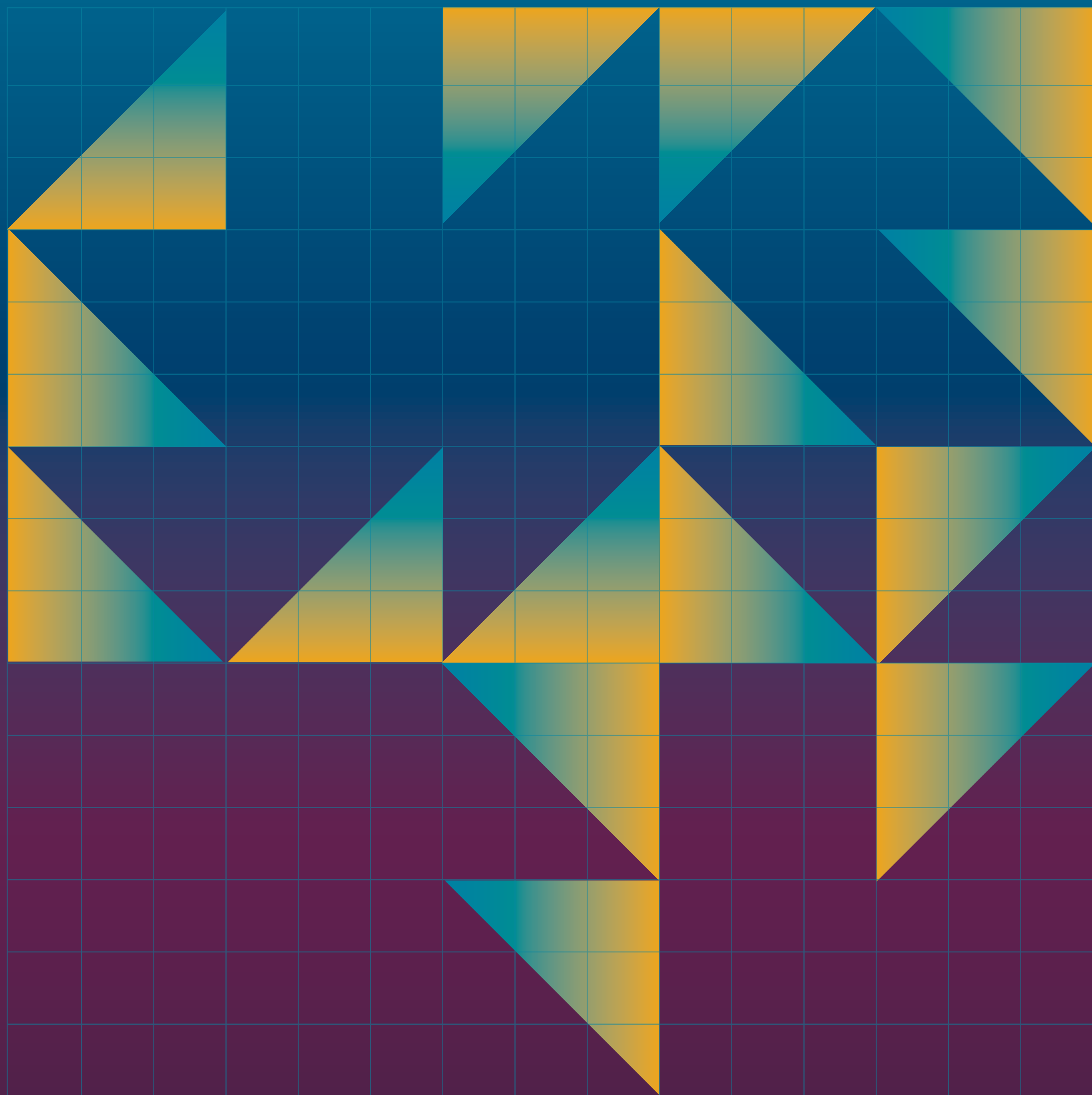
General
Dental
Council



The Safe Practitioner:
A framework of behaviours and outcomes for dental professional education

Consultation Outcome Report

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1. About the GDC and our role in education

The core objective of our regulatory activities is public protection. This is a role given to us by Parliament and set out in the Dentists Act.

To protect the public, our work is focused on the following four areas. We:

- set and support standards in dental education and practice.
- maintain a register of dental professionals who meet our standards.
- ensure that nobody is admitted to that list if they do not meet the relevant requirements.
- take action if any dental professional falls short of our standards.

Our role in education and training is one of our four statutory functions, as set out in the Dentists Act.

The GDC's expectations for pre-registration training of dental professionals are currently articulated as learning outcomes in the document Preparing for Practice (published in 2012, updated in 2015). These learning outcomes set out the knowledge, skills and behaviours that must be demonstrated for registration.

We also set Standards for Education, which outline expectations for programmes that lead to registration. Education and training providers are required to demonstrate that their programmes have met the requirements of these standards, including how they are assured the required learning outcomes are met. The GDC checks this through our education quality assurance processes.

2. About the consultation

This report provides a summary of the outcomes from the GDC's consultation on proposed revisions to the framework and the associated content that sets out expectations of newly qualified UK dental professionals.

The consultation was open from 18 October 2022 until 10 January 2023.

The consultation invited feedback on proposals across three broad areas:

- To change the terminology that we use to describe the level of a newly qualified UK dental professional to 'safe practitioner'.
- To introduce the concept of 'behaviours' to describe the GDC's expectations in specific areas that were previously expressed as learning outcomes.
- To update the content in relation to existing and new areas and expectations.

The consultation document is available here.

3. Background and overview

Our commitment to reviewing the expectations of new dental professionals forms an important part of our upstream agenda. This agenda also includes a review of the Standards for Education, engaging with the profession about our guidance and standards for dental professionals, and making improvements to our lifelong learning scheme.

The learning outcomes in Preparing for Practice were designed to give pre-registration education providers flexibility in designing their own training courses and curricula whilst putting patient protection, patient expectations, and oral health need at their centre.

Preparing for Practice centres around the concepts of “safe beginner” and “independent practice”. These terms refer to the period following successful completion of a UK dental qualification and registration with the GDC. The terms aim to describe the expectations surrounding the professional’s individual skills and autonomy at two different points, but we do not specify timeframes for when the transition is expected as this is likely to be variable across individuals and titles.

The learning outcomes in Preparing for Practice are divided into four domains - Clinical, Communication, Professionalism and Management and Leadership. There is some repetition of skills and attributes across the domains due to the overlapping nature of skills relevant to each domain. While the clinical domain differs considerably for each professional group, there is significant commonality across the other three domains.

There is also a taxonomy of the learning outcomes which divides them into three groups: knowledge, skills, and attitudes/behaviours. These groups reflect the common descriptive language used in the associated learning outcomes and how they might be applied. For example, “describe” versus “apply” versus “act”.

To determine the scale of review required, we carried out a stakeholder survey and considered the wider external factors, evidence and intelligence we had gathered since 2015. While the feedback indicated that the Preparing for Practice covered broadly the right areas, we concluded there were significant considerations that indicated a wider review of the content and structure of Preparing for Practice should be undertaken.

A Reference Group was established in October 2021. The GDC team worked with this group of stakeholders, who have significant experience across a range of backgrounds, to develop the consultation proposals and assist the GDC team consider the feedback received and our response. Information about the members of this group can be found in the table below:

Reference Group Member	Background
Heidi Bateman	Dentist, Education Associate (GDC), Senior Lecturer in Dental Education Newcastle University
Nina Barnett	Non-dental member of Reference Group, Consultant Pharmacist
Janice Ellis	Dentist, Dental Schools' Council Chair of Education Sub-Committee, Professor of Dental Education Newcastle University
Colette Bridgman	Dentist, previously CDO Wales, Consultant in Dental Public Health Greater Manchester
Matthew Collins	Dentist, GDP, Vice President of the College of General Dentistry
Marina Harris	Dental Hygienist, former Education Associate (GDC), Associate Professor University of Portsmouth
Andrea Johnson	Dental Technician, Doncaster & Bassetlaw Teaching Hospitals NHS Foundation Trust
Kirstie Moons	Dental Nurse, ex-GDC Council member and ex-Chair GDC Policy and Research Board, Postgraduate Dental Dean Health Education and Improvement Wales (HEIW)
Simone Ruzario	Dental Hygienist Therapist, Diversity in Dentistry Action Group, BSDHT

We would like to express our gratitude to the members of this group for their invaluable contributions to this work.

We also met with additional subject experts to ensure we had the gathered the right expert input to inform the proposals.

We recognised that gathering feedback on the consultation proposals from dental patients and members of the public required a different approach to the open consultation process and commissioned a research organisation to obtain this feedback on our behalf.

The proposals provided a new framework for the expectations of new UK trained dental professionals and introduced some new concepts. While the content broadly reflected the content within Preparing for Practice, some new areas of content were proposed.

The consultation asked for views and feedback from stakeholders in the following areas:

- Replacing the terms “safe beginner and “independent practitioner” with “safe practitioner”, alongside a broader description of the safe practitioner in terms of their skills and attributes.
- Introducing the concept of behaviours to replace those learning outcomes which cannot be routinely assessed, and to refine the retained learning outcomes so that they are more explicitly teachable and assessable.
- To formally recognise the importance of mental health as a core facet of professional working life, and help providers to equip those coming into the profession with the skills and insight to manage and acknowledge their wellbeing.
- Setting expectations for insight skills in pre-registration training to help newly qualified professionals understand their strengths, limitations and learning needs, and the role and impact of wider contextual factors on patient safety.
- Continuing to recognise the central role professionalism must play in education and training, in relationships with patients and colleagues, and in building a career. Reflecting contemporary expectations of what professionalism means for patients and the public.
- A thorough review of expectations through the lens of Equality, Diversity and Inclusion to ensure the relevant concepts, skills and knowledge are embedded across the expectations for newly qualified professionals.
- Including further content to equip newly qualified professionals to both manage and expect complaints as a routine part of work, accompanied by the insight and reflection skills to learn from these incidents.
- Introducing environmental sustainability into the revised draft as an important consideration when providing dental care.

We also asked respondents for any other feedback on the proposals.

We noted that there was good engagement with the proposals and a large quantity of detailed feedback was received. Much of the feedback related to very specific aspects of the proposals including individual learning outcomes. This means that not many clear themes emerged from the feedback. Where themes were identified, this was predominantly under the behaviours section.

We focused much of the discussion with the Reference Group on those responses which suggested changes to the proposals. There were further comments that were supportive of the proposals which were read and considered, but not taken for discussion with the Reference Group.

A clear need identified was to provide more explicit expectations for the teaching and assessment of behaviours. Behaviours relate to those aspects of professional practice which are hard to assess validly in a one-off summative event, but instead benefit from a more continuous, longitudinal, and formative approach for education providers to be able to form a judgement as to whether an individual demonstrates that behaviour. We anticipate that rather than giving education providers an increased workload, the behaviours metric will give more flexibility to teach and to evidence that these attributes have been met, using existing structures and processes required by the GDC’s Standards for Education.

We have clarified the GDC's expectations outlined in the proposals into the format of a requirement for education providers, similar to those found in the Standards for Education. This has been done to enable education providers to act quickly following the publication of this document, so that there is not unnecessary delay to implementation. We expect this to form part of a review of the Standards for Education across 2023-2024. More detail can be found at Section 7.2.

For several of the detailed suggestions received we have resisted making changes because we considered that the role of the GDC in setting expectations is not to provide granular detail or prescribe how aspects of programmes should be taught. We were conscious that providing a description of everything that could fall under an outcome or behaviour would increase the risk of the document dating quickly. We also wish to make clear that the GDC expectations are the core content for education and training programmes, but providers may choose to include additional elements and subjects within their programmes.

We would like to thank all those stakeholders who responded to this consultation.

4. Consultation responses received

We received the following numbers of responses (through the online consultation and by email):

Individual	56
Organisation	29
Blank/did not say	8
Total	**93**

Respondents described themselves as the following:*

UK registered dental professional	47
Education or training provider	36
Other	7
Professional body	6
NHS	4
Dental patient or member of the public	1
Regulator	1
Training or studying to join the GDC register	1

And told us they were responding in relation to the following professions*:

Dentist	49
Dental Therapist	28
Dental Nurse	23
Dental Hygienist	20
Dental Technician	13
Orthodontic Therapist	8
Clinical Dental Technician	6

* Respondents could choose more than one option in these categories

The organisations who responded to the consultation were:

Association of Dental Hospitals
Birmingham Dental Hospital
British Association of Dental Therapists
British Dental Association (BDA)
Bupa Global & UK
COPDEND
Dental Laboratories Association
Dental Mentors
Dental Protection
Dental Schools Council
Dental Team Qualifications
Dental Technologist Association
Greener NHS
NCFE
NEBDN
NHS Education for Scotland
OCDO England
Orthodontic Team Training
Queen's University Belfast
School of Dental Sciences, Newcastle University
Society of British Dental Nurses
Tooth Fairies Limited
UCLH Hospital
University of Aberdeen
University of Bristol
University of Glasgow
University of Leeds, School of Dentistry
University of Portsmouth Dental Academy
University of Sheffield

Feedback provided by individual respondents is described within this report, but it is not attributed to an individual or individuals. Where an organisation has provided specific feedback, this may be attributed to that organisation where the feedback was unique to that organisation, or where they are reporting the views of a selection of their members.

5. How the feedback was analysed

Following receipt of the consultation feedback, the data was accessed and exported from the online JISC survey software. This was combined with the responses received by email. Personal data (names, email addresses) were removed before the feedback was analysed.

Two members of the GDC education quality assurance team reviewed the information and drew together any themes that could be identified. These themes were shared with the Reference Group. Within these themes individual comments were either summarised or shared verbatim with the group. Where a comment was supportive and did not require further analysis, or where a statement was made that did not relate to the proposals in the consultation, this was noted but not shared with the Reference Group.

Alongside the themed feedback, the GDC team and Reference Group reviewed and considered feedback about the proposed domains and individual learning outcomes and behaviours. The quantitative data was also shared with the Reference Group.

Comments that were indirectly related to the consultation or required a larger scale review outside this consultation process were also considered. Where appropriate, these will be taken forward as actions for the GDC.

The GDC staff team and the Reference Group met on five occasions following the consultation period to review the feedback. This outcome report follows these discussions.

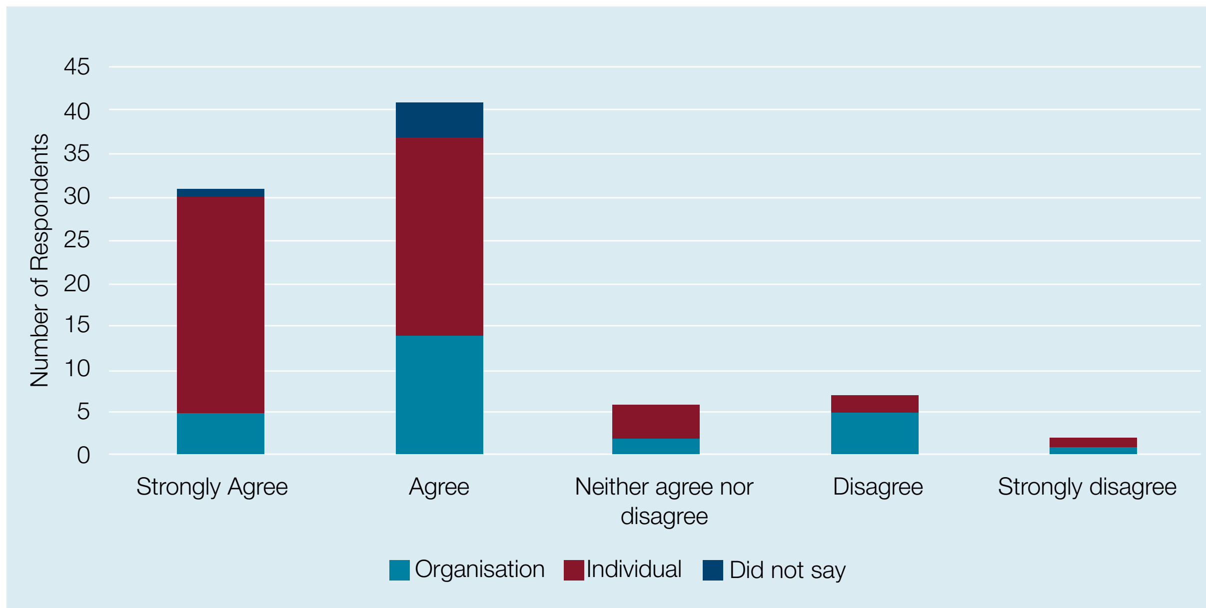
6. Consultation feedback – Safe Practitioner Term and Description

We propose to move away from the terms “safe beginner and “independent practitioner” and use the term “safe practitioner” instead.

6.1. Introduction of the term ‘Safe Practitioner’

To what extent do you agree with the GDC’s proposal to move to the term ‘safe practitioner’ replacing both ‘safe beginner’ and ‘independent practitioner’?

Response	Organisation	Individual	Did not say	Total	%
Strongly agree	5	25	1	**31**	**35.6%**
Agree	14	23	4	**41**	**47.1%**
Neither agree nor disagree	2	4	0	**6**	**6.9%**
Disagree	5	2	0	**7**	**8.0%**
Strongly disagree	1	1	0	**2**	**2.3%**
	27	**55**	**5**	**87**	



6.1.1. Feedback and reflections

While there was strong support for the move to adopt the term 'safe practitioner', approximately 10% of respondents did not agree with the change. Not all these respondents provided reasons for disagreeing, but some did, and we reviewed this feedback with the Reference Group.

One response suggested that using the term 'safe' is problematic because it is hard to define, and another argued that it is not an evidence based term. We note that this was also true of the other terms that could be considered. For example, competence and capability are also hard to define, as one may be competent at something or capable in doing a task within a 'normal' set of circumstances, but a change in circumstances can affect this. Additionally, every practitioner will have areas within the scope of their professional group where they may not be or feel competent or capable. We considered that there was a general understanding about what safe means within dentistry and healthcare, and that it was an appropriate term.

A further comment questioned the use of 'safe' because an individual can be safe by limiting what they do. This was discussed in the development of the proposals. Within the outcomes, behaviours and description provided, an explanation of what is expected of an individual at first registration is described. We are confident that achievement of the framework content does not provide for someone to qualify if they were only able to perform a limited number of tasks.

Feedback suggested that more information should be provided to describe accurately what a dental professional can do on their first day. We recognise that there might be benefit in the development of a list of day one skills. While we are confident that the outcomes, behaviours, and description across the four domains described the attributes of a new dental professional, we recognise the call from several respondents for greater clarity about what tasks a newly qualified dental professional was expected to be able to do. This clarity was sought for dentists, in particular, and is discussed further under Sections 7.3 and 7.4.

There were questions raised within the feedback about when a dental professional stops being a 'safe practitioner' and becomes a competent or capable practitioner instead. The GDC expects all registrants to be safe and for the term to hold true throughout the time when they are registered. This expectation of a base level of 'safe' was supported within other consultation responses.

We heard that new dental professionals should be independent, as well as safe, in one response. What was meant by independent wasn't expanded upon. While there are degrees of independence within individual roles and noting that independence is used in Preparing for Practice, we consider that no dental professional is, or should be, totally independent. This is particularly the case for those early in their professional life. Therefore, being independent is not a necessary concept for inclusion within this framework.

Looking at dental graduates, a respondent suggested that the current term of 'Safe beginner' was a more accurate description, as many new registrants are still beginners when they join the register. The reason provided for this is that many have limited clinical experience at this point. As outlined within the consultation proposals, there are a range of expectations across the dental team and there are also aspects of practice where someone may be a beginner even well into their career. Additionally, within some professional groups the expectations are far above the level of a beginner at registration. We do not consider the rationale given provided a strong enough case to change the proposals.

We received several alternative suggestions for the term to be used but many of the alternative suggestions, were either self-referential, or would not apply across all professional groups. The term 'capable practitioner' was offered as a sensible alternative. However, we note that this may be subject to even greater issues with definition than a safe practitioner label. Additionally, we expect a new dental professional to always be safe, but they would not always be capable across all the elements, tasks, and scenarios they encounter.

A respondent questioned whether there is a need to provide a label for this key development point. Following discussion with the Reference Group, we agree that a label is needed, otherwise there is a risk of people creating their own terms. From a pragmatic perspective a label is helpful for education and training providers to refer to at key decision points. Safety is an essential factor to consider when making decisions to qualify an individual.

Responses also referenced the need to be safe in training. We understand the need to be safe in the supervised environment and consider that this is currently reflected within the requirements of the Standards for Education.

A respondent questioned whether the term 'practitioner' applied to dental technicians. They did not provide a reason why they considered that this group were not practitioners, and we consider that this term applies to dental technicians.

One response questioned why the GDC would draw attention to the fact that new dental professionals were safe and cautioned that this could draw attention to patient safety. We consider that it should be reassuring for members of the public to understand that dental professionals have been assessed as safe before the first day of practice.

6.1.2. Our response

We consider that there is a general understanding within dentistry and wider healthcare about what safe means and note that the clear majority of respondents agreed with the change in terminology. For these reasons we have determined that the proposals should not be amended.

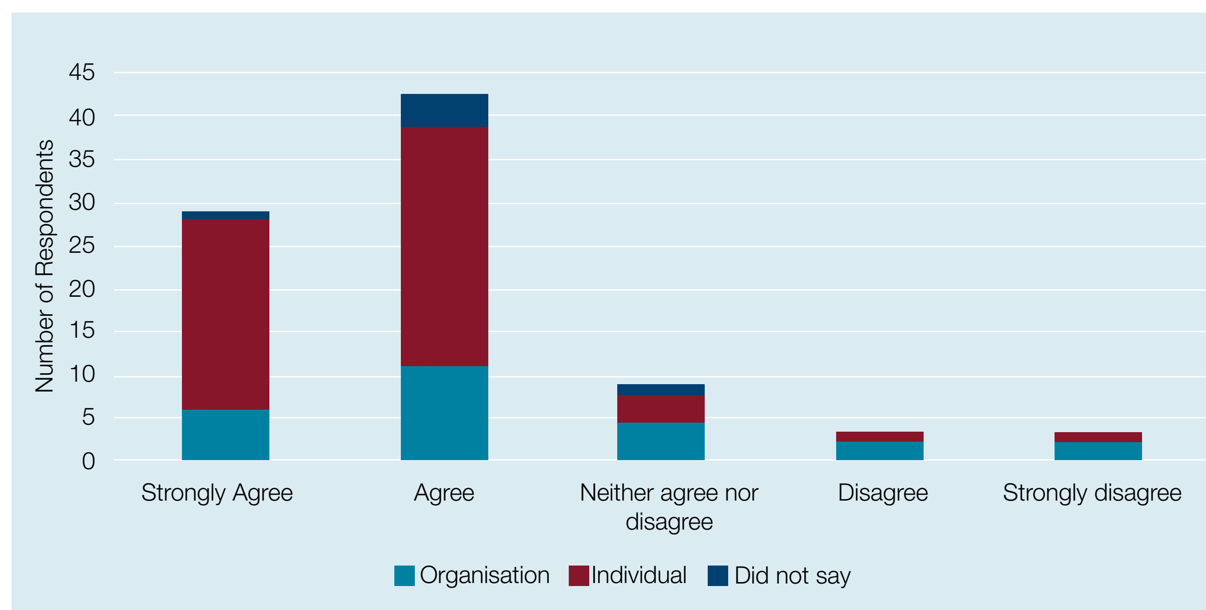
We therefore conclude that the term 'Safe Practitioner' should be used to describe an individual at the point of qualifying from a UK dental professional training programme.

6.2. Description of a Safe Practitioner

We are also proposing to provide a broader description of what a safe practitioner constitutes in terms of skills and attributes, rather than providing an explicit definition.

To what extent do you agree with the description of a 'safe practitioner'

Response	Organisation	Individual	Did not say	Total	%
Strongly agree	6	22	1	**29**	**33.7%**
Agree	11	28	3	**42**	**48.8%**
Neither agree nor disagree	5	3	1	**9**	**10.5%**
Disagree	2	1	0	**3**	**3.5%**
Strongly disagree	2	1	0	**3**	**3.5%**
	26	**55**	**5**	**86**	



6.2.1. Feedback and reflections

There was strong support for the description of a 'Safe Practitioner' under each of the domains with a clear majority agreeing with the proposals. However, 7% of respondents did not agree with the description and there were also a small number of suggested changes to the description.

One respondent fed back that there was no differentiation between the different dental professions within the description. The intention within the proposals was to introduce descriptions that applied across the dental professional groups. While we recognise that there are clearly differences in expectations of training in the groups, we note these are drawn out through the different expectations expressed within the learning outcomes.

Several responses highlighted that there was overlap across the domains, that the domains could be set differently, or that a subject should be in a different domain. While we sought to reduce the duplication and overlap that exists in Preparing for Practice, we acknowledge there are sub-domains, outcomes and behaviours that could arguably sit under at least two of the domains. For example, emotional self-knowledge sits across professionalism

and self-management. Even with extensive further efforts to re-organise and re-categorise the framework, we considered that some overlap is inevitable. There was a need for some pragmatism to be used in categorisation in the proposals, and we agreed that the feedback received did not provide rationale to change these.

Under Domain C: Professionalism, a respondent suggested that it should explicitly reference the importance of 'environmentally' sustainable provision rather than simply sustainable service provision. We note that the framework has been reviewed to include the importance of environmental sustainability, but within the context of this description we note that sustainable should be understood more widely.

A respondent asked for an acknowledgement and explicit expectation of an ability to act in a culturally competent, ethical and professional manner, within the description of a Safe Practitioner. We considered that no amendment was required as this had been included within the behaviours that break down aspects of this expectation into more detail. Additionally, the description under the Professionalism domain includes both specific and implied reference to these expectations.

Feedback from one respondent reflected that 'appropriate self-confidence' was a descriptor missing from the proposed framework. We understand the importance of having the right amount of self-confidence, in combination with self-awareness, but recognise the likely challenges in the assessment of this. If having appropriate self-confidence were to be introduced as a behaviour, there would need to be recognition that some learners may think they are not confident but perform well (including displaying a reassuring presence with the patient). In this situation it would be the appearance of confidence that is important and a risk of encouraging individuals to pretend to be something that they are not. We consider that the proposed behaviour: "Accurately assess their own capabilities and limitations in the interest of high-quality patient care and seek advice from supervisors or colleagues where appropriate" addresses the key attributes required.

A comment suggested that the description is open to a significant degree of interpretation and needed to be more clearly defined to be of value. We consider that the description, which goes beyond the definitions provided in Preparing for Practice, should be of value to education providers and have not amended it based on this comment alone.

6.2.2. Our response

There were very few comments relating to the content of the Safe Practitioner description and we see no clear or strong reason to make significant changes to this proposed content.

We have made some minor changes to the wording of two domain descriptions, based on feedback received in response to other areas.

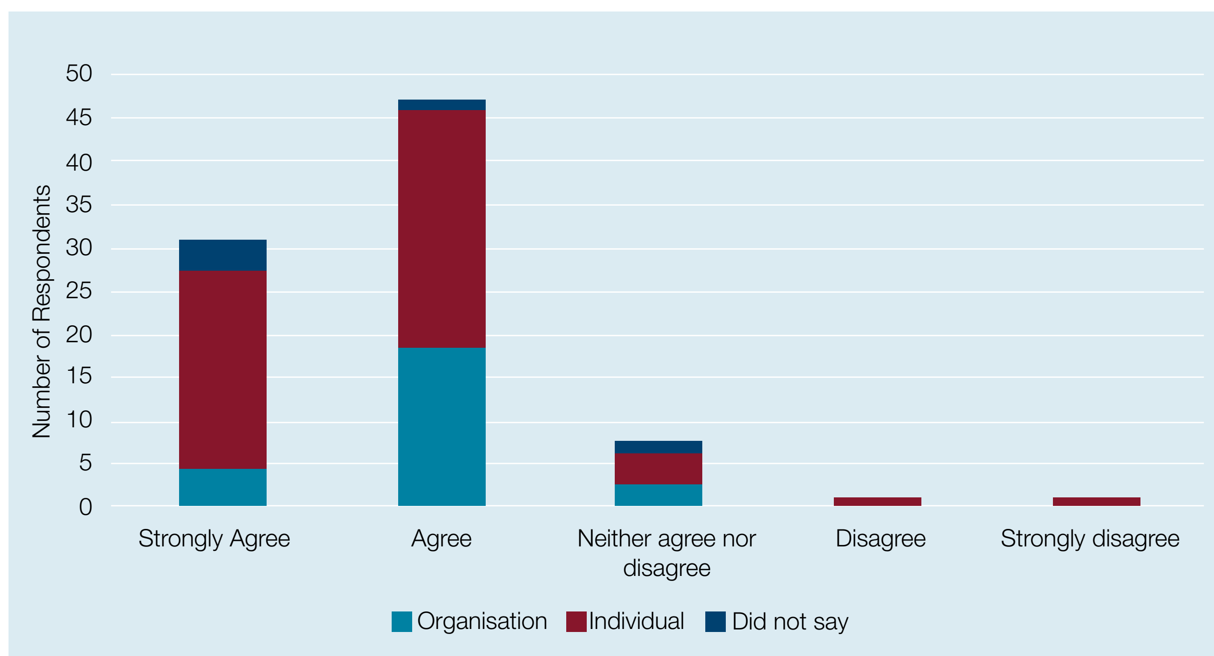
7. Introduction of behaviours

We acknowledge that in their current form in Preparing for Practice some learning outcomes do not support education providers to design the most effective assessment strategies. In the proposals the learning outcomes which can be routinely assessed were refined to be more explicitly teachable and assessable. Those learning outcomes that cannot be routinely demonstrated in their current form were described in the proposals using the metric 'behaviour'.

We recognised that many of the current outcomes were challenging to assess summatively, and required an approach where monitoring of behaviour over time provided a more valid assessment of the attribute. Members of the Reference Group worked with the GDC team to identify these outcomes and to modify them into behaviours. In addition, some new content was included as proposed behaviours.

To what extent do you agree with the introduction of behaviours:

Response	Organisation	Individual	Did not say	Total	%
Strongly agree	5	23	3	**31**	**35.2%**
Agree	19	27	1	**47**	**53.4%**
Neither agree nor disagree	3	3	2	**8**	**9.1%**
Disagree	0	1	0	**1**	**1.1%**
Strongly disagree	0	1	0	**1**	**1.1%**
	27	**55**	**6**	**88**	



There was support for the proposals to introduce the concept of behaviours from a clear majority of respondents, with only two individual respondents disagreeing.

7.1. General feedback

We heard positive feedback from several respondents, including that the introduction of behaviours will help providers build up professionalism within students and trainees. Separating these out from learning outcomes would, we were told, help identify clear expectations, assist with the design and delivery of programme content, and provide specific and measurable assessment evidence. The importance of developing insight into one's own behaviour was highlighted.

There were some concerns raised by respondents about how they could demonstrate students had achieved behaviours within their programme. The GDC team and Reference Group discussed this in relation to different programme types and were confident that mechanisms for monitoring behaviours and performance including longitudinal assessment systems were present, or could be developed, for all programmes.

Some of the feedback provided was focused on the performance and conduct of registered dental professionals and was only of indirect relevance to the proposals. This included a link to fitness to practise and dishonesty, and querying whether the proposals could address that. We consider that this is not within the scope of this consultation.

Another respondent stated that the proposals would bring these expectations out of alignment with the terminology in foundation training and create confusion. However, we note that the feedback from COPDEND, which had sought views from a range of its partners, was supportive of the introduction of behaviours.

7.2. Further guidance regarding behaviours

Several responses indicated that there was a degree of uncertainty about the GDC's expectations of education providers regarding the monitoring, measuring and assessment of behaviours. In response to this feedback, the GDC team and Reference Group recognised a need to provide greater clarity about the expectations. The approach described in the consultation proposals has been summarised into a requirement using the same structure as the requirements within the Standard for Education. This has been done to provide the clarity required to give providers the confidence to make changes to their programmes. We would expect this approach and the associated requirement to be confirmed through the upcoming review of these standards.

Requirement

The provider must have systems in place to teach and embed the importance of the expected behaviours. The understanding and demonstration of expected behaviours must be assured through the continuous monitoring of students. Behaviours that do not meet the required standard should be recorded, and action taken to address this. Students should not be awarded a qualification if evidence indicates that they are not demonstrating the expected behaviours.

Examples of Evidence

Teaching and assessment strategies; relevant policies and procedures; recording and monitoring systems; student progression policy and procedures; student progression statistics; minutes of progression boards including 'sign-up' and/or 'sign-off' decision meetings; blueprint demonstrating the links between teaching, monitoring, assessments and behaviours; evidence of reflection; evidence of mentoring sessions and feedback; student fitness to practise policy.

7.3. Themes

7.3.1. GDC Expectations of providers

We were asked by a respondent how the GDC would ensure that those delivering and assessing training, including those in the workplace and on outreach, were suitable for the roles they are undertaking. We agree that this is important and note that, through requirements 5 and 19 of the Standards for Education, those supervising and assessing must have appropriate skills, experience, and training. We consider determining the appropriate training and skillset for each role as being the responsibility of providers, and through quality assurance activity the GDC identifies where these requirements have not been met.

Another respondent requested the GDC provides additional guidance setting out the evidence required where summative assessments are not used to make progression decisions. We consider that determining whether an individual should progress, or complete a programme, is a decision for providers to make based on the evidence they have. The separation of behaviours from the learning outcomes highlights that evidence should not be limited to performance in examinations, and that continuous assessment is an important consideration when making these decisions.

The Dental Schools' Council raised a concern from members that providing valid evidence within the new framework of behaviours would be difficult. They asked that the GDC accommodate variability between providers, their students, and their assessment tools, as well as guidance on which evidence will be acceptable to the GDC and its inspection panels. We recognise that there will be variability across training programmes and consider that the additional statement regarding expectations should address these concerns.

In contrast to the above concern, a different respondent called for increased standardisation across providers, with less variation across programmes. We agree that there needs to be a significant degree of consistency within training, and consider that providing expectations for professional groups, alongside the Standards for Education (including the additional guidance provided regarding behaviours) achieves the right balance. Expecting all providers to deliver the same programme will not allow innovation and development and would not allow providers to respond to local factors.

There is a range of descriptive terms that are used to indicate the level at which learning outcomes are expected to be met and/or the type of activity required to demonstrate that outcome. A respondent asked for there to be a glossary that defines these terms. The GDC team and Reference Group discussed this and concluded that the terms used were clear and likely to be well understood when accompanied with an understanding of the level of training and the role of the professional group in question. We consider that a glossary would not be a helpful addition to the document.

7.3.2. Opportunities for assessment and monitoring

The opportunity for all behaviours to be demonstrated before qualification was raised by several respondents both in general and about specific professional groups. Feedback included that demonstration of some of the behaviours required a set of circumstances to arise that might be very unlikely to arise within the various elements of a programme. As indicated in the consultation document, behaviours include important aspects of practice that cannot be easily or validly assessed in summative and one-off assessments. We recognise that there will be some behaviours where it has not been possible to assess demonstration by a student

or trainee positively or negatively. Providers would be required to teach the importance of the behaviour, to have monitoring systems in place that will identify demonstration of the behaviour, for there to be a process in place to address behaviours that do not meet expectations, and for the process to be followed.

For some behaviours, the words 'where appropriate' have now been included to indicate that demonstration of a behaviour may not be possible within most student and trainee experiences. Providers will need to consider where opportunities to demonstrate behaviours might arise, or could be engineered in a simulated environment, and to create these opportunities for their students and trainees.

We received feedback that while behaviours might be demonstrated by students and trainees these would only be in workplace based training, and those supervising in the workplace were not required or even asked to feedback on behaviours demonstrated. For all locations where the student or trainee is learning or training, there must be mechanisms and methodologies in place to monitor behaviours, as well as clinical/technical performance, and to report these to the provider. This would include feeding back on positive behaviours and any concerns about the behaviour of the individual. We consider that it is highly relevant to the profession, and to patients, that performance and behavioural issues are identified and addressed at the pre-qualification stage.

A respondent expressed concerns about how the assessment of behaviours can be achieved consistently, given the subjectivity of the observation and interpretation of behaviours. They were also concerned about a potential impact on the work of witnesses/supervisors in practice. We consider that across all programmes, poor (and good) behaviour should be recorded and addressed where it needs to be and in a timely manner. Should a trainee be late, rude to a patient, or depart from the expected standards of professionalism, this should be recorded and where there is a serious departure from expected standards or a pattern of negative behaviour, this should be addressed. This is not a new expectation placed on providers. What this framework does is separate out those things that can be assessed in one off assessments and those things that need to be monitored continuously.

7.3.3. Implementation, workload and practicalities

We were told by several providers that it will take some time to implement the proposals into training programmes. We understand this and the GDC's Education QA team will be working closely with providers to determine implementation timescales for each programme.

We were also told that by requiring the proposed continuous/longitudinal and formative approach to assessment of behaviours the workload of education providers will be increased. While we recognise that there will be some additional workload needed to make the changes to reflect amended expectations, the current Standards for Education make clear that there is an expectation for monitoring and recording systems to be in place against each of the learning outcomes.

A respondent stated that if some behaviours were not associated with learning outcomes, university processes may not support holding a student back for those behavioural reasons alone. This highlighted potential differences in the requirements and expectations of the regulator and the awarding institution. This reflects a tension that the GDC team and Reference Group members were aware of, and our intention is that by having clear behavioural expectations outlined by the regulator it would help programme staff in discussions with parent institutions. There will be further opportunity to address this issue through the education quality assurance process and within a review of the GDC's student professionalism and fitness to practise guidance.

Feedback from a respondent stated that dental nursing awarding bodies focused their assessment strategies on the final and end point assessments and significant changes would be needed to implement longitudinal assessment processes. Additionally, we were told that making changes may not be possible unless these programmes shifted to being higher level qualifications. We note that there are mechanisms within all existing dental nurse training programmes that allow monitoring of performance and behaviours within the workplace setting. These would be expected to be used as tools to help evidence that the behaviours within the proposals have been monitored and action taken where required.

7.3.4. Capabilities

Several responses suggested that an alternative development could be the introduction of capabilities rather than behaviours into the framework. The reasons provided for this included that there is a clearer distinction between capabilities and learning outcomes than there is between behaviours and learning outcomes, that the proposed behaviours are indistinct from the learning outcomes, and that introducing capabilities would align well with the Education Transition Document (ETD) which was developed by Dental Schools' Council and COPDEND with some input provided by the GDC.

The Reference Group and GDC team discussed the possibility of introducing a framework of capabilities when the consultation proposals were being developed. This was not taken forward as it is a significantly different approach that would have required a large proportion of providers to make very significant changes to their programmes which they were unlikely to be prepared for at this time. Additionally, the ETD while being a helpful document does not provide the level of detail needed to develop relatively consistent programmes, nor the clarity needed to describe GDC expectations. We do not accept that the challenge that the behaviours and learning outcomes are indistinct.

7.3.5. Day one skills

A small number of respondents asked for clarification about what is meant by 'routine' procedures. For the dentist framework, this is described as non-specialist procedures and tasks. We acknowledge that there will be some judgement needed from education and training providers. This is because what may be a routine procedure in one set of circumstances, may not be routine in another.

Further feedback called for greater clarity about what a dental professional should be able to do clinically or technically at the point of registration. The Safe Practitioner Framework provides an indication of this in quite broad terms but does not provide a list of tasks. Following discussion with the Reference Group we noted that there may be some benefits in further consideration of this suggestion. We will consider the potential benefit in producing a list of day one skills and tasks for new registrants to sit alongside the learning outcomes and behaviours.

7.3.6. Clinical experience

Several individual respondents fed back that gaining a significant amount of clinical experience must be the overriding concern for determining that an individual should qualify. One respondent stated that, while it is important, the focus on behaviours and areas such as empathy and teamwork should not be included at the expense of gaining clinical experience, and clinical assessment and oversight. Others called for required or minimum levels of clinical experience in terms of set hours, quotas, or treatment numbers. The variability of clinical experience offered across programmes was highlighted.

In developing the proposals, the importance of gaining clinical experience was discussed in some depth alongside the Reference Group. These discussions concluded that setting minimum or required numbers of treatments was not how the expectations should be expressed in the proposals. This was determined for a range of reasons, but not because gaining sufficient clinical experience is unimportant. The focus on delivery of care to a patient is harder to achieve if there is a focus on obtaining numbers, also there are significant additional factors that need to be considered alongside numbers and metrics – these include the quality and complexity of the work undertaken and the ability of individuals. We agree with this rationale and note that through quality assurance activities, the GDC reviews (in some detail where necessary) the clinical experience levels of cohorts across education and training programmes.

7.4. Our response

As the majority of the proposed behaviours are already within the current framework, albeit described as learning outcomes, we do not agree that their introduction will be a significant additional teaching and assessment burden on providers.

While it may be a challenge for some programmes to modify their assessment methods to include the monitoring of behaviours, this is a necessary move in order for there to be necessary assurance that those who obtain a UK dental qualification have the right attributes to become an oral healthcare professional. UK programmes leading to registration with the GDC have processes in place to monitor the behaviour of their students and trainees. By reviewing teaching and assessment strategies against those attributes expressed in the framework as behaviours, we expect providers to be able to make modifications to their existing structures that would not require a large scale change.

As outlined above, we heard from some respondents that they were unclear about what the GDC expects regarding the assessment and monitoring of behaviours. For this reason, we recognised the need to provide additional guidance and have reframed the GDC's expectations into a requirement in the same format as those within the Standards for Education. We will consult on the formal adoption of this requirement as part of the Standards for Education Review, which is scheduled to take place across 2024 and 2025.

The introduction of behaviours should help providers to better prepare students and trainees for practice, and to also assist them in identifying individuals who are not well suited to a career in a caring profession. As these are requirements from the professional regulator, it may also provide the weight required to support any decisions not to progress or qualify an individual on professional behaviour grounds. It will also provide a clear space for the GDC to review relevant decisions through our quality assurance process.

We consider that there may be merit in exploring potential benefits of an additional set of expectations, namely those skills or tasks that a newly qualified professional in each professional group should be able to do at qualification. The development of this is not required for the publication of learning outcomes and behaviours elements of this framework. We also note that for dentists, the dental schools and COPDEND had developed the Education Transition Document (ETD) to provide details of individual capabilities of new UK-trained dentists.

While we consider that the introduction of behaviours will work well for UK programmes, we acknowledge that to assess these for qualifications and routes to registration that do not have a longitudinal component requires a different approach. While this was not identified as a theme, this is the case for those who qualify overseas and are assessed by an examination or through

individual assessment. Further work is required to determine how the GDC seeks assurance of these attributes for those who have qualified outside the UK. Work will be undertaken to assess how this can be achieved for future models so that this framework forms the basis for all routes to registration.

A thematic review has begun into dental nursing programmes, including those that are based in the workplace and delivered by national providers. We note that this review will consider how effectively such programmes are assessing behaviours and performance in the workplace.

Reflecting on the feedback received, some minor amendments have been made to the expectations documents.

8. Areas of Updated and New Content

Since the Preparing for Practice was published in 2012, and its previous review in 2015, there have been significant changes and developments within education and the delivery of oral healthcare. As was outlined within the consultation document, the pressure has been building on dental professionals to manage their daily work in an increasingly complex environment. Alongside patient care, professionals must manage business and contractual demands, workforce shortages, high patient expectations, increasing complaints and the potential and feared consequences of these, amongst many other factors. The pandemic has further exacerbated these issues and caused significantly more stress to professionals and dental teams, evidenced by research we commissioned in 2020 and 2021, which investigated the impact of the pandemic.

We asked for respondents views across eight areas where we proposed updated content to reflect the changes in the provision of healthcare and society.

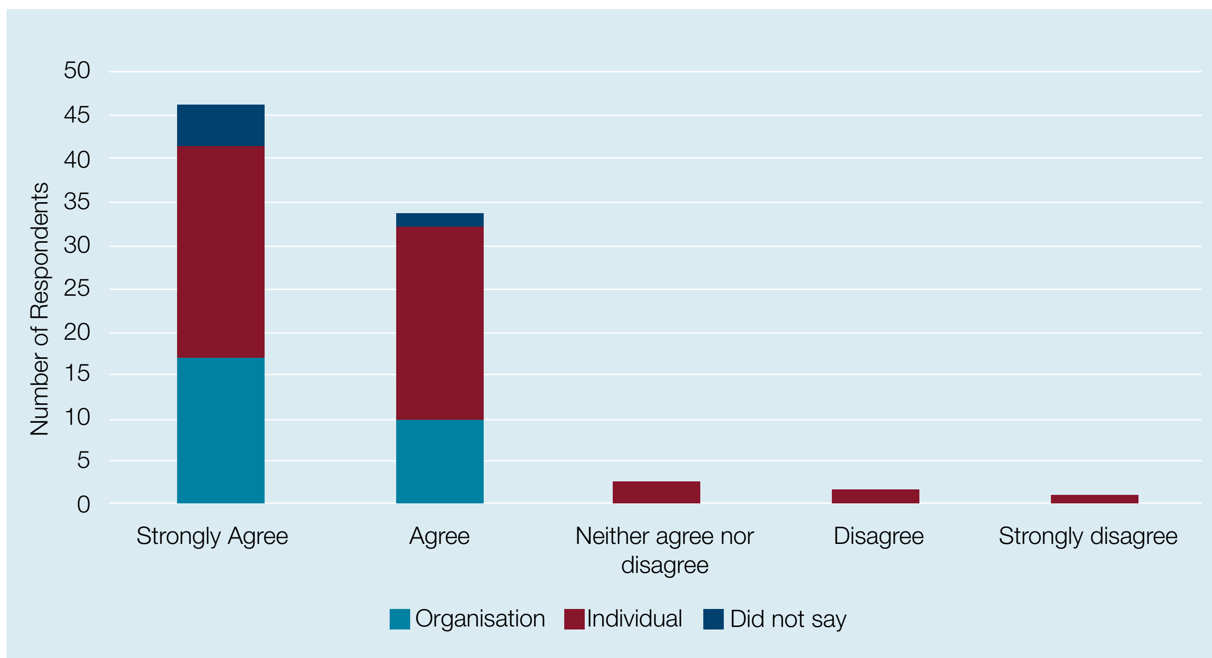
In addition to feedback on these new and updated areas, there was also suggestion that the GDC needed to provide further guidance to providers in respect of how mental health and wellbeing should be managed, and to students in how best to look after themselves. There may be benefit in the GDC providing additional guidance for different groups, but this was beyond the scope of the consultation proposals.

8.1. Mental health and wellbeing

To what extent do you agree with GDC's rationale for including the following areas of content for the safe practitioner framework: (strongly agree to strongly disagree)

The revised draft formally recognises the importance of mental health as a core facet of professional working life, to equip those coming into the profession with the skills and insight to manage and acknowledge their wellbeing.

Response	Organisation	Individual	Did not say	Total	%
Strongly agree	17	24	5	**46**	**46%**
Agree	10	22	2	**34**	**34%**
Neither agree nor disagree	0	3	0	**3**	**3%**
Disagree	0	2	0	**2**	**2%**
Strongly disagree	0	1	0	**1**	**1%**
	27	**52**	**7**	**86**	



Two respondents fed back that they were concerned about an expectation for education providers to provide mental health advice and the teaching of mental health and wellbeing matters. Another flagged that the input required from education providers would be very student dependent. We recognise that not all providers will have expertise to deliver specialist training about mental health, although many will have this available through their parent organisation. We consider that the requirement is the recognition of the importance of mental health awareness as expressed through the proposed learning outcomes and behaviours.

A respondent asked that the terminology used included reference to physical and psychological safety instead of wellbeing. The Reference Group discussed this and understood the reasons for the request. It was not a straightforward decision, but the proposed references to wellbeing will be retained because it is a more commonly used, and better understood, term at present.

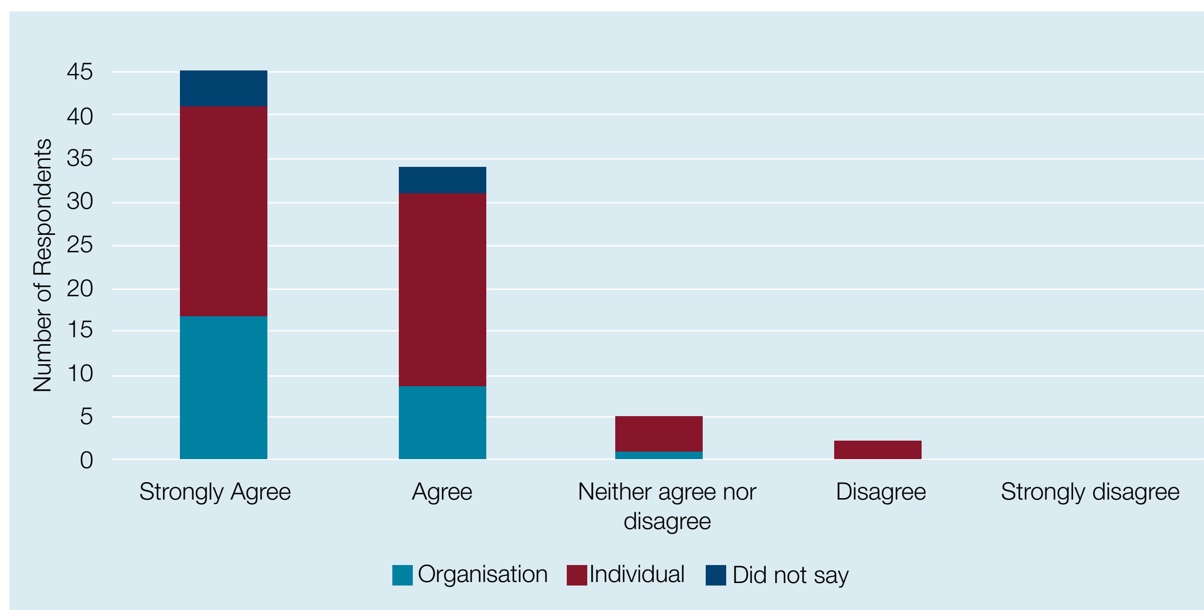
A further response suggested that the framework should include clear reference to physical as well as mental wellbeing. We agree that it is important to highlight that we are referring to both physical and mental wellbeing, and the framework has been amended to reflect this.

8.2. Insight skills

To what extent do you agree with GDC's rationale for including the following areas of content for the safe practitioner framework: (strongly agree to strongly disagree):

We have set expectations for insight skills in pre-registration training to help newly qualified professionals understand their strengths, limitations and learning needs, and the role and impact of wider contextual factors on patient safety.

Response	Organisation	Individual	Did not say	Total	%
Strongly agree	17	24	4	**45**	**52.3%**
Agree	9	22	3	**34**	**39.5%**
Neither agree nor disagree	1	4	0	**5**	**5.8%**
Disagree	0	2	0	**2**	**2.3%**
Strongly disagree	0	0	0	**0**	**0.0%**
	27	**52**	**7**	**86**	



One respondent fed back that they felt insight should be included in the professionalism section. We consider that it could sit within either area, and we accept that the domains are not fully discrete from each other.

We also heard from one respondent that they were unsure how achievement of the requirements under this section would be demonstrated and evidenced. The Reference Group noted that the learning outcomes could be assessed in a range of ways, and the behaviours could be taught and learned through reflective activities, as well as being monitored throughout a programme. We agree with the feedback from a different respondent who stated that education providers can monitor behaviours within the continuous assessment that happens at every patient interaction. We understand the challenge in assessing some behaviours but wish to underline the importance of teaching these key areas and monitoring these student and trainee behaviours.

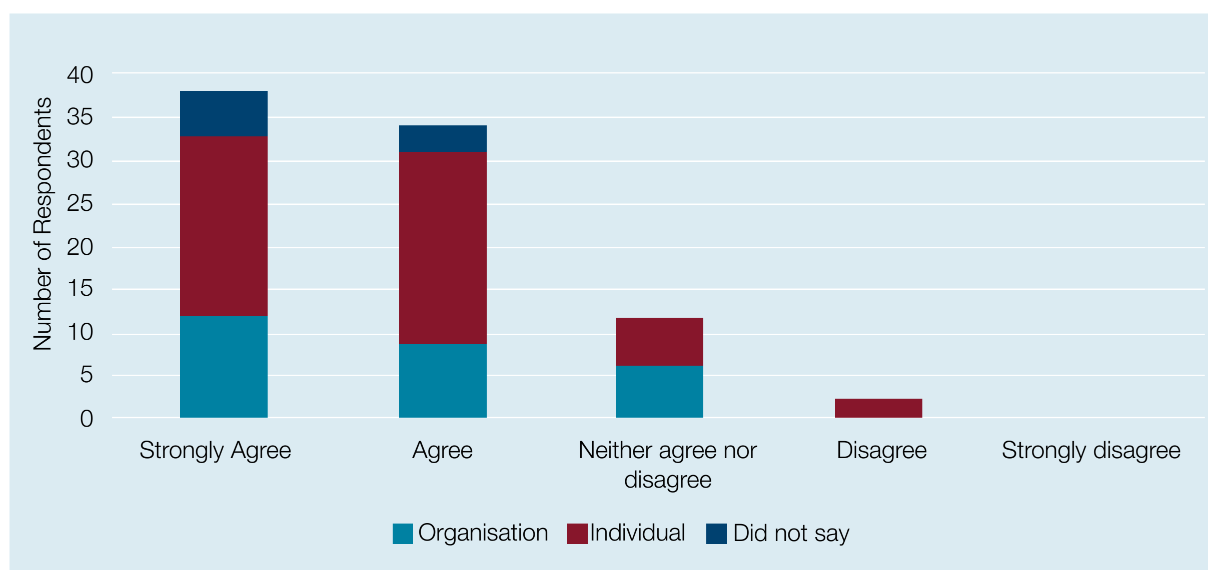
We were asked in one response to define insight due to it being a subjective term. We do not consider that it is necessary to do this, noting that the behaviours themselves provide guidance about the expectations in this sub-domain. We also heard feedback from one respondent who stated that additional guidance on assessment in this area could be helpful, with an explicit requirement to include the teaching and assessment of reflective practice. We agree that the behaviours required reflection in order to be demonstrated, so consider that this is implied.

We have determined that changes to this area are not required following consideration of the consultation feedback received.

8.3. Building awareness of wider contextual factors that impact daily practice

To what extent do you agree with GDC's rationale for including the following areas of content for the safe practitioner framework: (strongly agree to strongly disagree)

Response	Organisation	Individual	Did not say	Total	%
Strongly agree	12	21	5	**38**	**44.2%**
Agree	9	23	2	**34**	**39.5%**
Neither agree nor disagree	6	6	0	**12**	**14.0%**
Disagree	0	2	0	**2**	**2.3%**
Strongly disagree	0	0	0	**0**	**0.0%**
	27	**52**	**7**	**86**	



We received two comments that appeared to relate to a quote within the consultation content and conflated contextual factors and with other areas. We understand this broadened the interpretation, rather than encouraging respondents to feed back on the proposed learning outcomes and behaviours. Under the insight sub-domain, the proposed behaviour of 'Recognise the impact of contextual factors on the health care environment and patient safety and manage this professionally' reflects that context is important in the delivery of patient care and can affect a professional's ability to deliver care. We consider that it is important that professionals are aware of those things that can impact on their ability to practise safely.

One respondent fed back that the management of contextual factors was something that would better sit within post-registration training. We understand that during the pre-registration stage of training, there will not be exposure to all of the factors that are found in practice that can affect how care is managed. However, we consider it is important that at the point of registration an individual understands these factors and is well prepared to respond professionally to them.

One respondent asked for the expectations to do more to help the dental sector shift from a blame culture to a learning culture. One suggestion about how to do this was to amend reference to 'reporting' to 'recording' patient safety issues. This suggestion was discussed with the Reference Group, who recognised the thinking behind this. We agree with their conclusion that 'reporting' is a well understood term for the activity and understood their concerns that 'recording' may not cover the range of action commonly understood to be required following a patient safety incident or near miss. We consider that moving from a blame culture towards a learning culture is important for the dental sector and note that this should be a key consideration within the upcoming reviews of the Standards for Education, and the guidance and standards for dental professionals.

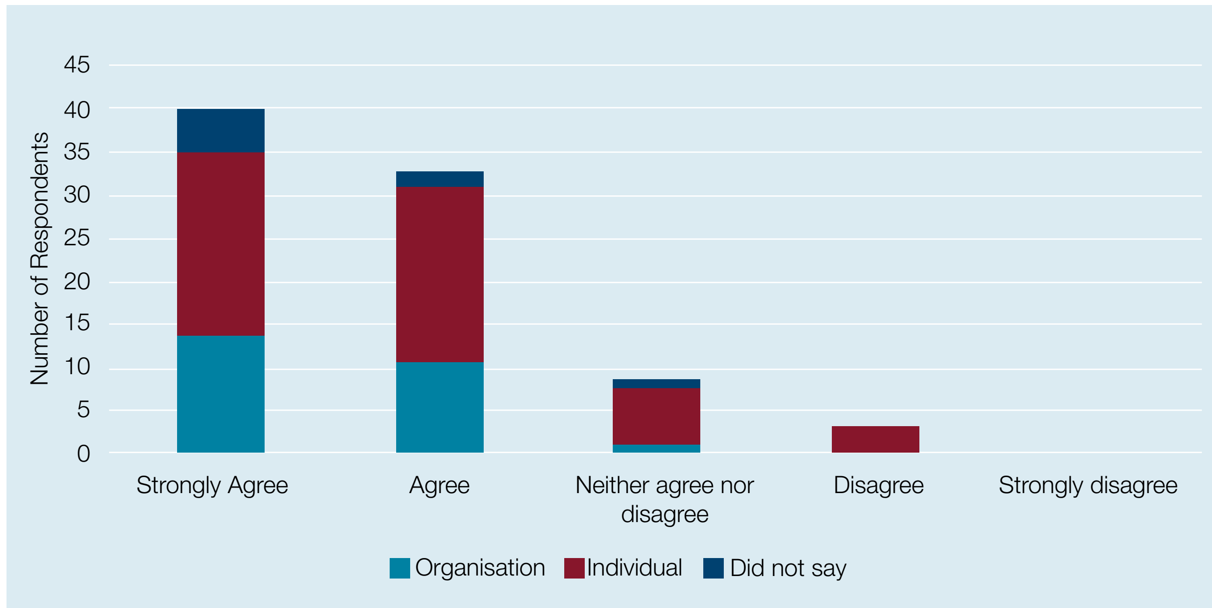
While we did not determine that changes to the proposals are required based on the feedback received, we note that there will need to be consideration of how the move from a blame to learning culture can be fostered through future GDC activities.

8.4. Professionalism

To what extent do you agree with GDC's rationale for including the following areas of content for the safe practitioner framework: (strongly agree to strongly disagree)

We continue to recognise the central role professionalism must play in education and training, in relationships with patients and colleagues, and in building a career. The revised draft has reflected the proposed shift in our approach, as well as contemporary expectations of what professionalism means for patients and the public.

Response	Organisation	Individual	Did not say	Total	%
Strongly agree	14	21	5	**40**	**47.1%**
Agree	11	21	1	**33**	**38.8%**
Neither agree nor disagree	1	7	1	**9**	**10.6%**
Disagree	0	3	0	**3**	**3.5%**
Strongly disagree	0	0	0	**0**	**0.0%**
	26	**52**	**7**	**85**	



A dental school fed back that it would be valuable to include a standard for lower-level lapses of professionalism, which could be monitored for evidence of repeated infringements such as unwillingness to behave responsibly or ethically or showing lack of insight. Within this framework, the expectations stated are focused at the end of training/start of registered practice and therefore the inclusion of such a standard would not fit well within this framework. However, when the student professionalism and fitness to practise guidance is reviewed this could be considered.

A respondent stated that they felt the learning outcomes under the leadership sub-domain were excessive as they were more relevant to the postgraduate environment. There is no mandatory post-qualification training pathway for any professional group, and we consider that these outcomes are appropriate expectations for a new dental professional.

The link between this framework and the standards expected of registered dental professionals was highlighted in one response. The respondent questioned whether there would be further changes following the GDC's planned work on professionalism. While it is possible that this could result in changes to the expectations at registration, we note that the core of the standards expected of registrants – what it means to be a dental professional – is unlikely to change with this review.

One respondent told us that the teaching of ethics, including the underpinning philosophy and virtue ethics, needed to be enhanced and taken more seriously. They called for these to be taught by subject experts. While we agree that this would be ideal and something to be encouraged, we recognise that not all programmes would be able to access subject matter experts in ethics.

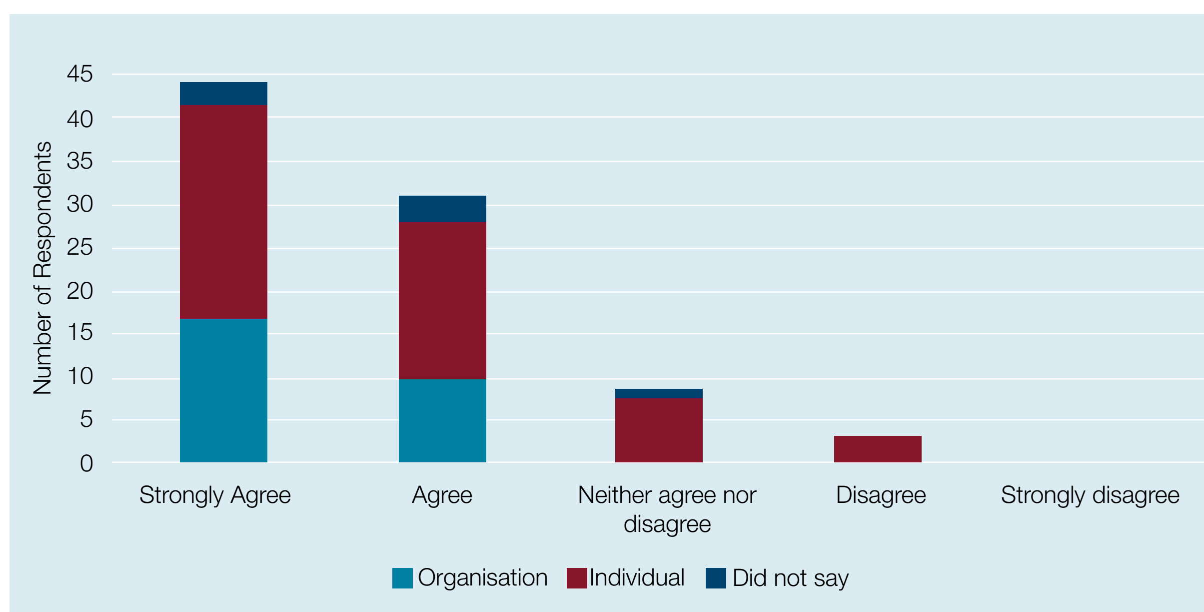
We determined that changes to this area are not required following consideration of the consultation feedback received.

8.5. Equality, Diversity, and Inclusion

To what extent do you agree with GDC's rationale for including the following areas of content for the safe practitioner framework: (strongly agree to strongly disagree)

Preparing for Practice has been thoroughly reviewed through the lens of Equality, Diversity and Inclusion with the help of external experts, to ensure the relevant concepts, skills and knowledge are embedded across the expectations for newly qualified professionals.

Response	Organisation	Individual	Did not say	Total	%
Strongly agree	17	24	3	**44**	**50.6%**
Agree	10	18	3	**31**	**35.6%**
Neither agree nor disagree	0	8	1	**9**	**10.3%**
Disagree	0	3	0	**3**	**3.4%**
Strongly disagree	0	0	0	**0**	**0.0%**
	27	**53**	**7**	**87**	



The proposals included reference to the diversity of the population, and one respondent suggested making it clear that this could be wider than the UK population because dental professionals might choose to work in different parts of the world. We consider that the focus of the GDC is on patients in the UK, but if providers wished to widen their interpretation to other populations, they could do this but not at the expense of the focus on the diversity of the UK population.

We recognise the challenges raised by an education provider regarding increasing student experience with patients from different groups and how this was limited to some extent by the local populations. While there will be challenges, we expect providers to make efforts to ensure that students gain experience in providing care for patients with diverse needs and backgrounds, as well as providing the context through teaching materials and activities to support this.

One response asked that all protected characteristics should be included. We agree with this feedback and consider that the document is clear about this.

A provider asked the GDC to understand that it would take some time for education providers to develop the knowledge and skills to deliver teaching in the new requirements that related to these areas. Although there are some differences between the current expectations and those proposed, we understand that the foundations to deliver these expectations are likely to already exist in most, if not all, programmes.

Another provider stated that they would need cases, scenarios, and to engage actors to help evidence how to incorporate EDI considerations into practice, as experiences of students will differ and would be hard to assess meaningfully. We agree that this would be a good approach, and one that some providers already adopt, but it would not be for the GDC to develop these for education providers. We recognise that the experience that students gain will differ by provider and by individual, and assessments must be adaptable.

One response highlighted the importance of new dental professionals being equipped to recognise and manage equality and diversity challenges in the workplace as well as with their patients. We consider that the proposals have addressed the benefits of diversity in the workplace within the learning outcomes and behaviours.

We also heard feedback from a respondent about a lack of inclusivity within some workplaces upon qualification. We agree that this is an issue for the sector, but it could not be directly addressed through these proposals.

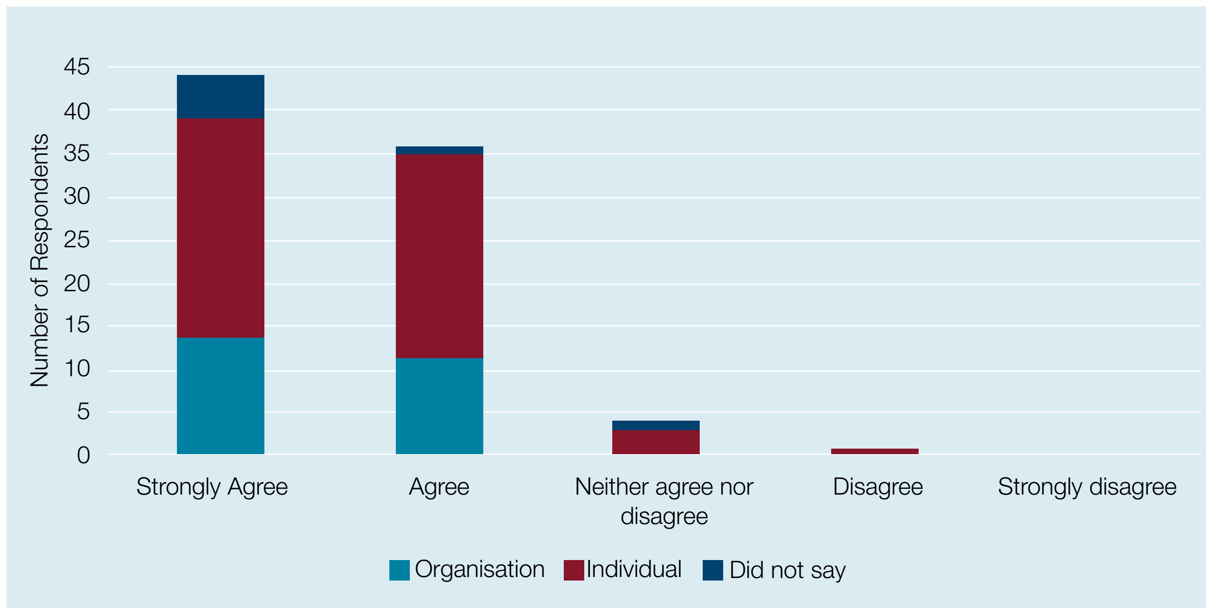
We have determined that changes to this area are not required following consideration of the consultation feedback received.

8.6. Complaints Handling

To what extent do you agree with GDC's rationale for including the following areas of content for the safe practitioner framework: (strongly agree to strongly disagree)

The revised draft has incorporated more content to equip newly qualified professionals to both manage and expect complaints as a routine part of work, accompanied by the insight and reflection skills to learn from these incidents.

Response	Organisation	Individual	Did not say	Total	%
Strongly agree	14	25	5	**44**	**51.8%**
Agree	12	23	1	**36**	**42.4%**
Neither agree nor disagree	0	3	1	**4**	**4.7%**
Disagree	0	1	0	**1**	**1.2%**
Strongly disagree	0	0	0	**0**	**0.0%**
	26	**52**	**7**	**85**	



One respondent stated that it would not be a fair expectation for all students and trainees to have experience of managing complaints, as very few will receive a complaint while in training. We were also asked by another respondent to reflect within the expectations that teaching and assessment should only be undertaken on case study and hypothetical complaints, and in tandem with this there should be an emphasis on learning strategies to manage wellbeing if a complaint was received. We consider that the proposals do not require managing a real complaint for the expectations to be met. We acknowledge that complaints to students and trainees are rare, which is a good thing, and it is because of this there is no specific behavioural expectation about good complaints management. We support the inclusion of strategies to support wellbeing, which are covered elsewhere in the proposals.

Another respondent suggested that because of the level of the training and their role in practice, dental nurse expectations should be focused on understanding complaints only. We disagree that there should be a lower expectation for dental nurses, as all members of the team could receive a complaint, and all have a role to play in complaint management and to respond to any issues raised.

The link between complaints and defensive practice was made by a respondent, who highlighted the need for support to cope with the receipt of a complaint and noted that some complaints made are not appropriate. We agree that there is a need for this support, both in helping the individual to build coping strategies, and to understand the benefit in seeking support from others. However, while we would expect training to reflect that some complaints may have more foundation than others, drawing this out into these expectations is not considered to be necessary.

An insightful comment was shared by a respondent, who emphasised the importance of gaining understanding about why seeking feedback from patients was beneficial as a preventative and patient-focused action, and part of a move from a blame culture to a learning one. We agree with this and note that it reflects the sector wide principles of good complaints handling which we consider would be a useful tool for pre-qualification training.

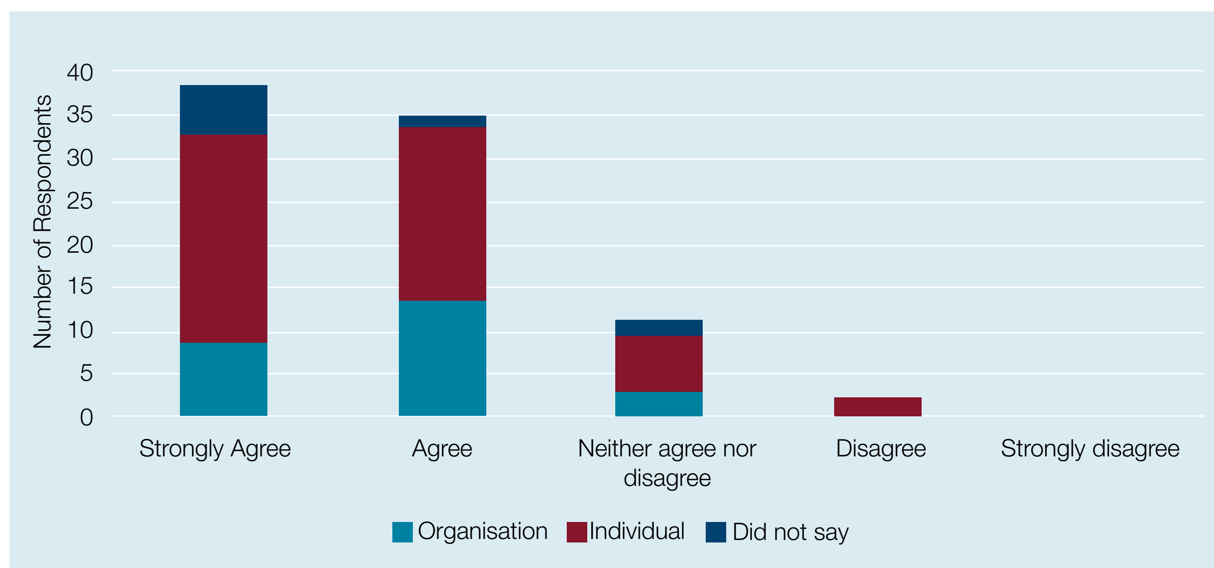
We have determined that changes to this area are not required following consideration of the consultation feedback received.

8.7. Sustainability

To what extent do you agree with GDC's rationale for including the following areas of content for the safe practitioner framework: (strongly agree to strongly disagree)

We have introduced environmental sustainability into the revised draft as an important consideration when providing dental care.

Response	Organisation	Individual	Did not say	Total	%
Strongly agree	9	24	5	**38**	**44.2%**
Agree	14	20	1	**35**	**40.7%**
Neither agree nor disagree	3	7	1	**11**	**12.8%**
Disagree	0	2	0	**2**	**2.3%**
Strongly disagree	0	0	0	**0**	**0.0%**
	26	**53**	**7**	**86**	



Feedback from one respondent suggested that it would be useful to include NHS Net-Zero targets to illustrate how the NHS is responding to climate change, and another suggested a revised outcome to reflect the NHS' commitment to tackle climate change. The proposed outcomes and behaviours were designed to be standalone as far as is possible, and specific references to systems and initiatives were not included. We consider that for these reasons no changes will be made.

We also heard from a respondent that there should be specific mention of the environmental impact of nitrous oxide given its contribution to the carbon footprint of dental services. This is just one of the environmental impacts described within the learning outcomes and consider that it is for education providers to highlight those specific aspects of practice that may have an impact on the environment.

The link between prevention and environmental sustainability was made by a respondent. We agree that delivering preventative oral health care is a significant part of reducing the impact of dental services on the environment. We note that the focus on the importance of prevention has increased within the proposals.

A call to refer to the scale and urgency of action required regarding environmental sustainability was made by a respondent. This would be a difficult thing to assess meaningfully, and we consider that it goes beyond the remit of the GDC to be assured that all new dental professionals understand this. We recognise that education providers may choose to deliver this message in training programmes.

While there was strong support from some respondents for the inclusion of sustainability, others were concerned about the expertise within programme staff to deliver content regarding environmental impacts. We recognise that the inclusion of this area may take some time to implement but note its importance to society and the profession which is evident from the support within the consultation responses.

A respondent suggested a new domain that included a greater focus on climate change and its relationship with social inequalities. We understand that this might be a useful area for further consideration for future iterations of the expectations of new dental professionals. However, given the general high levels of support for proposals and the diversity of views in the consultation feedback, we consider that we should not undertake a significant reworking of the proposals to accommodate this suggested domain.

Some of the responses called for the GDC not to overcomplicate sustainability expectations as there is still much evidence to gather. A further response suggested some of the outcomes were excessive for pre-qualification training. Another stated that the new dental professional would not have control, or significant influence, over these areas in their practice, and in the workplace. The GDC team and Reference Group discussed these challenges and following this discussion, we consider that reasonable expectations had been set in the proposals. Providers will deliver training around sustainability in different ways, but what is important is that the learning outcomes are met across all programmes. While new professionals may only have limited influence in practice, this is an area where cultural and social change is required, and these expectations would form part of that.

A respondent asked that reference to global warming was changed to climate change, and suggested changing the wording to reflect government recognition of the link between the climate crisis and population health. We note that this request was in relation to the content of the consultation document itself, and not to the proposals being consulted upon. We consider that no changes to the proposals are required.

Suggestions for additional and alternative learning outcomes were provided by a respondent. The clarity of these were welcomed by the Reference Group, who discussed the possibility of adopting some of them. After discussion, they considered that these would be more challenging for education providers to implement and deliver with speed and confidence. We expect that as expertise builds within the dental education sector around sustainability, the next review of these expectations would likely include more detailed expectations in this area.

One learning outcome was changed to clarify that new dental professionals should be able to describe the main principles relating to sustainable oral health care, both in terms of environmental factors and in terms of patient compliance.

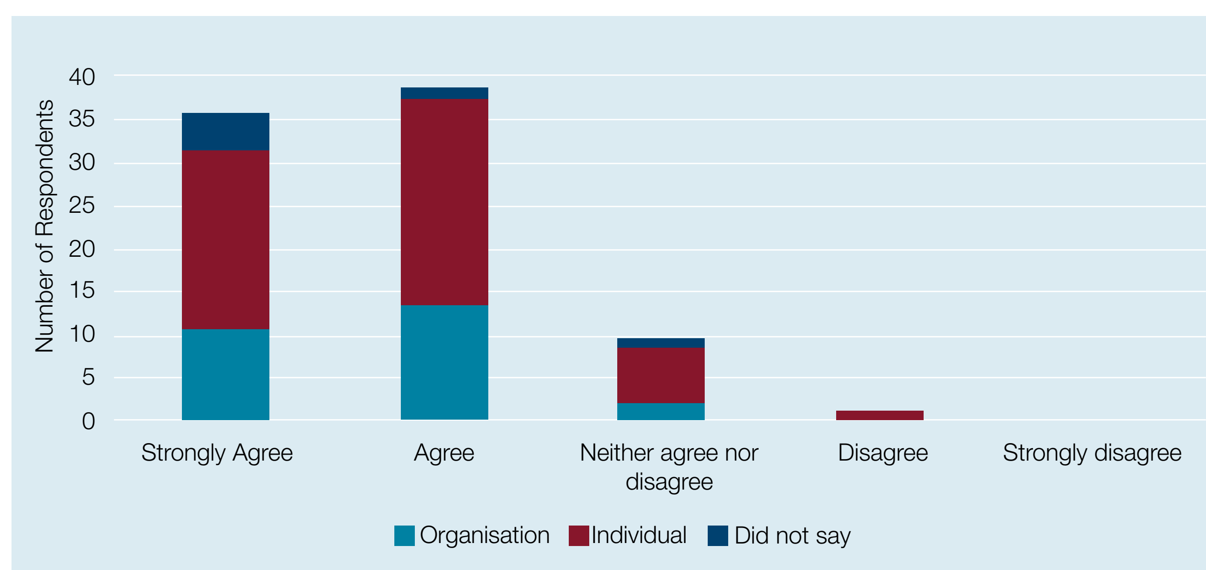
While there were minimal changes made based on the consultation feedback, we consider that there is space for further guidance for education and training providers regarding the expectations of healthcare training in relation to sustainability and climate change. We note that the Medical Schools' Council had endorsed a sustainable healthcare curriculum (footnote: Tun S. and Martin T. (2022), Education for Sustainable Healthcare - A curriculum for the UK, Medical Schools Council, London, UK) and consider such a development within dentistry would be valuable.

8.8. Scope of Practice and Direct Access

To what extent do you agree with GDC's rationale for including the following areas of content for the safe practitioner framework: (strongly agree to strongly disagree)

The review has thoroughly examined and updated the learning outcomes to accurately reflect all dental care professionals' scope and their ability to provide dental care directly to the public.

Response	Organisation	Individual	Did not say	Total	%
Strongly agree	11	21	4	**36**	**41.9%**
Agree	14	23	2	**39**	**45.3%**
Neither agree nor disagree	2	7	1	**10**	**11.6%**
Disagree	0	1	0	**1**	**1.2%**
Strongly disagree	0	0	0	**0**	**0.0%**
	27	**52**	**7**	**86**	



There was limited feedback received on the changes to better reflect the scope of practice of professional groups and to accurately reflect direct access for members of the public to dental professionals.

One response stated that the proposals better reflected the opportunities for the delivery of care in different team models than the expectations within Preparing for Practice. The respondent also asked that an understanding of the barriers to delivering care, including models of service delivery and financial pressures within the NHS, should be within the expectations of new dental professionals. A different respondent asked for emphasis on the move towards integrated care systems. As outlined previously, we consider that the focus of these expectations should be generic to reduce the need for future changes, however, education providers are expected to train individuals who are well prepared for the sector they are joining.

As described in Section 9, below, we have amended some learning outcomes to clarify that these only relate to the scope of practice of the professional group in question.

9. Learning Outcomes and Behaviours – changes made

We received multiple suggestions for amendments to the proposed learning outcomes, the inclusion of additional outcomes, or removal of outcomes from a professional group. We received a small number of suggestions in relation to behaviours and the structure, naming and domain descriptions. All suggestions were discussed with the Reference Group.

Many of the changes made following feedback have been described above. Where a change did not fit under a previous section of this report, it is described below. Some minor amendments were made to the outcomes where an alternate wording was clearer, or to address errors or typos, following identification by respondents or Reference Group members. These are not all described here but are reflected in the individual expectations documents for each professional group. Copies of the framework that highlight the changes made following consultation feedback will be made available upon request. We were made aware of an error in the consultation drafting, which described leading and managing others sitting within the interpersonal and emotional skills domain, when it sat within the professionalism domain in the proposals. While this did not require a change following feedback, we note that this was incorrectly described within the consultation.

Several responses requested that the numbering system for the outcomes be reviewed, and that behaviours should also be given alphanumerical identifiers. We agree that each item should be easily referenced, and a revised numbering system is in place.

We heard that it would be clearer for some learning outcomes to specify that the outcome applied only within the scope of practice of that professional group. We consider that it ought to be clear that this is the case. An overarching message about this has been included in the explanatory notes for each group and specific outcomes amended where it is helpful to be explicit that the expectations are limited to the scope of that group.

Feedback indicated that there was inconsistency in the use of the terms 'social accountability' and 'social responsibility' within the proposed expectations. This has been addressed and the term 'social accountability' is now used throughout.

The Association of Dental Hospitals (ADH) provided some excellent suggested improvements to the learning outcomes. This included making clear within an outcome involving safeguarding that this relates to both children and adults because without specifically mention of adults there may be an assumed focus on children only. We agree with this, and the learning outcome has been amended. ADH helpfully suggested that for another outcome there should be mention of the link between periodontal health and the potential effect on general health, and this outcome has been amended accordingly. Further changes based on the feedback from this organisation have been made across the outcomes.

We were asked to consider the inclusion of reference to compassion and civility. A small amendment has been made to include reference to compassion as we consider that this is a helpful addition. However, we consider that civility is already covered by the attributes within the existing drafting.

Dental Nurse specific changes

One response argued that the proposals regarding dental nurse expectations in relation to evidence-based prevention were more than should be expected of someone qualifying within this professional group. We agree that the proposals were beyond the expected scope and have amended the relevant outcome to indicate an expectation to describe, rather than evaluate this.

Dental Technician specific changes

One respondent requested that reference in the learning outcomes to dental technicians understanding and obtaining consent should be removed as they do not interact with patients. We note that there are many circumstances where an understanding of consent, and the ability to obtain valid consent, are relevant to dental technicians and consider that no change is required.

Dental Therapist and Dental Hygienist specific changes

A respondent argued that one of the clinical sub domains for these groups should be "Restoration of teeth" and not "Restoration and replacement of teeth". We agree with this suggestion and have amended the domain title.

The proposed outcome: **"Explain the risks, benefits, complications of and contra-indications to interventions (non-surgical and surgical)"** has been amended to replace 'non-surgical and surgical' with 'within scope of practice'.

Reference to scope of practice was included in further learning outcomes relating to the assessment and management of occlusion.

The outcome within the dentist expectations document: "Create an oral environment where restoration or replacement of the tooth is viable" was added to the expectations for dental therapists and dental hygienists.

10. Research with Dental Patients

We recognised that there was likely to be limited patient and public interest in the consultation content. To seek views from dental patients, we commissioned the organisation Community Research to undertake a deliberative online exercise. Community Research engaged members of the public from across the four nations of the UK, each of whom had seen one or more dental professional within the previous year.

10.1. The format and findings of the research

The research had the following objectives:

Understand the patient and public views in relation to:

- What they expect to be covered in training for dental professionals.
- How much detail patients and the public need about training.

Explore how important is it for patients and public to know:

- How students are prepared for practice.
- What is specifically included/covered in training to ensure newly qualified professionals they have the right skills and experience.

The research participants were asked for their:

- Levels of confidence in the profession.
- Levels of awareness of roles and training.
- Initial views on the importance of the public knowing about this training.

A key objective of the research was testing the following GDC assumptions:

- Patients and the public agree they are not an audience for this document.
- Patients and the public are assured that this document exists and functions to protect them.
- Patients and the public assume that the document is reviewed and kept up to date to ensure that dental professionals are current/safe/act professionally upon entry to the register.
- Based on the above, patients and the public feel they do not need to see or understand any of the detail in the document.

On balance, for most participants, the above statements were true. However, the following supplementary points should be noted:

- Participants assume that the documents will be in the public domain for those that want them.
- There is a strong call for insight from public and patients to feed into the development of some of the domains within the document, particularly in terms of softer skills that impact on patient interactions. However, the majority of participants express little interest in being involved in reviewing Learning Outcomes in their entirety.

The conclusions of the research were:

- The framework content was in line with expectations and for some exceeded these. The inclusion of training on interpersonal skills was particularly welcomed.
- The perceived comprehensive nature of the framework inspires confidence in the participant's own dental professional and the wider profession.
- The majority of participants wanted a summary of the framework (at most). And it should be remembered that the very act of taking part might have heightened interest in the content.
- Some wanted reassurance that the full detail will be available to patients and the public if required and that the content within some of the domains has been informed by the views of patients and public.

10.2. How this research fed into the consultation analysis

The findings of this exercise, alongside the analysis of the consultation feedback, were reviewed and the GDC team determined that there was no case for further public engagement on the proposals. This was because the GDC had recently sought patient and public views about these aspects through research on professionalism and there was alignment between the proposals and these findings.

The intention for the documents to be in the public domain meets this aspect of this group of patients' expectations.

The GDC will consider the benefit of developing additional public facing materials that focus on dental professional roles and the education and training undertaken by each professional group.

11. Actions

We have reviewed the extensive feedback received in response to the consultation proposals. We have determined that the revised expectations for new UK trained dental professionals should be adopted following the revisions outlined in this document and in the updated profession specific frameworks.

The expectations frameworks across the professional groups have been designed in a user friendly format. An alternative presentation for the expectations has also been designed to highlight which outcomes and behaviours are shared across professions, and which are profession specific. This should help providers identify where interprofessional education might work well, with the caveat that each outcome applies to the scope of practice of that group.

Following feedback from education providers around the clarity of the GDC's expectations regarding the teaching and monitoring behaviours, we have summarised our expectations regarding these at Section 7.2. This is presented in the format of a requirement of the Standards for Education. We expect to consult on the formal adoption of this within the review of these standards.

We recognise that it may take some providers several years to fully implement these expectations into their curricula, but we expect all providers to develop a plan for implementation as soon as possible. We will monitor these plans through our quality assurance activities, including monitoring and inspecting programmes.

Following publication of this report, the GDC Education Quality Assurance Team will engage with providers to determine implementation timescales.

12. Additional Actions

The table below contains a summary of additional actions identified arising from the analysis of consultation feedback:

	Additional Action
1	We will consider the potential benefit of introducing day one competencies, skills or tasks as an additional element to sit within or alongside the Safe Practitioner Framework.
2	When reviewing the Student Professionalism and Fitness to Practise guidance, we will consider how this could be amended to further emphasise the importance the regulator places on the requirement of appropriate behaviours for registration.
3	This framework has been designed to be implemented for UK based education and training programmes. As we consider future changes to the assessment of overseas qualified dental professionals, we will determine how assurance is gained about expected behaviours in the absence of longitudinal monitoring and assessment.
4	The anticipated difficulties for some dental nursing programmes to monitor behaviours within workplace based training will form part of the GDC's current thematic review into dental nurse training.
5	We will consider the benefit of providing a wider range of guidance. For example, to students and trainees about the importance of looking after their physical and mental health.
6	The upcoming review of the Standards for Education, and the wider professional standards, will include consideration of how the GDC might encourage a shift within the dental sector towards a learning based culture.
7	We will consider whether there is benefit in the development of additional public/patient facing materials that describes dental professional roles and the education and training undertaken by each professional group.

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