

Responding to the changing strategic context

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Introduction

Members of the public faced unexpected challenges accessing dental care in 2020 because of the global pandemic. The first national lockdown forced dental practices to close in response to the unknown transmission pattern of the novel virus. Routine appointments had to be cancelled, ongoing treatment was suspended, and urgent care could only be delivered in locations where patients and dental professionals could be protected from infection risks.

Dental professionals and the dental sector responded wherever they could to support the health of the public and restore services to their patients. Many dental professionals volunteered for redeployment to support the response to the pandemic across the UK health services. Urgent Dental Care Centres and remote triage approaches were established by each nation to provide safe treatment to patients whose needs were greatest. New protocols supported the resumption of routine dentistry and the sector responded by quickly adjusting their practice to new requirements for safe dental care. And work continues to develop new evidence on transmission and innovative methods of dental care and infection control to increase the number of patients who can safely receive services.

Those efforts provide a basis for dental services to remain open even as the infection rate changes. But the pandemic has already placed additional pressures on fragile parts of the system and changed the context in which dental care is provided and received. Some of these changes and pressures are temporary, others more permanent, and others still may prove to be catalysts for longer term and more fundamental changes. There are also lessons that can be learned from this shock to the sector, which can be applied to increase resilience in provision of dental care to the public.

To be effective in protecting, promoting and maintaining patient safety, wellbeing and confidence in dentistry, the GDC must understand the context in which dental care is provided. Equally, an understanding of the context in which dental professionals are working is essential if we are to treat them fairly and allay their understandable concerns that they would be penalised for using their best judgement to provide safe care during the pandemic. It is obvious that the pandemic has changed and will continue to change the context of dental service provision, but the extent of the impact is less obvious. We undertook new work to start to draw together and measure the impacts of the pandemic on the public, dental professionals and the dental sector. The purpose of this work was two-fold:

- To support the efforts for recovery by developing an evidence-base that we can share with the public and dental sector
- To consider whether our strategy and planned activity remains suited to the new context of dental provision and public protection.

This work is an addition to our Corporate Strategy 2020-22 and provides a summary of:

- the insight we gathered from surveys and online stakeholder events
- the parts of our strategy that will remain the same
- the parts of our strategy we want to clarify or shift our emphasis to best protect the public and be fair to dental professionals over the course of recovery

Gathering insight into the effects of the pandemic

Increased uncertainty has been one of the most significant effects of the pandemic, making it hard for everyone to forecast and plan accordingly. At the start of the first national lockdown, we realised that making predictions on how quickly things would return to normal would be an ineffective way to model an uncertain future. Instead, we developed a range of analytical tools and scenarios based on the duration of the pandemic and the response to it.

This approach helped us take a perspective across the breadth of possible futures so we could target our efforts in research and engagement toward the impacts on:

- The public and patients
- Dental professionals
- Dental service providers

We commissioned independent research and held six online roundtable events with dental professionals, sector leaders and organisations that represent patients to take in as many perspectives as we could.

Our approach to research was to understand the experiences of the public and dental professionals so far in the course of the pandemic, and also to ask them how, when and why they think they will access and deliver dental care in future. This research was conducted through surveys of representative samples of the populations (2,176 members of the public, and 9,388 dental professionals) and helps us understand the prevalence of effects and likely trajectories for dental service provision and public engagement with them.

As well as undertaking new research, we also:

- adapted our ongoing research activities to collect insight into the effects of the pandemic
- looked to the research and publications produced by others
- became participants in longer-term research conducted by others

We asked both professionals and the public about their expectations for the year ahead, not so much to capture a set of predictions about the future, but more as a way of understanding current levels of confidence and the factors likely to influence their future behaviour. The information they gave us inevitably reflects the situation at the time the data was gathered. Already since then, there have been changes both in the immediate dental environment and in the trajectory of the pandemic more generally, all of which we need to take into account both in interpreting the research data and in forming our own judgements about the relative probability of future scenarios.

The summaries of effects that follow are intended only to present a picture of how our findings appear to fit together. It is not a replacement for the detailed insight we publish in reports of our research and stakeholder roundtable meetings and we encourage you to go directly to [the evidence we have collected](#) to find out more.

Effects on the public and patients

Members of the public experienced a sudden reduction in access to dental care upon the announcement of the national lockdown on 23 March 2020. Significant efforts were made initially to provide urgent care and later to re-open more routine services, but the number of appointments available to patients will remain considerably lower than before the pandemic and there is an expectation that it will take a long period to catch up on the backlog of patient need, which will mean that some patients will find it harder to receive the treatment they require. Amongst the types of patients that dental professionals thought would be more affected were:

- people with clinical vulnerabilities, especially in extreme cases
- children
- older people
- people unable to afford dentistry
- people who have a fear of dentistry
- people of minority ethnicity

During the period that dental practices were closed, most members of the public understood how they would be able to seek dental care. However, some did not understand the arrangements. Members of the public told us they primarily relied on their dental practice to provide them with information about where to seek dental care. In some instances, members of the public wanted their dental practices to do more to keep them informed. Some patients who were in pain or had other dental care needs did not seek dental professional care and decided that they would treat themselves or go untreated.

There is a mix of levels of confidence amongst members of the public about visiting dental practices. Almost half have no concerns, but almost half are considering waiting until there is a cure or vaccine before they visit a dental practice. It also appears that people from Black and Asian communities are more likely than people from White communities to not go to a dental practice at all unless they have an urgent issue, or to wait several months before going to a dental practice because of concerns over risk of infection.

Dental professionals are already taking the right actions to provide confidence to patients by wearing PPE and putting in place infection prevention and control measures such as extra cleaning. But patients want consistent information about their dental services and the measures in place to protect them to give them confidence. While it is not within the GDC's remit, members of the public questioned whether we could have a role in ensuring this consistency and clarity, including around safety measures in place.

Some members of the public are expressing concerns about charges for PPE and about being directed to private rather than NHS treatment.

Some dental professionals expressed concerns that public confidence in dentistry may reduce because of the reduction in access to care. And for some types of treatment, dental professionals told us they are lacking confidence that they will be able to meet demand. Periodontal treatment, and restorative treatments that require laboratory work appeared to be the areas where confidence was lowest.

Effects on dental professionals

Dental professionals told us that they are experiencing heightened feelings of stress caused by a variety of factors, including the pressures on their business or personal finances, and a concern that they may make a mistake while working under difficult circumstances. Dental professionals continue to be anxious about legal or regulatory action that might not take into account the extraordinary context that the pandemic brings.

Dental professionals in our roundtable events were clear that these pressures also apply to non-registrant members of the dental team, such as receptionists, who are also a core part of the provision of safe and effective dental care.

In spite of those anxieties, most dental professionals are confident they can do their job safely. Most feel they have the necessary training, skills, equipment, and information and guidance. Information and guidance on safe dental care in the context of the pandemic was used by most dental professionals and they found it helpful. But dental professionals wanted to highlight that information and guidance was provided quite late, and could be confusing and inconsistent because it came from a variety of organisations and may be applied differently in parts of the sector.

We asked dental professionals to think of their futures: most think they will be in the same role in 12 months, but around a quarter think they will not. It seems that younger dental professionals are more likely to be thinking about a career change and older dental professionals are thinking about retirement. Dental Hygienists, Dental Therapists and Dental Technicians are also more likely than other dental professionals to be thinking they will not be in their current role in 12 months.

Dental students and trainees and their supervisors and teachers have told us that dental education has been impacted by the reduction in the number of patients receiving care and the period when practical training was suspended. The opportunities to learn in the clinical environment and gain experience have been reduced and this may have an effect on readiness for registration, confidence to practise and future career prospects. The costs of delivering training to dental professionals have also increased. Although there has been considerable work done by education providers, funding bodies and GDC to sustain education and training of the dental professional workforce, these pressures may be sustained for a long period of time and will require more work to provide the necessary support to the future generation of dental professionals.

Effects on dental service providers

The reduction in the capacity of the dental sector as a whole has generally reduced income, although there are exceptions. There is a complex and mixed picture both for current income and projected income across the different types of service providers (NHS / private / mixed), different employment statuses, and different parts of the dental economy, with the self-employed and dental laboratories appearing most affected.

Some providers have been able to benefit from support measures, but others have not. Costs have been increasing too from changes to working practices to improve already robust infection control measures. The majority of dental professionals do not think they can absorb those costs into their business models.

Dental business owners are considering different options, which to an extent depend on whether they provide NHS or private services, to address their income challenges. The options being considered or pursued include charging for PPE, taking on loans, or extending their opening hours. A small proportion of dental business owners told us that they think they may need to close their businesses.

Some dental business owners told us they are considering diversifying their services, for example providing cosmetics, to support their incomes. NHS and mixed dental business owners told us they are considering shifting some of their time toward private provision.

Members of the public told us that they were more likely to seek different types of treatment over others, saying they were more likely to continue to seek treatments such as fillings and root canal work, than to seek cosmetic dentistry or non-dental treatments.

There are signs that the numbers of people employed in dentistry may reduce. One in three business owners expected to employ fewer staff in 12 months' time, and one in six expected to make redundancies, and one in five to make changes to employment contracts.

Features of the changing strategic context

The broad picture of effects suggests there are some features of the changing strategic context that appear likely to affect patients and their experience of seeking dental care.

1. **Patients are likely to find it harder to get dental treatment**

The opportunities for patients to attend an appointment and receive treatment are reduced. Although there have been considerable steps made to increase those opportunities they are not yet restored to normal levels, and it seems it will be many months before they are. As time passes, the reduced capacity for dental care is building up a backlog of unmet need that will take a long time to be addressed.

2. **Some patients and dental professionals are more affected than others by the new pressures placed upon them by the pandemic**

While the effects of reduced access will have broad effect on the public, there are signs the effects will be more concentrated upon some groups of patients who may already have experienced reduced access to dental care compared to other parts of the population. And dental professionals are not immune from those concentrations of impact. They may be affected personally and carrying anxieties about their own physical, mental and financial wellbeing as they work. Or they may serve communities where those disproportionate impacts are greater.

3. **New pressures on the dental economy**

There has generally been a decrease in income and increase in cost for dental businesses over a prolonged period of time. Some parts of the dental economy will be resilient to this changing context or be more capable of diversifying their business model. Others are telling us that their businesses need additional financial support in the next 12 months to remain viable. The effects are being felt on some parts of the dental economy more than others: dental laboratories providing NHS services and the self-employed.

4. **New pressures on dental education and the workforce**

Education and training of the new generation of dental professionals has been slowed by the need for enhanced infection prevention, meaning that there is a risk of delays in their being ready to join the workforce. There are cascading impacts caused by delays to training that are still difficult to fully determine, though most education providers are cautiously optimistic that the worst effects can be avoided. New entrants to the professions are in need of support as they transition into practice at a challenging time. Additionally, existing dental professionals are considering their options now that the future of their employment in dentistry seems less secure and some are thinking of retiring early or leaving the dental workforce. This may add further pressure on the growing backlog of unmet patient need.

5. New dental practice models and public protection matters are likely to emerge that will require a response from us

Our work has drawn together a picture of rapid changes over the course of 2020 to how dentistry is funded, organised and delivered. Temporary contract changes, remote triage of patients, new infection control requirements, and reduced treatment options are likely to be extended for a considerable period. These temporary changes may also act as catalysts for more permanent alterations designed to support the sector to meet the new financial challenges and changing patient demand. For example, remote triage mechanisms and changing roles for the dental team are innovations that offer opportunities for sustained improvements to access to dental care. As practice changes, so too may the risks related to it. Although not all changes will require us to respond, we believe that the pace of change will be accelerated because of necessary innovation and increase the likelihood that we need to consider adaptations to the regulatory model.

6. The professions, working across different nations, in different contexts, and under challenging circumstances, report a lack of cohesive leadership at a time when it is needed most

Dentistry, like many healthcare sectors, is diverse and made up of communities of practitioners with different leadership arrangements for its component parts. There are some parts of the system that are intended to take a whole sector view, but the pandemic has exposed that there is no single source of leadership for the diverse array of dental professionals and businesses. During a period of great uncertainty, dental professionals and business owners told us that it was difficult to identify authoritative guidance, and that there sometimes appeared to be inconsistencies in the guidance and its application to different parts of the sector. This was a source of frustration and confusion for dental professionals and made it harder in turn for them to help their patients understand the availability of treatment and the constraints on providing it.

Shifting our emphasis as we work to achieve our strategic aims

The new features of the changing context mean we will be shifting our emphasis as we undertake the work to achieve our strategic aims.

1. **Ensuring members of the public are receiving the information they need to be confident in dental care**

The public are seeking clarity and reassurance, for example asking for clearer communications about currently available services, or for information that will increase their confidence in visiting a dental practice. During this time, we need to place a stronger emphasis on making sure the public receive reassurance and that their requests for clarity are heard by dental professionals and sector leaders. We also need to place greater emphasis on the effects of the pandemic in our planned work to facilitate dialogue between dental professionals and patients.

2. **Playing our part to identify and address the exacerbated effects of inequality on members of the public seeking dental care and dental professionals**

We have published new objectives for our Equality, Diversity and Inclusion Strategy for 2021–2023. This provides a timely opportunity to consider how the work we already have planned in our Costed Corporate Plan can be used to tackle the effects of inequality and discrimination. For example, our planned review of learning outcomes for pre-registration training is an opportunity to ensure that needs of patients from diverse backgrounds are accounted for in the core requirements for dental professional education.

3. **Highlighting the new pressures on the dental economy and workforce that may affect patient care and ensuring our routes to registration facilitate access to the workforce where it does not compromise public protection**

The GDC is not the right organisation to lead on resolving these challenges, but we do have a role to play because of our responsibility to protect, promote and maintain the health, safety and wellbeing of the public. As the gatekeeper for registration, we need to continue to press for changes to legislation to enable our work to reform routes to registration so that we can simultaneously protect the public and avoid unnecessarily restricting the provision of dental care. And with our overview of the whole sector and growing capability to draw together useful insight, we want to make sure that sector leaders can access the intelligence we collect so they can take action to sustain or evolve the dental economy to meet the needs of patients.

4. **Focus our attention on the changes to dental practice affecting patient safety that have been accelerated or brought about by the pandemic**

Our Corporate Strategy already sets out the need to respond to the ways dentistry, like all healthcare practice, is changing to meet the needs of the patient population and from the introduction of new technology. The pandemic means we need to shift the emphasis of that work to the more immediate changes that may occur sooner than previously thought so that we can ensure that the regulatory model remains effective and does not become an inhibitor for safe innovation.

5. Provide clarity on our leadership role and support cohesive sectoral leadership

GDC's purpose is to be the professional regulator for dentistry. Our central objective is public protection.

Regulation should empower dental professionals to rely upon their training and ethical framework to make professional judgements that put the interests of patients first. We need to ensure that, so far as we can within the legislation that we are bound by, our approach to regulation adapts appropriately to the changing environment, acting to protect patients but not to prevent innovation. We also need to ensure that that approach is understood by the professionals we regulate and, in particular, that they have the confidence to exercise their professional judgement.

Our position as the professional regulator brings with it the ability to influence, to contribute to (and sometimes challenge) developing ideas, and to bring together different voices and interests to address issues of common concern. That has value to the sector as a whole, but also brings specific benefits to GDC: it provides us with a critical set of mechanisms to reinforce the move to upstream regulation; it is also an essential part of how we continue to rebuild our reputation away from the distorted perception that our only interest is in enforcement. So we want to shift our emphasis in our engagement with sector leaders and encourage reflection on subjects where we do not have a direct role but which may affect public safety, health and wellbeing so that a whole system approach to leadership can be developed to build greater resilience in dental service provision on behalf of patients.

Providing clarity on our role, how we will work and our aims

However much the surrounding context in which we work changes, our role remains the same: **we protect, promote and maintain the health, safety and wellbeing of the public, and uphold professional standards and confidence in the dental team.**

That consistency of purpose means that our Corporate Strategy 2020–2022, developed to enhance our regulatory functions and capability to protect the public, is resilient to the changing context.

Our vision and values

The work to understand the changing context has demonstrated that our vision and values remain the right ones. They reflect the core characteristics of good regulation on behalf of members of the public, no matter the prevailing conditions.

Our vision

A system of regulation which:

- supports the provision of safe, effective oral health care
- promotes and embeds clear standards of clinical competence and ethical conduct
- embodies the principles of right touch regulation: proportionality, accountability, consistency, transparency, targeted, and agility.

Our values

- Fairness – we treat everyone we deal with fairly.
- Transparency – we are open about how we work and how we reach decisions.
- Responsiveness – we listen, and we adapt to changing circumstances.
- Respect – we treat everyone with respect.

Our approach to our work

How we work has changed significantly. Remote hearings, decreased reliance on physical offices, and exclusively online engagement with our stakeholders are rapid and transformational changes to our operations that have the potential to become more permanent. But even though the mechanisms through which we work are changed our approach to our work remains the same:

- Working collaboratively – developing and maintaining effective partnerships with relevant organisations and the professions.
- Being evidence-led – using research to support and inform proportionate decision making and to focus our activity and resources.
- Making the best use of resources – constantly challenging ourselves and our operating practices to ensure value for money.
- Being inclusive – seeing the value and importance of diversity and acting to ensure that this is reflected in our work.

Our strategic aims

The experience of adapting to the new context has demonstrated to us that our aims need to be more succinctly expressed so that it is clearer how we prioritise our efforts. Therefore, we have taken this opportunity to simplify the wording, but not change the intent, of our strategic aims so that our role in the system is clearer.

We aim to operate a regulatory system which protects patients and is fair to registrants through:

1. Career-long upstream regulation that upholds standards for safe dental professional practice and conduct.
2. Resolution of patient concerns at the right time, in the right place.
3. Right-touch regulatory decision-making for our enforcement action.
4. Maintaining and developing our model of regulation in preparation for reform of our legislation.
5. An outcome-focused, high performing and sustainable organisation.