

Ethics and responsibilities

Karl Grimes

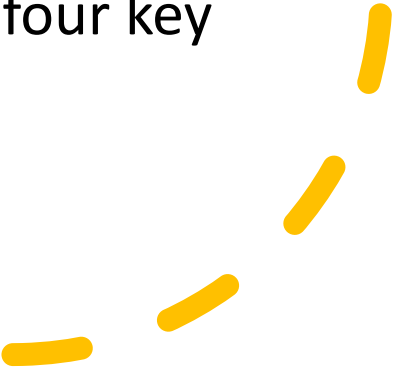
Monday 1st June 2026



Objectives


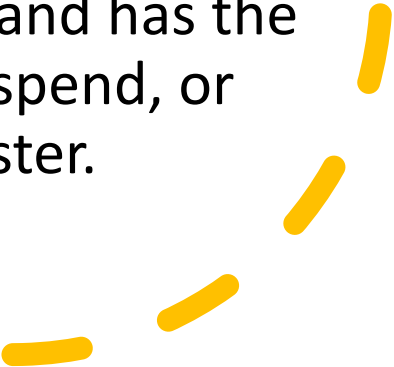
- Explain the legal and ethical obligations of GDC registered members
- Explain importance of indemnity arrangements
- Explain the need to ensure those who raise concerns are protected
- Understand the principles of information governance

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GDC

- The General Dental Council (GDC) is the statutory regulatory body for all dental professionals in the UK. Its primary purpose is to protect patient safety, ensure quality care, and maintain public confidence in dental services
 - The GDC fulfills this role through four key functions
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- **Maintaining a Public Register:** It ensures that only suitably qualified and legally permitted dental professionals (dentists and dental care professionals) practice. Patients can check this register to verify a practitioner's credentials.
 - **Setting Standards:** It establishes the ethical, clinical, and behavioural standards expected of everyone in the dental team, including guidance on a practitioner's scope of practice.
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- **Quality Assuring Education:** It reviews and approves dental education and training programs to ensure new graduates meet strict, safe practice requirements.
 - **Investigating Complaints:** It investigates serious concerns regarding a dental professional's conduct or clinical competence (fitness to practise) and has the power to place conditions on, suspend, or remove individuals from the register.
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GDC: Focus on Standards

- A set of 9 principles
- Each contain standards, supporting guidance, FAQs, scenarios and other learning materials to help you apply the Standards in your daily work

Who does it
apply to?

- Dentists
- Dental Hygienists
- Orthodontic therapists
- Clinical Dental Technicians
- Dental Nurses
- Dental Therapists
- Dental Technicians

9 Principles

- Each principle is equally important and are not lists in order of priority
- Supplemented by additional guidance documents
- You have an individual responsibility to behave professionally and follow these principles at all times
- If you do not meet these standards, you may be removed from the register and not be able to work as a dental professional

Principle One

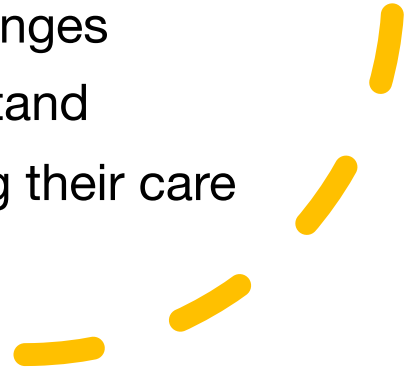
- Put patients' interests first
- **Patients expect:**
 - To be listened to and have their preferences and concerns taken into account
 - To be treated as individuals and have their cultures and values respected
 - That all members of the dental team will be honest and act with integrity
 - That all aspects of their health and well-being will be considered and they will receive dental care that is appropriate for them
 - To be treated in a clean and safe environment
 - That reasonable adjustments will be made for any disabilities
 - That their interests will be put before financial gain and business need
 - Redress if they suffer harm during dental treatment
 - That their dental pain and anxiety will be managed appropriately




Standards and their guidance

- 1.1 You must listen to your patients
 - 1.2 You must treat every patient with dignity and respect at all times
 - 1.3 You must be honest and act with integrity
 - 1.4 You must take a holistic and preventative approach to patient care which is appropriate to the individual patient
 - 1.5 You must treat patients in a hygienic and safe environment
 - 1.6 You must treat patients fairly, as individuals and without discrimination
 - 1.7 You must put patients' interests before your own or those of any colleague, business or organisation
 - 1.8 You must have appropriate arrangements in place for patients to seek compensation if they have suffered harm
 - 1.9 You must find out about laws and regulations that affect your work and follow them
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Principle Two

- Communicate effectively with patients
 - **Patients expect:**
 - To receive full, clear and accurate information that they can understand, before, during and after treatment, so that they can make informed decisions in partnership with the people providing their care
 - A clear explanation of the treatment, possible outcomes and what they can expect
 - To know how much their treatment will cost before it starts, and to be told about any changes
 - Communication that they can understand
 - To know the names of those providing their care
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Standards and their guidance


- 2.1 You must communicate effectively with patients – listen to them, give them time to consider information and take their individual views and communication needs into account
 - 2.2 You must recognise and promote patients' rights to and responsibilities for making decisions about their health priorities and care
 - 2.3 You must give patients the information they need, in a way they can understand, so that they can make informed decisions
 - 2.4 You must give patients clear information about costs
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Principle Three


- Obtain valid consent
- **Patients expect:**
- To be asked for their consent to treatment before it starts



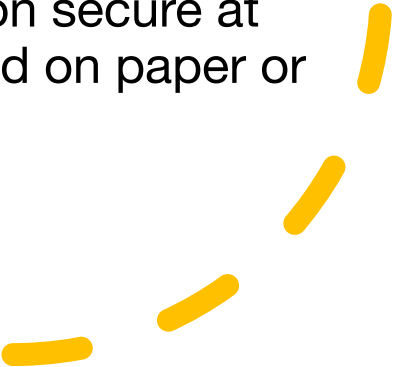
Standards and their guidance

- 3.1 You must obtain valid consent before starting treatment, explaining all the relevant options and the possible costs
 - 3.2 You must make sure that patients (or their representatives) understand the decisions they are being asked to make
 - 3.3 You must make sure that the patient's consent remains valid at each stage of investigation or treatment
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Principle Four

- Maintain and protect patients' information
 - **Patients expect:**
 - Their records to be up to date, complete, clear, accurate and legible
 - Their personal details to be kept confidential
 - To be able to access their dental records
 - Their records to be stored securely
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Standards & their guidance

- 4.1 You must make and keep contemporaneous, complete and accurate patient records
 - 4.2 You must protect the confidentiality of patients' information and only use it for the purpose for which it was given
 - 4.3 You must only release a patient's information without their permission in exceptional circumstances
 - 4.4 You must ensure that patients can have access to their records
 - 4.5 You must keep patients' information secure at all times, whether your records are held on paper or electronically
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Principle Five

- Have a clear and effective complaints procedure
- **Patients expect:**
- Their concerns or complaints to be acknowledged, listened to and dealt with promptly



Standards and their guidance

- 5.1 You must make sure that there is an effective complaints procedure readily available for patients to use, and follow that procedure at all times
- 5.2 You must respect a patient's right to complain
- 5.3 You must give patients who complain a prompt and constructive response



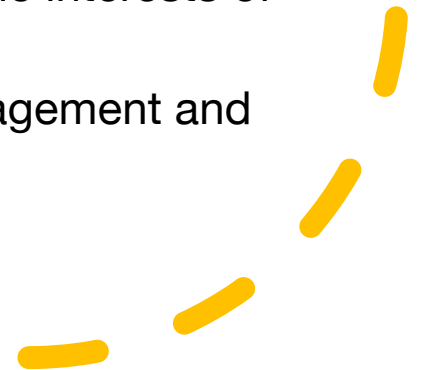
Principle Six

- Work with colleagues in a way that serves the interests of patients
- **Patients expect:**
- To be fully informed of the different roles of the dental professionals involved in their care
- That members of the dental team will work effectively together



Standards and their guidance

- 6.1 You must work effectively with your colleagues and contribute to good teamwork
- 6.2 You must be appropriately supported when treating patients
- 6.3 You must delegate and refer appropriately and effectively
- 6.4 You must only accept a referral or delegation if you are trained and competent to carry out the treatment and you believe that what you are being asked to do is appropriate for the patient
- 6.5 You must communicate clearly and effectively with other team members and colleagues in the interests of patients
- 6.6 You must demonstrate effective management and leadership skills if you manage a team



Principle Seven

- Maintain, develop and work within your professional knowledge and skills
- **Patients expect:**
- To receive good quality care
- That all members of the dental team:
 - are appropriately trained and qualified;
 - keep their skills up to date;
 - know their limits and refer patients as appropriate; and
 - work within current laws and regulations




Standards and their guidance


- 7.1 You must provide good quality care based on current evidence and authoritative guidance
- 7.2 You must work within your knowledge, skills, professional competence and abilities
- 7.3 You must update and develop your professional knowledge and skills throughout your working life




Principle Eight

- Raise concerns if patients are at risk
 - **Patients expect:**
 - 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
 - That a dental professional will raise any concerns about the welfare of vulnerable patients
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Standards and their guidance

- 8.1 You must always put patients' safety first
 - 8.2 You must act promptly if patients or colleagues are at risk and take measures to protect them
 - 8.3 You must make sure if you employ, manage or lead a team that you encourage and support a culture where staff can raise concerns openly and without fear of reprisal
 - 8.4 You must make sure if you employ, manage or lead a team, that there is an effective procedure in place for raising concerns, that the procedure is readily available to all staff and that it is followed at all times
 - 8.5 You must take appropriate action if you have concerns about the possible abuse of children or vulnerable adults
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Principle Nine

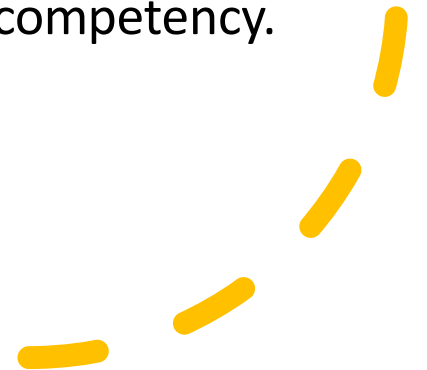
- Make sure your personal behaviour maintains patients' confidence in you and the dental profession
 - **Patients expect:**
 - That all members of the dental team will maintain appropriate personal and professional behaviour
 - That they can trust and have confidence in you as a dental professional
 - That they can trust and have confidence in the dental profession
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Standards and their guidance

- 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
 - 9.2 You must protect patients and colleagues from risks posed by your health, conduct or performance
 - 9.3 You must inform the GDC if you are subject to criminal proceedings or a regulatory finding is made against you, anywhere in the world
 - 9.4 You must co-operate with any relevant formal or informal inquiry and give full and truthful information
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Professional Standards for Orthodontic Practice

- The practice of orthodontics should only be undertaken by those who are registered with the GDC, appropriately trained, competent and covered by suitable Professional Indemnity Insurance
- All practitioners should be engaged in CPD and appraisal.
- At no time should practitioners undertake treatment that is not within their demonstrable competency.

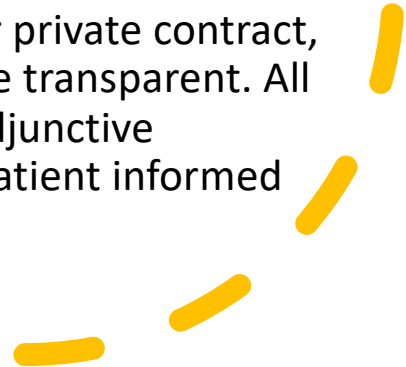


Orthodontic Therapists

- Orthodontic Therapists should only work in accordance with the Guidelines on Supervision of Qualified Orthodontic Therapists and carry out clinical procedures that are prescribed by a General Dental or Specialist Practitioner.
- Patients should not normally be seen and/or treated by Dental Care Professionals (DCPs) without direct supervision on at least every other appointment.



Consent and Communication

- A full case discussion should be undertaken with the patient and a description of the risks, benefits and limitations of each treatment option must be fully discussed and documented.
 - Clear explanations in language that can be understood by the patient and/or their guardian must be given and written treatment plans should be produced for all treatment.
 - The referring practitioner and/or the patient's dentist should be included in the discussion process (by a written report) in order to ensure that all clinicians involved in that patient's dental health are involved in the decision process.
 - Any fees payable by the patient must be agreed in writing before the start of the treatment.
 - Where the treatment is being provided under private contract, the pricing structure for all treatment must be transparent. All potential extra costs for the orthodontic or adjunctive treatment must be clearly outlined and the patient informed before treatment commences.
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Consent and Communication

- All patients and guardians should be given a 'cooling off' period to consider their options as part of the valid consenting process.
- Patients should at all times be given the opportunity to discuss their treatment plan with the practitioner and any changes should be discussed fully and documented in the clinical record.
- Consent is an ongoing process and should be valid at all times. Consent forms should ideally be signed and should be periodically reviewed and updated. Any significant changes to the agreed treatment plan require a revised consent to be taken. It should be remembered that consent forms are only part of the consent process and a signature on a form does not mean that the consent is valid.
- Clear information leaflets should be used to supplement the decision making process. Literature given to patients/carers should be recorded in the patient's clinical record.

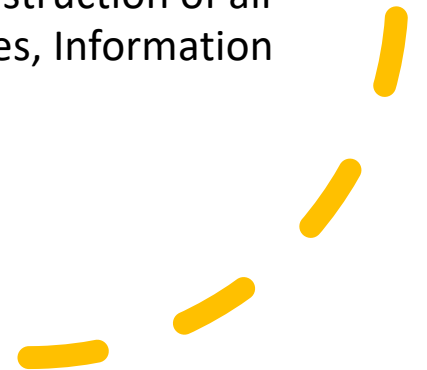
Complaints

- Complaints should always be taken seriously and acknowledged. Where there is dispute there should always be a written record of the events.
- Where conflicts occur, early referral for a second opinion or advice should be sought from a suitably qualified clinician.
- Patients are entitled to a second opinion by another suitably qualified clinician at any time during their treatment.
- All practitioners must maintain a high level of professional conduct when asked to comment on treatment undertaken by other professionals.

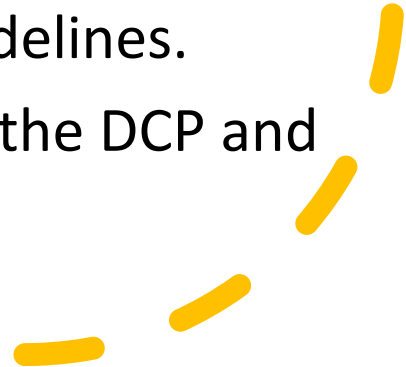


Documentation and Records

- Clinical records should include a legible entry for every patient attendance. Entries should be sufficient that a third party reviewing the records can fully understand the care and advice provided.
- All clinical records including study models, photographs and x-rays should be available at all times.
- All clinical and practice management records must be kept by the practice for the period of time as recommended by the GDC.
- The storage, handling, transfer, access and destruction of all records must adhere to the Caldicott Principles, Information Governance legislations and GDC guidelines.

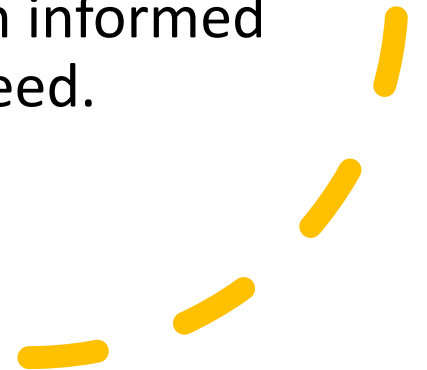


Safe Practice

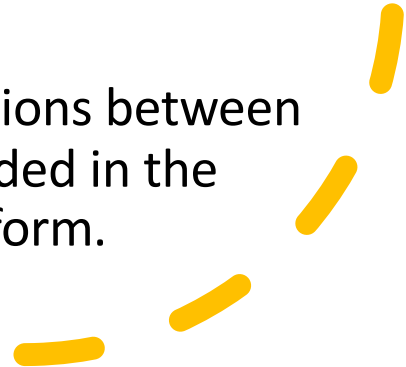
- All practitioners should undertake safe practice including all aspects of Clinical Governance, risk management and infection control procedures.
 - Practices should be registered with the Care Quality Commission/RQIA and be kept up to date.
 - All DCPs involved in the care of patients must be suitably trained, assessed and be up to date with CPD as per GDC guidelines.
 - This is the responsibility of both the DCP and the supervising practitioner.
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What is consent?

- It is vital to understand that consent is a process and not, as it is sometimes assumed, just an event or a signature on a form.
- The process involves the communication of key information to the patient about the proposed treatment and considering the patient's response in terms of an informed decision whether or not to proceed.

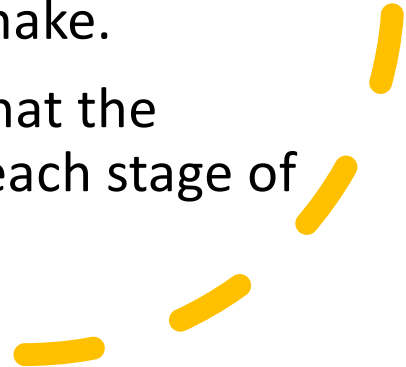


Does a
signature on
a consent
form
constitute
consent?

- No.....
 - A signature on a consent form does nothing more than document that some discussion about the treatment has taken place.
 - Although it is good practice to obtain a signed document, there is no legal requirement to obtain written consent in orthodontics.
 - What is equally important is the clarity and quality of information provided.
 - Consent forms are therefore evidence of a process, not the process itself.
 - As such, it is essential that any discussions between the clinician and the patient are recorded in the patient notes as well as on a consent form.
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- However, written consent is recommended if:
 - 1. The investigation or treatment is complex or involves significant risks (e.g. for procedures involving conscious sedation or general anaesthetic).
 - 2. Providing clinical care is not the primary purpose of the investigation or treatment.
 - 3. The treatment is part of a research programme.
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What are the principles of consent?

- The General Dental Council's Standards for obtaining valid consent are reproduced below (Standards for the Dental Team, General Dental Council, 2013):
 - 1. Valid consent should be obtained before starting any treatment or investigation. All the relevant options and the possible costs should be explained.
 - 2. The clinician should make sure that patients (or their representatives) understand the decisions they are being asked to make.
 - 3. The clinician should make sure that the patient's consent remains valid at each stage of investigation or treatment.
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4. Age and consent

- Aged 18 and over In England, Scotland, Wales and Northern Ireland, once a person reaches their 18th birthday, they are assumed to be a competent adult, capable of consenting or refusing treatment, unless other factors prevent them from making informed decisions.



Aged 16 and 17

- A child of 16 or 17 can consent to treatment in accordance with the Family Law Reform Act 1969, but a person with parental responsibility can also consent to the treatment of a child aged 16 or 17.
- If a child of 16 or 17 consents to treatment, consent cannot be withdrawn by the person with parental responsibility.



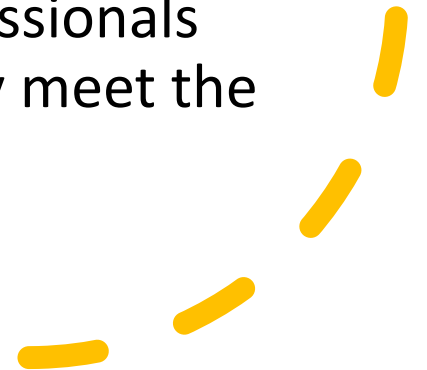
Younger than 16

- Patients under 16, who understand fully what is involved in the proposed procedure, can also give consent.
- Gillick competence
- It is important that a child should not feel under duress to accept treatment.
- Legally a person with parental responsibility can give consent if a child refuses.
- It should be noted that this would generally be unwise in an orthodontic context, as the success of treatment is very dependent on the co-operation of the child.

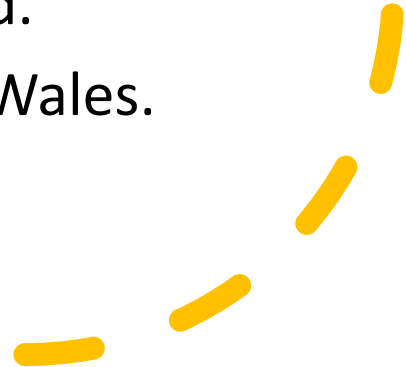


Gillick competence

- Gillick competence refers to a child under the age of 16 being deemed capable of consenting to their own medical treatment without parental involvement, based on their understanding and maturity level.
- This means the child has the capacity to make their own decision about the treatment, and healthcare professionals must respect their wishes if they meet the criteria for Gillick competence

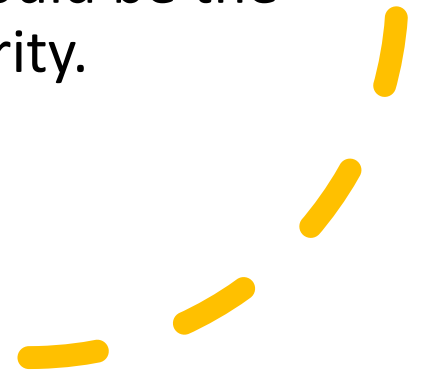


Parental responsibility for children

- All mothers have automatic parental responsibility.
 - Parental responsibility rests with both parents, provided they are named on the birth certificate, and regardless of whether they are married or not, for children whose births were registered from:
 - 15 April 2002 in Northern Ireland.
 - December 2003 in England and Wales.
 - 4 May 2006 in Scotland.
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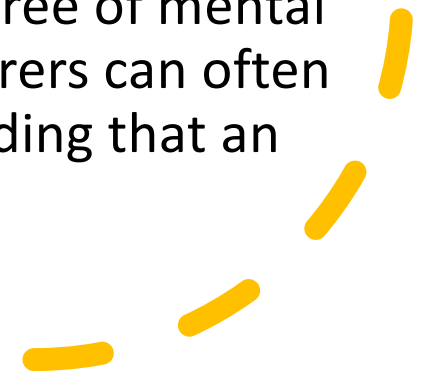
Adoption

- When a child is adopted, the adoptive parents are the child's legal parents and automatically acquire parental responsibility.
- The court will outline who has parental responsibility while the child is subject to a care or supervision order. This could be the father, a guardian or local authority.




Consenting patients who lack capacity

- In the case of patients who lack capacity, the parents can consent for a minor, but not for adults (Mental Capacity Act, 2005).
- In the latter instance, the clinician has to make a judgment as to whether the treatment is in the patient's best interests; the views of relatives should be taken into account, but they cannot give consent.
- It is important not to underestimate the competence of patients with a degree of mental incapacity to give valid consent; carers can often advise on the degree of understanding that an individual can achieve.



Which member(s) of the dental team should seek consent for orthodontic treatment?

- The senior clinician responsible for the patient's treatment should normally seek consent for orthodontic treatment.
 - Time needs to be taken to explore the patient's needs and wishes in order to tailor the process accordingly.
 - Consent should also include a discussion of alternative treatment options, including the option of doing nothing, and the risks and benefits of each.
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Complex

- In complex issues such as orthognathic surgery and orthodontics, the consent process will require several visits over an extended time, and be modified for the individual needs of the patient.



Orthodontic Therapists

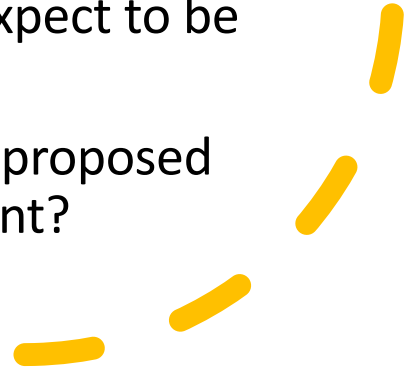
- Orthodontic therapists (OT) are registered dental professionals who carry out certain parts of orthodontic treatment under prescription from a dentist.
- GDC Safe Practitioner [2023] state that OTs should be able to take valid consent.


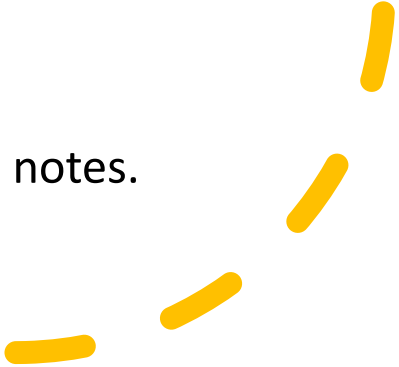


Montgomery ruling

- In the Supreme Court decision of *Montgomery v Lanarkshire Health Board* [2015] it was held that there is a legal duty on clinicians to take reasonable care to ensure that a patient is aware of material risks of injury in any proposed treatment.
- Until this case, the law was that if it could be shown that there was a body of medical opinion that would have chosen not to discuss the risks with the patient, then a doctor would not be held negligent for deciding not to do so.
- In the *Montgomery* case however, the Supreme Court stated that consent must be obtained from a patient before any treatment interfering with the patient's bodily integrity is undertaken.
- In obtaining consent, the clinician must take care to ensure that the patient is aware of the risks involved in the recommended treatment, and of the availability of any reasonable alternative treatment.
- The duty in the *Montgomery* case was to warn of a "material" risk. This test has subjective and objective aspects to it.
- The objective part is to consider whether a reasonable patient would have attached significance to the risk.

Consent checklist

- For you to be able to provide the patient with appropriate information from which they can make a decision, consider the following questions:
 - 1. Have I discussed all the possible treatment options that I am aware of, including the option of doing nothing, with the patient and/ or their parents?
 - 2. Have I discussed and documented the risks and benefits of each of these treatment options with the patient and/or parent?
 - 3. What would a reasonable patient expect to be told about the treatment?
 - 4. Are there any particular risks of my proposed treatment plan to this individual patient?
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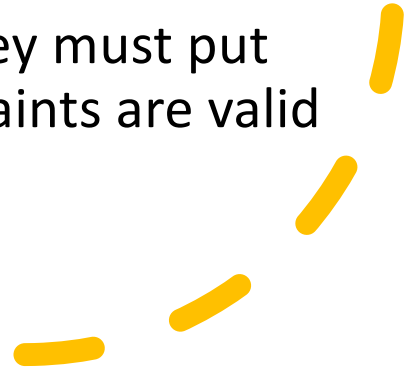
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- 5. What written information will you provide to the patient? (e.g. treatment plans, letters explaining treatment, information sheets).
 - 6. How can I be sure that the patient has understood the information given to them?
 - 7. If the patient does not understand, for example the patient does not speak the same language, then an interpreter may be necessary.
 - 8. Has the patient been given the opportunity to ask questions to their satisfaction?
 - 9. Be prepared to reassure and take consent over a few visits if needed.
 - 10. Let the patient take the decision.
 - 11. Record the discussions in the patient's notes.
 - 12. Complete a consent form.
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Complaints

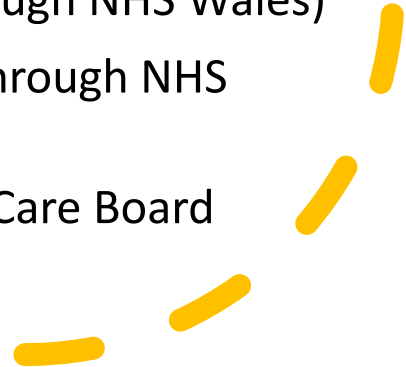
- Every patient, whether NHS or private, will have the right to complain about their treatment.
- Complaints, whatever their nature, should always be fully investigated.





Complaints

- In most disciplines, complaints are usually made by the patient but in orthodontics, frequently the complaint is made by the parent or guardian of the individual who is often a child under the age of 18.
 - Complaints could be made in writing or verbally.
 - If verbal, a discussion should take place with the patient and a careful note should be taken of the concern.
 - Patients should not be told that they must put the complaint in writing. All complaints are valid whether verbal or in writing.
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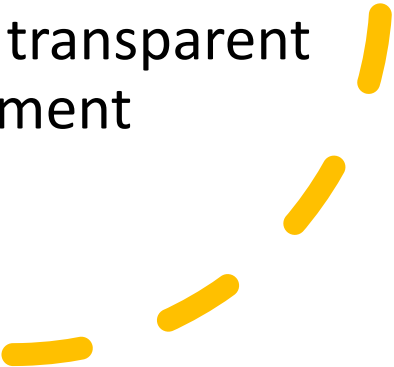
Complaints about NHS treatment in orthodontic or dental practices

- Where a patient is seeking to raise a concern about services received from a primary care dental or orthodontic practice, the patient should initially contact the practice directly.
 - Where the complaint cannot be resolved by the practice, there are formal routes.
 - If a complaint cannot be resolved locally then further processes are available for NHS patients which vary slightly in each of the nations.
 - England - NHS England.
 - Wales - The Local NHS Health Board (through NHS Wales)
 - Scotland - The Local NHS Health Board (through NHS Scotland)].
 - Northern Ireland - The Health and Social Care Board
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- If a patient remains dissatisfied after the NHS complaint procedure, they have the right to take the case to the Parliamentary and Health Service Ombudsman (the Ombudsman) for each of the nations (Public Services Ombudsman for Wales, Northern Ireland and Scotland, and the Parliamentary and Health Service Ombudsman for England (PHSO)) within 12 months.
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Candour


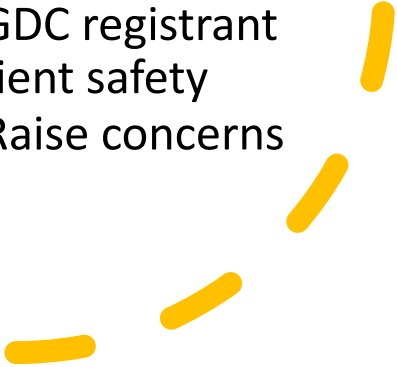
- Prior to the introduction of the duty of candour there was no legal duty upon healthcare providers to share information with patients and/or their families in the event of an incident of injury or harm.
- The duty of candour was introduced in 2014 in response to the concerns raised through the inquiry conducted by Sir Robert Francis into Mid Staffordshire NHS Foundation Trust which uncovered poor patient care and more importantly found evidence that patients were sometimes not given a full and frank explanation by the NHS Trust when things had gone wrong.
- The Francis Inquiry report was published on 6 February 2013 and recommended that there should be more openness with those receiving care and therefore raised the question of a 'duty of candour', requiring all NHS staff to be transparent about mistakes.


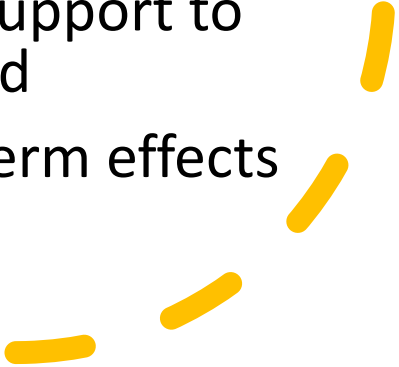
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- As a result of the Francis Report, the statutory duty of candour was introduced and professional organisations such as the General Dental Council produced standards around transparency in dealing with patients referred to as the professional duty of candour.
 - The duty now plays a crucial role in the maintenance of a safe, open and transparent culture in the healthcare environment
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Duty of candour

- There are two aspects to the duty of candour,
 - (i) a statutory duty of candour and
 - (ii) a professional duty of candour.
- Both categories incorporate the concept of openness and transparency

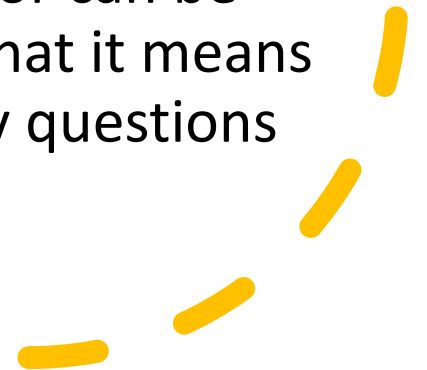


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- The General Dental Council (“GDC”) has issued guidance to dental professionals on the duty of candour setting out what the GDC expects dentists and dental care professionals to do when something goes wrong with a patient’s treatment.
 - The guidance is called “Being open and honest with patients when something goes wrong [The professional duty of candour]”
 - The GDC states that the professional duty of candour is all about being open and honest with patients (or their family, carer or advocate) and should be considered in conjunction with the duty to upon every GDC registrant to raise concerns you may have about patient safety under principle 8 of the GDC Standards (‘Raise concerns if patients are at risk’).
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- The GDC requires all dental professionals to be honest with patients from the outset before treatment starts and have an open discussion with patients/obtain consent.
 - When things go wrong with a patient's care, the GDC requires that you must:
 - tell the patient;
 - apologise;
 - offer an appropriate remedy or support to put matters right (if possible); and
 - explain fully the short and long term effects of what has happened.
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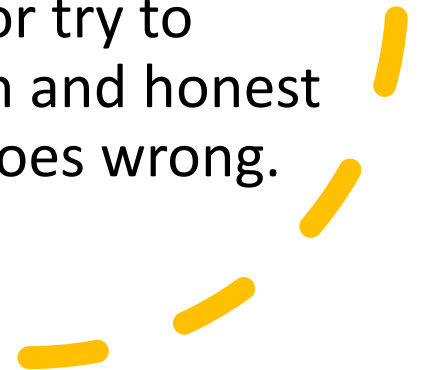
How should the patient be told?

- The GDC guidance states that as soon as you realise that something has gone wrong with a patient's care which has caused them harm or distress, or which could do so in the future, you must tell them clearly, in a way that they can understand.
- Most patients will want to know what has happened, what has been done or can be done to put matters right and what it means for them. You should answer any questions fully and honestly.



What about staff training on the duty of candour?

- Dental practices are required to ensure staff understand the need to be open and honest with patients and that the culture of the practice or workplace supports this.
- The GDC recommends training for the whole team in communication skills, including handling complaints. Importantly, dental professionals must not prevent or try to discourage staff from being open and honest with patients when something goes wrong.



What could happen to a dental professional who breaches the GDC's guidance on the Professional Duty of Candour?



- There could be a fitness to practise enquiry and a hearing which could depending on the circumstances, lead to a dental professional losing their registration.



Raising concerns

- It is expected that each NHS organisation has a policy on raising concerns in response to the recommendations made from the Francis' report (2013) and the Public Interest Disclosure Act (PIDA)1998.
- The aim is to help staff to raise concerns about malpractice and to ensure that they are promptly and properly investigated and resolved in order to provide patient safety and high quality of clinical care.



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- The General Dental Council (GDC) in 'Standards for the Dental Team' outlines the standards of conduct, performance and ethics for dental professionals.
 - The 9 core ethical principles of dental practice include 'raising concerns of patients that are at risk'.
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1. You must always put patient's safety first.


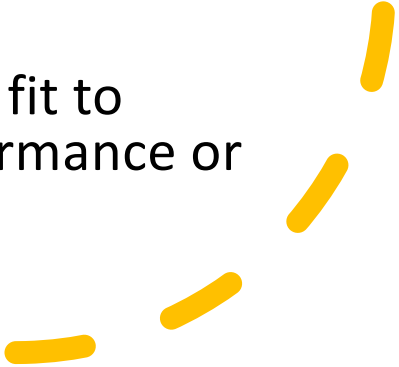
- You must raise any concerns that patients might be at risk due to:
- The health, behaviour or professional performance of a colleague.
- Any aspect of the environment where treatment is provided.
- You must raise concerns if someone is asking you to do something that you think conflicts with your duties to put patient's interests first and act to protect them.



2. You must act promptly if patients or colleagues are at risk and take measures to protect them.

- Act on concerns promptly. Acting quickly may mean that poor practice is identified and tackled without there being serious risk to patient safety.
- If it is not appropriate to raise your concerns with your employer or manager, or if they fail to act on your concerns, then consider raising the issue with your local NHS Commissioning Team or with the appropriate body.



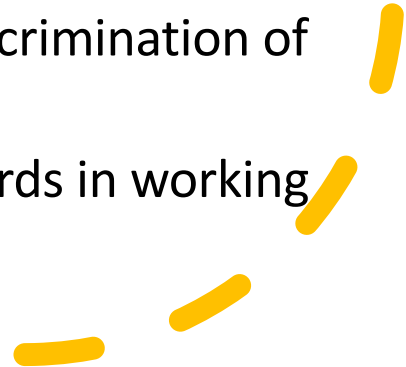
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- If you think that the public and patients need to be protected from a dental professional registered with the GDC, you must raise your concerns with the GDC for example:
 - Taking action at a local level is not practical.
 - Action at a local level has failed.
 - The problem is so severe that the GDC clearly need to be involved (e.g. indecency, violence, dishonesty, serious crime or illegal practice).
 - There is genuine fear of victimization or deliberate concealment.
 - You believe a registrant may not be fit to practice because of ill health, performance or conduct.
- 

Openness

- You must promote a culture of openness in the workplace so that the staff feel able to raise concerns.
- You should encourage all staff, including temporary staff, staff on different sites and locums, to raise concerns about the safety of patients, including the risks that may be posed by colleagues, premises, equipment or practice policies.



Whistleblowing

- The following concerns over matters of public interest should be raised:
 - Healthcare: suspected mistreatment, discrimination or abuse of patients, provision of poor quality care.
 - Health and safety issues affecting patients, visitors and staff.
 - Suspicion or knowledge of theft, fraud, corruption, bribery or other financial malpractice.
 - Professional or clinical malpractice or poor clinical competence.
 - Suspected bullying, harassment or discrimination of staff.
 - Employment standards and/or standards in working practice.
- 

Indemnity guidance

- Dental professionals are required by law to have appropriate indemnity or insurance in place before they practise. This is to ensure any patient who suffers harm in the course of a treatment can seek appropriate compensation.
- When you register, renew, or restore your registration you will be asked to declare that you have, or will have, cover in place before you start working as a dental professional.
- This must be done when joining the GDC register and during the annual renewal periods (November/December for dentists and June/July for dental care professionals).
- It is your responsibility to ensure you have appropriate cover for your scope of practice. If you are an employing dentist with DCPs covered under your policy, you will need to make the appropriate information available to them should they require it.

Ensuring that your patients can seek compensation

- Your cover must ensure patients can be compensated in the event of a successful claim.
- You must regularly review your cover to ensure that it applies across all the tasks and types of practice that you do, the locations where you work and for the hours you work, so that patients are adequately protected.

Information governance

- Information is a vital asset, and it is therefore of paramount importance that it is effectively managed with appropriate policies, procedures, structures, and accountability.
- Without a solid information governance framework in place, you may be at risk of breaching data protection law
- This could lead to financial penalties and the possibility of investigation by a regulator, as well as the risk of a breakdown in patient trust.
- Appointing a practice information governance lead can be helpful.

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GDPR

- The UK GDPR sets out seven key principles:
 - Lawfulness, fairness and transparency
 - Purpose limitation
 - Data minimisation
 - Accuracy
 - Storage limitation
 - Integrity and confidentiality (security)
 - Accountability
 - These principles should lie at the heart of your approach to processing personal data.
- 
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The Caldicott Principles

- In 1997, rising concerns about the use of patients' data resulted in the commissioning of the Caldicott Report by England's Chief Medical Officer.
- The report is fully described as 'The Caldicott Committee's Report on the Review of Patient-Identifiable Information'.
- The principles were created to tackle difficulties that the National Health Society (NHS) faced in dealing with patients' information and how technology affected the inclusive processes.

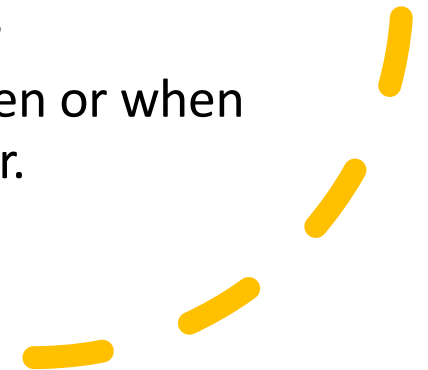
The eight Caldicott principles

- Justify the purpose for using confidential information.
- Don't use personal confidential data unless absolutely necessary.
- Use the minimum necessary personal confidential data.
- Access to personal confidential data should be on a strictly need-to-know basis.
- Everyone with access to personal confidential data should be aware of their responsibilities.
- Understand and comply with the law.
- The duty to share information can be as important as the duty to protect patient confidentiality.
- Inform patients and service users about how their confidential information is used



How long should clinical records be retained?

- **How long should clinical records be retained?**
- Your practice should have a data retention policy that applies to both digital and paper records and notes. This can be a short document or schedule listing when personal data should be destroyed and should be regularly reviewed.
- Data protection law states that personal data should be retained for no longer than is necessary.
- We recommend that NHS and private clinical records should be reviewed:
 - 11 years after the last entry for adults
 - 11 years after the last entry for children or when they reach age 25, whichever is longer.



Destroying records

- Records that are no longer needed must be destroyed in a way that preserves patient confidentiality, such as cross-cut shredding hard copy records.
- Seek specialist advice before disposing of IT equipment that has been used to store electronic patient records.





Questions?