

December 2016

MPS response to the Scottish Government's Oral Health Plan for Scotland

General Comments

MPS welcomes this opportunity to respond to the Scottish Government's Oral Health Plan for Scotland. The consultation is wide ranging, and MPS confines its comments to a small number of questions pertinent to our role as a protection organisation serving dentists and other members of the dental team.

Consultation Questions

A range of 'shared services', currently provided by NHS Boards, should be provided by a national body. Agree or disagree?

Which duties could be taken on by this national body?

Where there is a disparity in the approach taken at Health Board level, MPS sees a strong case for standardisation across administrative arrangements – with the exception of practise inspections, which should continue to be dealt with at a local level where local knowledge can be applied by the inspection team. Standardisation would certainly be welcome in relation to the governance of the dental profession, including NHS Discipline and Tribunals and General Dental Council (GDC) referrals.

Through its regular engagement with the GDC, MPS recognises that the dental regulator's focus is on increasing the number of cases where complaints about a dental professional are dealt with, where appropriate, at the local level. This is better for patients, and better for the dental professional concerned. It is in the interests of both the dentist and their patient to address concerns promptly, without protracted proceedings. When done effectively, the local resolution of complaints can mean a patient gets the answers they are seeking relatively swiftly, with an apology where appropriate – and action taken to put things right.

Standardising processes would assist in making more matters suitable for local resolution. The regulator should only be involved where efforts to resolve complaints locally, for whatever reason, fail or are inappropriate. Having a robust, standardised process, implemented at local level, could reduce the number of cases referred to the GDC for investigation. At a time of resource constraint, local resolution can be an extremely cost effective way of dealing with complaints.

MPS would support the sharing of services as outlined in the consultation, provided by a national body in Scotland, and would suggest that this would be an appropriate mechanism to deal with NHS Discipline and Tribunal cases. Furthermore, to ensure standardisation and consistency across Scotland, MPS would advocate the formation of a national committee whose remit would be to consider the cases of dental practitioners who have come into difficulty. Too many 'low level' cases still make it to the GDC. A national committee could deal effectively with 'low level' cases in which guidance, support, remediation, and education are required. GDC referral should be reserved only for cases involving serious patient safety and probity issues.

There should be a Director of Dentistry in each NHS Board who will have strategic oversight of all aspects of NHS dental services and oral health improvement in their area. Agree or disagree?

MPS can see potential benefits to there being a Director of Dentistry in each NHS Board. This new role, and the retention of the existing role of Health Board Dental Practice Advisers, could bring some welcome clarity for the profession about which role performs which duty.

It is MPS's understanding that the Dental Practice Adviser role was always intended to be a pastoral one. The creation of the new role of Director of Dentistry, with responsibility for monitoring and governance, would allow Dental Practice Advisers to focus on providing guidance, support and remediation to a dentist. In the past this role has been performed in addition to the duties proposed for the remit of a Director of Dentistry. A separation of these two functions would bring welcome clarity for dentists - removing the perception of a conflict of interest.

The Scottish Government proposes the development of a process that will make protected learning time available for dentists and practice staff? Agree or disagree?

MPS fully supports the proposal of the Scottish Government to create protected learning time for dentists and practice staff.

MPS places great importance on continuous professional development. Our philosophy is to support safe practice in medicine and dentistry by helping to avert problems in the first place. We have an established policy of providing educational resources, with the aim of preventing avoidable harm to patients and reducing risk to members.

Creating protected time for dentists and practice staff to review and refresh their risk management would be highly welcome and beneficial for the profession and for patients.

About MPS

The Medical Protection Society Limited (“MPS”) is the world’s leading protection organisation for doctors, dentists and healthcare professionals. We protect and support the professional interests of more than 300,000 members around the world. Membership provides access to expert advice and support together with the right to request indemnity for complaints or claims arising from professional practice.

Our in-house experts assist with the wide range of legal and ethical problems that arise from professional practice. This can include clinical negligence claims, complaints, medical and dental council inquiries, legal and ethical dilemmas, disciplinary procedures, inquests and fatal accident inquiries.

Our philosophy is to support safe practice in medicine and dentistry by helping to avert problems in the first place. We do this by promoting risk management through our workshops, E-learning, clinical risk assessments, publications, conferences, lectures and presentations.

MPS is not an insurance company. All the benefits of membership of MPS are discretionary as set out in the Memorandum of Articles of Association.

CONTACT

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