role from performing the role and putting themselves forwards, so there's that issue in play." (Interview 60, NMC)**

Interestingly, the quality of the chosen expert witnesses was raised as an issue (C). This led to a great deal of frustration and dissatisfaction (M) when individuals felt that it led to unfair outcomes (O).

> **"I felt that he had misunderstood quite a lot of what I was saying… so the GDC decided not to prosecute…it was obvious to me that even taking my case at its very best they wouldn't prosecute but it was frustrating to know that he'd got so much wrong…he just said oh they've shown she was a nutter and I think that there was enough there that I could have put in an application to say that it was clearly wrong and get it changed but all that would have done is traumatise me because my dentist, I don't think, would have given a shit anyway but just so frustrating…" (Interview 61, Informant/Witness)**

The use of witnesses in general was questioned, particularly the feeling of association with the criminal justice system (C). This feeling is emphasised through the use of hearings, with legal arguments by legal representatives and registrants recommended to employ the services of 'defence' organisations.

> **"...we use criminal type language, we use people that come from the criminal justice system, we've got lots and lots of things, you know, subconscious, unconscious things that we pull into how we do what we do that allow ourselves and everyone to use those kind of analogies to try and work out what's happening here and if you fill in the blanks that way it leads you to a very, very dark and scary, and scary place." (Interview 70, NMC)**

Figure 6. Summary of concerns related to expert witnesses.

Expert Witnesses

Not engaged early enough in the process.

Viewed as a traitor or turncoat by peers for supporting the work of the regulator.

FIP wordload is not compatible with their routine clinical workload.

Perceived as presenting only gold standard, textbook evidence, devoid of context.

Perceived as not having the correct or most appropriate expertise for the cases they contribute to.

Feel unsupported and illinformed about the expections of an expert witness.

Perceived to be paid to present a tale that supports the GDC's motives.

	Context	Actor	Mechanism	Outcome
EDI	**Equality and diversity within the FtP process**			
1	BAME overrepresented in FtP referrals	Registrants	Perception that internationally trained graduates disproportionate in process	Perceived unfairness in sanction outcome
2	Perceived lack of diversity and representation (e.g. panel)	Registrant	Unintentional/unconscious bias	Stressful process Perceived unfairness in sanction outcom

Although there were very few specific negative EDI experiences highlighted, there was still a clear perception of overrepresentation of BAME referrals (C) that may lead to perceived unfairness in sanction outcomes (O).

> **"They [the informant] were citing allegations to terminate me, they used like stereotypical - I hate to say this because I feel very British and English, if you will, having been born in England, you know - [...] they used like stereotypical little innuendoes, little tones in their letter to say I'm gambling, I'm out of control, I'm violent. I went to a [social event X] one night, you know, or I could go [to social venue Y], you know, at the local [social venue Y] here, that's not 'gambling'. (Interview 45, Registrant)**

> **"I have no problem with my [British] identity, the issue is with, with unintentional racial bias… I do, I, I can't help but think that sometimes, if I was a white male, [the case] wouldn't have gone that far. I know it's horrible to say but, you know, it wouldn't have gone to live hearing [...] But I just do, I just do feel that it bugs me a bit because I know that stats for ethnic minorities going away to fitness to practise, it's a lot higher than white registrants, I think it's three to one. Now are we [...] are we just … more bad or more dishonest? I don't know but, you know, I was fighting my corner as best I could and it still went [to a full hearing]. I just feel that people who don't know me, or they look at my surname maybe just like oh, it feels like oh, which [identity, British or East Asian] is it? That like threshold, okay, let's, let's push [the case] down the line a bit more. I don't know, this is just me thinking about it because that got me quite depressed a little bit." (Interview 45, Registrant)**

> **"…I think there is a genuine perception amongst dentists that overseas qualified dentists are over-represented, and find their way too frequently to fitness to practise hearings." (Interview 39, Registrant)**

GDC staff themselves recognised the need to look at this within the system.

> **"We do refer a lot of cases ourselves internally, must be probably about a hundred a year and what are we doing about understanding that and about understanding what that break down looks like and is there a problem internally and again, I'm not saying it's an overt racist one but there may be an unconscious bias type issue internally there which we should probably address." (Interview 66, GDC staff)**

"I don't know if you saw the GMC case recently as well and they were taking forward an investigation of someone I think who was Bangladeshi background but there'd been a similar case of a, of a white practitioner which had been dismissed at assessment stage whereas his had been carried on, so he actually took them to tribunal because they hadn't dismissed the case, so that's where we're like well if our process is having that affect and that it is discriminating like that then we need to do something but if it's some members of the public who are discriminating into the process then there's something else we need to do about that."
(Interview 67, GDC Staff)

From our documentary analysis we highlighted a lack of diversity in materials produced for public facing aspects of FtP, which is to be reviewed.

Process level (enabling factors)

While the majority of CMOs describe negative experiences and suggest areas for improvement, there were also some CMOs of a positive nature at the process level. It is reassuring that despite dissatisfaction with the process, FtP outcomes are generally perceived to be fair, targeted and proportionate.

	Context	Actor	Mechanism	Outcome
Operating procedures	**Effective operating procedures** (including structure, leadership, evaluation and improvement, thorough decision making process)	Registrant	Perceived fair process Perceived transparent process Improved learning Confidence in process	Enhanced wellbeing Improved practice Patient safety Perceived to be targeted and proportionate outcomes

Many of the strategies that the GDC are currently seeking to implement to improve FtP (C), such as better incorporation of right touch regulation principles, regulatory decision-making and upstream regulation may help to resolve some of the issues discussed earlier. Upstream regulation, in the form of information, education and engagement is key to developing stakeholders' trust in the process (M). The thorough decision-making process that is in place (C), despite a long process, was noted as a positive by many, even registrants.

"You can't deny, they are thorough! If only they could do it, well, quicker."
(Interview 40, Registrant)

The process was ultimately perceived to be fair and transparent (M).

"I'm happy with how we get to those decisions... we always have a thorough discussion in terms of each of the allegations and consider it objectively and even if we all agree then, you know, I might just throw a spanner in the works and just raise something objectively just so we covered all the factors really so that the decision we then produce is reasoned and justified and I'm fairly confident that we do, especially at the GDC, I think we produce strong determinations with justified reasoning."
(Interview 5, GDC staff)

GDC staff themselves noted how the process is efficient in achieving its intended outcomes (C), and that it does it well, despite the known negatives discussed earlier in the report. It is interesting to note that the lengthy manner of FtP can actually be seen as a positive in terms of remediation (M).

"...you can do the best job in the world but if a patient thinks you haven't they can come to us, that's how the scheme works, so you've then got to trust us to do our job properly and if you look at the stats we do our job properly... look at the outcomes of this stuff and yes, it takes us too long and yes, many of the cases that go to hearing should never go anywhere near a hearing or they shouldn't go to case examiners, they should be closed earlier and if I could I would make decisions that would achieve that but I can't because we've got legislation but you look at the outcomes when we do make a final outcome...for the vast majority they're pretty much bang on.... professionally we're not disproportionate in outcome but our process is just, it's very disproportionate to get there… the one thing I challenge the profession on though… would you be happy with it less robust and I bet they'd say no, be well we're going to stick with the process you've got there, you know. I wouldn't advocate decision makers like me making decisions almost immediately on cases…, that's, that's risky, that's not, leave it. I know loads of people who could do that but it would change the process… the process allows them to defend themselves against what they might see as arbitrary decisions but because of that it has consequences, makes it much more laborious, makes, you know, that it ends up in tribunals and things like, because they've got the right to defend themselves, so be careful what you wish for."
(Interview 66, GDC staff)

"The quicker you go, the less people have a chance to remediate and show insight and all that sort of stuff, you don't want to go too quickly...we need to be quicker but I'm not sure we need to be quick, I'm not sure that's in anyone's interest."
Interview 66, GDC staff)

One expert discussed how they felt that the screening process is also improving.

"...it seems to me that at the moment it feels about right. Historically I think too much was going forward to case examiners but I think that the GDC has a more robust trials system now and that more, more cases are appropriately being screened out."
(Interview 50, GDC staff)

A focus on evaluation and improvement was noted. This was also evident through learning events, with discussions highlighting a keen desire to learn from research and focus on improvement, currently including work in areas such as: improving support for witnesses, reviewing FtP communications including the triage tool; reviewing tone of voice in FtP communications, with workshops underway; looking at developing work to target support for DCPs.

	Context	Actor	Mechanism	Outcome
FtP committees	**FtP committees ensure fair process** (staff supported and independent to GDC)	Registrant	Perceived fairness Engagement with process Trust in GDC	Perceived appropriate sanction outcomes Patient safety hearings

A positive aspect that was raised by participants was the fact that the panel members are entirely independent of the GDC (C), ensuring fair decisions are made (M).

> **"The positive for me is that the Fitness to Practise Committee, I was quite surprised, quite how independent we are of the GDC, it's not like we work for the GDC we want the GDC to win, we are completely independent and that surprised me as a registrant when I first started, quite how independent the Panel...they're quite at pains to make sure they know that and think for my role I think once it gets to a hearing...very robustly, most decisions are fair."**
> **(Interview 4, GDC staff)**

Panel members further discussed how the GDC were very supportive of their needs throughout the process.

	Context	Actor	Mechanism	Outcome
Online hearings	**Effective use of online hearings**			
1	Improved accessibility through online hearings	Registrants	Engagement with process Less stress during process	Perceived appropriate sanction
2	DCPs more likely to attend as more attractive option	Registrants	Engagement with process Perceived fairness	Perceived appropriate sanction

Interview data demonstrated that while there is an ongoing debate about the limitations of online hearings and the perception of, or fear of, more punitive outcomes when registrants cannot attend panel hearings in person, participants reported improved accessibility from online hearings (O). This was particularly important during the COVID-19 pandemic. DCPs also stood out as a group that were more likely to attend FtP hearings online, appearing to be a more attractive option leading to increased engagement of this group (M).

"I think that the remote aspect of fitness to practise now because we're doing a lot of things on Microsoft Teams, that works better than I thought, I thought we'd struggle but it's actually meant some of the registrants that aren't represented, nurses usually and perhaps technicians, they haven't got the indemnity that covers them for fitness to practise cases, they tend to attend because it's remote, they don't have to go to London."
(Interview 4, GDC staff)

"Unrepresented registrants are far more engaged through the virtual process because it lowers the barriers to participation and it provides them in a more supportive environment with which to participate and that's been quite key to our decision to retain the power to conduct hearings virtually, and so that's definitely one positive and I'd say that's one area where we have improved."
(Interview 60, NMC)

	Context	Actor	Mechanism	Outcome
Defence Unions	**Support from defence unions**	Registrants	Reduced fear about process Reduced uncertainty and confusion about process Less stress during process Insight	Enhance wellbeing Likely to receive more favourable sanction outcomes

Registrants who are members of defence organisations typically receive support from these organisations when they become subject to GDC investigation.

> **"In terms of my defence organisation, I felt absolutely supported." (Interview 39, Registrant)**

This support typically comprises wellbeing packages, a dedicated advisor, access to legal advice and access to counselling services (C), all of which can ameliorate some of the fear, distress, uncertainty and confusion (M) caused by being subject to a GDC investigation.

> **"Well the very first thing they did was offer counselling. So they realised the stressful situation. I mean it's a reversal of role isn't it? Because they're helping you whereas the GDC are not there to help you. I think there's definitely a feeling in the profession of them and us isn't there? Don't know how many wet fingered dentists there are on the GDC but not an awful lot I don't think who understand." (Interview 27, Registrant)**

These important support mechanisms do not 'fire' in the context of registrants who are not indemnified by a defence organisation – these unprotected registrants may include dentists, but particularly DCPs such as dental hygienists and dental nurses (discussed in more detail at the individual level). Various factors related to the risk of the case may also lead to defence unions refusing to support existing members.

Many also discussed how defence unions allowed registrants to gain insight into what was expected of them prior to a hearing (M) and they could then prepare appropriately.

> **"...my indemnity provider helped me through that and told me which courses to do and updating my CPD etcetera to prove that if there were any lessons to learn that I'd learnt them…it was quite a bit of work." (Interview 27, Registrant)**

Many highlighted the positive impact that this had on the outcome (O). This is supported by Worsley (2017) stating "Previous research into professional regulatory hearings have noted the benefits of legal representation in achieving a favourable outcome/less severe sanction for registrants facing misconduct/ FTP concerns."

Some cases did not progress to hearing stage and the registrant attributed this to the support from the defence union. Registrants also discussed how they faced less stress (M) because they did not have to directly communicate with the GDC, instead the defence union did this for them (communicating with the GDC being something which has been described as stressful in itself).

Individual level

The individual level includes CMOs which document the specifics of circumstances and how these may have impacted individuals. A substantial lack of support for certain groups is identified, notably DCPs. This level has a key focus on wellbeing throughout the process including the extent of support offered, the implications for outcome and the potential lasting impacts.

	Context	Actor	Mechanism	Outcome
Individual circumstance	**Individual circumstances not taken into consideration**	Registrants	Professional identity questioned Perceived lack of fairness and transparency Perception that FtP is handled as 'one size fits all' by GDC Lower self-esteem from being reported Humiliation and embarrassment felt from being reported Disengagement in process Lack of awareness of seriousness of FtP Fear of GDC	Wellbeing and mental health affected (including ideation of suicide) Affects practice with patients Leave profession rather than face process Impact on sanction due to lack of engagement

Participants discussed how the nature and severity of each case did not seem to be taken into consideration. It seemed that the 'one size fits all' rule was applied, regardless of background or individual differences. Mental health issues, illnesses and general needs were often ignored (C) as discussed at the process level.

> **"It's very difficult because I just wish the GDC would have more guidelines for dealing with people, they must have people who've had strokes and brain injuries and medical conditions all the time and I just would like them to be more understanding because I had to have my partner speak to them a lot of the times because I couldn't read emails, couldn't read letters, and multiple occasions I said to them the GDC, can they please send any paperwork to this such and such an address? Because it was, my practice address at the time, used to, use our practice addresses for the GDC memberships and stuff because it was safest, it's all online but I said can you please send it to where I'm staying because otherwise don't get the, I don't get the paperwork so I used to get really aggravated because I hadn't got the paperwork and I said well, you know, the paperwork is a hundred miles away, so, you know, I can't, you know, unless you, unless, you have to send all the paperwork to this address because, you know, I'm not seeing what's happening and because of, I was trying to get better and, you know, they wanted everything done, done and dusted like, you know, within seven days they would always give you time limit to do things and, you know, I couldn't always stick to time limits because I wasn't working that way anymore."**
> **(Interview 43, Registrant).**

It is apparent from the data that individuals react differently to the process, depending on their personality and resilience (C). Where individuals felt the FtP process was unnecessary and they had no previous track record of FtP, many discussed how it impacted upon their professional identity (M), led to confusion (M) and ultimately impacted upon their wellbeing and practice (O).

"I just think these things could have maybe been a bit nipped in the bud without me having to go through with the whole procedure. We'd had two CQC visits in the time, you know, while I've been there and they both were absolutely fine, glowing ref, you know, and they were readily available to read online...I'd got like every year five times above the amount that I had to do from courses, from reading, from journals, so I wasn't somebody who had qualified and hadn't done anything, I've ticked all the boxes and I took pride in my work but suddenly I just, I felt like a bit ashamed and disgraced, you know, and it gave you low self-esteem, I was totally disillusioned with the whole thing, so I just got really annoyed with them...I wouldn't and they could say well if she'd looked after his gums twenty five years ago but they should have looked at, all I'm saying is I'm not fool, nobody is like without mistake or whatever but to, they should have looked at the bigger picture I feel. Ask the Local Area Team, yes they did but then they still went through the procedure. You know, my CPD record, my CQC two visits, the Local Area Team, what I've done in my spare time for dentistry, the, it, I was just a number."
(Interview 37, Registrant)

Both registrants and regulators commented on how such a process can lead to embarrassment and humiliation for some individuals (M), and in some cases trigger poor mental health (O).

"...the way in which people reach suicidal crisis is very variable but there are certain common elements and they are often about humiliation and about feeling trapped and about feeling unjustly treated…"
(Interview 63, Expert)

An FtP case is significant enough of a trauma in its own right (C) to trigger reactive severe mental health episodes and even suicidal thoughts (O). Experts purported this to be down to the high performance traits of the health professionals, and assumptions that the respondent had let people down (M). It is important to note that during FtP, anyone is vulnerable to mental health issues (O).

"...I assume, like most health professionals, dentists are high achieving perfectionist self-critical people so they have a person[ality], a certain style which probably means they do the job well and, but it also means that when it starts to collapse around them it's particularly damaging, not just to them in their professional role but something much more profound about who they are as a person and, and for that reason the, the problem of, the problem of mental illness is one part of this issue but the problem of suicide prevention is to recognise the vulnerability of anybody who is going through the FTP…"
(Interview 63, Expert)

"...the people you should be worried about are the people that are not telling you how they're feeling and, because, you know, they are, chances are they are also feeling that way or that, although it will happen, they will be hit by this quite abrupt, so people are sometimes, you know, kind of struggling through a crisis and then suddenly it just feels like they, they can't keep it going and, you know, they, it's extraordinary how quickly people can reach a point of despair when they're in a, a crisis, as I say people feel there's no way out, a sense of being trapped, that sense of humiliation really matters because we're talking about high achieving people who society respects and then suddenly they find themselves on the wrong end of a lot of hostility and a sort of assumption that they're letting everybody down including the profession and so the sense of humiliation can be quite profound for people."
(Interview 63, Expert)

Other factors at the individual level that arose included an inability to pay for legal costs and financial incentives/loss either leading to or as a result of the FtP process (C). Even factors such as whether registrants worked in a private practice or organisation impacted on the FtP process, for example the level of support and financial incentives were variable (C). When individual factors were not discussed or taken into account during the FtP process, many discussed a perceived lack of fairness, and the importance of transparency (M).

"My perception was that most people, yeah, they held it in a certain amount of fear. I used to read the court reports at the back of the magazine and for a relatively small offence you could find your name listed in the court reports of the GDC for anyone to read but then there were also people there with very large offences and they should have rightly been there, so I was a little bit, I guess that made me wonder a little... if it's detrimental to people's health then it does have to be made known so that people don't then visit that particular clinician unknowing of what they've done in the past. So I think yes, the GDC is maybe quite scary to a lot of people but I'm very much of the opinion that if you don't do anything wrong there's no reason why they should be particularly interested in you but that's just my opinion." **(Interview 25, Informant)**

Brindley (2016) noted that some of the registrants that have been taken to FtP may have never experienced any formal education in relation to their reflective skill development, with a likely impact on engagement and remediation during FtP.

	Context	Actor	Mechanism	Outcome
Dual registration	**The burden and confusion of being a dual registrant**	Registrants	Tension Impact on timeliness Perceived lack of fairness, understanding and transparency Increased stress Mistrust Confusion with process Dissatisfaction with process	Impact on wellbeing Sanction outcomes may not match up

Dual registrants are a group that have been highlighted as facing extra complexity within their FtP process, which if not managed correctly, could result in differing sanctions (O). The issues result from registrants undergoing two independent FtP processes simultaneously, with regulators using different legislation, running on different timescales, and being unable to share evidence. As a result, different outcomes often ensue (O) which can be perceived as unfair by the registrant (M), and can be worrying and dissatisfying for the public who may lack the context of the different remits of each regulator and their relative processes (M).

> **"The most common with dual registration are maxillofacial surgeons, certainly a couple of cases that I'm aware of, which I think the biggest challenges were around delays and agreeing who goes first and then sharing of evidence, so in a sense the registrant has to face two different hearings with potentially two different outcomes in the case depending on how you do it and part of this, which you may already have picked up, is our legislation, legislative frameworks and the rules under which we operate, have similarities but are not the same, so they are different and so they can lead to different outcomes and I think from a public perspective that can be confusing because if the GDC for example is saying that a dentist is not fit to practise but they can carry on doing the medical bit because the GMC says they are, you, as a lay person, will think well how can that be? And so that's one of the challenges, the perception of the public, which is caused primarily by our different frameworks in terms of how we do it. The other challenge around that is we, we don't have commonality of standards and guidance that we issue, so the dual registrant will be expected to follow GDC guidance around their behaviour, conduct, performance and GMC guidance surrounding their behaviour, performance, conduct and the two are not necessarily the same and neither are the thresholds for what happens when you breach said guidance and I think this is where, where, you know, it, it would be helpful if we had something more coordinated for dual registrants… I think we struck off a doctor from our perspective for what they'd done and I think the GDC suspended them, so they were still able to practise as a dentist but not as a maxillofacial surgeon because they needed both to do that."**
> **(Interview 59, GMC)**

	Context	Actor	Mechanism	Outcome
Jeopardy as informant	**The jeopardy of being registrants acting as informants** (may be investigated as a result of FtP case)	Informant	Psychological and mental burden Perceived lack of fairness and transparency Helplessness Dissatisfaction with process Fear of GDC	Perceived victimisation Unnecessary investigation Ignore malpractice of colleagues Malicious referrals

Registrants discussed their experiences of having to act as an informant (C), particularly as it pertained to the GDC protecting them from colleagues whom they had raised concerns against. They detailed experiences of victimisation from these colleagues and mentioned that the GDC offered no protection to them, rather they also easily became subject to unfair and unnecessary investigations (O). Reporting a colleague is a double-edged sword - registrants report the need to balance their ethical duty to report malpractice with the risk that they could also then become the subject of an investigation either due to the event they report or a malicious referral as retaliation (O). They further mentioned that there does not appear to be any processes in place to deal with business disputes (C). This experience often left them feeling professionally isolated and helpless, and had huge psychological ramifications (M). Apart from the general dissatisfaction with the GDC resulting from this, a further implication is the resulting fear of the GDC that could lead to malpractices being ignored (M).

"so in safeguarding issues if it's a child age, under one, you know, the Social Services and Police get involved, you've done your job, it goes over but with dentistry and raising concern with the GDC, it's not, you're, you become part of the investigation, you're the one who has to provide all the information, you're the one who becomes, I felt, the centre of, I suppose, if they don't take it well which they didn't, you're the target, you become the target, you get victimised, harassed, treated, well I was harassed and victimised"
(Interview 45, Registrant)

"...as a whistleblower, well where does this go? we're creating a culture where there's fear, nobody's going to raise a concern, so really what you're, what you're doing is your Principle 8, even though it's all very nice, ethically and morally, well who's going to actually do it? You know, if you've got kids at nursery, you're in a small market town NHS practice and you whistleblow because you've seen some malpractice, are you going to risk your financial security and family's future because he root filled a tooth that he shouldn't have, pulled it out, charged and then did the implant, put it in the wrong place? You know, are you better off just switching off, forget this, you didn't see it and just move on, like seeing someone mugged in the street or knifed in the street, just walk past them, let them get on with it or do you fight them? ...so this is a real cultural, ethical and moral dilemma."
(Interview 45, Registrant)

	Context	Actor	Mechanism	Outcome
DCPs	**Lack of support for DCPs**			
1	Support (and awareness of support) lacking for this group	Registrants	Poor insight regarding what is expected of them during the process Perceived unfairness for those not given the same level of support Anxiety and stress during FtP process Difficulty understanding and navigating FtP process Loneliness and confusion felt due to a lack of support Less engagement with legal representation Poor engagement with FtP process	Impact on wellbeing Sanction outcomes may have been different if supported Unnecessary and unfounded cases progress to hearing Perceived unfairness with outcomes Leave profession
2	Confusion over indemnity and defence unions	Registrants	Lack of understanding of indemnity and whether they have it Lack of understanding of role of defence unions and whether to join Don't identify what will support their case e.g. extra training prior to hearing	Don't utilise defence union support Sanction outcomes may have been different if supported

Discussions highlighted observations of differential levels of engagement with and support of DCPs when compared with dentists (M). It was further highlighted that, unlike dentists, DCPs, for example, dental nurses and hygienists, did not tend to understand the role of defence unions and indemnity cover (C). Many did not understand the role of the GDC.

> **"...I'm looking after one nurse at the moment and she has no concept of how serious the GDC involvement is in the way that a registrant, than a dentist registrant would, I mean it's really interesting and she's saying to me things like what, why haven't they closed the file yet, why is it still open? They've only just opened the file, this is an early stage of the case, she's like why haven't they closed it? And she's almost weekly saying to me can you just chase them and ask them to close the file? She thinks it's literally them just having a look in the file and put, just shutting it…"**
> **(Interview 50, Defence union)**

Some of those who left the profession did not have any cover, often due to the expense (O). This was noted by other regulators.

> **"...the indemnity fees that dentists must pay in order to practise run into the thousands. I mean dental nurses will be earning ten grand a year, the route to becoming a dental nurse was through college, they're very dispersed…you could have practice without having them go through any formal route…in terms of the amount of resource that any indemnity cover would provide to them, it's only a fraction of what it would be for other professionals on the register. The other thing as well for dental nurses, often the indemnity cover their provider in association with their employment, so if they've lost their employment or their employment has changed since the time of the event, so their indemnifier for that period in their career may not be their employer and their indemnify there."**
> **(Interview 60, NMC)**

Most DCPs found it difficult to understand and navigate the FtP process (M) due to not always being given the necessary information. There were reports of this becoming a lonely and confusing journey (M), many deciding not to engage (M), which then had a negative impact on the sanction outcome itself (O). This is supported by Leigh (2017). Support received by defence unions seems to aid in getting favourable outcomes for the registrant (O) (discussed in an earlier section within this report). Ultimately without this support, individuals must defend themselves against complaints, which seemed particularly unfair for those cases that could be unfounded, but still progressed to hearing and at times would end up with a negative sanction outcome (O), largely due to their lack of insight and understanding about what was expected of them (M). Without this, stress and anxiety (M) is likely to be high, having a resulting impact on the wellbeing of these dental professionals (O).

> **"My dental legal advisor helped me with that and it was clear that she was complaining to the GDC then moving on to someone else higher up the food chain kind of thing, so yeah, their support was fine. I wouldn't fancy being a dental nurse doing, you know, facing a GDC hearing with only my employer's umbrella cover kind of thing."**
> **(Interview 46, Registrant)**

> **"It was just the timing was awful, I was offered no support. It did impact on my mental health, there's no two ways about it, I was very down, I was down already and that was just like almost the final blow, it was awful"**
> **(Interview 27, Registrant).**

For some, this lack of support leads to their leaving the profession (O).

> **"If you're in one of the sort of lower, even kind of minimum wage kind of jobs then I can see how for some people it makes sense, like why would you bother fighting for it when you can, you know, walk away?"**
> **(Interview 65, GDC staff)**

3.3 Case studies

In order to illustrate the nuances of developing the programme theory and associated CMOs, the following case studies are presented, based on an amalgamation of real cases. These were developed throughout the project to highlight some of the key messages from the data:

1. Fatima: Dental Registrant
2. Allegra: Defence Union Solicitor
3. Howard: Colleague from another regulator

Please note pseudonyms have been used.

Fatima

Fatima was a dentist, but no longer holds her registration. She informed the GDC that she was not working due to the mental strain of an extremely harrowing situation in her home life. After a malicious complaint, the GDC proceeded with FtP investigations despite her no longer working. Investigations were very slow, contact was lacking and Fatima was accidentally sent the case files of someone else for a very serious case. She feels that she was punished for being proactive and self-referring - her GP had no concerns and she was not on medication. The stress of FtP made Fatima decide she would not return to work.

Allegra

Allegra is a solicitor for a well known Defence Union. She currently works with GDC registrants, but has extensive experience with other professions too. Allegra appreciates the difficult position the GDC are in, as in her own words, “there is no way to do FtP nicely”. Her experience is that the GDC are good at meeting their target of holding hearings within 9 months of referral. She also feels that the threshold for hearings is “about right”, although historically this wasn’t the case. Panels are well constructed, balanced, and “good at sifting through the evidence.”

One frustration is requests from the GDC for unions to produce evidence within 28 days - this is not achievable when specialist witnesses and expert reports are needed. Her recommendations include the need to stipulate that “indemnity is required at all times” within the standards - this is of particular importance for non-dentist registrants, as often their indemnity is with employers rather than personally held. She also feels the “colossal blow and devastating impact of FtP on the lives of registrants and their families needs greater acknowledgement.”

A contentious point is that it is often ‘better’ for registrants to go to a full panel “to have their voice heard and be deemed innocent”, rather than accept undertakings. Registrants need to balance the wait, the hearing, and stress against getting an earlier, but perhaps less fair decision.

Howard

Howard works for the GMC. Dealing with dual registrants presents a number of challenges. Firstly, deciding which regulator “goes first”. Sharing of evidence also presents an issue. Public mistrust and confusion can often ensue when registrants have faced two different hearings with two potentially different outcomes. This is primarily down to the inability to share evidence, and different legislative frameworks - there is no commonality of guidance or thresholds. Currently, there is no remit to issue joint guidance.

When reflecting on his context, Howard felt that what worked well was the effort put into engaging registrants through their outreach team - specifically working with students and international registrants. They also engage employers to enable referrals to be moderated by employers. Further, their investment into overhauling their processes, with a focus on mental health, had been well received. The focus is on “most registrants do difficult work, and do it well”. They are realistic that mistakes happen and need to be dealt with, but people don’t go to work to do harm. A positive has been working with defence unions, “we’ve got a job to do, you’ve got a job to do, how do we do this in the best possible way?”

3.4 Considerations for improving FtP experiences table

The research will feed into ongoing work by the GDC and commissioned projects relating to FtP that seek to enhance the effectiveness of the process and the experience for participants. A table of considerations to improve FtP experiences is presented in Appendix 10, which outlines and gives detail on specific considerations with a view to helping to inform this work. Following our programme theory these considerations relate to the CMOCs identified and tackle areas including: communication; complaint handling; FtP process; reassurance, support and mental health; facing investigation; improving knowledge about the FtP process; and GDC staff and efficiency. The table has focused on changes which are actionable by the GDC so does not include the full remit of possibilities which are outside of the scope of GDC activities.

Within the table, potential indicators and research approaches are outlined against the considerations with a view to developing sustainable approaches to enhancing and evaluating FtP experiences. The indicators include a range of quantitative and qualitative metrics that may be helpful in ascertaining and demonstrating sustained success. The use of robust indicators in relation to FtP experiences is currently limited. By adopting these suggestions it will better help to consider participant experiences and how the GDC can improve in specific areas. The use of robust indicators may be able to drive GDC activity towards increasing the ratings on such indicators.

Alongside the demonstration of improvements against the indicators, research approaches may help to add value to the work so that more meaningful engagement can be undertaken. Against each consideration, quantitative and/or qualitative methods have been suggested to maximise the effectiveness of research that can be tailored to the specific research questions posed by implementing any such changes. The adoption of appropriate indicators can help to bring together cross regulatory working as this will help to build a stronger foundation for the ways in which to robustly benchmark the performance of regulators. Through adopting such approaches there may be a better opportunity for the GDC to coordinate right touch regulation principles and preventative upstream regulation in relation to FtP experiences.

3.5 Logic Models

To help translate the research into meaningful outputs, the use of logic models was adopted within the project. An initial logic model was drafted for the project itself (see appendices 1 and 2 for full details). This was based on the GDC logic model template and following discussions between PT and the GDC. The research team subsequently discussed the logic model to develop the framework for utilisation across the project.

Informed by the data synthesis, three other logic models have been developed in order to effectively communicate the project findings to the GDC, so ensuring that practical messages are delivered. These were based on three key CMOs: mental health, support for DCPs and complexity of the FtP process - the research suggesting that these should be a focal point for the GDC to look at, informed by the programme theory. They are shown in Appendix 11. The logic models highlight key areas where the GDC can input resources and activities, describe what these may look like, and discuss potential outcomes and impact. The logic models encapsulate the data analysis, as well as the GDC remit with links to patient safety and public confidence.

4. Discussion, implications and conclusions

This research has looked in depth at participants' experiences of the FtP process using data from various stakeholders (registrants, informants, witnesses, GDC staff, experts), documentary analysis, academic literature, and observations. The aim of the research was to:

- Inform and evaluate the GDC's ongoing improvement work to understand and respond to the support needs of informants, witnesses and registrants as they progress through the FtP process.
- Inform and underpin the GDC's ongoing ambitions to promote the principles of right touch regulation in their FtP processes, including proportionality, consistency and transparency.
- Inform the GDC's upstream strategy, which focuses on the prevention of harm rather than enforcement activity, including identifying insights to inform learning and action on the part of professionals to reduce levels of FtP concern raised.
- Inform and contribute to the GDC's monitoring and evaluation framework and provide an important foundation for future research.

The data and work from this project provides insight into FtP experiences taking into account contextual factors, so that the nuanced detail of how outcomes are underpinned by mechanisms can be appreciated. In this discussion, we highlight key aspects of our programme theory to illuminate participant experiences. We then reflect on the project data as a whole to address the research objectives and research questions. Finally we discuss key areas of theoretical insight and consideration for the GDC.

4.1 Programme theory

The programme theory consists of key CMOs which help to illuminate participant experiences. The CMOs are presented at three levels: organisational level, FtP process level, and individual level. We developed these levels based on understanding around the key parts of the FtP processes in our initial programme theory development. There is no hierarchy of the levels as they are all interrelated in how the FtP processes work in practice.

The broad environmental organisational level relates to culture surrounding the GDC and FtP against the backdrop of legislation, resources, wider perceptions, duty and strategies that influence how experiences unfold. The FtP process level refers to the process itself which highlights contributing technical factors such as complexity of the process, communication, support, roles, and how fair the processes are, ensuring equality, diversity and transparency. The individual level relates to localised factors including the support available, conflicting role boundaries, dual registrations and different professional roles.

The three levels of the programme theory help to illustrate how experiences of all participants during FtP investigations lead to certain outcomes. Each level described will trigger certain mechanisms and resulting outcomes, however all three levels may interrelate in different ways so the interaction between them must be considered.

The programme theory seems highly negative towards the GDC, but this is perhaps to be expected given the highly emotive experience of going through an FtP investigation and the potential serious consequences for those involved. When participants are sought for studies exploring experiences of a phenomena, there is often a self-selection bias from those who have had the most negative experiences. Nevertheless, people with negative experiences do still raise issues which need to be considered. We sought to counter this potential bias by selecting widely and seeking views from other stakeholders.

4.2 Summary of findings against key research questions

1. What are the lived experiences of participants (informants, witnesses, registrants, GDC staff, experts) who have been through the FtP process in the last 5 years including their perceptions of support, processes and ways in which outcomes are reached?

Data from the interviews identified that the lived experiences of participants who have been through FtP processes were categorised by severely negative outcomes relating to wellbeing, dissatisfaction and frustration. The FtP process was most often seen as the problem, whilst the FtP outcomes were largely perceived to be fair. In regards to mental health, outcomes for registrants included a decline in wellbeing, suicidal ideation, sickness, leaving the profession, impacts on patient care and a reluctance to self-disclose. These were underpinned by mechanisms such as anxiety about the process, stress, embarrassment and feelings of depression. Informants were also impacted negatively, including lack of clarity about the process and how outcomes were reached. There were differences across participant groups with those who had been subject to investigations having more negative experiences. Sadly, in some cases there was a perception of 'guilty until proven innocent' which ran throughout investigations and had subsequent effects on returning to the workforce. There were more favourable outcomes reported from GDC staff and case handlers who were aware of what was trying to be achieved in relation to GDC values but held some reservations about how effectively these were being handled and reached. A lack of continuity was identified for dealing with individual cases (i.e. not having a consistent case handler) and also a lack of support for the wellbeing of all individuals throughout the processes. This was particularly the case for registrants who were at higher risk of harm during investigations but also for GDC staff and colleagues for how to best handle individual cases. There were wider questions about how and whether the GDC should closely support individuals with mental health difficulties throughout FtP which will have resource and policy implications. A key contextual factor of long protracted cases was linked to mechanisms of stress and anxiety, producing negative outcomes on wellbeing and negative perceptions of the FtP experience in general.

FtP processes challenge the very core of a registrant's professional identity. A healthcare professional's identity is defined as a representation of self, achieved in stages over time during which the characteristics, values, and norms of the profession are internalised, resulting in an individual thinking, acting, and feeling like a healthcare professional (definition adapted from Wald et al., 2015).

Professional identity is necessary for healthcare professionals to feel part of a group. Our data suggest that when undergoing FtP, registrants feel compromised and develop a sense of otherness - they become part of an out-group. Professional attributes that many once have prided themselves on, such as conscientiousness, patient-centredness, and perhaps even altruism, are called into question. The case presented against them was deemed to impugn their character. The negative impact upon professional identify for registrants was reported to be a contributing factor in the declining mental health of some participants as they progress through FtP processes.

Those involved in FtP, and the public in general, evidently do not understand the GDC role, and this will ultimately affect their experience and perceptions of interactions with the GDC. Suggestions have been made about how the GDC might more effectively help people to understand their role and purpose, which in turn might support improvement in perceptions.

2. What strategies work to ensure that FtP processes are accessible and inclusive?

Documentary analysis of GDC guidance about the FtP process demonstrated that the text was often dense and couched in terms that a lay audience could find difficult to understand. Furthermore, the communications often began with technical information, with key information about how to engage with the GDC coming later in the document. There is considerable scope to improve the language of correspondence, using simpler and clearer language while still being accurate and comprehensive.

Interview data demonstrated that while there is an ongoing debate about the limitations of online hearings and the perception of, or fear of, more punitive outcomes when registrants cannot attend panel hearings in person, participants reported improved accessibility and satisfaction from online hearings

In general, panel diversity was applauded and should be continued. However, during interviews we heard concerns about differential rates of sanction between White British registrants and those who identify as members of minority ethnic groups or those whose primary dental qualification had been attained outside the UK. In view of this there are grounds for the GDC to continue to explore differential rates of involvement in FtP and if needed look again at the influence of unconscious bias in their decisions to investigate and sanction registrants. It may also be prudent for the GDC to embrace the move towards health professions regulators taking more of an interest in upstream regulation of registrants from minority ethnic backgrounds who are reported to them. In this way the GDC could demonstrate its determination to truly understand the nature and aetiology of ethnic bias within dentistry, and its associated regulatory system.

3. What do participant perspectives reveal about personal (including EDI), environmental and technical factors associated with FtP cases?

The complexity of cases yielded mechanisms such as perceived unfairness, disproportionality and dissatisfaction with processes leading to mistrust of decisions. The ways in which FtP outcomes were reached and handled was appropriate for its fairness in relation to EDI as there were no major barriers or obstacles reported. From the literature it is known that BAME individuals are over-represented in FtP referrals and, as reported above, this perception was supported somewhat from the data collected. From our documentary analysis we highlighted a lack of diversity in materials produced for public facing aspects of FtP, which is to be reviewed. During COVID-19, with more case hearings being held online, this enhanced accessibility and allowed DCPs to attend more easily which triggered greater engagement, potentially less severe sanctions, and increased perceptions of fairness.

4. To what extent and in what ways do those involved in GDC FtP processes experience those processes (and their outcomes) as efficient, transparent, fair and proportionate?

As described above, there were key concerns raised regarding efficiency of the process and the timeliness of how decisions were made. Even in cases where FtP outcomes were favourable, there were instances of dissatisfaction in how long the process had taken, and the actual experience in reaching the outcome. In many cases, the inefficiency was deemed to reflect a disproportionate expenditure of time and resource in the pursuit of cases that were perceived to be minor and for which relatively limited sanctions were handed out. Arguments that we heard presented during learning events, to the effect that the majority of registrants need not fear the FtP process due to the very small percentage who receive serious sanctions, may have been intended to be reassuring to registrants, but arguably speak to the generally disproportionate nature of the process.

The introduction of case examiners - GDC employees, including dentists and DCPs, who have been trained to make early judgements about the severity of a case and the likelihood of the case being proven - was welcomed, but there were perceptions that too many cases were still progressing to full hearings when they could have been resolved at an earlier stage, thus impacting on efficiency and proportionality. The outcomes of the FtP process include safer dentistry, reassurance to the public and indeed reassurance to dental professionals more generally. However, there is a danger that whistleblowers and other informants are so put off by the process that the process is undermining the statutory objectives by discouraging informants from raising a concern.

In contrast, the operating procedures were seen as largely effective with contextual factors such as leadership, structure, evaluation and improvement, thorough decision making and tracking. Key mechanisms included perceived fairness, transparent process, improved learning and confidence in the process. When processes work well, favourable outcomes include enhanced wellbeing, improved practice, patient safety, and proportionate outcomes.

5. What can the first-hand experiences of those involved in GDC FtP processes tell the GDC about how the principles underpinning those processes are understood?

There appeared to be very little awareness of how principles of the processes are understood and enacted in practice. Whilst key individuals such as case handlers and expert witnesses had a more nuanced understanding of particular components there was a lack of knowledge and insight that could be analysed. In essence there is a need to clearly communicate how such principles are applied to the processes throughout so that participants can be clear on what is the driving force. The adversarial nature of the process, complete with legal representation in many cases, firmly established the principle of 'establishing guilt or innocence' in the perceptions of those who had been through FtP. This is misaligned with the FtP process being concerned with establishing a finding of fact about a registrant's potential impairment, as set out in the legal framework governing that process.

Another key finding was that some parties felt that the driving force behind FtP processes was to satisfy individuals or groups whose interests they perceived to be contrary to theirs e.g. registrants felt that a key principle was public protection, if necessary at the expense of dental professionals' well-being, whereas lay people felt that the role of the GDC was to protect the professional.

As described above the experiences are largely negative which is perhaps to be expected given the emotive experiences of being involved with FtP investigations. There are however a number of factors outlined in the considerations table (Appendix 10) where the principles could be better embedded across communication, processes and reputation.

6. Based on secondary sources, what can the GDC learn from best practices relating to FtP including those conducted by other regulators and the Professional Standards Authority activities?

Best practices from other regulatory bodies such as the GMC, HCPC and NMC across key areas of the FtP process relating to signposting, searchability, accessibility and engagement were identified in the documentary analysis. For instance, in the areas of signposting and searchability, the researchers recommended clearer and more obvious signposting particularly as it pertained to mental health support. The GMC webpage contained streamlined content, which made it more searchable and could potentially prevent information overload. The researchers also recommended breaking text-heavy documents with colourful pictures, diagrams, bullet points or short videos to keep readers engaged and make key information more accessible. Examples of these are the NMC revalidation video which is colourful, contains images with diverse representation, and concise. Another example is the HCPC video that outlines the fitness to practise process incorporated in the HCPC webpage.

From the academic literature there is very little published in relation to direct experiences of FtP however there is still learning from outcome data and the ways in which other regulatory bodies function. Shared decision making and collective approaches to FtP appear to be incompatible with data protection and organisational responsibilities which unfortunately creates duplication of effort in the FtP systems. The inability to share adds to the burden of work. In recent years the GMC has sought to review and collect more rigorous data surrounding mental health impacts of FtP. Such developments are ongoing yet may lead to a more effective and supportive process by a regulator. Whilst there are key legal and statutory processes which impact on the ways activities can be conducted there are opportunities to look at how approaches could be tailored more specifically within dentistry. Resource implications may also limit feasibility of implementation.

7. Based on the interviews of FtP process experiences, how can the GDC enhance their prevention and upstream activity, ensure accessibility and inclusivity, and address personal (including EDI), environmental and technical factors associated with FtP cases?

There is an ongoing student engagement programme to try to raise awareness of the GDC's role, including their FtP remit and processes. At the time of the research this was limited to undergraduate and newly qualified dentists and some DCPs and had yet to achieve full coverage of all UK dental students. Therefore, there is scope to expand the programme to include DCPs as well as all undergraduate and postgraduate settings. The DCPs are of particular importance, given suggestions within our research that DCPs are less likely than dentists to have a connection to a defence organisation, less likely to have taken legal advice and prepared adequately for the FtP process, and less likely to have understood the seriousness of the FtP process and its potential consequences for them and their career, leading to worse outcomes.

Given the importance of working in partnership with registrants - a feature of contemporary approaches to regulation - upstream engagement activity should focus on building trust amongst the registrant cohort as well as raising awareness of the role and remit of the GDC and its processes. Sharing information on FtP, including recent, ongoing and planned process improvements, would increase transparency and should also improve trust with registrants. For example, a GDC employee described in a learning event how the organisation had achieved a 50% reduction in complaints and yet registrants seemed to be unaware of this.

Ideally, upstream regulation would formatively support registrants, including students as future registrants, to understand how the professional standards work in practice, including through opportunities to discuss real-world examples of professional practice challenges and dilemmas. Importantly, these activities should explore professionalism, including ethical practice, as a component of registrants' professional identity rather than tackling it purely as a discrete element of professional practice.

There was evidence that there is scope for developing knowledge and skills amongst registrants that are believed to be preventative against professionalism lapses and professional difficulties. Some of these constitute a hidden curriculum, in that they are not apparent or greatly emphasised within official guidance on professionalism and professional standards and yet may be featured in the deliberations of case examiners and FtP panels and in their subsequent advice or sanctions. Voluntary peer review is an important case in point, as is the importance of demonstrating insight, taking remedial action and taking steps to avoid the risk of a lapse in professionalism being repeated. Messaging around regulation being about behaviour change might help registrants to think more about remediation/CPD etc, and less about erasure. It was surprising to find that reflection and reflective practice were also not mentioned in the GDC's Standards for the Dental Team despite the importance of reflection being emphasised within the GDC's guidance for case examiners and the high profile given to reflection in various places on the GDC website. There was evidence that some registrants, including those who have been through FtP, have never received formal tuition on the development of their reflective skills, and so upstream efforts could include delivering skills-based professionalism training as well as awareness-raising activity. Other important preventative measures, including the development of a safety culture, better data collection and recorded consent might also be addressed through appropriate upstream activity.

In addition to the aforementioned EDI considerations, respondents applauded the diversity in panels with respect to gender and ethnicity. This should be maintained and, where possible, expanded. There is a need for the GDC to streamline FtP processes so that all participants are better supported through the process, limiting the negative impact that environmental and technical factors may exacerbate.

8. What improvements can be made to enhance both the provision and access of support to participants throughout the FtP process?

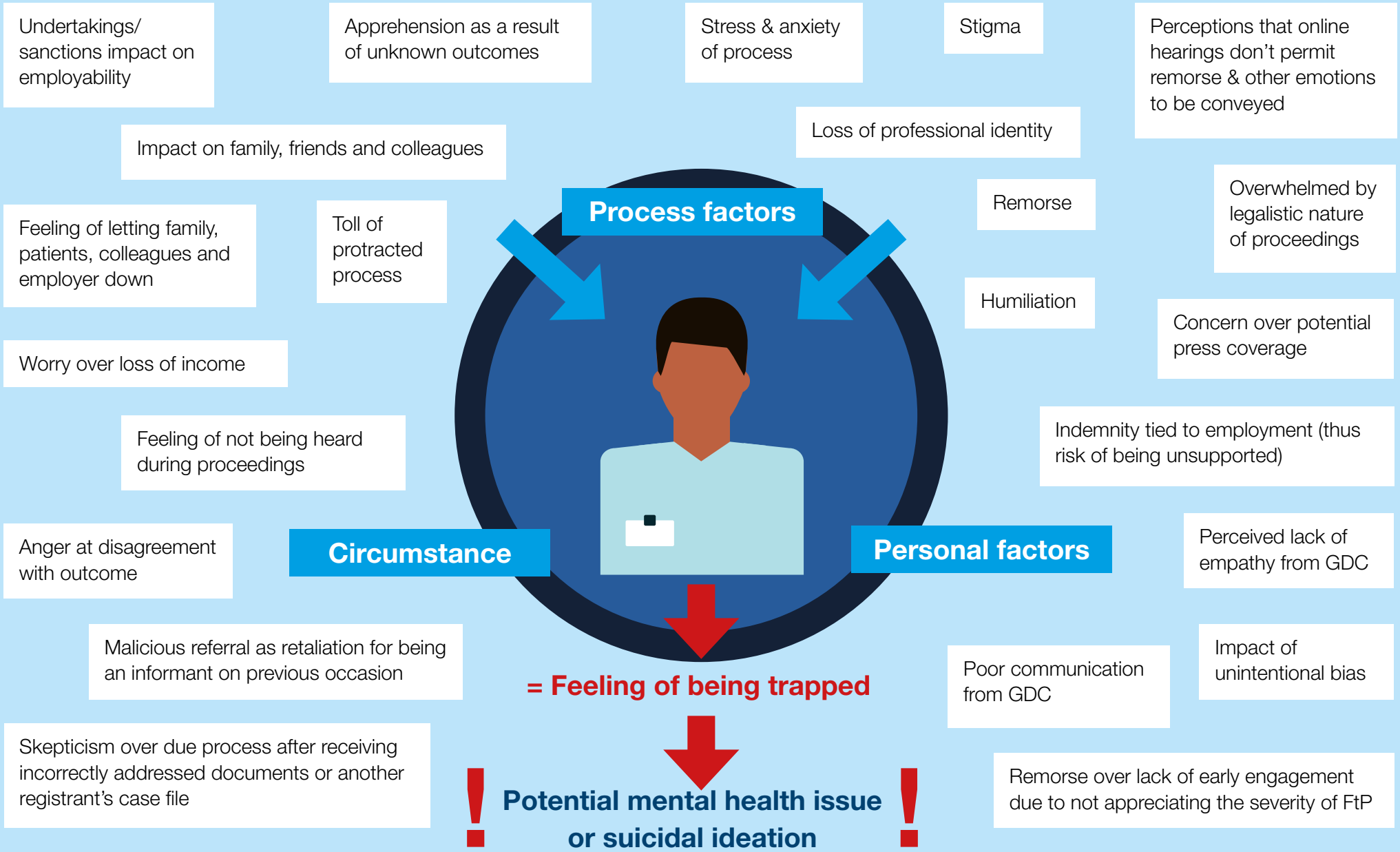
Mental health

A clear take-home message is that of the danger of registrants suffering severe mental health issues as a result of FtP. It can be easy to associate mental health issues with a lack of resilience or coping mechanisms, or even dismiss such issues as being uncommon. However, a decline in mental health is frequently associated with undergoing FtP – as demonstrated within the literature, and the narratives of participants in this study.

The decline in mental health could be triggered by a single FtP related event or result from the cumulative impact of a number of factors. While factors such as delays in the process, a malicious referral or tolerance of uncertainty whilst waiting for outcomes, may be inconsequential or seemingly trivial in isolation, their cumulative impact can result in a registrant feeling trapped. Psychiatric experts in the field state that it is the feeling of being trapped that can lead to mental decline, or even suicidal ideation. Our data suggest that variables including process factors, the incident context, as well as personal factors can create the perfect storm with respect to mental health. This culmination is illustrated within Figure 7 below.

It is important to note that people who may suffer from mental health issues, suicidal ideation, or die by suicide, as a result of FtP may have no history of mental health problems. In a report for the GMC, Louis Appleby described the significant risks connected with the stigma of a GMC FtP investigation for doctors who have always been high achievers, particularly if they can see no end to or no way out of their predicament. (GMC, 2020)

Figure 7. A demonstration of the potential cumulative impact of FtP considerations and processes on a Dental Care Professional (DCP)



Empathy and empathic dissonance

Within the programme theory, the importance of empathy was evident. This was of particular significance for registrants. Across the organisational and individual levels, perceptions of levels of empathy exhibited towards registrants were frequently cited as problematic, and within participant narratives, correlated to the degree of satisfaction with the FtP process that registrants reported.

However, the other actor in this is that of the caseworker. Caseworkers are working to targets, dealing with complex, emotive and nuanced information. This can potentially lead to an absence of empathy – often due to time constraints rather than a lack of feeling. That being said, some reported an internal struggle with respect to expressions of empathy that may have felt disingenuous, either with regard to not being able to directly relate to the registrant's experiences of FtP processes, or due to the nature of the complaint being investigated akin to the notion of deservedness. In the case of the former, this is akin to empathic dissonance. The term captures the problem of 'tick-box empathy' and the disconnect that occurs when someone feels pressured to make statements with no true feeling behind them. The term acknowledges the unease around using empathic statements in this way, setting up a kind of mental conflict: feeling they should say it, but knowing they don't mean it and worrying that the recipient will see through it. This echoes the mental discomfort associated with the psychological concept of cognitive dissonance.

The learning is two-fold. Firstly, training is required for organisational stakeholders involved in the FtP process as to the importance of empathic statements to those who are experiencing the stress, anxiety and uncertainty associated with FtP. Noteworthy is that small displays of empathy can positively impact the recipient beyond what may be apparent or proportional. Secondly, organisations need to offer employees training in, and space to express, empathic dissonance. There is potential for emotional exhaustion if one feels forced to make disingenuous statements. Empathy could also be discussed at recruitment interviews for new GDC colleagues.

Key Improvements, consideration table

From start to finish the FtP process is a stressful experience where the role of support can greatly help to mitigate negative outcomes, even if the FtP outcome is detrimental. As described in the considerations table there are a range of opportunities that can be taken by the GDC to reduce the complexity, length and lack of transparency regarding participant experiences. Key aspects include reducing 'jargon'/technical language, enhancing support and empathy throughout the process, and making sure processes and decisions are more transparent. Specific considerations include:

- shifting the tone of voice of FtP from punitive to formative;
- providing individualised case support with one point of contact;
- self-referral processes for mental health needs assessments;
- early identification of vulnerable registrants;
- GDC reassurance that the focus is on finding facts on whether fitness to practise is impaired so that registrants are considered innocent until proven guilty;
- better training and support for GDC staff regarding empathy;
- more support for informants and witnesses;
- specific support for malicious referrals;
- development of a public support service;
- new roles for supporting all participants;
- better communication of key GDC values throughout.

Whilst many of these factors link directly to the registrant experience, there was also data to support a need for greater clarity and support for those staff who were actioning the process, as well as for informants and witnesses.

9. How can findings from this review be informed by and/or link to ongoing or connected research relating to the GDC?

The research will feed into ongoing work by the GDC and commissioned projects relating to FtP that seeks to enhance the effectiveness of the process and the experience for participants. A considerations table is presented in this research which outlines and gives detail on specific areas that may enhance such perceptions. Following our programme theory these considerations relate to the CMOCs identified and tackle areas such as: communication; complaint handling; FtP process; reassurance, support and mental health; facing investigation; improving knowledge about the FtP process; and GDC staff and efficiency. Reviewing these considerations alongside key findings related to FtP from supporting research (e.g. The concept of seriousness in fitness to practise) will help to ensure that GDC future activities are tailored towards rigorous and robust suggestions that look to improve experiences.

10. How can the GDC best collect and analyse data from FtP participants to develop and sustain monitoring and evaluation of FtP and upstream and prevention work?

Alongside data collection we have developed logic models (Appendix 1, 2 and 11) that help to provide actionable outputs from the developed programme theory to give priority towards key areas of consideration. Logic models extrapolate particular findings for mental health and wellbeing, length and complexity, and dental care professionals. The logic model details the context, inputs, activities, outcomes, and potential impacts of actions related to these areas and how the GDC may seek to implement change based on the research. Furthermore, in the development of key indicators for the considerations table there are families of research methods suggested which may yield sustainable approaches to ongoing monitoring and evaluation of FtP work. The programme theory delineates the importance of specific parts of FtP which highlights the roles in which upstream and prevention work fits into the broader organisational context in which FtP plays one part.

Table 5. Summary table of research questions and findings

Research questions	Summary of findings
1. What are the lived experiences of participants (informants, witnesses, registrants, GDC staff, experts) who have been through the FtP process in the last 5 years including their perceptions of support, processes and ways in which outcomes are reached?	• Whilst the FtP outcomes reached during processes were seen as fair and appropriate, the process by which outcomes were reached raised concerns • The lived experiences of participants who have been through FtP processes were categorised by severely negative outcomes relating to wellbeing, dissatisfaction and frustration • More favourable outcomes reported from GDC staff and case handlers who were aware of what was trying to be achieved in relation to GDC values, but held some reservations about how effectively these were being handled and reached • Lack of support for dealing with individual cases (i.e. not having a consistent case handler) and omission of support for wellbeing of all individuals
2. What strategies work to ensure that FtP processes are accessible and inclusive?	• Participants reported improved accessibility from online hearings • Panel diversity was applauded and should be continued/encouraged
3. What do participant perspectives reveal about personal (including EDI), environmental and technical factors associated with FtP cases?	• Complexity of cases relating to unfairness, disproportionality and dissatisfaction with processes leading to mistrust of decisions • Lack of diversity in participant information regarding FtP
4. To what extent and in what ways do those involved in GDC FtP processes experience those processes (and their outcomes) as efficient, transparent, fair and proportionate?	• Key concerns regarding efficiency of the process and how decisions were made in a timely manner • Even in cases where FtP outcomes were favourable, there were instances of dissatisfaction in how long the process had taken, and the negative experience in reaching the outcome • From GDC staff, the operating procedures were seen as largely effective with contextual factors such as leadership, structure, evaluation and improvement, thorough decision making and tracking
5. What can the first-hand experiences of those involved in GDC FtP processes tell the GDC about how the principles underpinning those processes are understood?	• Positives of public protection are lost due to the strain of FtP on those who go through it

6. Based on secondary sources, what can the GDC learn from best practices relating to FtP including those conducted by other regulators and the Professional Standards Authority activities?	• Increase payment for expert witnesses to increase pool available • Engage in upstream preventative work to build trust and partnership working with registrants, and to develop greater awareness of the standards in practice amongst practitioners and pre-registration practitioners in training
7. Based on the interviews of FtP process experiences, how can the GDC enhance their prevention and upstream activity, ensure accessibility and inclusivity, and address personal (including EDI), environmental and technical factors associated with FtP cases?	• Expand existing upstream engagement work to include all undergraduate dentists and DCPs in training, as well as postgraduate dentists and DCPs • Ensure that engagement communicates recent, current and intended future developments • Use a discursive, dialogic approach, to upstream engagement activity • Work to eradicate the hidden curriculum of FtP by declaring explicitly the steps that registrants can take, individually and organisationally, to protect themselves and their colleagues in the dental team against professionalism lapses and professional difficulties • Enhance the accessibility of information provided to patients, the public and registrants about FtP, including by simplifying technical language and reducing text-heavy content • Continue to offer online access to hearings, having due regard for arguments that in-person hearings are preferred and/or deemed fairer by some registrants and defence organisations/legal representatives • Ensure diversity of GDC employees working within the FtP process, including but not limited to FtP panel members • Develop a more nuanced understanding of unconscious bias and the role of systemic racial or ethnic bias in FtP, including how registrants come to be reported to the GDC
8. What improvements can be made to enhance both the provision and access of support to participants throughout the FtP process?	• Enhanced training for FtP colleagues pertaining to empathy and identifying mental health risks • Improved signposting of support for all stakeholders • Early identification of vulnerable registrants • Jargon busting materials
9. How can findings from this review be informed by and/or link to ongoing or connected research relating to the GDC?	• Data has informed ongoing policy work • Input into 'Tone of Voice' project • Link to other FtP projects
10. How can the GDC best collect and analyse data from FtP participants to develop and sustain monitoring and evaluation of FtP and upstream and prevention work?	• Monitor timeliness of process • Feedback should be collected from participants in a separate email • Engage in engagement activities and monitoring

4.3 Conclusions

Through a comprehensive qualitative investigation of the GDCs FtP processes spanning primary and secondary data, the research has revealed the range of experiences by different participant groups and the critical factors which contribute to those experiences. The utilisation of a realist evaluation approach to view the FtP process, has assisted in the delineation of an overarching programme theory to help understand how and why certain participant groups may experience the processes in particular ways. Whilst the FtP outcomes reached during processes were seen as fair and appropriate, the process by which outcomes were reached raised concerns. A key area revealed was around mental health and the lack of support for registrants throughout, and the lack of training for staff to provide this support. Informants and witnesses also reported negative impacts. The experience of going through an FtP investigation is highly emotive, hence any views on the process are likely to be influenced by the specific contexts of cases. Nonetheless in FtP outcomes which were favourable or unfavourable to the registrant, there remained a pervasive negative experience with contributing factors such as poor timeliness, lack of transparency and fairness in the process. Wider contextual factors relating to the GDC reputation and remit, FtP approach, and duty of care were all highly influential in the FtP process experience. Within the programme theory there is detail provided as to how technical, environment and social factors influenced such perceptions, which then formed the basis of the consideration table to help the GDC tackle such perceptions, with a view to enhance participants' FtP lived experiences.

4.4 Implications and areas for development

Our findings offer considerable insight into the GDC's FtP processes and the programme theory helps to bring together the key elements which influence participant experiences. Collectively the study has helped to highlight a range of potential future developments including work that might be undertaken by the GDC, researchers and other stakeholders working collaboratively to better understand the needs and to help facilitate more favourable experiences for all participants, covering:

- **Mental health and wellbeing.** There are severe risks for vulnerable groups who go through FtP processes with a clear need to better identify and support those who are most at need, and train personnel to appropriately support such cases.
- **FtP experiences.** Now that we have developed a programme theory from direct experiences of FtP there is a need to measure, test and refine the programme theory. Key indicators and approaches to enhance work in this area are suggested with a view to enhance FtP experiences.
- **GDC FtP regulatory remit.** This realist evaluation has helped to understand the experiences of FtP however there are broader policy implications and areas of GDC work that also influence FtP experiences such as upstream regulation, risk-based approaches, GDC remit for all regulated professions (e.g. DCPs), and quality assurance. Further work to explore the linkages between such approaches is needed to better contextualise the programme theory developed and how meaningful change can be enacted.
- **Communication.** The role of public and participant facing materials needs further testing upon modification to ensure it meets the needs of participants groups. Work is currently underway in this area which also requires robust research designs to underpin long term effective change.

4.5 Suggested future research

Below are some suggestions for future studies that may be helpful in supporting the GDC in their continued development:

1. **Evaluating the consistency of decision making and sources of potential (unconscious) bias at each stage of the FtP process**. This could be done with a mixed methods approach. It could involve creating scenarios that could be used in situational judgement tests. Respondents could choose an action they felt was most appropriate from a range of options, with a researcher capturing their rationales for making the decision using a 'think aloud' process. By manipulating certain factors in the scenarios (e.g. place of qualification, professional role, gender) it would be possible to detect potential unconscious bias in decision making. This approach would also allow the calculation of agreement levels between decision makers. Using statistical modelling it is likely to find further quantitative evidence of any bias when evaluating the outcomes of FtP cases in existing data held by the GDC. Staff interviews may also provide qualitative evidence to help understand some of the drivers behind any potential sources of bias identified.

2. **Understanding the elements of effective remediation following sanctions for impaired fitness.** This could involve a literature review, collating and synthesising evidence relating to effective remediation in health professionals, and a mixed methods approach. Documentary analysis could be conducted on a case series, including cases where remediation had been deemed both effective and ineffective. Qualitative interviews could be used to identify the themes and elements that were likely to be associated with effective remediation. If a sufficient quantity and quality of data were available some statistical modelling could be conducted around the prediction of further lapses in professionalism following remediation.

3. **Exploring the application of upstream regulation, governance arrangements, professionalism lapses and links to fitness to practise.** This could be done with a realist evaluation approach to explore the ways in which undergraduate and postgraduate training is supporting those who come into difficulty with performance at early stages. There are strong links between professionalism lapses and future FtP events therefore this work would help to inform how the GDC can monitor and guide organisations (including future registrants) in formative work. Interviews could be conducted with decision makers as well as those who have undergone early investigation at dental schools. It might also include a survey of UK wide FtP leads to understand what is currently in place and how effective such processes are in stopping future FtP investigations. The project would help to better tie together the principles of right touch regulation, upstream regulation, GDC values and FtP processes.

4. **Exploring professionalism and professional identity amongst GDC registrants in the context of professionalism lapses and fitness to practise investigation.** This work would seek to understand the complex issue of professional identity formation amongst DCPs and dentists, with a view to understanding the nature of their relationship with the GDC and the extent to which, and ways in which, being a member of a regulated profession influences practitioners' professional identity. We are particularly interested in how registrants' experiences of professionalism lapses and FtP investigation impact on their professional identity, and what, if anything, can be done to mitigate these effects.

5. References

(Excluding literature review, see appendix)

Affleck P, Macnish K. Should 'fitness to practise' include safeguarding the reputation of the profession? British Dental Journal. 2016;221(9):545-6.

Ahmad, Z. and Singh, P. A four-year review of orthodontic cases appearing before the General Dental Council Professional Conduct Committee. Journal of orthodontics. 2020.

Alexander CR, Bogossian F. Midwives and clinical investigation: A review of the literature. Women & Birth. 2018;31(6):442-52.

Alexander, C., Bogossian, F. and New, K. Australian midwives and clinical investigation: Exploration of the personal and professional impact. Women and Birth. 2021;34(1):38-47.

Austin Z, van der Gaag A, Gallagher A, Jago R, Banks S, Lucas G, et al. Understanding Complaints to Regulators About Paramedics in the UK and Social Workers in England: Findings from a Multi-Method Study. Journal of Medical Regulation. 2018;104(3):19-28.

Baker-Glenn E, Marshall J, Caplan R. The GMC review of fitness to practise investigations and its impact on doctors. BJPsych Bull. 2015;39(6):317.

Bilton D, Cayton H. Reforming the professional regulators: Creating an effective, proportionate and efficient system. Journal of Patient Safety & Risk Management. 2018;23(1):27-31.

Bourne T, Wynants L, Peters M, Van Audenhove C, Timmerman D, Van Calster B, et al. The impact of complaints procedures on the welfare, health and clinical practise of 7926 doctors in the UK: a cross-sectional survey. BMJ open. 2015;5(1):e006687.

Bretherton R, Chapman HR, Chipchase S. A study to explore specific stressors and coping strategies in primary dental care practice. British dental journal. 2016 May;220(9):471-8.

Brindley J, Brindley J. Reflection on fitness to practise. British Dental Journal. 2016;221(8):495-8.

Caballero JA, Brown SP. Engagement, not personal characteristics, was associated with the seriousness of regulatory adjudication decisions about physicians: a cross-sectional study. BMC medicine. 2019;17(1):211.

Casey D, Choong KA. Suicide whilst under GMC's fitness to practise investigation: Were those deaths preventable? Journal of Forensic & Legal Medicine. 2016;37:22-7.

Cassidy J. Name and shame. BMJ. 2009;339:b2693.

Chamberlain, J. M. Risk-based regulation and reforms to fitness to practise tribunals in the United Kingdom: Serving the public interest? Health, Risk and Society. 2016;18(5):318-34.

Chamberlain, J. M. The hearing of fitness to practice cases by the general medical council: Current trends and future research agendas. Health, Risk and Society. 2011;13(6):561-75.

Chipchase SY, Chapman HR, Bretherton R. A study to explore if dentists' anxiety affects their clinical decision-making. British dental journal. 2017 Feb;222(4):277-90.

Collin V, Toon M, O'Selmo E, Reynolds L, Whitehead P. A survey of stress, burnout and well-being in UK dentists. British dental journal. 2019 Jan;226(1):40-9.

Cypher, R. L. and Kosycarz, K. Perinatal Nurses Reported to Boards of Nursing: Understanding the Facts. The Journal of perinatal & neonatal nursing. 2017;31(4):317-25.

David, T. J. and Ellson, S. Medical student fitness to practise hearings: ensuring procedural fairness. Clinical Risk. 2010;16(1):14-8.

Dearlove, O. GMC Fitness to Practise panels. Justice for all. BMJ: British Medical Journal (Overseas & Retired Doctors Edition). 2010;340(7756):c2651-c.

Dental Protection. Breaking the burnout cycle. 2019. DPL. Dental Protection survey reveals 9 in 10 dentists fear being sued by patients. Available at: https://www.dentalprotection.org/uk/articles/dental-protection-surveyreveals-9-in-10-dentists-fear-being-sued-by-patients.

Elledge R, Jones J. Character failings in the surgeon fallen from grace: a thematic analysis of disciplinary hearings against surgeons 2016-2020. Journal of Medical Ethics. 2021.

Ellis J, Lee-Woolf E, David T. Supporting nursing students during fitness to practise hearings. Nursing Standard. 2011;25(32):38-43.

Francis R (2013) Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry. London: The Stationery Office. Keogh B (2013) Review into the quality of care and treatment provided by 14 hospital trusts in England: overview report. London: NHS England.

Gallagher C, De Souzamuch A, Gallagher CT, De Souzamuch Al. A retrospective analysis of the GDC's performance against its newly-approved fitness to practise guidance. British Dental Journal. 2015;219(5).

Gallagher, C. T. Factors associated with severity of sanctions among pharmacy professionals facing disciplinary proceedings. Research in social & administrative pharmacy: RSAP. 2021;17(3):638-41.

General Dental Council. Standards for the dental team. 2013.

General Medical Council. (2020). Supporting vulnerable doctors programme. Changes to better support doctors under investigation.

Greenhalgh J, Manzano A. Understanding 'context' in realist evaluation and synthesis. International Journal of Social Research Methodology. 2021 May 24:1-3.

Greenhalgh, T., Pawson, R., Wong, G., Westhorp, G., Greenhalgh, J., Manzano, A., & Jagosh, J. (2017). What realists mean by context; or, why nothing works everywhere or for everyone. The RAMESES II Project.

Griffin A, Medisauskaite A, Sarker S-J, Viney R, Knight L, Tweedie J. Developing a methodology to assess the consistency of fitness to practise outcomes. 2019.

Hafferty FW, Franks R. The hidden curriculum, ethics teaching, and the structure of medical education. Acad Med. 1994 Nov;69(11):861-71. doi: 10.1097/00001888-199411000-00001. PMID: 7945681.

Hafferty FW. Beyond curriculum reform: confronting medicine's hidden curriculum. Acad Med. 1998 Apr;73(4):403-7. doi: 10.1097/00001888-199804000-00013. PMID: 9580717

Hawton K. Suicide of doctors while under fitness to practise investigation. BMJ: British Medical Journal. 2015;350(7997):h813-h.

Horsfall S. Doctors who commit suicide while under GMC fitness to practise investigation. General Medical Council. 2014.

Jones L, Cotter R, Birch K. A review of occupationally-linked suicide for dentists. New Zealand dental journal. 2016;112(2).

Kehoe A. A study to explore how interventions support the successful transition of Overseas Medical Graduates to the NHS: Developing and refining theory using realist approaches: Durham University; 2017.

Kirkham R, Leigh J, McLaughlin K, Worsley A. The procedural fairness limitations of fitness to practise hearings: a case study into social work. Legal Studies. 2019;39(2):339-57.

Lange BM, Fung EY, Dunning DG. Suicide rate in the dental profession: Fact or myth and coping strategies. Dental Hypotheses. 2012;3.

Leigh J, Worsley A, McLaughlin K. An analysis of HCPC fitness to practise hearings: Fit to Practise or Fit for Purpose? Ethics and Social Welfare. 2017;11(4):382-96.

Lillis S, Sidonie. Right Touch Regulation and a Preliminary Competence Inquiry. Journal of Medical Regulation. 2018;104(3):6-10.

Lloyd-Bostock S. The creation of risk-related information: The UK General Medical Council's electronic database. Journal of Health Organization & Management. 2010;24(6):584-96.

Maben J, Hoinville L, Querstret D, Taylor C, Zasada M, Abrams R. Living life in limbo: experiences of healthcare professionals during the HCPC fitness to practice investigation process in the UK. BMC health services research. 2021 Dec;21(1):1-4.

Marie Bryce JA, Nicola Brennan, Lorna Burns, Tim O'Brien, Tristan Price. Fitness to practise: Impairment and Serious Misconduct A narrative synthesis review. 2018.

Mata DA, Ramos MA, Bansal N, Khan R, Guille C, Di Angelantonio E, et al. Prevalence of depression and depressive symptoms among resident physicians: a systematic review and meta-analysis. Jama. 2015;314(22):2373-83.

Mathers N, Sillitoe L. 'Don't shoot the messenger': the problem of whistleblowing in general practice. British Journal of General Practice. 2013;63(609):214-5.

Millbank J. Health Practitioner Regulation: Has the National Law Produced National Outcomes in Serious Disciplinary Matters? Federal Law Review. 2019;47(4):631-54.

Nash L, Tennant C, Walton M. The psychological impact of complaints and negligence suits on doctors. Australasian Psychiatry. 2004;12(3):278-81.

Pawson R, Greenhalgh T, Harvey G, Walshe K. Realist review-a new method of systematic review designed for complex policy interventions. Journal of health services research & policy. 2005;10(1_suppl):21-34.

Pawson R, Tilley N. An introduction to scientific realist evaluation. Evaluation for the 21st century: A handbook. 1997 Jan 28;1997

Pawson R. The science of evaluation: a realist manifesto: sage; 2013.

Plessas A, Paisi M, Bryce M, Burns L, O'Brien T, Witton R, Hanoch Y. Mental Health and Wellbeing in Dentistry: A Rapid Evidence Assessment; 2021.

Pulse Today. 'The fitness-to-practise process may do more harm than good'. Published February, 2015. Accessed October 27, 2021.

Rada RE, Johnson-Leong C. Stress, burnout, anxiety and depression among dentists. The Journal of the American Dental Association. 2004;135(6):788-94.

Spittal, M. J., Studdert, D. M., Paterson, R. and Bismark, M. M. Outcomes of notifications to health practitioner boards: A retrospective cohort study. BMC Medicine. 2016;14(1):198.

Srivastava, A. and Thomson, S.B., 2009. Framework analysis: a qualitative methodology for applied policy research. A Qualitative Methodology for Applied Policy Research. JOAAG, Vol. 4. No. 2. [Accessed December 2021]

Wald, H.S., Anthony, D., Hutchinson, T.A., Liben, S., Smilovitch, M. and Donato, A.A., 2015. Professional identity formation in medical education for humanistic, resilient physicians: pedagogic strategies for bridging theory to practice. Academic Medicine, 90(6), pp.753-760.

Westhorp G. Realist Impact Evaluation: An Introduction [Internet]. Methods Lab; 2014 p. 3-11. Available from:https://cdn.odi.org/media/documents/9138.pdf

Wong G, Greenhalgh T, Westhorp G, Pawson R. Realist methods in medical education research: what are they and what can they contribute? Medical education. 2012;46(1):89-96.

Wong G, Westhorp G, Manzano A, Greenhalgh J, Jagosh J, Greenhalgh T. RAMESES II reporting standards for realist evaluations. BMC medicine. 2016;14(1):1-18.

Worsley A, McLaughlin K, Leigh J. A Subject of Concern: The Experiences of Social Workers Referred to the Health and Care Professions Council. British Journal of Social Work. 2017;47(8):2421-37.

Zahra D MR, Marie Bryce, Tim O'Brien, Julian Archer Analysis of fitness to practise case data for the General Dental Council. Summary report.; 2017.

6. Technical Appendices

Appendix 1: The initial logic model for the project (part 1 of 2)

Appendix 2: The initial logic model for the project (part 2 of 2)

Appendix 3: Example search strategies (March 2021)

Appendix 4: Full list of papers for data extraction

Appendix 5: Documents Reviewed

Appendix 6: Interview participant information sheet

Appendix 7: Interview Topic Guides

Appendix 8: Vignettes from learning event

Appendix 9: Summary of literature review findings relating to programme theory

Appendix 10: Considerations for implementation table

Appendix 11: Logic models

Appendix 1: The initial logic model for the project (part 1 of 2)

Context/rationale	Resources/inputs	Activity/outputs	Outcomes	Impact
This project was a response to the tender for "Exploring, understanding and evaluating experiences of fitness to practise at the GDC". The policy context is: In January 2017, the GDC published 'Shifting the balance', regarding the GDC's views on the future of professional regulation in dentistry. The proposals detailed in the discussion document fell into four broad categories: moving regulation upstream to focus on harm prevention; improving first tier complaints handling; working with partners to ensure that issues are dealt with by the right organisation; and refocusing FtP to ensure that we are using our enforcement powers only in those cases that are sufficiently serious, and which raise questions of patient safety or public confidence in dental services	• Engagement with GDC staff • Contact and engagement with registrants having experienced FTP processes • Contact and engagement with witnesses having experienced involvement in FTP processes • Contact and engagement with informants having experienced involvement in FTP processes • Engagement with relevant, external stakeholders -Access to relevant data • Access to relevant documents	**Activities:** Literature review Interviews with participants Documentary analysis Informal observations **Outputs:** Interim and final reports A CMO model of the FTP process Potentially one or more logic models summarising key elements of the FTP process, elicited by the CMO model A set of considerations for reviewing policy and practice in relation to FTP processes	**Desired outcomes/ benefits:** **Registrants:** For those who have experienced FTP processes, a chance to share their experiences and feed into service improvement Increased confidence that if registrants are ever subject to a complaint and FTP processes they will be dealt with in a supportive, fair, transparent, timely and inclusive way **Witnesses and informants:** A chance to share their experiences and feed into service improvement Increased confidence that if they are required to give evidence in relation to an FTP processes they will be dealt with in a supportive, fair, transparent, timely and inclusive way	**Registrants:** Reduced risk of an impact on wellbeing, personal and professional life for those subject to FTP processes More likely to receive proportionate sanctions and remediation where FTP has been impaired More effective engagement with any representation during FTP processes **Witnesses and informants:** A more positive experience when giving evidence in connection with FTP cases **The GDC:** More efficient use of resources in FTP processes Increased ability to go 'upstream' reducing overall workload in processing complaints in relation to FTP Improved confidence and feedback from registrants regarding their views on FTP processes

Appendix 2: The initial logic model for the project (part 2 of 2)

Context/rationale	Resources/ inputs	Activity/ outputs	Outcomes	Impact
This was followed up in November 2019 with the Corporate Strategy 2020-2022 'Right time. Right place. Right touch.' In particular the GDC outlined that they were keen to ensure that their FtP processes were supportive, inclusive and fair. Thus, this project was commissioned with the aim of understanding the experiences of people who have been directly involved in GDC FtP processes in order to inform ongoing improvement work. The work could also improve the understanding of how perceptions of the GDC, as a regulator, are shaped. The four aims were: • To understand mechanisms and impact • Understanding support needs for those involved in FtP cases (especially informants, witnesses and registrants) • Defining right touch regulation and the perspectives of those directly involved in FtP cases • Sustainability of ongoing research, monitoring and evaluation that could be adopted by the GDC Thus, the overall strategic objective was to elicit evidence that could feed into improving the supportiveness, efficiency, inclusivity and effectiveness of the FTP processes			**The GDC:** A better understanding of the experience of the FTP process from the perspective of registrants, witnesses, informants and other stakeholders In particular, an understanding of 'proportionality' from the perspective of registrants and other involved parties and stakeholders An understanding of how the FTP processes can be made more supportive and mitigate the potential negative impact on registrants An understanding of how representation can influence the FTP process and how registrants can be encouraged to effectively engage with any representation available A better understanding of how FTP processes can go 'upstream' and also actively promote professionalism in dental practice **External stakeholders:** Improved confidence that the FTP policies and processes in place at the GDC are fit for purpose, in that they are supportive, proportionate, transparent, inclusive, efficient and effective Confidence that there are effective review and evaluation processes in place that feed into continuous service improvement	**External stakeholders:** Improved confidence in the GDC FTP processes Learning from, and adopting aspects of best practice demonstrated by the GDC in relation to FTP

Assumptions (How will the inputs lead to outputs/outputs lead to outcomes?): That the evidence gained is representative of the more general population of potential participants (i.e. response or selection bias does not significantly impact on the findings); That participants are frank, open and honest when providing information to the research team; That any interventions suggested will be effective, in practice

External factors (what external factors have the potential to affect outcomes and impact?): Legislation in relation to professional regulation
Secular trends in relation to dental practice and thresholds for complaints in the public and patients; The current pandemic and the influence on how FTP processes have to be conducted (virtually)

Appendix 3: Example search strategies (March 2021)

Search Terms

The search strategy was reviewed by the full research team.

1. Terms relating to fitness to practise processes or comparable processes e.g. misconduct, negligence, professional misconduct, malpractice
2. Terms relating to investigations e.g. tribunal, hearing, disciplinary,
3. Terms relating to impacts e.g. mental health, no case to answer, uccess, failure
4. Professional regulator terms relating to right-touch regulation e.g. proportionate, consistency, targeted

Example search terms:

The search strategies included subject headings and free text terms. There were no Medical Subject Headings (MeSH) which correlated with the terms so adaptations were made for each database.

("Fitness to practise" OR FTP OR "Fitness to practice" OR "fitness to practi*" OR misconduct OR malpractice OR negligence OR professionalism OR "Clinical competence" or "professional impairment" OR competence OR "Reflective practice")

AND

(tribunal* OR hearing OR disciplinar* OR investigation* OR hearing OR case)

AND

(Experience OR Impact* OR "mental health" OR outcome* OR perspective OR Wellbeing OR success OR failure)

AND (separate search)

(Regulation OR "right-touch" OR principles OR proportionate OR consistent OR targeted OR transparent OR accountable OR agile)

Search engines

Databases were chosen that would identify the broader health professions' regulation models as well as specific dentistry resources.

Database	Coverage
Ovid Embase	Biomedical and pharmacological
Ovid Medline	Biomedicine, health, life sciences, behavioural sciences
Dentistry and Oral Sciences Source	Broad coverage across dentistry and dental sciences
Allied and Complementary Medicine Database (AMED)	Complementary and alternative medicine, Occupational therapy, Palliative care, Physiotherapy, Rehabilitation, Speech and language therapy
Cumulative Index to Nursing and Allied Health Literature (CINAHL)	Nursing, Allied Health
Scopus	Life sciences, social sciences, physical sciences, health sciences
Web of Science	Science, social science, arts, humanities

We performed a preliminary search to test and refine the search strings applied. Databases were limited to human studies published in the English language from 2010 onwards. The data range was specified in order to keep the findings relevant to the current FtP environment given the regulatory changes that have occurred in the preceding years. English language was specified to reflect the relevance to the GDC and UK regulatory environment although some articles had English abstracts whilst the full text were in other languages.

Time constraints restricted extensive searching of reference lists although some snowballing was carried out for relevant articles identified within the existing searches.

Scopus

(TITLE-ABS-KEY (“fitness AND to AND practise” OR ftp OR “fitness AND to AND practice” OR “fitness to practi*” OR misconduct OR malpractice OR negligence OR professionalism OR “clinical AND competence” OR “professional AND impairment” OR competence OR “reflective AND practice”) AND TITLE-ABS-KEY (tribunal* OR hearing OR disciplinar* OR investigation* OR hearing OR case) AND TITLE-ABS-KEY (experience OR impact* OR “mental AND health” OR outcome* OR perspective OR wellbeing OR success OR failure) AND TITLE-ABS-KEY (regulation OR “right-touch” OR principles OR proportionate OR consistent OR targeted OR transparent OR accountable OR agile)) AND PUBYEAR > 2009

Appendix 4: Full list of papers for data extraction

Number (sorted alphabetically by author)	Title	Authors	Year	Journal	Location	Profession	Type of article	Design
1	A four-year review of orthodontic cases appearing before the General Dental Council Professional Conduct Committee	Ahmad Z. and Singh P. AO - Singh, Parmjit;	2020	Journal of orthodontics	UK	Dentist	Research article	Quantitative
2	Australian midwives and clinical investigation: Exploration of the personal and professional impact	Alexander C. and Bogossian F. and New K.	2021	Women and Birth	Australia	Midwives	Research article	Qualitative
3	Midwives and clinical investigation: A review of the literature.	Alexander, Catherine R. and Bogossian, Fiona	2018	Women and Birth	Australia	Midwives	Review article	
4	Understanding Complaints to Regulators About Paramedics in the UK and Social Workers in England: Findings from a Multi-Method Study.	Austin, Zubin and van der Gaag, Anna and Gallagher, Ann and Jago, Robert and Banks, Sarah and Lucas, Grace and Zasada, Magda	2018	Journal of Medical Regulation	UK	Paramedics	Research article	Mixed
5	Radiology Malpractice Claims in the United States from 2008 to 2012: Characteristics and Implications	Benjamin Harvey, H. and Tomov, E. and Babayan, A. and Dwyer, K. and Boland, S. and Pandharipande, P.V. and Halpern, E.F. and Alkasab, T.K. and Hirsch, J.A. and Schaefer, P.W. and Boland, G.W. and Choy, G.	2016	Journal of the American College of Radiology	USA	Doctors	Research article	Quantitative

Number (sorted alphabetically by author)	Title	Authors	Year	Journal	Location	Profession	Type of article	Design
6	Reforming the professional regulators: Creating an effective, proportionate and efficient system.	Bilton, Douglas and Cayton, Harry	2018	Journal of Patient Safety & Risk Management	UK	All	Review article	
7	Doctors' experiences and their perception of the most stressful aspects of complaints processes in the UK: An analysis of qualitative survey data	Bourne T. and Vanderhaegen J. and Vranken R. and Wynants L. and De Cock B. and Peters M. and Timmerman D. and Van Calster B. and Jalmbrant M. and Van Audenhove C.	2016	BMJ Open	UK	Doctors	Research article	Qualitative
8	GMC's sifting and investigation of complaints must be "transparent"	Brahams, Diana and Brahams, D	2000	Lancet	USA	Doctors	Short report	
9	Reflection on fitness to practise	Brindley, J and Brindley, J.	2016	British Dental Journal	UK	Dentist	Research article	Quantitative
10	Engagement, not personal characteristics, was associated with the seriousness of regulatory adjudication decisions about physicians: a cross-sectional study.	Caballero, Javier A and Brown, Steve P	2019	BMC medicine	UK	Doctors	Research article	Quantitative
11	The good, the bad and the dishonest doctor: the General Medical Council and the 'redemption model' of fitness to practise.	Case, Paula	2011	Legal Studies	UK	Doctors	Review article	
12	Suicide whilst under GMC's fitness to practise investigation: Were those deaths preventable?	Casey, David and Choong, Kartina A.	2016	Journal of Forensic & Legal Medicine	UK	Doctors	Review article	

Number (sorted alphabetically by author)	Title	Authors	Year	Journal	Location	Profession	Type of article	Design
13	Risk-based regulation and reforms to fitness to practise tribunals in the United Kingdom: Serving the public interest?	Chamberlain J.M.						
13	Risk-based regulation and reforms to fitness to practise tribunals in the United Kingdom: Serving the public interest?	Chamberlain J.M.	2016	Health, Risk and Society	UK	Doctors	Review article	
14	The hearing of fitness to practise cases by the general medical council: Current trends and future research agendas	Chamberlain J.M.	2011	Health, Risk and Society	UK	Doctors	Review article	
15	Malpractice, criminality, and medical regulation: reforming the role of the gmc in fitness to practise panels	Chamberlain, JM and Chamberlain, John Martyn	2017	Medical law review	UK	Doctors	Review article	
16	Nursing Leadership and Liability: An Analysis of a Nursing Malpractice Case.	Cooper, Patricia J.	2016	Nurse Leader	USA	Nurses	Case reports	
17	Perinatal Nurses Reported to Boards of Nursing: Understanding the Facts	Cypher R.L. and Kosycarz K.	2017	The Journal of perinatal & neonatal nursing	USA	Nurses	Review article	
18	Medical student fitness to practise hearings: ensuring procedural fairness.	David TJ and Ellson S	2010	Clinical Risk	UK	Medical students	Review article	
19	The fitness to practise process demystified: what every nurse and manager need to know: Referral to the regulator is distressing, but understanding what to expect can prepare you.	Dean, Erin	2020	Nursing Management - UK	UK	Nurses	Short report	

Number (sorted alphabetically by author)	Title	Authors	Year	Journal	Location	Profession	Type of article	Design
20	GMC Fitness to Practise panels. Justice for all.	Dearlove O	2010	BMJ: British Medical Journal (Overseas & Retired Doctors Edition)	UK	Doctors	Short report	
21	GMC and vulnerable doctors: too blunt an instrument?	Dyer, Clare	2013	BMJ: British Medical Journal (Clinical Research Edition)	UK	Doctors	Short report	
22	GMC should have power to appeal decisions on fitness to practise, MPs say.	Dyer, Clare	2014	BMJ: British Medical Journal (Clinical Research Edition)	UK	Doctors	Short report	
23	GMC and vulnerable doctors: making sure fear is not a factor.	Dyer, Clare	2013	BMJ: British Medical Journal	UK	Doctors	Short report	
24	Character failings in the surgeon fallen from grace: a thematic analysis of disciplinary hearings against surgeons 2016-2020	Elledge, R. and Jones, J.	2021	Journal of Medical Ethics	UK	Doctors	Research article	Qualitative
25	Supporting nursing students during fitness to practise hearings.	Ellis, Janet and Lee-Woolf, Elizabeth and David, Timothy	2011	Nursing Standard	UK	Nursing students	Review article	

Number (sorted alphabetically by author)	Title	Authors	Year	Journal	Location	Profession	Type of article	Design
26	Information and the Disposition of Medical Malpractice Claims: A Competing Risks Analysis	Fenn, P and Rickman, N and Fenn, Paul and Rickman, Neil	2014	Journal of law economics & organisation	UK	Doctors	Research article	Quantitative
27	Regulation of Substandard Medical Practice: Lessons from the Bawa-Garba Case	Freckelton I.	2018	Journal of law and medicine	UK	Doctors	Short report	
28	Factors associated with severity of sanctions among pharmacy professionals facing disciplinary proceedings	Gallagher C.T.	2021	Research in social & administrative pharmacy: RSAP	USA	Pharmacists	Research article	Quantitative
29	One eye of the future, one eye on the past: The UK General Optical Council's approach to fitness to practise	Gallagher, C.T. and Dhokia, C.	2017	International Journal of Health Care Quality Assurance	UK	Opticians	Research article	Qualitative
30	A retrospective analysis of the GDC's performance against its newly-approved fitness to practise guidance	Gallagher, CT and De Souzamuch, AI and Gallagher, C. T. and De Souzamuch, A. I.	2015	British Dental Journal	UK	Dentists	Research article	Qualitative
31	Pitfalls in our practice: Examples from three cases of obstetric litigation	Gillham, J.C.	2012	Obstetrics, Gynaecology and Reproductive Medicine	UK	Doctors	case reports	
32	The Complaints Process in Ontario: Analyzing the Experiences of Nurses and Complainants	Hamilton-Jones, M.	2016	Journal of Nursing Regulation	Canada	Nurses	Review article	

Number (sorted alphabetically by author)	Title	Authors	Year	Journal	Location	Profession	Type of article	Design
33	Suicide of doctors while under fitness to practise investigation.	Hawton, Keith	2015	BMJ: British Medical Journal	UK	Doctors	Review article	
34	These terrifying three words: A qualitative, mixed methods study of students' and mentors' understandings of 'fitness to practise'.	Haycock-Stuart, Elaine and MacLaren, Jessica and McLachlan, Alison and James, Christine	2016	Nurse Education Today	UK	Nurses	Research article	Qualitative
35	Suicide risk for nurses during fitness to practise process.	Jones-Berry, Stephanie	2016	Mental Health Practice	UK	Nurses	Short report	
36	NMC to examine impact of fitness to practise hearings.	Jones-Berry, Stephanie	2016	Nursing Standard	UK	Nurses	Short report	
37	Chronic stress, work-related daily challenges and medicolegal investigations: a cross-sectional study among German general practitioners	Kersting C. and Zimmer L. and Thielmann A. and Weltermann B. AO - Kersting, Christine; ORCID: http://orcid.org/0000-0001-9393-4766	2019	BMC family practice	German	Doctors	Research article	Qualitative
38	The procedural fairness limitations of fitness to practise hearings: a case study into social work.	Kirkham, Richard and Leigh, Jadwiga and McLaughlin, Kenneth and Worsley, Aidan	2019	Legal Studies	UK	Social Workers	Review article	
39	Mixed messages from the GMC on disciplinary processes...Hawton K. Suicide in doctors while under fitness to practise investigation. BMJ 2015;350:g1439	Lees, Christoph	2015	BMJ: British Medical Journal	UK	Doctors	Short report	

Number (sorted alphabetically by author)	Title	Authors	Year	Journal	Location	Profession	Type of article	Design
40	Calling 'time' on the GMC's investigations into complaints against doctors.	Lees, Christoph C	2013	BMJ: British Medical Journal (Clinical Research Edition)	UK	Doctors	Short report	
41	An analysis of HCPC fitness to practise hearings: Fit to Practise or Fit for Purpose?	Leigh, J. and Worsley, A. and McLaughlin, K.	2017	Ethics and Social Welfare	UK	HCPC	Review article	
42	Right Touch Regulation and a Preliminary Competence Inquiry.	Lillis, Steven and Sidonie	2018	Journal of Medical Regulation	NZ	Doctors	Research article	Mixed
43	Long-Term Outcomes of a Remedial Education Program for Doctors With Clinical Performance Deficits.	Lillis, Steven and Takai, Nikita and Francis, Sidonie	2014	Journal of Continuing Education in the Health Professions	NZ	Doctors	Research article	Quantitative
44	The creation of risk-related information: The UK General Medical Council's electronic database.	Lloyd-Bostock, Sally	2010	Journal of Health Organisation and Management	UK	Doctors	Research article	Mixed
45	Perspectives from practice: Complexities of personal care workers' education, regulation and practice	Martyn, J.-A. and Zanella, S. and Wilkinson, A.	2019	Australian Health Review	Australia	Nurses	Short report	

Number (sorted alphabetically by author)	Title	Authors	Year	Journal	Location	Profession	Type of article	Design
46	The State of Regulation in England: From the General Social Care Council to the Health and Care Professions Council.	McLaughlin, Kenneth and Leigh, Jadwiga and Worsley, Aidan	2016	British Journal of Social Work	UK	Social Workers	Review article	
47	Female Health Practitioners Disciplined For Sexual Misconduct	Millbank, J and Millbank, Jenni	2020	University Of New South Wales Law Journal	Australia	All	Review article	
48	Health Practitioner Regulation: Has the National Law Produced National Outcomes in Serious Disciplinary Matters?	Millbank, J.	2019	Federal Law Review	Australia	All	Review article	
49	A phenomenological study of the effects of clinical negligence litigation on midwives in England: The personal perspective.	Robertson, Judith H. and Thomson, Ann M.	2014	Midwifery	UK	Midwives	Research article	Qualitative
50	Making an impact in healthcare contexts: insights from a mixed-methods study of professional misconduct	Searle, R.H. and Rice, C.	2020	European Journal of Work and Organisational Psychology	UK	All	Research article	Mixed
51	Medical malpractice reform: The role of alternative dispute resolution	Sohn D.H. and Sonny Bal B.	2012	Clinical Orthopaedics and Related Research	USA	All	Review article	
52	Outcomes of notifications to health practitioner boards: A retrospective cohort study	Spittal M.J. and Studdert D.M. and Paterson R. and Bismark M.M.	2016	BMC Medicine	Australia	All	Research article	Quantitative

Number (sorted alphabetically by author)	Title	Authors	Year	Journal	Location	Profession	Type of article	Design
53	Deciding when physicians are unfit to practise: an analysis of responsibilities, policy and practice in 11 European Union member states	Struckmann, V and Panteli, D and Legido-Quigley, H and Risso-Gill, I and McKee, M and Busse, R and Struckmann, Verena and Panteli, Dimitra and Legido-Quigley, Helena and Risso-Gill, Isabelle and McKee, Martin and Busse, Reinhard	2015	Clinical Medicine	Europe	Doctors	Research article	Qualitative
54	A Subject of Concern: The Experiences of Social Workers Referred to the Health and Care Professions Council.	Worsley, Aidan and McLaughlin, Kenneth and Leigh, Jadwiga	2017	British Journal of Social Work	UK	Social Workers	Research article	Qualitative
55	Protecting the Public? An Analysis of Professional Regulation—Comparing Outcomes in Fitness to Practice Proceedings for Social Workers, Nurses and Doctors	Worsley, Aidan and Shorrock, Sarah and McLaughlin, Kenneth	2020	British Journal of Social Work	UK	All	Research article	Mixed
56	Review of Regulation in action: The health professions council fitness to practice hearing of Dr Malcolm cross-Analysis, history, and comment.	Worthington, Anne and Carroll	2013	Psycho-dynamic Practice: Individuals, Groups and Organisations	UK	Doctors	case reports	
57	Defining fitness to practise in australian radiation therapy: a focus group study.	Wright CA and Jolly B and Schneider-Kolsky ME and Baird MA	2011	Radiography	Australian	Allied	Research article	Qualitative

Appendix 5: Documents Reviewed

Document name (purpose)	Location (correct as at 20 September 2021)	Notes
Fitness to practise (description of what they do)	https://www.gdc-uk.org/about-us/what-we-do/fitness-to-practise	Home>About us>What we do>Fitness to practise Explicitly state
Fitness to practise-Committee decision making-simple guide **(Poster)**	https://www.gdc-uk.org/docs/default-source/facing-a-concern/committee-decision-making-guide.pdf?sfvrsn=eece673e_2	Intended for providers facing a concern Step by Step guide for how committee makes decisions States when a registrants fitness to practise is impaired Lists all the possible outcomes from the ftp process Detailed and simple enough to understand
Championing equality, diversity and inclusion through our new EDI objectives **May 2021**	https://www.gdc-uk.org/news-blogs/blog/detail/blogs/2021/05/05/championing-equality-diversity-and-inclusion-through-our-new-edi-objectives	Blogposts states the intention of the GDC to place EDI at the heart of effective regulation and commitment to championing diversity, equality and inclusion within the organisation, the sector they regulate and the public They state that they would ensure that their regulatory activity is fair, transparent and accessible to all. They will work to deepen their understanding of diversity of their registrants so that their processes are free from inappropriate barriers
Equality in dentistry	https://www.gdc-uk.org/news-blogs/blog/detail/blogs/2020/11/27/equality-in-dentistry	This blogpost has a section on ftp. In this section the GDC states wanting to understand why some groups are overrepresented in the concerns being raised with them and also ensure they are providing equal treatment through their processes. They state that one constraint to their ability to do the above is the limited data they hold on personal characteristics of people involved in ftp cases. As it is voluntary information, a significant amount of people choose not to provide these details. There is a linkout to eGDC provided where providers can share these personal characteristics

Document name (purpose)	Location (correct as at 20 September 2021)	Notes
Information guide for dental professionals **(detailed guide that explains step-by-step FtP process for dental professionals who have a FtP case and wish to represent themselves)**	https://www.gdc-uk.org/docs/default-source/undertaking-and-the-case-review-team/information-guide-for-unrepresented-registrants994603aaf392444b86a9b18f62e32a6b.pdf?sfvrsn=5f5d1bc_7	Issued July 2020 20 pages, detailed
Mental Health and Wellbeing in Dentistry: A Rapid Evidence Assessment	https://www.gdc-uk.org/docs/default-source/research/mental-health-and-wellbeing-in-dentistry27973e06-eb0f-4ee2-b92f-7fee3d2baf5b.pdf?sfvrsn=511f2ef9_5	University of Plymouth, June 2021 1. GDPs experience higher levels of anxiety than dentist in other fields of dentistry, community, hospital, armed forces and public health (Collin et al, 2019) 2. Almost half of the dentists surveyed in one study, suffered from psychological ill-health, GDPs and community dentists, reported poorer psychological health 3. GDPs and community dentists working in England have displayed higher levels of stress.(Kemp and Edwards 2014l Collin et al, 2019) 4. Stressors identified in the literature were categorised as business-led stressors, clinical situations-led stressors, COVID-19 pandemic-led stressors, society and person-led stressors, regulation-led stressors and working environment-led stressors. 5. Comparing quantitative data between an early study by Kay and Lowe (2008) and a recent one by Colin et al. (2019) indicated that fear of litigation has increased in recent years (79% vs 54%) (Kay and Lowe, 2008; Collin et al., 2019) 6. Regulation has only been identified as a source of stress in the dental literature in the last six years (Chapman et al., 2015a; Bretherton et al., 2016; Collin et al., 2019; Larbie et al., 2017), with regulation-related stressors scoring the highest among other sources of stress (Collin et al., 2019)

Document name (purpose)	Location (correct as at 20 September 2021)	Notes
Facing a concern **(Guidance for dental practitioners for when a complaint has been raised against them)**	https://www.gdc-uk.org/raising-concerns/handling-concerns-about-dental-practice/facing-a-concern	This webpage gives dental professionals guidance on what to do if a concern has been raised about them The webpage is not very visual (e.g. no use of pictures to break up lots of text) It provides a list of support for providers for whom a complaint has been raised but it takes multiple clicks to get to the support and does not explicitly state mental health but instead reads as if it is indemnity. "You may wish to contact your indemnity provider, and we have also provided a list of other support available." Other information provided include: 1. Case categories where an extension of 14 days can be made 2. Guidance on next steps and the three types of decisions the GDC may make 3. Guidance for registrants who are and are not represented by an indemnity provider/solicitor 4. Links to hearings and decisions page and also a committee decision making guide have been provided
Concerns landing page	https://www.gdc-uk.org/raising-concerns	Text broken up by pictures makes it easier to digest. Pictures representative? Summary of the type of concerns the GDC looks into may not be sufficient and could perhaps include bullet points of what concerns can be reported to them. Signposting seems sufficient. Information is a little too brief in areas

Document name (purpose)	Location (correct as at 20 September 2021)	Notes
Making a complaint to your dental professional	https://www.gdc-uk.org/raising-concerns/making-a-complaint-to-your-dental-professional	May not be easily understood by lay individuals. Examples of what is considered significant harm to the patients, colleagues or the general public or undermine public confidence in the dental profession, can be provided (even if it is a link out). Signposting to support for making a complaint may be better placed towards the beginning. Again no signposting to mental health support Texts can be broken up with diagrams or pictures, or important texts can be emboldened for easier comprehension and better engagement. Information is quite comprehensive. I feel as if they make the procedures sound a little too simplistic and not going into the potential issues and delays that may be experienced when making complaints
How to report a concern about a dentist or dental worker **(13 page document)**	https://www.gdc-uk.org/docs/default-source/easy-read/how-to-report-a-concern-about-a-dentist-or-dental-worker7fe2ce24-a015-4874-bf9b-84208d7976d2.pdf?sfvrsn=23240d1d_5	Easy read version is good although too much information and too long As the document is meant to advise on how to report a concern about a dentist or DP, this information should come first. The document looks like it can be made a bit shorter and needs to signpost more to other relevant issues regarding the roles of the GDC. perhaps a bit more clarity on what the serious concerns are. Section on how to raise a concern should come earlier No signposting for mental health support Document is clear and readable, however, I'm not sure it has adequate information to answer the relevant questions

Document name (purpose)	Location (correct as at 20 September 2021)	Notes
Raising concerns information	https://www.gdc-uk.org/raising-concerns/raising-concerns-about-dental-treatment	The page has two links, “should i raise a concern” and “how do i raise a concern”. It also has a link for reporting illegal tooth whitening or dentistry. It gives three scenarios when the GDC could look into concerns and common examples of these. It signposts those that have concerns not serious enough for the GDC to investigate to the professionals themselves of the NHS It also provides a clause for exceptional circumstances during COVID-19, when a complaint arises from a treatment the GDC considers to be in accordance with the current guidance.
Illegal or unregistered practice form	https://contactus.gdc-uk.org/IllegalPractice/Complaint/IllegalPractice	Form seems to be easy to complete
Raising a concern about a dental professional	https://contactus.gdc-uk.org/Complaint/Process/1	Statement “You can either raise a concern with the practice where you received your treatment or NHS (but not both).” is unclear. Perhaps a link out can be provided at the beginning stating when the GDC can take action and what they may be able to do after they look into a concern and what they can’t do. Information about length of investigation process and what the GDC can look into may be better placed at the beginning/on the first page
Raising a concern with a dental professional	https://www.gdc-uk.org/raising-concerns/raising-concerns-about-dental-treatment/should-i-raise-a-concern/raising-a-concern-with-a-dental-professional	The GDC advises complainants to make their dissatisfaction with the treatment or service they receive known to the practice directly first, so they have a chance to make amendments.
Raising a concern about NHS treatment	https://www.gdc-uk.org/raising-concerns/raising-concerns-about-dental-treatment/should-i-raise-a-concern/raising-a-concern-about-nhs-treatment	GDC acknowledges the effect of having an ftp case on the wellbeing of dental professionals (increasing stress and anxiety) whether or not they have a case. They have put in place upstream activities and engagements to minimise this and also ensure that their processes are fair proportionate and transparent

Document name (purpose)	Location (correct as at 20 September 2021)	Notes
Should I raise a concern	https://www.gdc-uk.org/raising-concerns/raising-concerns-about-dental-treatment/should-i-raise-a-concern/	Provides information relating when the GDC looks into concerns raised about dentists and DCPs and provides signposting to other places where concerns can be raised
Complaint handling best practice	https://www.gdc-uk.org/information-standards-guidance/standards-and-guidance/complaint-handling	Link out to leaflet and poster are quite useful, perhaps title should be how we would handle your complaint or what you should expect after issuing a complaint
[Poster] - Making a complaint about dental services	https://www.gdc-uk.org/docs/default-source/complaint-handling/profession-wide-complaint-handling-initiative-poster.pdf?sfvrsn=32c2709a_2	Poster is simple enough to understand. However, the title 'making a complaint about dental services' implies that there would be information on how to actually make a complaint and not just provide reassurance to patients
Leaflet -	https://www.gdc-uk.org/docs/default-source/complaint-handling/profession-wide-complaint-handling-initiative-leaflet.pdf?sfvrsn=5a8c2cc6_2	See 12 for comment on poster
Form to contact GDC	https://contactus.gdc-uk.org/Complaint/Process/6	Useful signposting but relevant to contacting GDC? This information should come first.
Dental complaint service - help for private dental patients	https://www.gdc-uk.org/raising-concerns/raising-concerns-about-dental-treatment/should-i-raise-a-concern/dental-complaints-service	Provides relevant and useful information about dental complaint services. Free impartial service, if funded by the GDC can they really be impartial?
Form to raise a concern	https://contactus.gdc-uk.org/Complaint/Process/1	Provides useful information for relevant to raising a concern
Form to report	https://contactus.gdc-uk.org/IllegalPractice/Complaint/IllegalPractice	Form is accessible and easy to follow
Examples of what GDC would investigate	https://www.gdc-uk.org/raising-concerns/raising-concerns-about-dental-treatment/should-i-raise-a-concern/ftp-case-studies	Providing types of complaints the GDC may take action against with example scenarios is really good. However, the layout of the page can be improved and made more accessible by listing these examples, putting them in a table or using bullet points consistently

Document name (purpose)	Location (correct as at 20 September 2021)	Notes
Hearings and decisions **1. What can I expect at a GDC hearing? (~7min video)** **2. Who will be present at a GDC public hearing? (~5.5 min video)**	https://www.gdc-uk.org/raising-concerns/handling-concerns-about-dental-practice/hearings-and-decisions	First video summarises the ftp process, which is fair, clear and detailed. Video is inclusive and representative of different racial backgrounds and genders Second video provides an overview of who will be in attendance, their roles and what they are permitted to do. It reiterates that support for witnesses and providers would be provided by a hearing or witness support officer. Hearings are usually held in public to ensure transparency and so that matters of public interest are shared. on occasion, some hearings can be held in private, when personal health information needs to be shared. The video ends by telling viewers to contact the GDC should they require more information. The page also outlines the different practice committees (including their roles), list of sanctions, attending a hearing (provides address and likely locations for hearing), and information for journalists
What support is available during fitness to practise procedures? **(Signposting to support resources for providers facing a complaint)**	https://www.gdc-uk.org/raising-concerns/handling-concerns-about-dental-practice/support-during-fitness-to-practise	GDC have worked in partnership with Samaritans to train their staff involved in the FtP process to recognise when an individual needs additional support Lets providers know they can speak to staff if they feel they may need additional support Information relating to health and wellbeing will be kept confidential in line with data protection legislation. Any information that may put patients at risk may be used in proceedings. Witnesses and informants may need to disclose information to the registrant facing proceedings. Does not explicitly state the likely outcomes for DPs facing a concern Good resources on free legal advice but gets lost in the list
Witness advice	https://www.gdc-uk.org/raising-concerns/handling-concerns-about-dental-practice/hearings-and-decisions/witness-advice	This page provides useful information for witnesses but is difficult to find. Witnesses may not know this resource is available

Document name (purpose)	Location (correct as at 20 September 2021)	Notes
Complaints policy at Confident Dental and Implant Clinic	(available on the drive) Confidential	
(Personal letter/ Confidential) Request for information relating to consultations response from the GDC	(available on the drive) Confidential	
Fitness to practise: more time for better outcomes **(making the FtP process fairer)**	https://www.gdc-uk.org/news-blogs/blog/detail/blogs/2021/05/06/fitness-to-practise-more-time-for-better-outcomes	Home>News & blogs> Blog> Fitness to practise: more time for better outcomes Blog post written by John Cullinane on the 6th of May 2021 1. Permanent changes to ftp process put in place to ensure decisions are made based on the best quality information, as early as possible in the process (John Cullinane, ED FtP) 2. Allowing more time (14 days, on request in certain cases) for dental professionals to submit comments or observations about FtP allegations and ensuring disclosure of clinical assessment reports provided. 3. Doing this could lead to improved, observations, alleviate some of the time pressures faced by dental professionals and help to ensure they are fully informed of relevant facts as early as possible in the process 4. Public consultation exercise and pilot from January to October 2020
Useful organisations for professionals	https://www.gdc-uk.org/information-standards-guidance/standards-and-guidance/gdc-guidance-for-dental-professionals/useful-organisations-for-professionals	List of support organisations in the title says for professionals but in the main text says for GDC registrants and patients.

Document name (purpose)	Location (correct as at 20 September 2021)	Notes
Letters from GDC to registrants and informants		Feedback - asked at end of letter rejecting case. Is there any other follow up? “We are committed to reviewing the service we provide and making improvements where needed. Please can you take a few minutes to provide your feedback by accessing our online customer survey which can be found at: https://gdc.onlinesurveys.ac.uk/gdc-ftp-feedback-survey”
Other Regulators		
GMC: Concerns	https://www.gmc-uk.org/concerns#doctor-colleague	Clearer signposting (We want you to raise your concern with the right people. Sometimes that’s us. But other organisations may be best placed to help.) Text more visual and broken up with bullet points Reassurance and acknowledgement of the stress of the ftp process is given
Media		
GDC: What happens at a GDC hearing	https://www.youtube.com/watch?v=UdxI_66VW8w	Published: June 14, 2013. 5:57 minutes long. Outdated videos - 8 years old, no update for online hearings Think about more informal, and accessible video Think about who is speaking- white male, avoid archetypal representations Has diversity but opens with white male Factual but not engaging

Document name (purpose)	Location (correct as at 20 September 2021)	Notes
GDC: the role fitness to practise panel members play during a GDC hearin	https://www.youtube.com/watch?v=tLWYgcqbZj8	Published: June 14, 2013. 4:28 minutes long. Outdated videos - 8 years old, no update for online hearings Think about more informal, and accessible video Think about who is speaking- white male, avoid archetypal representations Has diversity but opens with white male Factual but not engaging
HCPC: Fitness to practise process	https://www.youtube.com/watch?v=ESa-xscyHmA	Short 1:38 min video and goes straight to what the fitness to practise process is not designed to do
HCPC: Fitness to practise hearings	https://www.youtube.com/watch?v=C6Ph0tDEByA	It is a good guide explaining the roles of each member of the panel in a creative way
NMC: What happens when we receive a complaint	https://www.youtube.com/watch?v=OmKCTMAKAc0	Short 0.38 min video (GDC can create short videos about support they offer, roles etc)
NMC: Revalidation	https://www.youtube.com/watch?v=mcAn6MrSBDk	Accessible, colourful, use of inclusive animation, engaging

Appendix 6: Interviews, Participant information sheet

Research Study Information Sheet - Interviews

Introduction

Thank you for considering to take part in this research study. Before you decide whether to participate, there are a few things that are important to understand about the study. This will include why the study is taking place and what participation will involve. Please take time to read the following information carefully and feel free to ask us if there is anything that you do not understand or if you would like more information – you should already have our contact details but they are at the bottom of this sheet. Please also feel free to discuss this with your friends. We would like to stress that you do not have to accept this invitation and should only agree to take part if you want to.

Thank you for taking the time to read this.

1. Title of the study

Exploring, understanding and evaluating experiences of Fitness to Practise at the GDC.

2. What is the purpose of the study?

The Fitness to Practice (FtP) process designed and delivered by the GDC seeks to ensure that dentists, and related practitioners, are fit to practise and that standards are maintained. The purpose of this study is to strengthen and improve the Fitness to Practise (FtP) processes and develop prevention strategies, by understanding the experiences of those who are participants in the FtP process. It will examine the experiences of informants, witnesses, registrants and other stakeholders to ascertain their needs for support and how guiding principles are applied. We do not wish to cover specific details of any FtP case, instead we want to explore details regarding the process and ways in which improvements can be made for the future.

3. Why have I been chosen to take part?

You have been asked to consider taking part in this study as you have at some time been involved in a FtP case, or are deemed an expert in the process.

4. Do I have to take part?

No, participation is voluntary and you are free to withdraw at any time without explanation by speaking to or contacting the investigator.

5. What will happen if I take part?

Two initial options are available. Either an in-depth interview will take place, conducted via telephone/online or face-to-face if travel is feasible. Or you may prefer to take part in an audio diary entry study, in which you will be asked to record your experiences for us. We may also ask you to take part in a focus group.

6. Expenses and / or payments

Travel expenses will not be necessary as interviews and focus groups will take place over the telephone/online.

7. Are there any risks in taking part?

There are no conceivable risks to your health by taking part in this study. We understand that FtP can be distressing, however the topics covered in this study should not be considered sensitive, embarrassing or otherwise uncomfortable. We will not be discussing any details about specific FtP cases. However, if you do have any concerns about the risks, feel free to contact the principal investigator, Professor Gabrielle Finn.

8. What if I am unhappy or if there is a problem?

If you are unhappy, or if there is a problem with the interview, please feel free to let us know by contacting the principal investigator. If you remain unhappy or have a complaint which you feel you cannot come to us with then you should contact the HYMS Research Support Office directly (01904 321780 or research@hyms.ac.uk).

9. Will my participation be kept confidential?

Recordings from the data collection will be anonymised and stored without any identifiable information. They will be destroyed upon your withdrawal or at your specific request. If neither of these occur, the recordings and other documents will be destroyed five years after the study concludes. Although unlikely, if something is said that could raise a potential concern about fitness to practice and/or safeguarding, specific details will be gathered and shared with the principal investigator. The investigator will then follow HYMS guidelines on fitness to practice and/or safeguarding concerns and they will navigate subsequent escalation to the relevant individuals and committees.

10. What happens if I am harmed by taking part in this study?

In the extremely unlikely event that you are harmed during the interview, the interview will stop and the incident documented and reported to both the principal investigator and HYMS.

11. What will happen to the results of the study?

The anonymised results will be used to formulate the conclusions of the study. This may eventually end up in the public domain.

12. What will happen if I want to stop taking part?

You always retain the right to withdraw from the project at any time, for any reason, without the need to explain. If you are happy for this to be done, results up to the period of withdrawal may be used. If not, you may request that they are destroyed and no further use is made of them. To do so, contact the principal investigator.

13. Who can I contact if I have further questions?

The investigator is the first point of contact. Questions should be addressed to the investigator initially.

Principal Investigators

Professor Gabrielle Finn
gabrielle.Finn@hyms.ac.uk

Dr Paul Crampton
paul.crampton@hyms.ac.uk

Appendix 7: Interview Topic Guides

Registrant/informant interview schedule

(Semi-structured, realist interview - questioning will be adapted depending on role and participant responses)

Introductory statement

Thank you for your time today. By participating you are confirming that you have read the information sheet and have provided documented consent.

Please be reminded that you are free to withdraw at any point without any negative consequences.

All data are treated confidentially and handled in accordance with GDPR.

Should you refer to any specific details about yourself or others, it will be omitted from the transcripts. All recordings are deleted following transcription. Please speak freely and without hesitation, should information that is not relevant be provided it will simply be removed before analysis.

Any reports will simply be attributed to quotes as 'registrant or informant" and will not name individuals or delineate any identifiable information.

Do you have any questions?

Interview stems:

Individual observations and contextual factors:

Please can you briefly outline any FtP experiences you have had

In your experience, what worked well within the process?
(Discuss contextual factors)

Prompts:

Processes; Documentation; Support; Engagement

Is there anything that didn't seem to work well?

Exploration of outcomes:

What are your perceptions of the ways in which the outcome was reached?

Prompts:

Were the outcomes efficient, transparent and fair?

Communication (if not discussed):

How were outcomes communicated?

Is there anything that you think didn't work?

Prompts:

Are there any explicit recommendations you could make from your experience? What can be done to improve communication?

EDI:

How fair do you feel the FTP process was in relation to equality, diversity and inclusion?

Prompts:

Do you have any perceptions about the way in which overseas trained dentists proceed through the FtP process? (any disproportionate referrals, sanctions, cultural differences?)

Mental health and support:

Did you feel supported through the FtP process?

Prompts:

What improvements can be made to enhance the experience?
In what ways can the GDC provide better access to support at various stages of investigations?

What are the levels of mental health awareness in staff?

Suggested improvements (if any)

Do you have any other suggestions for improvements for the FtP process?

Prompts:

Do you think the GDC can strengthen their prevention and upstream activity? How? Can the GDC processes be made more efficient? If you think about the FtP process, is there anything you would stop?

Closing remarks

Thanks

Reminder of anonymity & withdrawal

Opportunity for questions

Can we follow up if needed?

GDC staff interview schedule

(Semi-structured, realist interview - questioning will be adapted depending on role and participant responses)

Introductory statement

Thank you for your time today. By participating you are confirming that you have read the information sheet and have provided documented consent.

Please be reminded that you are free to withdraw at any point without any negative consequences.

All data are treated confidentially and handled in accordance with GDPR.

Should you refer to any specific cases or individuals, it will be omitted from the transcripts. All recordings are deleted following transcription. Please speak freely and without hesitation, should information that is not relevant be provided it will simply be removed before analysis.

Any reports will simply be attributed to quotes as 'GDC colleague' and will not name individuals or delineate any identifiable information.

Do you have any questions?

Interview stems:

Individual observations and contextual factors:

Please can you briefly describe your role within FtP

In your experience, what works well within the process?
(Discuss contextual factors)

Prompts:

Processes; Documentation; Support; Engagement; Evaluation & research

Is there anything that doesn't seem to work well?

Has there been any other contextual factors that have influenced the FtP experience?

Prompts:

Environmental factors? Technical factors?

Exploration of outcomes:

What are your perceptions of the ways in which outcomes are reached?

Prompts:

Are the outcomes efficient, transparent and fair? Do the outcomes seem proportionate?

Communication (if not discussed):

How are outcomes communicated, what works?

Is there anything that you think doesn't work?

Prompts:

Are there any explicit recommendations you can make from your experience? What can be done to improve communication?

EDI:

How fair do you feel the FTP process is in relation to equality, diversity and inclusion?

Prompts:

How can the GDC ensure accessibility and inclusivity and enhance equality, diversity and inclusion in their process?

Do you have any perceptions about the way in which overseas trained dentists proceed through the FtP process? (any disproportionate referrals, sanctions, cultural differences?)

Mental health and support:

Do you think individuals feel supported through the FtP process?

Prompts:

What improvements can be made to enhance the experience for informants/ witnesses/ registrants/ experts ?

In what ways can the GDC provide better access to support at various stages of investigations?

What are the levels of mental health awareness in staff?
How conscious are they of registrants wellbeing/vulnerability/mental health throughout the process?

Right touch regulation (for experts, managers, case handlers):

What is your level of knowledge and understanding about what is meant by ‘right touch regulation’ and the principles associated with it? (if applicable)

How does the current GDC process embed the Principles of right touch regulation into activities?

Prompts:

Principles of regulatory decision making - will it be useful? In what ways can regulatory principles influence the approach taken to handling FTP cases?

Suggested improvements (if any)

Do you have any other suggestions for improvements for the FtP process?

Prompts:

Do you think the GDC can strengthen their prevention and upstream activity? How? Can the GDC processes be made more efficient? If you think about the FtP process, is there anything you would stop? How can the GDC enhance environmental and technical factors associated with FTP cases?

What performance indicators can be used to monitor and evaluate FTP and upstream work?

Closing remarks

Thanks

Reminder of anonymity & withdrawal

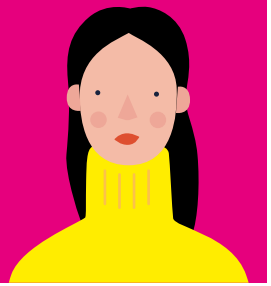
Opportunity for questions

Can we follow up if needed?

Appendix 8: Vignettes from learning eveant

GDC Caseworker Phillipa

- Phillipa started at the GDC 7 months ago. She has not previously worked for a professional body.
- She is stressed balancing a significant workload and feels she has to prioritise quantity over quality.
- She is considering leaving the GDC following a difficult case where a registrant voiced suicidal thoughts. Phillipa felt unsupported and underprepared to deal with the registrant.
- Phillipa did not anticipate her role being so target driven and the high administrative workload is not enjoyable.
- Weekly reminders of targets not met have quashed all enthusiasm.



Registrant Pranav

- Pranav is a dentist from India. He has worked in the UK for 10 years.
- He received an email from the GDC to check his contact details last thing on a Friday – he was unable to get information as to the reason and was anxious all weekend.
- One week later he received an email which detailed the case against him. He was distraught and began to fear for his career. He had to continue his clinical work despite his anxiety and began to doubt his abilities.
- Following submission of the required paperwork and patient notes, Pranav received no update for weeks.
- He was frustrated by the lack of communication, a lack of continuity in case workers, and the protracted timescales for resolution. The case had no substance and he felt it was a waste of time and energy for it to have been considered for so long.
- He was well supported by his colleagues and peers but felt that the GDC did not show empathy. His indemnity provider offered excellent support.
- Despite the case being closed (without action), his confidence has been severely impacted. He fears every patient may complain and no longer enjoys his work.
- He was too frustrated at the time to provide the GDC with feedback.

Lay Informant Callum

- Callum is an account manager. He received treatment that he felt was clinically incorrect.
- He tried to engage the surgery but they failed to respond. He worried about future patients facing similar issues so, following an extensive google search, he came across the GDC FtP process.
- Once his case was in motion, his perceptions were that the GDC charges against his dentist were incorrect. He requested the GDC change these but there was no scope to do so. He felt they had focused on wrong, and less important, issues.
- Callum reports finding information impenetrable and perceives the 'GDC to be run by dentists, for dentists'. He remarked that had he not been well educated he wouldn't have been able to follow through with the process.
- Callum did not agree with the outcome of the hearing, mostly on the basis of the charges, but was not able to appeal or provide further information.
- He feels that the GDC fail to see the power they hold over registrants with means when a registrant is being investigated they are 'on their best behaviour'. There needs to be greater acknowledgement that a patient's reality is different. He used communication as an example, registrants respond to the GDC in a timely manner yet often ignore patients.

Appendix 9: Summary of literature review findings relating to programme theory

Alexander 2018

Blame culture

"Perceptions of working environment - A blame culture and questions of openness"

"Professional status/reputation/morale damaged"

Impact, mental health

"Effects on the physical and psychological health of participants included "sleeplessness," "depression," "paranoia" and "relationship breakdown"

Professional relationships

"Professional relationships were "coloured by fear" and litigation had a negative effect on clinical practice and morale and fostered a culture of blame in the workplace."

"Midwives fear being blamed and the effects were worse if there was a lack of support."

Leaving profession

"Midwives leave the profession following adverse outcomes, experiences of clinical investigation and loss of registration (or licensure) following litigation"

Suicide

"A small group of midwives have attempted and committed suicide as a result of their experiences"

Worsley, 2017

Representation and cost, more severe sanctions

"Previous research into professional regulatory hearings have noted the benefits of legal representation in achieving a favourable outcome/less severe sanction for registrants facing misconduct/FTP concerns"

Initial impact when hearing of being investigated

'It was [laughs], I was like, I couldn't believe it, it was like waking up to a nightmare' (Amal).

"Although the HCPC did provide information of what the process would entail, no details of what constituted the 'gross misconduct' were provided, which meant Ann was still no wiser about the nature of the referral."

Emotional toll

"What was apparent from all of the interviews was that the HCPC process invoked considerable emotional stress for all participants involved"

Protracted cases impact

"The legal costs, combined with the drawn-out process of the FTP procedure, can induce feelings of being beaten down over a lengthy period and we were informed that some of our participants did not engage or, more precisely, stopped engaging with the HCPC simply because they could no longer afford to."

These negative effects on our participants' health were exacerbated by the length of time the proceedings took, with some of our respondents engaged in processes lasting over two years. The cumulative effect the stress of the process creates clearly has a major impact—a factor that all participants felt

required considerable fortitude: 'Anybody, anybody weaker would have thrown themselves under a train' (Florence).

I was done, I was broken, I was absolutely broken (Florence).

A common theme to emerge from all the interviews was the time it took for the HCPC to gather its evidence. This meant that those participants who were without work faced financial difficulties—a situation exacerbated for those without a working partner to support them during this time.

Suicide, ideation

Furthermore, of the eight respondents interviewed, five informed us that they had either attempted suicide or had suicidal thoughts:

I knew it would be a public hearing and I had got it into my head that all my colleagues would be there and I didn't want, I got frightened, don't know why, that was paranoia because all that time I was so stressed, this is the bit that gets hard [starts to cry], I was suicidal, I was suicidal (Florence).

I became depressed very, very quickly and ... I just didn't know what to do. I was, I was just bereft really ... . This is my, this is my professional livelihood, it's my life and at that point I was, I mean I'd, I'd actually attempted suicide (Megan).

Leaving profession

Although they did survive this process, few emerged unscathed. One especially wanted to leave the profession far behind: 'I never wanted to be a social worker ever again, ever, ever' (Florence).

Defensive practice

Although some did return to social work, few forgot the experience they had been through. The fear of making another 'mistake' was a common theme and led to defensive techniques being implemented or to participants changing role completely:

I probably never will get over it because I'm always terrified if I step out of line or do something wrong that is, that my manager, is going to report me to the HCPC again because I know I could never go through that again (Florence).

I can't do frontline work now ... and in part that's why I asked to do that [professional development] role because I need to step away from frontline ... I'm still terrified of making a mistake (Megan).

Leigh, 2017

Lack of representation impact

"none of the 21 'struck off' registrants we looked at either attended or were represented. Therefore, being struck off appears to be an action that is done to social workers indirectly- they simply are not there."

Casey 2016

Fairness

Although the presumption of innocence operates in FTP investigation just as it does in court, doctors undergoing FTP proceedings often feel that they are judged 'guilty until proven innocent'.

Communication

many doctors felt that the tone was 'accusatory' with emphasis on legal terminology and a subsequent failure to reflect compassion or recognition of underlying health complaints some doctors received minimal communication and felt that they did not receive support over this delayed period of communication;

unacceptable delays in investigating some concerns, in some instances leading to an increased risk of suicide. Thus, as highlighted in the report, 'if the GMC had responded in a more timely fashion the death may have been prevented.'

A referral to the GMC, as viewed by external stakeholders, was in effect found to be depersonalising and dehumanising.

Considerations, improvement table

It is already GMC practice for all known or suspected suicide cases to be reviewed by a senior manager, through a significant enquiry report (SER).

FTP investigation has never, prior to that, been isolated and identified as a distinct risk factor for physician suicide meant that practically nothing has been done to avert such deaths.

It argued that those deaths were indeed preventable. It has identified that the coronial system needs robust methods of identifying patterns of suicide within discrete demographic groups, such as physicians.

Lack of regulator support through FtP, suicide

This sense of abandonment and neglect at a highly vulnerable and stressful time was vividly captured in the suicide note penned by one of the 28 doctors: “I am extremely stressed and cannot carry on like this. I hold the GMC responsible for making my condition worse with no offer of help.”

The absence of timely measures to review and improve the process that has led many doctors to take their own lives, and/or any suitable support over the length of the investigation, arguably amount to a dereliction of the GMC’s duty of care towards those doctors.

Brindley 2016

Upstream, early education needed

It is quite possible that some of the registrants that have been taken to FTP may have never experienced any formal education in relation to their reflective skill development.

Insight, formative learning

Without perception and judgement of a situation, insight into our actions both during and after the event (in and on action) and our own innate personal duty of care, we are unable to gain true understanding of the impact of our actions on our patients, fellow professionals and the world around us, at any point of our professional lifelong learning journey.

Alexander 2021

Personal and professional relationships during investigation were under significant strain. Participants emphasised the importance of connection for well-being both personally and professionally.

Length of time

The process consumed the lives of participants, who often took periods of leave associated with anxiety, insomnia or substance abuse. Maintaining employment became harder over time.

Mental health

Participants who had recently received notification or were still under investigation experienced acute psychological and physical challenges.

Impact

Participants described being suspended in a state of despair where their lives stopped. For some the process paralysed them and they couldn’t function in all areas of their lives.

Appendix 10: Considerations for implementation table

	Considerations	Potential Indicators (Sustainable Monitoring)	Potential Research Approaches
	Communication		
1	Implement a jargon busting document	Feedback from stakeholders over readibility, ad hoc feedback on public facing materials, values derived from readibility indices (e.g. the Flesch-Kincaid readability index)	Qualitative focus groups, documentary analysis
2	Reconsider impact of the initial letter and how best to make first point of communication	Feedback from registrants	Qualitative focus groups, documentary analysis
3	Consider using shorter and more engaging videos/documents- infographics/talking heads etc - "what could GDC have done?"	Feedback from registrants	Qualitative focus groups
4	Look at the current triage tool on the website, is it putting people off? Does it work as intended to filter out complaints?	Website accessiblity review, feedback	Qualitative focus groups
5	Communication to include regular updates and more information	Capture the frequency and number of contacts with the registrant, feedback from registants	Qualitative analysis of longitudinal interviews/ audio-diaries
6	Less jargon and legalistic terminology, including in appeals process	Feedback from stakeholders over readibility, ad hoc feedback on public facing materials, values derived from readibility indices (e.g. the Flesch-Kincaid readability index)	Qualitative focus groups
7	Empathetic communication training	Perceptions of registrants of how staff interacted with them	Attitudinal questionnaire ratings/scores, or qualitative interviews

	Considerations	Potential Indicators (Sustainable Monitoring)	Potential Research Approaches
8	FtP process and outcomes should be explained to members of the public in an empathetic manner	Perceptions of public of explanations	Attitudinal questionnaire ratings/scores, or qualitative interviews and focus groups
9	Announcement to registrants about what kind of issues are within the remit of the GDC to handle	Proportion and absolute numbers of referrals resulting in no further action, or where there is evidence they were malicious	Model trends in referral outcomes, and proportion resulting in no further action
10	Better communication and more information to expert witnesses / witnesses to ensure understanding about their role	Perceptions of explanations to witnesses	Attitudinal questionnaire ratings/scores, or qualitative interviews and focus groups
11	Tone of voice in communication (staff are told to view in objective manner, free from emotion)	Perceptions of communication styles	Attitudinal questionnaire ratings/scores, or qualitative interviews and focus groups
12	Send feedback questionnaire via alternate method/point in time - maybe need better way of collecting experience data?	Completion rates and results from any questionnaires routinely sent	Model trends in completion rates
13	Provide training for clinical advisors and caseworkers on factual writing to registrants	Audit findings of accuracy and style of reports	Documentary analysis, qualitative analysis of the reports and the way are perceived by registrants
14	Ensure DCPs are made aware of indemnity and understand what it means for them (some arent aware they have it even though they have to tick a box to say they have it)	Proportion of DCPs aware of these issues	Trend analysis from questionnaire survey results
15	Communication from the GDC could go through the registrant's indemnifier	Perceptions of this route of communication amongst registrants	Questionnaire survey and qualitative feedback
16	Learn from other industries and their approaches to communication	Perceptions of communication amongst registrants and other stakeholders	Questionnaire survey and qualitative feedback

	Considerations	Potential Indicators (Sustainable Monitoring)	Potential Research Approaches
17	Ensure website is made simpler and easier to navigate	Ratings of website accessibility	Questionnaire survey and qualitative feedback
18	Use phone calls rather than emails where felt necessary	Perceptions of communication amongst registrants and other stakeholders	Questionnaire survey and qualitative feedback
	Complaints		
19	Engage with all groups to educate about what types of FtP cases should be raised with GDC	Levels of awareness amongst key stakeholders, stakeholder engagement	Questionnaire survey and qualitative feedback
20	GDC should take note of patients' complaints about serious injuries and reprimand incompetent dentists	Rates of completion of reporting, audit results for FTP issues resulting in serious harm to patients	Audit, documentary analysis, case studies
21	Dental complaints service needs to be promoted more	Awareness levels regarding dental complaints service	Knowledge based questionnaire surveys
22	Work with employers to look at referral of BAME registrants	Audit of outcomes for similar cases across ethnic groups, rates of referral vs sanctions for minority groups	Use of situational judgement tests to evaluate consistency of decision making amongst GDC staff, modelling of outcomes for registrants depending on ethnicity, qualitative approaches to the experiences of minority registrants
23	Provide process to complain about a dental practice/group and not just an individual	Audit use of such a new route, and perceptions of its usefullness and fairness in stakeholders	Qualitative focus groups, and interviews, questionnaire ratings
24	Educate organisations about how they should strive for local resolution of complaints	Awareness levels regarding local esolution routes	Knowledge based questionnaire surveys

	Considerations	Potential Indicators (Sustainable Monitoring)	Potential Research Approaches
	FtP process		
25	Need to mitigate risk, rather than respond to it, including more education for registrants	Levels of risk related knowledge in practioners, levels of engagment with relevant CPD	Qualitative focus groups, and interviews, questionnaire results
26	Lay members of the panel should be genuinely lay people and not professionals who may be biased	Audit of demographic and personal characteristics of panel members	Qualitative focus groups, and interviews, questionnaire results
27	Initial part of process could include 'screeners' to filter out cases rather than using a more formal committee	Audit results relating to proportion of cases progressing at each stage	Trend analysis of proportion of cases progressing at different stages of the FtP process
28	FtP process should be governed by dentists and DCPs	Description of professional represention relating to governance	Descriptive analysis of representation and trends in recent years
29	Ensure that both sides of the story are heard for a fairer process	Perceptions of fairness in registrants	Documentary analysis, qualitative focus groups, and interviews, questionnaire results
30	Promote awareness that GDC can't be directly compared to other regulators	Perceptions and awareness of GDC in stakeholders	Qualitative focus groups, and interviews, questionnaire results
31	Need to assess how dual registrants are managed within both FtP processes	Experiences and perception of dual registrants experiences in the FtP process	Qualitative focus groups, and interviews, questionnaire results
32	Educate relevant stakeholders e.g. GDC staff on ongoing process improvements e.g. right touch regulation, tone of voice documentation	Awareness levels in stakeholders	Qualitative focus groups, and interviews, questionnaire results
33	Look at how court system is set up/impact on all involved	Perceptions of Court system in stakeholders	Qualitative focus groups, and interviews, questionnaire results

	Considerations	Potential Indicators (Sustainable Monitoring)	Potential Research Approaches
34	Consistency within process is needed, particularly focussing on caseworker approach and hearings.	Consistency and levels of agreement re decisions taken by GDC staff	Qualitative analysis of cases processed, use of situational judgement tests to evaluate consistency of decision making amongst GDC staff
	Reassurance, support and mental health		
35	Self referral process for mental health needs assessing	Number and proportion of registrants self-referring	Descriptive and statistical trend analysis, surveys
36	Provide individualised case support with one point of contact	Perceptions of process among registrants	Qualitative focus groups, and interviews, questionnaire results
37	Vulnerable registrants should be identified early in order to provide early intervention	Proportion and number of registrants engaging with support, reports of wellbeing/mental health issues	Qualitative focus groups, and interviews, questionnaire results, analysis of routine data
38	GDC should reassure registrants facing investigation that they are innocent until proven otherwise	Perceptions of process among registrants	Qualitative focus groups, and interviews, questionnaire results
39	Dealing with mental health of all involved in process must be better (inlcuding signposting/ recognising risk factors/use of toolkits for staff/more training for staff on how to deal with vulnerable registrants once flagged)	Mental health awareness levels amongst staff, perceptions of interactions with staff by registrants	Qualitative focus groups, and interviews, questionnaire results, knowledge based tests, including situational judgement tests involving mental health based scenarios
40	Support group for dentists to share experiences with each other	Engagement and uptake of a peer support group and its perceptions	Trends in uptake and quantitative and qualitative perceptions on questionnaire and interview etc
41	More support and information for informants	Levels of awareness among informants	Questionnaire and interview/focus group findings

	Considerations	Potential Indicators (Sustainable Monitoring)	Potential Research Approaches
42	Provide support for registrants who have been referred particularly those who have been maliciously referred	Audit of cases where malicious referral was strongly suspected, perceptions of registrants who were the focus of such referrals	Case studies
43	Develop a public support service	Levels of awareness around existing and potential support networks	Questionnaire and interview/focus group findings
44	Implement new roles for dedicated support staff to liase with individuals (more neutral position that can develop trust and illustrate empathy)	Perceptions of staff and registrants of new roles	Questionnaire and interview/focus group findings
45	Communicate that the GDC is building evidence base to ensure they are able to provide right support - communicate fact that GDC are listening and researching	Quality of feedback from learning events	Questionnaire and free text feedback
46	Think about possibility of providing extra support for those who are facing FtP for an extended length of time - look at ways to monitor this	Perceptions of registrants subject to protracted FtP processes	Questionnaire and interview/focus group findings
47	Can the GDC liaise/learn from victim support in crime environment - do they have a specialist arm supporting witnesses; is there anything similar elsewhere?	Perceptions of witnesses	Questionnaire and interview/focus group findings
	Facing investigation		
48	Focus should be on prevention	Proportion and number of cases reaching different stages of the FtP process	Description and modelling of progression of cases
49	GDC should develop a diversion model that prevents cases from getting to court	Proportion and number of cases reaching Court stage of process	Descriptive and trend analysis

	Considerations	Potential Indicators (Sustainable Monitoring)	Potential Research Approaches
50	GDC should provide a bullet point sheet of suggestions to registrants facing FtP	Perceptions of the sheet by registrants	Brief questionnaire of qualitative feedback
51	Registrants facing investigation should get their day in court	Perceptions of process by registrants	Brief questionnaire of qualitative feedback
52	Registrants should be able to claim back costs if they are acquitted	Views of registrants on this issue	Brief questionnaire of qualitativefeedback
53	Do not publicise registrants who have an FtP case until they have been found guilty	Perceptions of this issue among registrants	Brief questionnaire of qualitativefeedback
54	Assess each registrants on the basis of their individual merits	Perceptions of this issue and fairness among registrants	Questionnaire and interview/focus group findings
55	Keep people who have had a FtP case on record (even if they are retrained)	Audit of data on prior registrants held	Description of data on prior registrants with data held
56	Ensure FtP takes a person-centred approach	Perceptions of interactions with staff and processes among registrants	Questionnaire and interview/focus group findings, situational judgement tests evaluating knowledge of person centeredness in staff
57	Think about the formative role of the GDC in FtP processes	Perceptions of staff regarding this issue	GDC staff questionnaire and interview/focus group findings, situational judgement tests evaluating knowledge of person centeredness in staff
	Improving knowledge about the FtP process		
58	Improve registrants knowledge before they face investigation RE outcomes and process	Levels of knowledge re FtP in registrants	Knowledge based survey
59	GDC need to make all involved in FtP fully aware of the process/ illustrate realities	Levels of knowledge re FtP in registrants and other stakeholders	Knowledge based survey

	Considerations	Potential Indicators (Sustainable Monitoring)	Potential Research Approaches
60	Make more use of website for better understanding and use of signposting	Perceptions of web-based material in stakeholders	Questionnaire and interview/focus group findings
61	Make clear to informants about info sharing / FtP processes	Levels of awareness re data sharing in informants	Knowledge based survey
62	Listen to views of experts more/utilise their knowledge earlier in process	Evidence that experts views have been utilised in the process from early on	Qualitative analysisof case studies and reports
63	Focus should be put on the learning opportunity of the FtP process rather than viewed as a punishment - impact on patients and professional development	Perceptions of FtP process amongst registrants in this regard	Questionnaire and interview/focus group findings, situational judgement tests evaluating knowledge of person centeredness in staff
64	Engage with undergraduate level to educate on FtP process and support perception of GDC - GDC could provide preventative workshops, for example the GMCs 'Duties of a Doctor' programme.	Level of awareness, and perceptions of this in dental undergraduates	Knowledge and attitudes based questionnaire and interview/focus group findings from dental students
65	Ensure relationship between GDC and defence unions is strong, supporting understanding of FtP process	Perceptions of relationship in respective organisations	Questionnaire and interview/focus group findings
66	Ensure all are aware of the intended purpose of FtP and role of GDC - why do people make complaints/refer in the first place - patient safety!	Perceptions and knowledge of FtP issues in stakeholders and public	Questionnaire and interview/focus group findings
67	Think about how the GDC can use real cases/ data to reduce fear and educate	Perceptions and knowledge of these FtP issues in stakeholders and public, before and after seeing case studies	Questionnaire and interview/focus group findings

	Considerations	Potential Indicators (Sustainable Monitoring)	Potential Research Approaches
	GDC staff and efficiency		
68	Achievable targets to motivate GDC staff	Performance against agreed goals or targets	Audit of performance against targets
69	Collect better data and enable better access to current data	Quality and completeness of data held in relation to FtP processes	Audit of data quality and completeness
70	More flexibility/update of formal structures needed	Perceptions of these issues in staff	Questionnaire and interview/focus group findings
71	Separate meetings for caseworker assessment team	Perceptions of these issues in staff	Questionnaire and interview/focus group findings
72	Address administration issues - including extra recruitment of staff	Perceptions of these issues in staff	Questionnaireand interview/focus group findings
73	Improve/update use of IT/software	Perceptions of these issues in staff	Questionnaire and interview/focus group findings
74	Introduce policies to support GDC staff	Perceptions and knowledge of these duty of care issues in staff	Questionnaire and interview/focus group findings
75	Use of PPI/consultation groups	Increased representation at appropriate points in process. Better access to fairer processes	Audit of engagment and representation
76	Think about how to better work with other regulators	Perceptions of these issues in staff	Questionnaire and interview/focus group findings
77	Re-assess use of team-based approach to FtP in certain streams	Perceptions of these issues in staff	Questionnaire and interview/focus group findings

Appendix 11: Logic models

Logic Model – Mental health and wellbeing

CMO example: Mental Health/Wellbeing of registrants under FtP investigation

Context/Rationale	Resources/Inputs	Activities	Desired Outcomes	Potential Impact
Registrants report very high levels of stress when being subject to complaints and consequently a GDC investigation and Fitness to Practise processes. This impacts on their wellbeing and mental health.	• GDC provide single point of contact (PoC) caseworkers to liaise with registrants under investigation • GDC could allocate resources to flag especially vulnerable registrants subject to FtP processes early on • Provision for mental health awareness training for relevant GDC staff • More effective sign-posting to potential sources of support for registrants, in public-facing website and/or direct communications	• Promoting mental health awareness amongst staff • Reviewing processes relating to registrants who self-refer with mental health issues • Consider 'light touch' follow-up of registrants flagged as vulnerable, to check whether they have engaged with any of the support they have been sign-posted to • Continue reviewing tone and content of direct communications with registrants subject to FtP processes • Encourage and/or signpost engagement with appropriate external support organisation such as a defence union or support group	• Reduce distress in registrants subject to FtP processes • Reduce the risk of mental health problems in registrants subject to FtP processes • Decrease reluctance in registrants to self-refer regarding mental health or substance use issues • High levels of engagement with sources of support in registrants undergoing FtP processes	• Registrants are less likely to consider leaving the profession early, and loss of dental professionals from the workforce • Increased access to dental care for patients • More positive registrant and public perceptions of the GDC as a regulator • Reduce the risk of suicidality or completed suicide in registrants under investigation for FtP concerns • More effective engagement with GDC FtP processes • Increased rates of self-referral for substance use issues may improve patient safety • Decreased risk of mentally unwell clinicians practicing, improving patient care and safety

Assumptions:

(How will the inputs lead to outputs/outputs lead to outcomes?)

That any interventions suggested will be effective, in practice
That not all registrants are aware of potential external sources of support already
That levels of mental health awareness in GDC staff is generally relatively low
That most, if not all, registrants, are willing to engage with external sources of support
Registrants may be reluctant to self-refer for mental health/substance use issues for fear of any repercussions in relation to their work and career

External factors:

(what external factors have the potential to affect outcomes and impact?)

GDC staff resources
The presence of external sources of support

Logic Model – Dental Care Professionals

CMO example: Dental Care Professionals (DCPs) who are registrants subject to FtP processes

Context/Rationale	Resources/Inputs	Activities	Desired Outcomes	Potential Impact
Registrants who are DCPs perceive they have relatively less support available in relation to an FtP process than dentists. DCPs are not always aware that they have indemnity, as this is often arranged by their employing organisation. DCPs may also be unaware of the wider benefits (beyond indemnity) of membership of a defence organisation (e.g. legal advice, support, access to CPD etc). DCPs may also be less clear about the FtP process compared to dentists. This may reduce the level of engagement in the process, for example, taking proactive remediation steps. It may also increase levels of stress in DCPs undergoing FtP processes. DCPs are also less likely to have legal representation in hearings compared to dentists.	• GDC could produce materials, e.g. on their website, to raise awareness about both indemnity and the wider benefits of membership of a defence union for DCPs, and the risks of receiving more severe sanctions without support • Caseworkers could make an early check to evaluate to what extent DCP registrants under investigation are aware of their indemnity and have engaged with any professional defence union	• Awareness raising activities regarding professional indemnity and defence union membership in DCPs • To provide additional information in the initial contact letter to DCP about indemnity. E.g. "If you are a member, we strongly advise you to contact your professional defence organisation for further advice and support. Also, please check what your current indemnity arrangements are. These are sometimes arranged by your employer so if you are not sure how you are indemnified please seek advice from them in the first instance…" • GDC to liaise further with defence unions and employers to assess if further awareness and support can be provided to DCP members	• Greater awareness of indemnity arrangements, defence unions and the support available via these amongst DCPs • Higher rates of defence union membership in DCPs • DCPs to be more aware of proactive actions that could be taken in response to concerns (e.g. additional training, dealing with complaints etc.) • Higher rates of legal representation in cases where the registrant is a DCP • Greater access and engagement with sources of support either directly provided by defence unions or signposted to registrants	• Better engagement of DCPs in the FtP process • DCPs more likely to engage in proactive remediation in response to complaints or concerns • DCPs experience the same levels of fairness (with legal representation) as dentists • Improved perception of GDC amongst DCP registrants • Reduced stress in DCP registrants undergoing FtP processes, via increased access to support, advice and advocacy • Better quality care delivered less stressed DCPs • Reduced length of cases where appropriate actions taken at an earlier stage

Assumptions:

(How will the inputs lead to outputs/outputs lead to outcomes?)
All DCPs should have professional indemnity (e.g. through an employer) though not all will be members of defence unions as such
DCPs would be likely to engage with legal representation and other support if they were more aware of it
Legal representation is likely to lead to fairer and quicker processes, including hearings

External factors:

(what external factors have the potential to affect outcomes and impact?)
Information provided by the GDC and accessibility of the website
Relations between the GDC relevant defence organisations
Awareness and willingness of DCPs to join and pay the related fees for defence union membership

Logic Model – Length and complexity

CMO example: Length and complexity of FtP

Context/Rationale	Resources/Inputs	Activities	Desired Outcomes	Potential Impact
Registrants, and some informants, feel that there is sometimes a lack of transparency about how FtP decisions are made Registrants also sometimes feel that cases, that are eventually found to be unfounded (e.g. vexatious complaints) could be closed earlier Registrants feel there is sometimes a lack of consistency in both process and outcomes (i.e. cases that seem at least superficially similar have different outcomes) Registrants sometimes feel there are more individuals than necessary involved in processing the case. This could give rise to inconsistency and increase complexity Registrants feel that cases can be long and drawn out and this increases stress and negative impact on wellbeing, work and health of registrants	• A single caseworker could be allocated to each registrant, and monitor key timeline milestones of the cases, to provide some continuity from the registrant perspective • Complaints- where there are indications that they are vexatious or unfounded- could receive targeted attention so that they can be processed and the case closed quickly where appropriate • Additional administrative support (for example, for document redaction) could help expedite the FtP process	• Where possible, to make more documents available to registrants and informants at an earlier stage. • To consider further streamlining the FtP process so that it can be easily conveyed to registrants, informants and witnesses in flow chart format • To outline at what stage a case currently is, and what the next steps needed	• Greater understanding of the FtP process in registrants and informants • A sense of more transparency and consistency regarding the process in registrants and informants • Reduced registrant frustration and anger with the length of case and not knowing what is happening • Shorter average duration of the FtP process, especially for cases that are likely to be unfounded • Improved job satisfaction in GDC staff, who can observe cases from start to finish	• Improved confidence in the process amongst stakeholders • Reduced stress and anxiety and improved wellbeing in registrants • Higher morale in GDC staff • Reduced impact on access to dentist, as case concluded more quickly • Better reputation of the GDC FtP process • Improved perception of GDC generally by registrants • More effective FtP processes where time is given to complex cases which need it most • Reduce risk of trend towards 'defensive dentistry'

Assumptions:

(How will the inputs lead to outputs/outputs lead to outcomes?)
Some GDC staff may be spending time doing routine administrative work that could be delegated (i.e. they are not always working at the 'top of their license')
Unfounded or vexatious complaints may be identified from the outset.
There is scope to streamline current FtP processes.
Some documentation could be shared earlier without breaching informational governance guidelines and rules.

External factors:

(what external factors have the potential to affect outcomes and impact?)
Resources could be located or reallocated for some routine administrative tasks.

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