

Identifying learning and putting it to work

In [Shifting the balance](#), we commit to sharing learning and intelligence with dental professionals more proactively. One simple and effective way to do this is to develop case studies from fitness to practise cases that provide interesting points for discussion and learning. We will be building a pool of case studies on our website with the aim of producing new material every few months. These will be promoted through this newsletter, along with any other tips learned from our own intelligence or further afield.

We will choose cases that align to principles in the standards, to demonstrate how the principles can be embedded in day to day professional and personal life. We also want to share the underlying interpretation of the standards when we apply them to fitness to practise proceedings. All case studies will be based on real cases, but anonymised.

Case Study 1

Principle 9: Make sure your personal behaviour maintains patients' confidence in you and the dental profession.

Principle 9- what does it mean for dental professionals?

Principle 9 has been chosen for the first case study because it commonly appears in fitness to practise hearings. Cases involving behaviour on social media are becoming increasingly frequent and so we have chosen social media as a focus for this case study. Dental professionals may question why personal behaviour on social media is relevant to the GDC and patient safety, so we need to highlight how and why these cases are handled.

In Principle 9 we are describing the requirement for dental professionals to hold to standards of behaviour that maintain patient safety and/or public confidence in dental services. This principle (along with all the standards) applies to all actions or behaviour, including on social media. When behaviour falls significantly below the standards expected, the GDC must ensure the public can continue to attend dental services with confidence in their safety. This means that if a dental professional appears to have behaved in such a way, regardless of how the allegation might appear initially, the GDC *must* consider whether there is a serious risk to patient safety or to public confidence in dental services.

The Case:

The GDC received a complaint about a Facebook post made by a dental professional. In this post, he had made derogatory comments about a particular group in the community, and celebrated violence against members of that group.

How does this relate to the standards?

The case raised questions relating to the following standards:

Standard 9.1: You must ensure that your conduct, both at work and in your personal life, justifies patients' trust in you and the public's trust in the dental profession.

Standard 9.1.3: You should not publish anything that could affect patients' and the public's confidence in you, or the dental profession, in any public media, unless this is done as part of raising a concern

The outcome of the case

The allegations made against the dental professional were considered a serious breach of the standards expected of dental professionals. The dental professional was referred to the Practice Committee to assess the allegations and determine whether his behaviour on Facebook was so serious that it impaired either his ability to provide dental services safely to the public or could damage public confidence in dental services.

The role of the Practice Committee

The practice committee hold public hearings where it hears evidence and makes findings of fact. If any allegations are proved, the Committee then decides whether the registrant's fitness to practise is impaired 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. The dental professional has the right of appeal.

For more information on the fitness to practise process please [visit our website](#)

The dental professional attended the Practice Committee hearing and admitted the charges made against him. The Committee therefore found the facts proved.

The Committee concluded that the comments were offensive and that rational members of the public would find them offensive - the Facebook post described and celebrated acts of violence against a large section of the community. The Committee considered this behaviour to fall seriously below the standards, and made reference to standards 9.1 and 9.1.3. They also noted the GDC's social media guidance, a supporting document which explores and interprets the standards to help registrants meet their obligations:

"As a dental professional you have a responsibility to behave professionally and responsibly both online and offline.....Your professional responsibilities, such as patient confidentiality and professional courtesy, are still fundamental when you use social media."

The Committee determined that the dental professional's conduct was capable of undermining public trust and confidence in dental services because of the offensive and unprofessional nature of the comments made. Accordingly, the Committee determined that this amounted to misconduct.

The Committee then looked at whether the registrant's fitness to practise was currently impaired. It noted that the he had no fitness to practise history and this case related to a single, isolated incident. He had supplied several letters of support from colleagues and the community, and he had shown genuine remorse and insight.

Is the registrant's fitness to practise currently impaired?

Things to consider may include:

- Remedial action undertaken
- Demonstrations of insight and remorse
- The risk of recurrence

The Committee noted that the case did not involve matters of clinical practice and patient care and that there was no suggestion that the registrant was anything other than a capable, caring and well regarded dental professional. However, the Committee considered that the offensive and unprofessional comments made on social media were highly damaging to his fitness to practise and that a finding of impairment would be appropriate. Such a finding would maintain public confidence in the profession, in dental services and in regulation. The Committee decided that the registrant's fitness to practise was impaired.

What sanctions can the Practice Committee issue?

- Reprimand
- Conditions
- Suspension
- Erasure

The Committee then had to decide what sanction (if any) was appropriate. The Committee determined that it would be wholly inappropriate to conclude this case with no action. Given that the registrant had shown insight, it was a single, isolated incident and there was no evidence to suggest a current risk to patients, they determined that a reprimand was appropriate.

Final Decision: The registrant was found to have impaired fitness to practise and a reprimand was issued.

GDC reflections: How do social media posts relate to public trust in dental services?

The GDC's role is to protect the public and patients and to ensure there is public confidence in dental services. In this case the dental professional, who is in a position of trust, often with vulnerable patients, expressed views that called into question his ability to justify that trust with patients from a specific community. Having celebrated violence against people from that community, there were real questions about whether patients would be safe in the care of the registrant concerned.

In addition, by giving people from particular communities reason to believe that they may not be treated with respect, this could prevent those very people from accessing dental services. Public confidence is important because it is one key factor (together with issues such as access and cost) in the take-up of the dental services which society invests in providing.

The GDC is not here to judge people's morals, nor do we have a role in safeguarding the reputation of the profession for its own sake. While this particular case went to the Practice Committee, we want to use fitness to practise proceedings in cases where there is a genuine risk to patient safety and/or public confidence.

We are keen to use education and learning to support dental professionals throughout their career to focus on preventing harm, and improving their knowledge, skills and behaviour, not acting once harm has happened.

We need to develop a shared understanding of what professionalism means and why it is important. We are currently developing these and other ideas as part of our work to change the way we regulate in [Shifting the balance](#).

Feedback

Do you have any comments you would like to make about this case study? Did you find it helpful? [Please click this link to provide some feedback](#). Please note the GDC will not be able to respond to individuals, but we will take your comments on board for the next case study we do.