

Coach Mentoring Dentists in Difficulty from a Mentee Perspective: An Interpretative Phenomenological Study

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Coach Mentoring Dentists in Difficulty from a Mentee Perspective: An Interpretative Phenomenological Study

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Key Points

Fitness-to-practise proceedings can add substantial psychological burden for dentists in difficulty.

Professional difficulties often reflect interacting personal, workplace and regulatory factors.

Coach mentoring can support reflection, insight and recovery.

Abstract

Introduction: Dentistry is a heavily regulated profession, and General Dental Council (GDC) fitness-to-practise (FtP) investigations can compound existing occupational pressures on dentists in difficulty (DD). Coach mentoring has been identified to support DD through this process, but the lived experiences of DD receiving mentoring during FtP proceedings have not been explored.

Aim: To explore the lived experience of dentists in difficulty who received GDC-approved coach mentoring during fitness-to-practise proceedings.

Design: A qualitative study using Interpretative Phenomenological Analysis (IPA).

Methods: Semi-structured interviews were conducted with 12 dentists in difficulty who had received coach mentoring during GDC FtP proceedings, from an initial pool of 37 who expressed interest. Data were analysed thematically, using reflexivity, independent coding and analytical discussion to enhance credibility and trustworthiness.

Results: Seven themes and 27 subthemes were identified: workplace and system pressures; clinical and regulatory challenges; emotional reactions; personal vulnerability and wellbeing; isolation and lack of support; recovery, reflection and growth; and the interrelationship of extrinsic and intrinsic factors. Participants described fear, confusion and helplessness during regulatory investigation that frequently exceeded the distress of the index clinical event, contributing in several cases to severe psychological morbidity, including suicidal ideation. Shame and stigma often led participants to withdraw from colleagues when support was most needed. Coach mentoring was consistently described as extending beyond regulatory compliance, providing a trusted, psychologically safe relationship that facilitated insight, rebuilt professional identity and supported recovery.

Conclusion: Professional difficulties among dentists rarely reflect isolated clinical failings but arise from an interacting system of workplace, personal and regulatory pressures. Coach mentoring offers a valuable, person-centred mechanism for recovery and should be considered as a routine component of the fitness-to-practise pathway, alongside earlier, more compassionate regulatory support.

Introduction

Dentistry is a heavily regulated profession in which practitioners face well-documented occupational pressures, with growing evidence of stress-related illness and burnout among the dental workforce.^{1,2,3} In the United Kingdom (UK), the principal regulator of dental professionals is the General Dental Council (GDC), whose primary function is to protect patient safety and maintain public confidence in the profession.⁴ NHS England provides additional regulatory oversight.⁵ The GDC maintains the register of qualified dental professionals, sets standards for the dental team, investigates concerns about fitness to practise, and assures the quality of dental education.⁶ All patient complaints referred to the GDC are investigated; in 2025, this amounted to 1,766 fitness-to-practise concerns, a 26% increase from 1,401 in 2024.^{7,8} This represents approximately 1.3 concerns per 100 dental professionals registered with the GDC. However, concerns should not be interpreted as findings of misconduct or impairment: most are resolved before reaching a hearing, with 85% not progressing to a Practice Committee hearing in 2025.⁸

The regulatory process itself can compound existing pressures on practitioners, exacerbating stress and increasing the risk of burnout.^{9,10} This is particularly the case following an upheld patient complaint, after which the dentist, referred to throughout this study as a dentist in difficulty (DD), may be required to appear before the GDC.^{11,12} Where conditions are imposed, the GDC advises the DD to seek appropriate professional support. This may include a development adviser (DA), whose role as a

specialised Coach Mentor is to monitor and report on the DD's progress as they address the issues identified; thorough engagement with this support is not mandatory and is self-funded by the DD.^{13,14,15} The difficulties experienced by DDs are multifaceted, encompassing both intrinsic factors, including stress and burnout, poor health, and impaired professional performance and extrinsic factors such as workplace culture, patient interactions, and poor work-life balance.¹⁶ These difficulties have been reported to be frequently associated with mental health illness.^{17,18}

The GDC fitness to practise process is designed to support DDs in developing into safe, reflective practitioners.^{19,20} The GDC has identified coach mentoring as a potential way to support dentists in difficulty, thereby meeting the requirements of fitness-to-practise proceedings and maintaining their registration.¹⁶ The Coach Mentor (CM) supports DDs, including those who have been struck off, to develop insight, challenge assumptions and reflect on their personal and professional experiences within a safe, confidential and non-judgemental relationship.^{21,22} However, the evidence regarding the specific experiences and outcomes of dentists who have been struck off remains limited, and further research is needed to establish whether coach mentoring supports them.

A small but emerging body of qualitative literature examining coach mentoring of DDs from the mentor perspective has found that the relational quality of the coach mentoring relationship, characterised by trust, confidentiality and non-judgement,

was central to the DD's engagement and progress.²³ Mentors perceived coach mentoring as valuable in supporting DDs through the GDC process; however, the absence of a structured framework and the self-funded, voluntary nature of the arrangement presented significant barriers to consistent and equitable access.²³ Complementary insights have emerged from the study of overseas-qualified dentists, where qualitative exploration of mentoring needs identified professional isolation, unfamiliarity with regulatory systems, and a lack of culturally sensitive support as compounding vulnerabilities; findings that resonate with the broader experiences of DDs navigating the GDC fitness to practise process.²⁴ Remediation within GDC fitness to practise proceedings identified systemic inconsistencies in how remediation is defined, applied and evaluated, and raised important questions about whether current processes adequately support the development of insight and lasting behavioural change in DDs.²⁵ In parallel, the concept of preventive coach mentoring has been proposed as a proactive intervention for dental professionals, and is defined as:

*'A process that enables the exploration of needs, motivations, desires, skills, and thought processes to assist a mentee in making lasting changes in mindset and behaviour. It aims to build resilience in both professional and personal contexts through a supportive and non-judgemental environment'.*²⁶

Many dental professionals approach Fitness to Practise (FtP) proceedings with considerable anxiety, influenced by professional narratives, early educational experiences and longstanding perceptions of regulatory threat.^{27,28}

Recent evidence suggests that much of this fear does not reflect current FtP processes against a backdrop of regulatory reforms promoting greater transparency, proportionality, compassion and prevention.²⁹ Collectively, the existing literature has advanced understanding of mentoring, remediation and regulatory support within dentistry; however, a substantial gap remains. This study aimed to explore the lived experiences of dentists in difficulty (DD) receiving coach mentoring during fitness-to-practise (FtP) proceedings and identify implications for supportive and effective remediation.

Methods

Study design

This study used a qualitative research design with Interpretative Phenomenological Analysis (IPA), a methodology well suited to exploring the lived experiences of individuals navigating complex personal and professional circumstances.³⁰ IPA was selected for its capacity to capture the meaning participants attribute to significant experiences, and for the iterative flexibility it affords during data collection and analysis.³⁰

Semi-structured online interviews were conducted with twelve UK-registered dentists in difficulty (DDs) who had all received GDC-approved coach mentoring. Participants were recruited from across England, Wales, Scotland and Northern Ireland using purposive sampling, with a snowball technique employed to identify eligible individuals.³⁰ Of the 37 individuals who initially expressed an interest in participating, 12 subsequently participated in the study.³⁰ Sampling across all fields of the dental profession was sought to examine convergence and divergence within the dataset and to ensure representation of the phenomenon under study.³⁰

The inclusion criteria were active UK-registered dentists who had experienced professional difficulties for which they had received GDC-approved coach mentoring. Exclusion criteria were non-UK registration and no experience of GDC-approved coach mentoring.

Data collection

Once recruited, participants received both participant information and written consent forms; all participants provided informed consent before the interview and were advised of their right to withdraw at any time without explanation. At the interview, oral consent was reconfirmed. Interviews were conducted remotely via Zoom at a time of each participant's choosing, with only the Principal Investigator (PI) present. Each interview lasted 30 to 60 minutes, allowing sufficient time for participants to explore their experiences in depth.

A bespoke, semi-structured interview guide (Appendix 1) was developed in accordance with IPA principles, using broad, generic questions with minimal prompting to allow participants to lead the discussion and foreground what was most meaningful to them.²³ In keeping with the iterative nature of IPA, the interview guide was treated as a living document, subject to ongoing refinement as data collection progressed and new experiential themes emerged.³⁰

Before the main study, three pilot interviews were conducted with dental mentees who met the eligibility criteria. The pilot interviews were used to refine the interview guide and to develop the PI's interviewing skills, including appropriate use of verbal and non-verbal techniques. Pilot interview data were not included in the final analysis. Interviews were audio-recorded, transcribed verbatim and stored securely on a

password-protected university Google Drive. Each transcript was returned to the participant for review and confirmation of its accuracy before anonymisation, as part of the member-checking process.

Data analysis

QSR NVivo® software (Version 14, QSR International, Warrington, UK) was used to manage and support analysis of the interview transcripts. Analysis followed the IPA process. 31 Overarching themes were developed independently by two researchers (PAG and DRR) with reference to the primary aims of the study, before being brought together through a series of four round table discussions in which themes and sub-themes were refined, challenged and agreed by consensus. Sub-themes were clustered beneath the agreed main themes, and all transcripts were re-read at each stage to confirm analytical decisions. The adequacy of the sample was considered using the concept of information power, whereby the richness and relevance of the data in relation to the study aim, the specificity of the sample and the depth of the interviews informed the decision that twelve participants provided sufficient information to address the research question.³²

Reflexivity and positionality

The PI (PAG) is an insider researcher, a former general dental practitioner and a qualified advanced coach mentor with 13 years' experience, who has encountered many of the situations and events described by participants from a coach mentor perspective. This positionality was acknowledged as both a methodological asset,

enabling nuanced questioning and empathic probing, and a potential source of reflexivity bias.³³

To manage this, the study adopted a double hermeneutic approach throughout data collection and analysis, requiring the researcher to attend to participants' meaning-making while bracketing their own assumptions and interpretive frameworks.^{33,34} DRR is a retired restorative consultant, an experienced qualitative researcher and a senior academic at the University of Portsmouth, whose independent analytical contribution served as a further safeguard against unexamined researcher bias. Reflexivity was treated as a continuous and explicit part of the research process rather than a limitation to be minimised, consistent with the study's interpretivist and subjectivist epistemological position.³² Personal biases and assumptions were reflected upon during the formulation of research questions, data analysis and the drawing of conclusions. Ethical approval was granted by the University of Portsmouth Faculty of Science and Health Ethics Committee, Reference Number: SHFEC 2024-099. Data were anonymised before analysis and stored in accordance with University of Portsmouth data protection requirements.

Results

The demographic characteristics of the participants are presented (Table 1).

Table 1: Demographic Table

Participant	Age	Sex	Marital status	Ethnicity
P1	57	F	S	W
P2	36	M	S	BA
P3	42	F	M	BA
P4	63	F	S	W
P5	47	F	S	W
P6	46	F	M	A
P7	54	F	M	BA
P8	49	M	M	A
P9	50	M	S	BA
P10	52	M	M	W
P11	43	M	S	BA
P12	69	M	M	W

Key

Sex: Male (M), Female(F). Marital Status: Single (S), Married (M). Ethnicity: White (W), Asian (A), British Asian (BA)

The analysis identified seven themes and 27 subthemes, reflecting participants' experiences of professional adversity, regulatory investigation, and recovery (Table 2). The themes describe the complex interplay between workplace pressures, clinical and

regulatory challenges, emotional responses, personal vulnerability, social support and subsequent personal and professional growth.

Table 2: Themes and subthemes

Themes	Sub-Themes
1. Workplace & System Pressures	a) Work pressure and/or unrealistic expectations
	b) Communication Misunderstandings
	c) Patient Power
	d) Documentation gaps
2. Clinical & Regulatory Challenges	a) Sub-optimal event
	b) General Dental Council / other regulators
	c) Navigating legal procedure and regulatory language
3. Emotional Reactions	a) Strong emotions: fear and anger
	b) Denial
	c) Confusion
4. Personal Vulnerability & Well-being	a) Personal issues
	b) Poor health
	c) Stress, including suicidal thoughts
	d) Addiction

5. Isolation & Lack of Support	a) Shame, stigma, and isolation
	b) Unsupported and/or loss
	c) Mentorship and/or supervision
6. Recovery, Reflection & Growth	a) Coaching and mentoring
	b) Altruism
	c) Hope
	d) Insight
7. Interrelationship Extrinsic & Intrinsic	a) Complex factors

Theme 1: Workplace and System Pressures

Participants described workplace and organisational pressures as important contributors to professional vulnerability, increasing their exposure to stress and undermining their confidence and professional autonomy. Four interrelated subthemes emerged: work pressure and/or unrealistic expectations, communication misunderstandings, patient power, and documentation gaps. Heavy clinical workloads, increasing administrative demands, and perceived regulatory expectations frequently compounded stress and influenced decision-making. Participants also highlighted the importance of effective communication, realistic workplace expectations and comprehensive documentation to reduce complaints and support safe practice.

Subtheme1a) Work pressures and unrealistic expectations

Participants described substantial workplace pressures arising from high clinical workloads and administrative demands. Many reported working extended hours, managing high patient volumes, and practising in environments where performance demands frequently exceeded available resources. These pressures were often compounded by concerns regarding complaints, regulatory scrutiny and the expectation of consistently delivering optimal outcomes. The findings suggested that sustained workplace stress and perceived unrealistic expectations may contribute to

professional vulnerability and reduce well-being, thus increasing the risk of adverse outcomes.

"So, I just threw myself in more. It's working 08:00 in the morning to 08:00 in the evening, every day, including weekends. And that was a recipe for disaster. So, my waiting list for appointments was three months. And I was double-booked nearly every time slot." P1,F57

"To write notes as though you have a barrister sitting on your shoulder the whole time... And if that third party can't understand them, you're screwed. Yes, you're just absolutely screwed." P5,F47

Subtheme 1b) Communication misunderstandings

These emerged as a prominent source of difficulty for participants, often contributing to patient complaints, regulatory concerns, and diminished professional confidence.

Participants described how misinterpretation of clinical discussions and written correspondence could lead to patient concerns, even without clinical wrongdoing.

Reflecting on these experiences, many highlighted the central role of effective communication in preventing complaints and managing their patients. Participants recognised communication skills as a key area for professional development and support.

"The GDC caseworker thought he was saying he was charged for two. He hadn't, but he hadn't got any gold crowns! They [sic GDC] thought there was dishonesty involved, that I was charging him for gold crowns that I hadn't fitted." P5,F47

"At that time, [sic GDC FtP case] I wasn't fully confident in communicating with patients and was still discussing options because I had lost a lot of confidence." P2,M36

Subtheme 1c) Patient power

Participants reflected on the evolving balance of power between patients and dental professionals, particularly within the context of complaints, increased patient expectations and regulatory processes. While recognising the importance of patient rights and public protection, many felt patients had significant influence through access to complaint mechanisms, with substantial consequences for practitioners regardless of the outcome. Participants described the stress, uncertainty and professional vulnerability associated with complaints, highlighting how perceptions of patient power and expectations shaped their experiences of practice, regulation and routine dental care.

"I'm not saying patients don't have a right to do it... But at the same time... it's very easy for a patient to report to the General Dental Council... and it causes massive upheaval and uncertainty for the dentist, the dentist's family, the employees at the practice and for the patients... it just creates an awful lot of stress." P2,M36

"It was a job; we did it. We weren't expecting patients to go straight to their lawyers or to the General Dental Council. If someone had a problem, we expected them to come back, and we'd fix it." P11,M43

Subtheme 1d) Documentation gaps

Documentation gaps were frequently identified as contributing factors before and after complaints, and during regulatory scrutiny. Participants described challenges in maintaining comprehensive records in busy clinical environments, where competing demands and time pressures could lead to omissions or insufficient detail. Common deficiencies included documentation of treatment options, clinical reasoning, and consent discussions. Participants also reflected on the increasing scrutiny of clinical records during investigations, recognising the importance of detailed, contemporaneous documentation as both a clinical and medico-legal safeguard.

"My notes are probably comprehensive... but ever since then, people will find a fault with you, whatever you do... They picked apart sentences I'd written... the level of detail it went into over stupid things that had nothing whatsoever to do with this initial allegation." P3,F42

"Rather than the full set of notes that you'd have been producing when you're at university, you know there's a real world; you need to get through these many

patients."P5, F47

Theme 2: Clinical and Regulatory Challenges

Participants described a range of clinical and regulatory challenges associated with complaints and fitness-to-practise proceedings. Three interrelated subthemes emerged: suboptimal events, General Dental Council / other regulators, and navigating legal procedure and regulatory language. Participants frequently described regulatory investigations as lengthy, complex and emotionally demanding, with uncertainty extending beyond the outcome to encompass professional identity and reputation.

Subtheme 2a) Suboptimal event

Participants reflected on a range of suboptimal events that acted as catalysts for behaviour change following complaints, investigations and/or regulatory proceedings.³⁸ These included clinical errors, deficiencies in record-keeping, ethical lapses and impaired decision-making, often occurring within the context of wider personal, health or workplace pressures. While the nature and severity of incidents varied, participants often described them as isolated incidents within broader, more complex narratives. Reflection on these events often facilitated insight, accountability and engagement with remediation, highlighting their significance in participants' professional development and recovery.

"How am I going to meet these targets? I physically didn't have enough capacity... So, I made a bad mistake. An unethical mistake, which was like... overclaiming for the treatment which I had done." P6,F46

"I then altered the notes... eventually they noticed that there were slight differences between these notes. So that was stupid. But I didn't try to deceive anybody. What I did was I made the notes more comprehensive, and I didn't tell any lies." P2,M36

Subtheme 2b) General Dental Council and other regulators

Participants described regulatory bodies, particularly the GDC, as having a profound influence on their professional and personal lives. Regulatory investigations were perceived as lengthy, stressful and consequential, with concerns extending beyond the outcome to include reputational impact, public disclosure and uncertainty throughout the process. While recognising the importance of patient protection and professional standards, participants reflected on the emotional and professional burden associated with this regulatory scrutiny. These findings highlighted the significant role regulators play in shaping practitioners' experiences during fitness-to-practise proceedings.

"I thought what had happened in the past was so insurmountable professionally with the GDC that I lost my career." P8,F49

"In 2016, I went to NHS England... and then that kick-started a whole kind of investigatory process that I went through for almost 10 years, which then concluded in June this year." P10,M52

Subtheme 2c) Navigating legal and regulatory language

Participants described considerable difficulty understanding and engaging with the legal and regulatory terminology encountered during fitness-to-practise investigations. Complex documentation, lengthy proceedings and unfamiliar processes often contributed to feelings of uncertainty, powerlessness and anxiety. Many reported struggling to interpret allegations and procedural requirements, particularly during the early stages of investigations. These experiences highlight the challenges dental professionals faced when navigating regulatory systems.

"And I remember walking in... I hadn't even read all the allegations. So, when I sat in that meeting, I think right now I think, God, this is insane." P7,F54

"I didn't feel like I had a voice at all. I didn't feel like I had a voice throughout the entire thing. I felt helpless, and I had an amazing barrister, but he was just, you know, doing his job from a legal perspective." P10,M52

Theme 3: Emotional Reactions

Participants reported a wide range of emotional responses during the regulatory

scrutiny. Three interrelated subthemes emerged: strong emotions of fear and anger; denial; and confusion. Emotional reactions often evolved and influenced participants' ability to engage with complaints, seek support, and participate. Feelings of uncertainty, distress and perceived injustice were common during the early stages of an investigation.

Subtheme 3a) Strong emotions: fear and anger

Fear and anger were prominent emotional responses to professional, personal and regulatory challenges. Participants described intense anxiety regarding potential career loss, reputational damage and uncertainty about overall outcomes, often accompanied by feelings of frustration, injustice and helplessness. These emotions were frequently heightened by concurrent life stressors, including relationship breakdown and mental health illness. The intensity of these reactions sometimes impaired participants' ability to engage with complaints and regulatory processes, illustrating the profound emotional burden associated with fitness-to-practise investigations and professional adversity. Similar emotional responses have been described following surgical complications, where feelings of guilt, blame and perceived professional failure can shape how clinicians respond to and process adverse events.⁴⁰

"I don't have kids, and I felt that my profession defined my existence in the world... So, when I thought that was going to be taken away from me... I did become suicidal."

P3,F42

"When it first happens, it's just such heightened emotions... so many dentists don't respond to complaints because they just can't... I totally understand that sort of feeling, 'I just can't do it.'" P12,F69

Subtheme 3b) Denial

Denial emerged as an important early response to professional and personal challenges. Participants described minimising concerns, dismissing warnings or avoiding engagement with allegations and underlying health issues, often as a means of coping with uncertainty, distress or shame. While denial initially provided psychological protection, many reflected that it delayed help-seeking and engagement with supportive interventions. In retrospect, participants recognised denial as a barrier to recovery, with acceptance of their circumstances representing a key step towards reflection, remediation, and personal growth.

"At the time, I wasn't listening... but now that I've heard him speak many, many times, I understand what he was trying to do was encourage me [sic my mentor] to engage with our colleagues... and reassure me that the litigation side of it would be dealt with by my indemnity provider." P7,F54

"I was embarrassed about the whole thing, hence the denial for so long." P9,M50

Subtheme 3c) Confusion

Confusion was a common initial response to regulatory investigations and adverse professional events. Participants described struggling to understand allegations, regulatory correspondence and the implications of complex documentation, often feeling overwhelmed by unfamiliar processes and large volumes of information. This uncertainty frequently compounded existing stress and hindered individuals' ability to respond effectively during the early stages of proceedings. The findings suggest that confusion may represent an important emotional and cognitive response to regulatory scrutiny, thus highlighting the need for clear communication and timely support.

"And I opened the envelope, and it had lots of articles about dentists being struck off for fraud. You know, I'm that stupid. I didn't get it. I didn't understand what he [sic my mentor] was talking about. And I just thought, well, what's all this about?" P6,F46

"As I first got the GDC letter, it doesn't tell you... Then I got 1020 pages of the material. I sent it to my Indemnity Organisation, and they said they had never seen anything like this." P11,M43

Theme 4: Personal Vulnerability and Well-being

Participants described, before the complaint, a range of personal vulnerabilities that affected wellbeing, professional functioning, and engagement with regulatory procedures, which the process exacerbated. Four interrelated subthemes were identified: personal issues, poor health, stress, including suicidal thoughts and addiction. These experiences frequently coexisted with professional pressures and were associated with reduced resilience, impaired decision-making and increased vulnerability to adverse outcomes.

Subtheme 4a) Personal issues

Personal issues often contributed to vulnerability and were closely linked to work-related challenges. Participants described difficulties such as bereavement, relationship breakdowns, and family pressures. These experiences were often compounded by a reluctance to seek support and a tendency to prioritise professional responsibilities over personal wellbeing. The findings highlight the interconnected nature of personal and professional lives and the importance of recognising personal circumstances when considering practitioner wellbeing and fitness to practise.

"We know that she's lost her father. And, you know, I was in a very toxic relationship at the time as well." P1,F57

"I got separated from my now ex-wife, and around COVID time I subsequently found myself hanging out with the wrong group of people... involved with narcotics!" P11,M43

Subtheme 4b) Poor health

Poor physical and mental health emerged as a significant source of vulnerability, often interacting with professional and personal pressures to adversely affect wellbeing and functioning. Participants described experiences of depression, psychological distress, substance misuse, chronic illness and undiagnosed health conditions. These participants' accounts illustrated the complex relationship between health and professional performance and highlighted the importance of early identification, appropriate intervention and supportive networks to promote wellbeing within the dental profession.

"There's a question of whether I was self-medicating with cocaine. I've since been stabilised with ADHD medication with a clinical psychologist." P5,F47

"I've gone through periods of deep depression... lying in bed without energy to move from one room to another... How would anyone have the energy or the emotional capacity to go out of their way to create the networks themselves?" P11,M43

Subtheme 4c) Stress, including suicidal thoughts

Participants described experiencing profound psychological distress during periods of professional and personal adversity, with stress often compounded by regulatory investigations, workplace pressures and personal circumstances. For some, these challenges were associated with feelings of hopelessness, defeat and suicidal ideation. The cumulative burden of these stressors affected wellbeing, confidence and, in some cases, clinical performance. This subtheme highlights the significant emotional impact of professional difficulties and emphasises the importance of early recognition, appropriate support and access to mental health interventions.

"My mental health deteriorated as time went on. I had a breakdown and tried to kill myself a few times." P4,F63

"It was severe. It was severe. The amount of stress I was under and the amount of disorder I had both professionally and personally had a huge impact on my clinical work." P12,M69

Subtheme 4d) Addiction

Addiction emerged as a significant factor affecting participants' wellbeing, judgement and professional functioning. Accounts described the progressive nature of substance dependence, often occurring alongside psychological distress, personal difficulties and limited help-seeking behaviours. Participants reflected on the impact of addiction on decision-making and insight, frequently recognising the severity of their condition

only retrospectively. Recovery was often associated with reaching a critical turning point, engaging with specialist support services and developing a greater understanding of addiction as a chronic health condition requiring ongoing management and support.

"If someone has an addiction, they need to be engaged with that service really fast."

P1,F57

"I then slumped in the dental chair. I don't remember this. I did all of this in blackout... blackout is where you continue to function... To drink the vodka that was in my handbag... Couldn't even remember until I came round." P4,F63

Theme 5: Isolation and Lack of Support

Participants frequently described isolation and insufficient support when facing professional, personal, and regulatory challenges. Three interrelated subthemes emerged: shame, stigma and isolation; feeling unsupported and lost; and mentorship and/or supervision. Feelings of disconnection were often exacerbated by uncertainty, perceived judgement and difficulties accessing appropriate guidance, whereas supportive relationships and mentorship were described as important facilitators of recovery.

Subtheme 5a) Shame, stigma and isolation

Participants frequently described feelings of shame, stigma and isolation. Many reported withdrawing from colleagues and professional networks because they feared judgement, embarrassment, or concerns about how allegations would be perceived. The public nature of regulatory proceedings and others' assumptions of wrongdoing often intensified these feelings, contributing to emotional distress and social isolation. These experiences highlight the significant psychological burden of fitness-to-practise procedures, as well as their potential impact on professional identity and wellbeing.

"It's a stigma... Everyone assumes the allegation was correct." P10,M52

"I felt a massive sense of shame. I didn't want to talk to my colleagues... I didn't talk to anybody at work about it." P4,F63

Subtheme 5b) Unsupported and lost

Participants frequently described feeling unsupported and uncertain when navigating regulatory challenges. A perceived lack of guidance from organisations, combined with limited understanding of regulatory processes, contributed to feelings of confusion, vulnerability and loss of direction. Several participants reported managing complex situations with little emotional or practical support, leaving them feeling isolated and overwhelmed. These experiences highlight the importance of timely, accessible support.

"And, you know, rudderless because I didn't have any support at that time." P2,M36

"I went through that whole process completely blind... nobody wanted to talk to me about why they needed this record." P9,M50

Subtheme 5c) Mentorship and supervision

Mentorship and supervision were described as valuable sources of support during periods of professional and personal difficulty. Participants reflected on the benefits of guidance from experienced colleagues, mentors, and supportive networks in helping them navigate these complexities and support recovery. Many felt that earlier access to mentorship would have mitigated difficulties and improved decision-making. These findings highlighted the potential role of mentorship in facilitating professional development.

"I think I needed a bit more support from dental indemnity in the initial phase. I think had it been dealt with by an experienced person [sic mentor] or overseen even by an experienced person at the outset, we could have headed it off at the pass." P4,F63

"Had I not had a dental mentor, I think probably the downward spiral would have continued." P8,M49

Theme 6: Recovery, Reflection and Growth

Recovery was described as a dynamic process characterised by reflection, personal development and the rebuilding of professional identity. Four interrelated subthemes were identified: coaching and mentoring; altruism; hope and insight. Participants frequently described gaining valuable learning from adverse experiences, supported by reflective practice, mentorship and renewed professional purpose. Many subsequently expressed a desire to support colleagues facing similar challenges.

Subtheme 6a) Coach mentoring

Coach mentoring was identified as an important facilitator of recovery, reflection and professional development. Participants described the value of having a trusted, objective dental professional who provided support, challenge, and guidance throughout periods of professional difficulty. Coach mentors helped participants process adverse experiences, develop insight, and engage meaningfully with remediation. This relationship fostered accountability, confidence and reflective practice, enabling participants to reframe setbacks as opportunities for growth and to approach their future careers with greater self-awareness and resilience.

"So, the fact that the GDC hadn't suspended me meant I was on conditions he [sic my mentor] was aware of and willing to support me through them.

It all clicked together, and part of that arrangement was to meet or have a dental mentor. And that's when I explored mentorship, and I met a coach mentor." P1,F57

"Since then, I've been fortunate enough to find a dental mentor who I've been able to go through all of this with, who's been wonderful, like from a mentee's perspective, when I look, when I look back at this, I think, well, if it wasn't for people like that, I don't know what really would have happened to me." P2,M36

Subtheme 6b) Altruism

Altruism emerged as an important aspect of recovery and growth, with many participants expressing a desire to use their experiences to support others facing professional and personal challenges. Having benefited from support themselves, they described a commitment to raising awareness, mentoring colleagues, and sharing lessons learnt. This shift towards helping others provided a renewed sense of purpose and professional fulfilment, reinforcing recovery through meaningful contribution to the wider dental community.

"So, I think I'm almost enjoying the quiet now, but what I would really like to do is get to a point where I feel I could do for others what was done for me." P3,F42

"I would be happy to support other dentists in the future if need be... and maybe share my experiences and support them if they go through things like this." P7,F54

Subtheme 6c) Hope.

Hope was a central and important feature of participants' recovery journeys, often emerging through supportive relationships and personal growth. Participants described hope as enabling them to move beyond feelings of loss and uncertainty, leading to a renewed sense of purpose. Even small expressions of encouragement from family, colleagues or patients were perceived as powerful catalysts for change, helping individuals re-imagine their futures and engage positively with reflection and professional development.

"Mummy, smile. Just smile. Just smile. You look good when you smile. So, I think when you think there's no hope, just getting a bit of hope and seeing some people who love you and, you know, will be there for you makes a massive difference." P7,F54

Theme 7: Interrelationship of Extrinsic and Intrinsic Factors.

Participants consistently described professional difficulties arising from the interaction of multiple personal, occupational and contextual influences rather than isolated events. The subtheme of complex factors illustrated the cumulative effects of workplace pressures, regulatory scrutiny, health, personal circumstances and coping behaviours. These interconnected influences frequently compounded vulnerability and shaped both adverse outcomes and subsequent recovery, highlighting the importance of understanding fitness-to-practise concerns within a broader context.

Subtheme 7a) Complex factors

Participants described how adverse outcomes rarely arose from a single event, but rather from the interaction of multiple personal, professional and contextual pressures. Relationship breakdown, financial concerns, workplace demands, regulatory investigations, mental health illness and inadequate support systems often occurred concurrently, creating cumulative stress that adversely affected judgement, wellbeing and professional performance. Their accounts highlighted the importance of understanding fitness-to-practise concerns within their broader context and recognising the complex interplay between intrinsic and extrinsic factors that can influence professional behaviour and decision-making.

"Concurrently, I had difficulties in my personal life with my marriage breaking down. So, it was a very highly stressed environment, both at home and at work. I didn't. I'd never had any mental health issues before, but I learned later in hindsight that I was suffering from extreme stress and anxiety, and my way of coping with it wasn't to seek help from professionals, but to immerse myself more in work." P9,M50

"Trying to sell a practise with no associates, you know, still working there at the same time as they'd left. And so, I had the UDAs to try to sort. And I had the GDC case going on, which, you know, takes up your evenings, but also it takes up a lot of your clinical time." P6,F46

Discussion

Seven interrelated themes showed that participants' experiences were rarely attributable to a single clinical incident, but instead reflected a complex interaction between workplace pressures, regulatory processes, personal vulnerability, social isolation and subsequent recovery. Rather than viewing professional difficulties as isolated failings, participants described them as evolving within broader occupational and personal contexts

Coach mentoring subsequently emerged as an important mechanism through which participants developed insight, resilience and renewed professional identity. These findings directly address the study aim of understanding the lived experience of dentists receiving coach mentoring during regulatory proceedings.

Several limitations should be considered when interpreting these findings. Although thirty-seven dentists initially expressed an interest in participating, only twelve ultimately completed interviews. This may indicate self-selection bias, whereby those willing to discuss their experiences differed from those who, on reflection, declined participation. Nevertheless, this sample size is entirely consistent with IPA, which prioritises depth over breadth.³¹ The concept of information power, rather than traditional data saturation, is particularly relevant.³³ Information power proposes that smaller samples are appropriate when the study aim is focused, participants possess highly specific experiences, interview quality is high, and the analysis is theoretically informed. The rich, detailed narratives obtained from participants therefore provided

sufficient experiential depth to address the research question, despite the relatively small sample size.³⁴ Consistent with IPA principles, the sample size was kept deliberately small to facilitate the depth of individual case analysis that the methodology requires.^{30,31}

The insider position of the principal researcher may also have influenced interpretation.³⁵ However, reflexive practice, independent coding by a second experienced qualitative researcher and repeated analytical discussions were incorporated throughout the analysis to enhance credibility and trustworthiness.

One of the strongest findings was that professional vulnerability extended far beyond clinical competence alone. Participants consistently described workplace demands, unrealistic expectations, increasing administrative burden and communication challenges as creating conditions in which mistakes became more likely. These findings reinforce previous research identifying stress, burnout, and organisational pressures as major determinants of wellbeing within dentistry, while extending this literature by showing how these factors interact with subsequent regulatory investigations.³⁶

Importantly, participants rarely attributed complaints to technical deficiencies in isolation. Instead, communication misunderstandings, documentation deficiencies and perceived shifts in patient power frequently acted as catalysts for complaints. This

supports emerging evidence suggesting that contemporary complaints often reflect failures within wider systems rather than solely individual practitioner competence.²⁹

One of the most striking findings concerned the profound emotional impact of regulatory investigation itself. Participants described fear, confusion, helplessness and uncertainty that frequently exceeded the distress associated with the original clinical event. For several participants, these emotional responses contributed to severe psychological morbidity, including depression and suicidal ideation.

These findings strongly support recent literature describing the enduring "climate of fear" surrounding fitness-to-practise proceedings.^{27,28,37} Although regulatory reform has sought greater proportionality and compassion, participants continued to experience investigations as lengthy, opaque and psychologically overwhelming.^{25,29}

The unfamiliar legal language and prolonged uncertainty appeared to amplify distress and hinder early engagement with remediation.²⁸ Rather than simply regulating professional standards, FtP investigations may inadvertently become psychologically significant life events that shape professional identity.³⁸

Isolation emerged as another dominant finding. Shame, perceived stigma, and fear of professional judgement led many participants to withdraw from colleagues precisely when they needed support most. Participants frequently described navigating investigations alone, with limited organisational guidance or emotional support.

These findings also align with the wider literature describing that FtP investigations may inadvertently become psychologically significant life events that shape professional identity.^{38,39} Participants commonly believed that professional and public knowledge would threaten their reputation or future employment, thus reinforcing withdrawal and delaying seeking help.

Perhaps the most important contribution of this study concerns the perceived role of coach mentoring. Participants consistently described mentoring as extending beyond regulatory compliance. Rather than simply assisting dentists to satisfy GDC conditions, mentors provided psychologically safe relationships characterised by trust, challenge and compassionate accountability. Through these relationships, participants developed insight, reconstructed professional identity and regained confidence.

These findings complement previous research exploring coach mentoring from the mentor perspective but add an important experiential dimension by showing how mentees perceive its value.²³ Recovery was not described as returning to previous practice but as a transformative process involving reflection, behavioural change and renewed purpose. The emergence of altruism, whereby participants wished to support colleagues facing similar experiences, further illustrates this post-adversity growth.

Rather than identifying isolated risk factors, participants repeatedly described an accumulation of interacting pressures. Workplace demands, family difficulties, mental health problems, addiction, regulatory investigations and organisational failures

frequently occurred simultaneously. This systems perspective represents one of the study's most important conceptual contributions.

Viewing dentists in difficulty through a simple lens of individual misconduct risks overlooking these interacting influences. Instead, the findings suggest that professional difficulties are better understood using biopsychosocial or systems-based frameworks that acknowledge the reciprocal relationship between personal wellbeing, organisational context and regulatory environments.

These findings have important implications for regulators, employers, educators and professional organisations. Earlier identification of practitioner vulnerability, greater access to confidential coach mentoring, clearer regulatory communication and proactive wellbeing support may reduce both practitioner distress and the likelihood of repeated adverse events. More reflexive practise during the teaching of dentistry is clearly valuable.³² Preventive coach mentoring, introduced before regulatory intervention becomes necessary, may offer particular value by promoting reflective practice, resilience and professional development before difficulties escalate.⁴⁰

Conclusion

These findings directly address the aim of this study, which sought to explore the lived experiences of dentists during GDC fitness-to-practise proceedings. Within the study's limitations, the findings show that professional difficulties arise from complex interactions among workplace pressures, regulatory scrutiny, personal vulnerability,

and social isolation rather than isolated clinical events. Coach mentoring emerged as a powerful facilitator of reflection, insight, recovery and professional growth, enabling participants to reconstruct their professional identities following adversity. These findings contribute new understanding of remediation from the perspective of dentists themselves and support the development of more compassionate, person-centred and preventative approaches to supporting practitioners experiencing professional difficulty.

Conflict of interest declaration

PAG is a member of Dental Mentors UK.

Figures and tables

All figures and tables are unique to this research and are produced by the primary author.

Authors contributions statement

All authors made substantial contributions to the conception or design of the work; PAG was responsible for recruiting participants, conducting interviews, and performing the analysis and interpretation of data, with support from DRR. PAG and DRR drafted this manuscript, and CL and DK critically revised it. All authors (PAG, DRR, CL, DK) revised the manuscript for intellectual content, approved the version to be published, and agree to be accountable for all aspects of this work.

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Data Availability Statement

The authors confirm that the data from which the findings of this study are derived are available within the references and/or their supplementary materials.

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Appendix

Interview guide

Semi-Structured Interview Guide (AUDIO)

Thank you for taking the time to meet with me and agreeing to participate in this research study.

The purpose of this interview is to gain insight into your experience as a dentist in difficulty. Please understand that this interview is voluntary, and as such, you may conclude the interview at any time. Additionally, you can refuse to answer any questions.

Age, when qualified and where?

- 1) Please tell me what happened?
- 2) How did that impact your clinical practice?
- 3) What do you remember? What were you feeling?
- 4) What support did you receive?
- 5) Who was there and how did they help?
- 6) How was coach mentoring for you?
- 7) If you had had preventive coach mentoring, would this have helped?
- 8) Looking back, what aspects of the support you received went well, and what could be improved?
- 9) How did you access coach mentoring?
- 10) How do you see your future career?

Prompts

Can you describe that more for me?

You've mentioned XYZ...can you explain what you mean by that?

How has this impacted your home life?

Have you needed to seek any mental health support as a result of this complaint?

Have you been able to discuss the complaint with your colleagues and practice, and how do you feel about their responses?

Has this complaint impacted your confidence in working with patients in the clinic and how you feel about your career and future in dentistry?

Have you enlisted any additional support - mentors, psychological, including confidential therapy (DHST) or your GP for mediations or support?

Do you have ongoing personal or mental health issues that are adding to your stress levels of dealing with the complaint?

Did you have an acute reaction to the instigations of the complaint/GDC FTP? How did you cope with this? Which organisations did you mean? DPS, GDC, LDC, DMUK