UNITED KINGDOM

Evaluating the Professional Qualifications Directive
Experience reports from competent authorities

UNITED KINGDOM RESPONSE
Prepared by the General Dental Council

A. RECOGNITION PROCEDURE IN CASE OF MIGRATION ON A PERMANENT BASIS

1. Do you accept applications from EU citizens for the recognition of foreign diplomas sent by email or requests made on line? Under which conditions can they send documents and declarations electronically? What are your experiences in this respect?

The General Dental Council (GDC) does not currently administer an electronic or online registration process although researching and implementing such a system is within the Registration work plan.

Therefore at this time documents and declarations from all applicants are accepted in hard copy.

The GDC experience relates to ensuring its applicants and potential applicants have as much information available online as possible to enable them to make informed decisions about their registration and what they need to supply the Council for successful registration.

Applicants have the opportunity to determine their route to registration through an interactive page on our website: http://www.gdc-uk.org/Potential+registrant/Apply+for+registration/Find+your+route+to+registration.htm

Using this tool, a potential EEA applicant will be able to locate a page which allows them to download an application form together with guidance – both about the form and what they need to present to the Council in support of their application: http://www.gdc-uk.org/Potential+registrant/Apply+for+registration/Qualified+in+the+European+Economic+Area.htm

A dedicated email address gives applicants the opportunity to raise questions directly with the team that will be processing their application: gdcregistration@gdc-uk.org

The GDC is not aware of sustained interest at this time from EEA applicants to be able to apply and register with the GDC online.

2. What is the yearly number of applications for recognition from 2000 to 2009? Please submit specific data for applications for automatic recognition based on diplomas, automatic recognition based on acquired rights (as from 2005), and recognition based on the general system[1]. Please include data reflecting both positive and negative decisions for all.

Information has been provided to the Commission previously.

[1] Please provide this information unless it has already been provided to the Commission in the Database or the implementation reports.

3. To what extent have the system of automatic recognition and the general system been a success? How do you see the costs and benefits? Specify in particular whether automatic recognition based on diploma, Annex V and the current notification system represent an efficient way to facilitate automatic recognition. Please submit comments for:

- automatic recognition based on diploma

There have been no major issues with recognition based on diploma. On occasion, difficulty has been experienced when diplomas have not had the same wording listed in Annex 5.3.2. In these cases, the applicant is asked for a letter of EEA compliance from the relevant body in the EEA state where they originally qualified. This document confirms that the applicant's qualification meets the directive training requirements.

In a similar way, there have been occasional slippages between changes within the Annex and awareness of the change within the GDC.

This has created problems between the GDC and a limited number of applicants.

- automatic recognition based on acquired rights

In a similar way, there have been occasional slippages between changes within the Annex and awareness of the change within the GDC.

- recognition based on the general system.

This is necessarily the most resource-intensive of the routes to registration. The GDC retains a GDC Registration Assessment Panels to consider applications for registration on behalf of the GDC and to provide advice and make recommendations to the GDC's Registrar as to whether an applicant has the appropriate knowledge and skills for entry onto the GDC Registers as well as Specialist Lists.

The Assessment Panels comprise dentists and dental care professional members. Until 2009 the GDC had 6 dentist and 2 dental care professional members of the assessment panel. Subsequently we have recruited 10 more members who were sought from dentists, DCPs or lay persons.

Members of the assessment panel meet at regular intervals to consider applications.

Each panel meeting comprises three or four members. Hence, all members are not required to attend every panel meeting.

GDC staff members attend panel meetings to provide guidance and assistance to the panel, to record recommendations, minute the meetings and make informed decisions following recommendations, on delegated authority from the Registrar.

The GDC Registration Assessment Panel is not a decision-making body. Its role is to provide advice and make recommendations to the GDC Registrar (whose decision making function is, in most cases, delegated to GDC staff).

During the assessment process members have to examine the paper based evidence of qualifications, knowledge, skills and experience submitted by the applicant and are required to determine if the applicant has demonstrated the knowledge, skill and

experience required for practise in the UK.

The Registrar's decision not to register an applicant, which will be based on *recommendations* from the panel, can be formally appealed.

The appeal is always against the Registrar's final decision and not against recommendations made by the panel to the Registrar.

Currently the panel is meeting approximately every six weeks.

This is a costly process to operate – particularly if or when a case progresses to appeal. The benefit to the GDC in providing a means to fulfilling its legislative responsibilities is clear; the effectiveness and transparency of the process is not always immediately apparent to applicants.

4. Is the general system applied in your country each time the conditions for automatic recognition are not met? Are there major difficulties in the recognition procedure under the general system? Please include any comments you may have on the implementation of compensation measures. Do you allow the choice of compensation measure to be with the applicant or have you sought derogation to require a particular compensation measure?

Beyond the resource issues described above, compensation measures add a further level of complexity to the general system.

The GDC has achieved derogation with respect to compensation measures so that only an aptitude test is available to the applicant:

If a Dentist is applying for assessment of their qualifications via section 16(2a) of the Dentists Act, and their application is subsequently deemed unsuccessful, they are eligible to be granted an aptitude test. A GDC mechanism exists by which to ascertain the contents of such a test. However:

- As the aptitude test needs to be specifically tailored to that individual to test them on the areas which have been identified not to be adequately covered by their primary dental qualification.
- Current educational and exam techniques are based upon testing of learning outcomes in conjunction. It can be very difficult to devise a test examining one deficiency without addressing other educational topics.
- For example a common deficiency identified might be around sedation and/or referral for anaesthesia. To test this deficiency is thought to be only possible within the context of other learning outcomes and, should the candidate make an error in respect of these during a test, the outcome is not clear.
- Delivery of the test can be problematic since the GDC is not an educational provider itself and has no power to compel any such body to deliver a test upon its behalf. The matter has to be conducted upon a commercial basis.
- This may lead to issues of turnaround time and cost for an applicant as well as generating a perception that this is another barrier to successful registration with the GDC.

5. What is your experience with the recognition procedure for EU citizens with professional qualifications obtained in a third country and already recognised in a first Member State (see Articles 2(2) and 3(3))?

This system can lead to difficulties in managing candidate expectations. If a member recognises professional qualifications from third countries on a basis that is solely and directly based upon educational criteria where patient safety criteria underpin the curriculum, the result can follow that there can be deficiencies identified in that qualification and a negative registration decision be the result.

There is also the secondary issue of applicants who have qualified in a "third country" and have gained registration in another Member State due to historical links. This causes confusion for the applicant as they believe registration on this basis in one Member State makes them automatically eligible for registration in another. Perhaps there could be scope to address such anomalies in the directive?

In the event that these deficiencies are substantial, delivery in provision of an aptitude test can only be realistically addressed by inviting the individual in question to sit the GDC's Overseas Registration Exam.

This contains the risk of Council decisions being seen to be at variance with the spirit of the directive.

6. Please describe the government structure of the competent authority or authorities in charge of the recognition.

The General Dental Council (GDC) is governed by the Dentists Act 1984 (as amended). Among other things, the Act sets out the registration requirements for Dentists and gives the Privy Council the power to make the Rules relating to registration and continuing professional development.

The Act may be sourced at http://www.legislation.gov.uk/ukpga/1984/24/contents

B. TEMPORARY MOBILITY (OF A SELF-EMPLOYED OR AN EMPLOYED WORKER)

7. Are EU citizens interested in using the provisions for exercising their professional activities on a temporary and occasional basis in your Member State? How many citizens used this new system in 2008 and 2009 (per month, per year) [2]?

Information has been provided to the Commission previously.

However, the number of applications has been so limited – no more than perhaps one or two in each year that the GDC does not consider itself expert in this subject.

This may be a significant area of learning for the GDC from this evaluation exercise – learning how its competent authority colleagues manage these provisions.

[2] Please provide this information unless it has already been provided to the Commission in the Database or the implementation reports.

8. How are the provisions of Directive 2005/36/EC concerning temporary mobility applied by the competent authorities in practice taking into account the relevant provisions of the Code of Conduct? For instance:

   - How is the "legal establishment" criteria foreseen by Article 5(1) (a) interpreted in practice? What conditions does a migrant need to fulfil in his home Member State in order to be able to provide services?

See above.

   - How are the "temporary and occasional basis" criteria foreseen by Article 5.2 interpreted in practice? Do Member States assess duration, frequency, regularity and continuity of an activity and if so according to which criteria?

See above.

9. Why is a prior declaration system necessary? What do competent authorities do with the in formation received? Are other possibilities conceivable

See above.

10. Do you have evidence of undeclared activity occurring in your member state?

There is anecdotal evidence of undeclared activity occurring to support the provision of dental tourism in other countries within the European Union.

C MINIMUM TRAINING REQUIREMENTS

11. To what extent are the common minimum training requirements set out in Title III Chapter III of Directive 2005/36/EC and the compulsory training subjects as defined in Annex V in line with scientific progress and professional needs? Furthermore, are the knowledge and skills required by the directive still relevant and up to date? Please specify.

The approach taken to defining the requirements for training in Article 34: *Basic dental training* and *Annex V point 5.3.1 Study programme for dental practitioners* is fundamentally different to the policy and operational approach to the quality assurance of dental education that the GDC is currently taking. Taking the first two parts of the question together: In Article 34 the knowledge and skills are set out in 6 broad statements and in the 'Study programme for dental practitioners' the directive lists subject areas to be covered in 3 categories: A Basic subjects B Medico-biological subjects and general medical subjects

C Subjects directly related to dentistry

This lays out requirements in a format relating to historical academic divisions/disciplines rather than an applied way that relates the full range of skills, knowledge and behaviours that would be expected of a professional clinician.

The GDC now sets out its requirements in terms of this full range of skills, knowledge and behaviours under the categories of Clinical, Communication, Professionalism, Management and Leadership. These are in a set of learning outcomes that a student will be able to demonstrate.

This includes underpinning science and a requirement to keep up to date with latest developments. However, an exhaustive list of the scientific disciplines is not deemed appropriate as these have and will change and it is important that an approach to patient assessment and treatment is more holistic/integrated. The patient, their oral health needs and safety are central.

Therefore, the GDC focus is not on the academic disciplines as 'the standard' but what is needed in terms of what the registrant knows and is able to do in order to practise safely upon first registration.

Here the directive currently lacks any sort of requirements around being able to practise safely:

- knowing own limitations
- evidence-based decision making
- when to carry out clinical/professional judgments.

The directive does not mention the 'patient' or their care and safety as a concept at all. It is activity and treatment related.

The area of professionalism, although covered partially by 'Professional organisation, ethics and legislation' does not go far enough in terms of the professional standards that are required. There is also a lack of acknowledgement of the rest of the dental team, other healthcare professionals and their role in patient care. Teamwork, management of both time and resources and expectations around leadership are missing.

Lastly, the directive makes no mention of communication - an absolutely vital part of effectively delivering patient care. These skills are crucial for clinical assessment, recording information, referring and relating to patients and colleagues - all of which impact on the success of the quality of care and treatment.

Suitable clinical experience under supervision is and should remain a requirement.

If the study programme in its current format has to remain in the directive it would now be seen incomplete/inappropriate as a list. It would require adding to e.g. genetics, special care dentistry, dental public health, endodontics, cancer as well as others. Other items in the list perhaps are not as relevant as they should be e.g. one could question the listing of physiotherapy. Also there is a question of clarity within the terms used e.g. does 'hygiene' cover infection control?

Specialist dental training

It may be useful to reproduce Article 35:

> *Admission to specialist dental training shall entail the completion and validation of five years of theoretical and practical instruction within the framework of the training referred to in Article 34, or possession of the documents referred to in Articles 23 and 37.*

In the United Kingdom, entry to specialist training is contingent on completion of a basic dental degree as well as a minimum of two years in vocational training or equivalent.

Again from Article 35:

> *Specialist dental training shall comprise theoretical and practical instruction in a university centre, in a treatment teaching and research centre or, where appropriate, in a health establishment approved for that purpose by the competent authorities or bodies.*

This is sufficiently flexible to meet the needs of specialist dental training in the United Kingdom.

What about the conditions relating to the duration of training?

Article 34 states that:

> *Basic dental training shall comprise of at least 5 years of full-time theoretical and practical study, comprising at least the programme described in Annex V, point 5.3.1 and given in a university, in a higher institute providing training recognised as being of an equivalent level or under the supervision of a university.*

And Article 35 states:

> *Full-time specialist dental courses shall be of a minimum of three years' duration supervised by the competent authorities or bodies. It shall involve the personal participation of the dental practitioner training to be a specialist in the activity and in the responsibilities of the establishment concerned.*

The GDC experience is such that we do not wish to require that basic or specialist dental training lasts a certain amount of time. This is very limiting in terms of flexibility of delivery.

The GDC believes that certain trainees are able to achieve competence more quickly than others. Basic dental training students who already hold a degree may complete a shorter course 'or graduate entry' course of 3 or 4 years depending on the nature of the first degree.

In addition, in order to improve access to the specialties while maintaining patient safety, the GDC allows training providers to accredit prior experiential learning and this may reduce the length of time taken to complete a training programme.

12. The Directive is based on mutual trust between Member States. To what extent is such trust actually achieved? Are training programmes accredited in your country? Does accreditation of a training program in another Member State enhance trust or is it not relevant?

The GDC does accredit training programmes delivered within the United Kingdom. Details of the dentist programmes currently accredited may be found online at: http://www.gdc-uk.org/Our+work/Education+and+quality+assurance/Programmes+and+qualifications/Dentistry.htm

This occurs within a transparent framework of setting out the learning outcomes the training programmes are expected to achieve. Currently, this is a document entitled "The First Five Years for Dentists which is downloadable in PDF form from http://www.gdc-uk.org/Our+work/Education+and+quality+assurance/

The GDC organises regular cycles of inspections to all UK dental schools to check the standards of the UK dental degree programmes. A report is produced following each inspection. The reports on the BDS/BChD programmes and Final Examinations at each school include the school's observations and can be found in the quality assurance section of the GDC website.

The GDC visited all UK dental schools during 2003 - 2005 to report on their provision of BDS/BChD programmes. The General Report highlights the GDC's key findings from the quality assurance visits to the schools. It identifies examples of good educational practice and also makes recommendations for further developing the delivery of dental education.

It is the GDC view that trust is achieved by such openness and transparency. For a competent authority, being able to view fellow authorities' activities to ensure effective learning outcomes for its graduates will enable trust in migrant work across the EEA.

13. To what extent are the existing Directive provisions (see recital 39 and Article 22(b) on continuous professional development (continuous training) adequate? Is continuous training mandatory in your country and what are the exact conditions?

Continuing professional development (CPD) is compulsory for dentists in the United Kingdom. It is mandated in the Dentist Act and the Council publishes rules concerning its governance: http://www.legislation.gov.uk/uksi/2008/1822/contents/made

Dentists registered on or after 1 January 2002 begin their compulsory CPD on 1 January in the year after first registration on the UK Register. This start date represents the beginning of a first five-year cycle of CPD.

So for example, the first CPD cycle for a dentist whose start date is 1 August 2008 will run from 1 August 2008 - 31 July 2013. The second CPD cycle will begin on 1 August 2013, and so on throughout their career.

An individual cannot count CPD before their compulsory start date towards the first five-year cycle

Dentists must complete, and keep records of, at least 250 hours of CPD over five years. A minimum of 75 of these hours must be verifiable CPD.

To count as verifiable CPD, an activity must have:

1. concise educational aims and objectives;
2. clear anticipated outcomes; and
3. quality controls (i.e. the individual should be given the opportunity to give feedback);

The dentist must get and keep a certificate (or other type of documentary proof) proving they took part in the activity. The certificate should come from the activity provider or organiser, and should show the number of hours spent on the activity.

General CPD activities are those which contribute to professional development as a dentist, but don't meet all four of the criteria above for verifiable CPD.

CPD is defined as study, training, courses, seminars, reading and other activities undertaken by a dentist, which could reasonably be expected to advance their professional development as a dentist. Non-clinical activity can count as CPD.

The GDC recommends that all dentists carry out verifiable CPD in core recommended subjects. The recommended core subjects and suggested minimum number of verifiable hours per CPD cycle that dentists should spend on them are:

- medical emergencies (at least 10 hours per CPD cycle)
- disinfection and decontamination (at least 5 hours per CPD cycle)
- radiography and radiation protection (at least 5 hours per CPD cycle)

The GDC recommends that all dentists also do CPD in medical emergencies every year.

In addition, the GDC recommends that dentists working in a clinical environment carry out CPD (verifiable or general) to make sure they are up to date in:

- legal and ethical issues
- handling complaints

The GDC is also recommending that all dentists use a personal development plan.

Failure to meet the CPD requirements places an individual's registration at risk and whilst grace periods are allowed (see the rules in the link above), individuals are removed from the register at the end of each cycle for failing to meet this requirement of registration.

There does appear to be a difference between competent authorities and member states around the issue of CPD. This does not necessarily mean the Directive provisions are inadequate; it may simply be that there is not yet a clear connection between CPD and patient protection.

D. ADMINISTRATIVE COOPERATION

14. To which extent does administrative cooperation, as outlined in Articles 8, 50, and 56 of the Directive, simplify procedures for the migrant professionals?

There appears to be a very wide range of understanding of these principles across member states. However delays in processing applications can occur when standard documents such as Certificates of Current Professional Status/Certificates of Good Standing vary in format across all the Member States.

Additionally further confusion is caused when these documents refer to the old directive 686/687.

The GDC endeavours to liaise directly with its fellow competent authorities in order to facilitate applications. However, this is an area of activity that the current evaluation exercise may do well to address within its outcomes.

At this time the applicant may still be required to facilitate the provision of missing documentation more than is intended by the Directive.

Lastly, in relation to the automatic recognition of Oral Surgery and Orthodontic specialist qualifications, difficulties have been known to occur when the Annex 5.3.3 is not updated accordingly and the qualification wording differs from the qualification listed in the Annex.

15. Is the competent authority in your country registered with IMI? Under which circumstances does your competent authority use IMI? If not registered, why not and what would be the conditions for changing this situation?

The GDC is registered with IMI; the intention would be to use it to address any issue hampering successful recognition of qualification and therefore registration.

However, experience is beginning to suggest that IMI usage is not consistent even when competent authorities are registered under the system. (The GDC intends no criticism of its professional colleagues by this statement; it recognises its own shortcomings in this area.)

It is unfortunately the case that better (and more helpful to the applicant) results have been achieved by direct email contact between competent authorities.

Whilst this situation continues, effective bedding down of IMI as *the* method of administrative co-operation between competent authorities will be deferred.

16. How could a professional card (see Recital 32 of the Directive) facilitate recognition of professional qualifications and provision of temporary services? Under which conditions could it be issued by professional associations? If so, what does this card do?

This subject has not received formal consideration by the GDC. Currently, registrants receive a paper annual practising certificate that confirms their live registration for a current calendar year.

Thought has been given to replacing this with the equivalent (in shape and size) of a credit card. The primary difficulty relates to currency with UK registration being renewable each calendar year.

Recognition of the current status of any GDC registrant is facilitated by the GDC's online Register: http://www.gdc-uk.net/searchregister/

The difficulties of a wider exchange of online information are acknowledged but this evaluation exercise may provide a platform for beginning to consider such ideas.

17. How do you share information about suspensions/restrictions with competent authorities in other Member States? Could more be done in this respect?

If it becomes apparent during the investigation of a registrant that they work elsewhere in the EEA, at the point when a finding in fact is made (normally following a public hearing – see diagram below) that finding will be actively communicated to the relevant competent authorities.

The GDC also publishes a newsletter which contains reports of a significant proportion of completed disciplinary cases and its European colleagues are on the mailing list for this journal.

There appears to be a measure of concern around how publicising suspensions or restrictions across European competent authorities may create difficulties in terms of data protection legislation.

The underpinning argument must relate to public protection. If a registrant receives a form of sanction that is in the public domain in one member state – be that removal from the register or registration with conditions – as long as the process by which that sanction is arrived at is robust and capable of securing confidence from another

competent authority, then there is an argument for wider and more active dissemination of information.

For example, the GDC has in the past had applications to the register from dentists who had registered in a multiple of Member States and who were in conduct procedures or been erased from the registers of some of these countries.

At the point of registration with the GDC, the applicant only submitted the CCPS/CGS from the Member state(s) which showed them to be in good standing. As there is no central register, it is difficult to ascertain with how many regulators a dentist applicant has registered. Therefore discussion does need to be ongoing into how to improve the procedures when issuing CCPS/CGS.

More could very well be done if there a clearer understanding amongst competent authorities how their fitness to practise (in UK terms) worked.

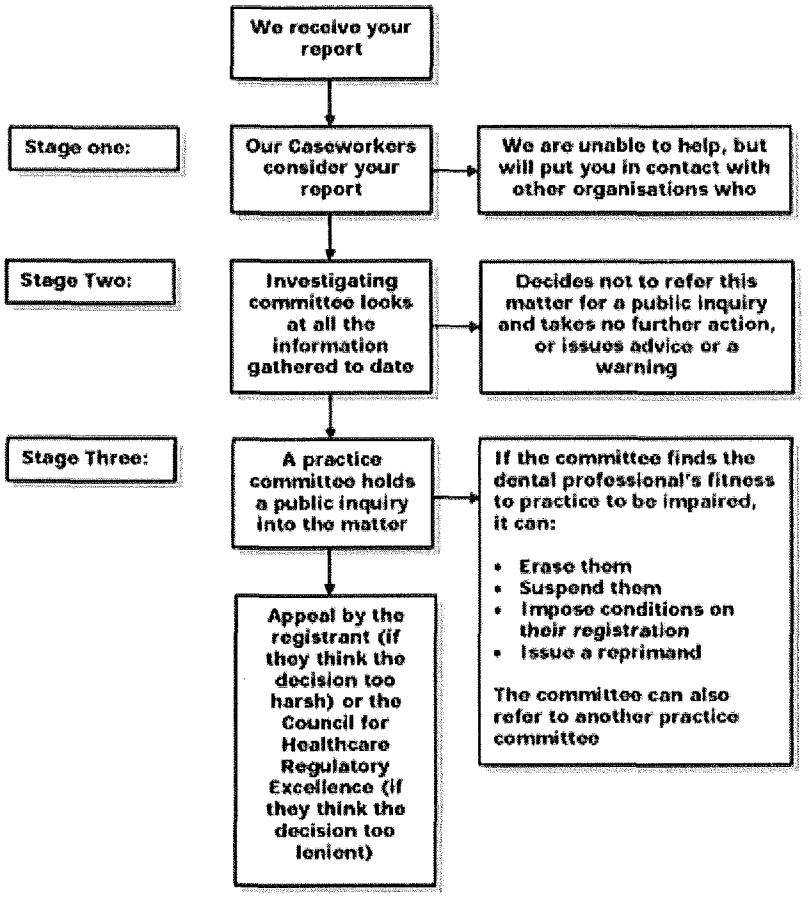
18 Do you have a mechanism to deal with information about suspensions/restrictions when you receive it from competent authority colleagues?

Yes – two mechanisms.

Any such information received would be taken into consideration of an application for entry to the GDC register (if the individual were not already registered with us). In addition to knowledge and skill, the GDC also makes registration decisions based upon identity, health and character.

If the individual were a GDC registrant at the point when information was received, that information would be considered under the GDC's *Fitness to Practise* (FtP) procedures.

These fall into three stages:



Stage 1

GDC case workers decide whether an allegation raises an issue we can deal with. If the answer to that question appears to be 'yes', the matter is referred to the Investigating Committee (IC).

No decision is made at this stage about whether an allegation is true. The question we have to ask is, "Does this information appear to raise a question that needs to be looked into?"

Stage 2 – The Investigating Committee

The Investigating Committee (IC) considers the allegation, any comments from the dental professional, and any further comments from the person who made the allegation. All parties receive a complete copy of the paperwork*. The Committee then decides whether to refer the allegation to a Practice Committee for a full public inquiry.

If the IC decides there should be an inquiry they can, if necessary, refer the dental professional to the Interim Orders Committee (IOC) to consider whether to impose conditions or interim suspend until the inquiry has been held. If the IC decides not to refer a dental professional to the Practice Committee, they can send them a letter of advice or warning, or take no further action.

Stage 3 – Practice Committees

The third stage is a full public inquiry before a Practice Committee. These are public hearings where the Committee hears evidence and makes findings of fact. If any

allegations are proved, the Committee then decides whether the registrant is unfit to practise and what action they should take. The Committee can take a number of steps. The most serious is to take the dental professional's name off the Register. This means they are 'struck off' and cannot practise.

A dental professional has the right of appeal.

19..Have you had occasion to take action upon receipt of such information?

Yes – there have been occasions when GDC staff have learnt of information during consideration of an application for entry to the GDC register. Unfortunately, this information has usually been the result of proactive activity on the part of GDC staff rather than the reactive receipt of information.

It is not possible to comment upon FtP activities.

E. OTHER OBSERVATIONS

20. How and when are the necessary language skills of migrants checked after recognition of the professional qualifications? Are you aware of any complaints (especially from patients/clients/employers) about insufficient language skills of migrants?

Language skills of EEA migrants are not checked by the GDC due to the dictates of UK legislation.

- Paragraph 15 (1) (c) of the Dentist Act "Qualification for registration in the dentists register" requires an individual to demonstrate they have the necessary knowledge of English if they are "any person who holds a recognised overseas diploma"3 (as long as they are not a national of an EEA state.)
- Sub-paragraphs 15 (1) (a) and (b) cover United Kingdom graduates, EEA nationals and individuals with acquired rights and the requirements for such individuals relate solely to identity, character and health.

There is a view that language testing is appropriately the province of an employer rather than the regulator or competent authority. The GDC considered this position at a Council meeting in February 2010 and found it unsatisfactory. (The relevant paper may be found at http://www.gdc-uk.org/NR/rdonlyres/B8D3FB63-D517-4738-91DE-087DC43C5930/0/Item7PaperG_EnglishLanguageTesting.pdf

The Council is committed to seeking a change in UK legislation that will permit it to carry out language testing of all applicants to the register in a proportionate manner.

The current situation does give rise to complaints – predominantly from overseas applicants to the register from outside the EEA who are aggrieved at an inequality of treatment.

While much of the concern with regard to this topic is centred on the role of other sectoral professions, there are signs that it is becoming a recognised issue within UK dentistry.