NESC Dental Deanery Tutors
Study Day 22nd April

*Professional governance – poor performance*

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*Aim of the day*

To equip delegates with the knowledge and skills to effectively support members of the dental team, experiencing performance difficulties, in a practice setting
Objectives of this session

- Have a better understanding of the issues
- Have increased confidence to recognise colleagues in difficulty
- Understand the importance of sensitive and constructive challenge when poor performance is suspected, barriers and reporting requirements and how to access help for practitioner and self
- Have increased confidence to support colleagues in difficulty.

Maintaining Standards

A dentist (DCP) must act to protect patients when there is reason to believe that they are threatened by a colleague’s conduct, performance or health. The safety of patients must come first at all times and should override personal and professional loyalties. As soon as a dentist (DCP) becomes aware of any situation which puts patients at risk, the matter should be discussed with a senior colleague or an appropriate professional body.

GDC Paragraph 2.4
What are the issues?

The problems

• Lack of knowledge or skill
• Ill health, especially mental health
• Substance abuse
• Personality disorder
• Lack of probity or professional values
• Lack of support
• A combination of factors
Areas of concern in 50 dental support cases

Nature of presenting concerns
Assessment Findings

- Multiple significant concerns – 80% have more than five – e.g.
  - Consultation skills
  - Diagnosis and clinical management
  - Record keeping
  - Clinical knowledge
  - Technical skills

- Non clinical concerns include behaviour (95%), CPD (50%), health (30%), organisational issues (90%)

Context: A systems view
Why do dentists get into difficulty?

- Are they fit for purpose? (properly trained, emotionally and psychologically suited)
- Do they have the right tools?
- Is there appropriate infrastructure?
- Is there the right culture? (good team building, supportive, patient orientated)
- Are there distractors?
- Are there values clashes?
- Are they sick?

Recognising the signs
The Early Signs in Trainees (Paice and Hale)

- Poor clinical performance
- Rigidity
- Rage
- The disappearing act
- The bypass syndrome
- Defensiveness and denial

Factors that impact on performance

Individual:
- Clinical knowledge and skills
- Health and stress
- Psychological factors
- Leadership skills.

Organisational:
- Education and training; undergraduate and postgraduate
- Organisational culture and climate
- Team functioning
- Workload and sleep loss.
Strengths that become derailers under pressure

<table>
<thead>
<tr>
<th>Strengths</th>
<th>Derailers</th>
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<tr>
<td>Enthusiastic</td>
<td>Volatile</td>
</tr>
<tr>
<td>Shrewd</td>
<td>Mistrustful</td>
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<tr>
<td>Careful</td>
<td>Cautious</td>
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<tr>
<td>Independent</td>
<td>Detached</td>
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<tr>
<td>Focussed</td>
<td>Passive aggressive</td>
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<td>Confident</td>
<td>Arrogant</td>
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<td>Charming</td>
<td>Manipulative</td>
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<td>Vivacious</td>
<td>Dramatic</td>
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<td>Imaginative</td>
<td>Eccentric</td>
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<tr>
<td>Diligent</td>
<td>Perfectionist</td>
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<tr>
<td>Dutiful</td>
<td>Dependent</td>
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Health concerns in NCAS cases

How many do we see?
- 23% advice and support cases [of a total of 700 per year]
- 30% assessment cases [of a total of 265 at end Dec 2009]

What problems do we see?
- Physical illness [5% advice; 16% assessment]
- Brain injury / cognitive impairment [2% advice; 6% assessment]
- Mental illness / depression [11% advice; 12% assessment]
- Substance / alcohol misuse [3% advice; 6% assessment]
**Behavioral indicators for mental health problems**

- Absence
- Change in behaviour – personal care
- Poor time management
- Inability to prioritise
- Inappropriate behaviour
- Complaints
- Withdrawal
- Multiple factors

**What to do next**
What are the stages in dealing with this?

- Prevention
- Recognition
- Managing
- Remediation

Prevention

- Selection
- Training (clinical and leadership skills)
- Induction
- Mentoring
- Appraisal
- Occupational Health service
- Culture (explicit, clinically and managerially aligned, patient focused)
**Recognition**

- Clinical Audit
- Complaints
- Risk Management
- Raising concerns
- Appraisal

**Managing**

- Investigating procedures
- Engaging with the dentist and others
- Analysing, diagnosing and assessing
- Agreeing action plan
- Appropriate remediation
- Disciplinary procedures
- Having people skilled in confronting the issues
Skills to recognise and deal with problems

- Providing the right culture
- Spotting the signs early
- Giving feedback constructively
- Acting supportively
- Promoting team building
- Ability to set objectives, monitor and appraise
- Problem solving
- Acting with integrity and consistency
- Confronting the issues objectively and with confidence

Should I say something....?

"Sometimes it is tempting to avert your gaze from a problem - particularly if it involves confronting deep seated issues within the organisation. To look away is almost always a mistake. The courageous route is to face up to it and resolve it despite the difficulties."

(Sir Liam Donaldson speaking on 'Clinical risk management' at the annual gathering on clinical pathology accreditation held at the Commonwealth Institute in London, 19th March 2002.)
Is the practitioner worth it?

- Needs of the service and patient safety
- Costs of training and recognition of service contribution
- Experienced practitioners working in difficult circumstances
- Competence and experience
- Loss of manpower from unpopular areas and specialties
- Ensuring patient safety in rehabilitation
- Awareness within the service

Key stages

Analysis of concerns through:
- Investigation
- Assessment
- Review
- ‘Soft’ information.

Reviewing context:
- Health
- Work environment
- Team dynamics.

Review/discuss options:
- Remediation, reskilling or rehabilitation programme
- Retirement
- Compromise agreement
- Capability/disciplinary
- Ring-fenced post.
**Who can help?**

**NCAS and its Partners in Performance**

- Royal Colleges
- BDA/BMA
- Defence organisations
- NHS local management – Trusts and PCOs - PASS
- Training – Deans & WDCs
- GDC/GMC – fitness to practise
- Systems
- NCAS – individual fitness for practise
- NHS Performance Management – DoH & StHAs
- BSA
**Partners in Performance**

- **Criminal activities**
  - GDC
  - PASS Trust
- **Education**
  - NCAS
  - Deanery Royal Colleges
- **Probity**
  - Counter Fraud
  - Health support
- **Local support**
  - DRS Defence organisations
  - Alcohol/drugs/physical/mental health

**Partners in performance**

- **Local** – PASS, local performance groups, LDC, BSA, defence organisations, BDA: investigation, ‘simple’ problems, support, mentoring, ‘spot’ training, health only issues
- **GDC** – fitness to practice: patient safety issues
- **NCAS** – support to organisation and practitioner in resolving problems: advice, local supported action, assessment. Must be involved with exclusion/suspension decisions and disciplinary procedures (MHPS)
**Investigatory help for Trusts / PCOs / LHBs**

**Local**
- Dental practice adviser
- Consultant in dental public health
- R&R adviser
- Clinical governance lead
- Cross infection team
- Local counter fraud team
- PASS

**National**
- Reference officers
- National patient safety agency
- National clinical governance team

**What should happen locally**
- One local collection point for information
- Procedures widely publicised
- Confidentiality
- Clear reporting arrangements
- Meticulous records
- Separation of decision making from the performance assessment and support
- Written agreed procedures
- Plenty of educational support and follow up
**Purpose of local procedures**

- Respond to concerns about dentist performance (at early stage if possible)
- Identify any health problems
- Initial assessment of performance & identify areas for improvement
- Action plan and support
- Arrange onward referral if necessary (e.g., NCAS or GDC)

**What helps and what hinders**

**What helps?**
- Acceptance
- Commitment to change
- Constructive relationship between parties
- Use and availability of resources and support.

**What hinders?**
- Problematic relationships in team
- Difficulty organising clinical placements
- Breakdown of trust between Trust and practitioner.
Who supports the struggling practitioner?

- ‘You can’t speak to people about it….feel vulnerable ..exposed’”
- ‘you can speak to LDC and defence organisation but……its more of the same’
- ‘by my staff, the Deanery tutor and my colleagues’
- ‘BDA etc were useless’
- ‘by my husband…and the case manager’
- ‘in my culture the man has to be strong…cannot burden your wife and family’
- ‘my educational mentors (trainers) were brilliant’
- ‘clinical governance lead was really supportive’

We must aspire to:

A fair, transparent, equitable process that supports struggling practitioners but at the same time assures public protection and patient safety
Thank you

Any Questions?