

Appendix 2

GDC Strategy 2020 – 2022: consultation outcome report

1. Introduction

- 1.1. In May 2019, the General Dental Council (GDC) published a consultation on its proposed strategy for 2020 -2022. The strategy described the organisation's vision, values and strategic aims, and provided high level information on the expenditure plans to support the achievement of those aims over the period.
- 1.2. Consulting on the new strategy marks a change in approach for the GDC. This new approach is set out in the GDC's policy on fees, which was consulted on in 2018, and came into effect from January 2019. It explains that we will consult every three years on the high-level objectives and associated expenditure plans that will underpin the annual retention fee (ARF).
- 1.3. The draft strategy set out five strategic aims, which were developed to describe the GDC's priorities within its statutory remit. In order to deliver the necessary outcomes, the strategy also identified objectives designed to support the achievement of those aims.
- 1.4. As explained in the fees policy, the resources required to achieve the aims and objectives determine the overall sum that needs to be raised from the collection of fees over the period. One of the key purposes of providing the accompanying financial information was to establish a clearer relationship between the GDC's aims, objectives and activity and the fees paid by dental professionals. The consultation also therefore contained information on the likely ranges for the annual retention fees for dentists and dental care professionals.
- 1.5. The consultation opened on 8 May and closed on 30 July and invited views on the objectives we had identified to support the achievement of the strategic aims, as well as the expenditure plans associated with them.
- 1.6. It is important to emphasise that while likely ranges for the ARF were indicated in this consultation, the consultation itself was not about the current or future fee levels themselves. Nevertheless, a proportion of the responses we received focused upon that issue. While we understand the impact of fee levels on dental professionals, this report focuses upon the core issues upon which we consulted: the objectives and the expenditure plans which underpin them.

2. Background

- 2.1. The GDC is the regulator of dental professionals in the UK, and one of nine professional healthcare regulators. The GDC is a statutory body established by the Dentists Act 1984 ('the Act') and has a broad statutory remit.
- 2.2. In common with all other healthcare professional regulators, our overarching objective, added to the Act by the Health and Social Care (Safety and Quality) Act 2015, is the protection of the public, in pursuit of which we must pursue the three following objectives:
 - To protect, promote and maintain the health, safety and well-being of the public.
 - To promote and maintain public confidence in the regulated professions.
 - To promote and maintain proper professional standards and conduct for members of those professions.

- 2.3. Our legal framework provides a significant degree of discretion in how we achieve those objectives. It affords us opportunities to develop an approach to regulation, in partnership with the professions, that focuses on promoting a positive vision of professionalism in dentistry. Parliament has also set out four functions (our 'statutory functions') that we *must* carry out in pursuit of these objectives. They are:
- To maintain a register of dental professionals who are 'fit to practise'.
 - To set standards for the dental team.
 - To set standards for dental education.
 - To investigate allegations of 'impaired fitness to practise' and take appropriate action where necessary.
- 2.4. The Act also gives us a specific power to assist in the resolution of complaints about a registered professional or a corporate body delivering dental services. We currently exercise that power through the Dental Complaints Service (DCS), which assists in the resolution of complaints about privately funded dentistry. The DCS has no remit in respect of complaints about NHS dentistry, which are governed by a statutory scheme, but does provide information and signposting to NHS patients, to assist them in expressing and directing their complaint appropriately.
- 2.5. Within our statutory functions and specified powers, we have specific duties, but also significant discretion about how we achieve our objectives. We exercise this discretion in a number of ways. For example, we have previously stated our intention to increase activity aimed at preventing harm to patients before it occurs, such as promoting high standards of professionalism. We refer to this sort of activity as 'upstream' regulation, and it is a key component of our strategy.
- 2.6. The proposed strategy set out five strategic aims. These were to:
- Operate a regulatory system which protects patients and is fair to registrants, while being cost-effective and proportionate; which begins with education, supports career-long learning, promotes high standards of care and professional conduct and is developed in the light of emerging evidence and experience
 - Work with the professions and our partners to ensure that patients and the public are able to raise concerns with the agency best placed to resolve them effectively and without unnecessary delay
 - Use evidence, research and evaluation to develop, deliver and embed a cost-effective and right-touch model for enforcement action
 - Maintain and develop the regulatory framework
 - Continue to develop an outcome-focused, high-performing and sustainable organisation
- 2.7. The strategy detailed a set of objectives designed to achieve these aims. These objectives include new initiatives and improvements to existing processes/schemes as well as operational activity such as registration and fitness to practise.

3. Headline analysis of consultation responses

- 3.1. We received 80 responses to the consultation. Fifty-one of these were submitted by individuals, the majority of whom were dentists. Twenty-nine were from organisations. A list of the organisations that responded is provided below.
- 3.2. Not all respondents answered each question, and not all answers addressed the question that was posed. We have therefore provided, in the analysis of the individual questions, details of the number of respondents and a summary of the comments received.
- 3.3. In general, responses from organisations contained more detail than those from individuals, and this is reflected in the analysis. However, not all organisations answered every question.
- 3.4. A significant proportion of the respondents indicated that the financial information provided contained insufficient detail to enable them to draw clear conclusions or provide comment. We will consider how the information can be presented in future in order to enable fuller engagement with the expenditure plans. As set out in our consultation on the fees policy, we will also continue to publish budget information on an annual basis, providing greater detail on costs. That information will, however, be presented in relation to business units rather than aligned to the strategic aims.
- 3.5. The breakdown of the responses we received was as follows:

| Responses received* | Number |
|---|--------|
| Total number of responses | 80 |
| Total received through online survey | 66 |
| Total received by email | 14 |
| Total responses from organisations | 29 |
| Total responses from individuals | 51 |
| Responses from dentists | 28 |
| Responses from dentists listed as specialists | 3 |
| Responses from dental hygienists and/or dental therapists | 2 |
| Responses from dental nurses | 15 |
| Responses from other registrant groups | 1 |
| Not stated | 2 |

* Some respondents submitted their responses both through the online survey and by email, and some respondents submitted duplicate online responses. All duplicates have only been counted once towards the total number of responses.

The GDC received responses from the organisations listed below:

1. Aberdeen University
2. Association of Dental Hospitals
3. BASCD Consultants and Specialists in Dental Public Health Group
4. British Dental Association (BDA)
5. BDA Benevolent Fund
6. British Association of Dental Nurses
7. British Association of Dental Therapists
8. British Orthodontic Society
9. British Society of Dental and Maxillofacial Radiology
10. Chief Dental Officer for Wales
11. Community Dental Services
12. COPDEND
13. Croydon Local Dental Committee

- | | |
|---|--|
| 14. Dental Defence Union | 22. LDC Confederation |
| 15. Dental Mentors UK | 23. NHS Education Scotland |
| 16. Dental Schools Council | 24. Orthodontic National group |
| 17. Faculty of Dental Surgery at the Royal College of Surgeons of England | 25. Royal College of Physicians and Surgeons of Glasgow |
| 18. Faculty of Dental Trainers | 26. Simplyhealth Professionals |
| 19. Faculty of General Dental Practice UK | 27. Society of British Dental Nurses |
| 20. General Medical Council | 28. University of Sheffield School of Dentistry |
| 21. Health Education England | 29. University of Birmingham School of Dentistry |

4. Responses to the consultation: general comments

- 4.1. The main part of this report focuses on the questions on which we sought specific responses from stakeholders. It is worth noting, however, that several respondents, including the British Dental Association (BDA), offered general comments, welcoming the positive and collaborative tone and approach and the themes outlined in the strategic aims and particularly the focus on enabling professionals to exercise and rely on their judgment.

5. Analysis of consultation responses: strategic aims and objectives:

- 5.1. We asked for views on the objectives that had been identified to support the achievement of each of the strategic aims. We also asked for views on the expenditure plans associated with those aims. We did not ask questions requiring a binary response (e.g. yes/no) on the strategic aims but have determined levels of support for the objectives based on the comments and views provided by respondents.

Strategic aim 1

Operate a regulatory system which protects patients and is fair to registrants, while being cost-effective and proportionate; which begins with education, supports career-long learning, promotes high standards of care and professional conduct and is developed in the light of emerging evidence and experience

Number of responses: total

| Objectives | | | Expenditure | | |
|------------|--------------|------------------------|-------------|--------------|------------------------|
| Favourable | Unfavourable | Neutral/ No comment | Favourable | Unfavourable | Neutral/ No comment |
| 36 | 9 | 34 | 14 | 16 | 49 |

Number of responses: organisations

| Objectives | | | Expenditure | | |
|------------|--------------|------------------------|-------------|--------------|------------------------|
| Favourable | Unfavourable | Neutral/ No comment | Favourable | Unfavourable | Neutral/ No comment |
| 20 | 0 | 8 | 4 | 3 | 21 |

Number of responses: Individuals

| Objectives | | | Expenditure | | |
|------------|--------------|------------------------|-------------|--------------|------------------------|
| Favourable | Unfavourable | Neutral/ No comment | Favourable | Unfavourable | Neutral/ No comment |
| 16 | 9 | 26 | 10 | 13 | 28 |

Views and comments on the objectives

- 5.2. The organisations responding to this question expressed explicit support for the work on continuing professional development (CPD), promoting professionalism and human factors, and there was strong support for the proposal to review the GDC's strapline.
- 5.3. There were helpful suggestions from a number of organisations, which we will seek to take into account as the work programmes to achieve the objectives develop.
- 5.4. There were mixed responses to the idea that the GDC would seek to influence student selection via admissions processes. Dental Mentors UK were supportive of the broadening of selection processes to incorporate values as opposed to being based narrowly on academic achievement. The BDA, while generally supportive of the strategic aim and the work to support upstream regulation, expressed concern about the idea that the GDC should influence the selection of those applying for dental education and training, seeing that as the role of educators and/or employers.
- 5.5. Many of the individuals who responded did not comment directly on the strategic aim but offered general comments in relation to fee levels. Of those who directly addressed the aim, responses were short and general in their nature.

Views and comments on the expenditure plans

- 5.6. Views on the expenditure plans under this strategic objective were fairly evenly balanced. It is worth noting that nine respondents (three individuals and six organisations) considered that the detail in relation to the expenditure plans was insufficient to enable them to reach conclusions or offer properly developed views.
- 5.7. A small number of individuals providing views on the expenditure plans were of the view that the expenditure in this area should be increased, given the importance of upstream regulation. Another individual put forward the view that professionals having appropriate regard for professional standards was key to addressing the issue of the cost of regulation.
- 5.8. Those expressing concern about the expenditure plans under this strategic aim focused largely on the ARF levels, and it was suggested by some that there ought to be a further breakdown between DCP professions.

GDC Response

We are encouraged to see the support for our objectives under this strategic aim, which form a key element of our new regulatory approach, first articulated in 2017 in *Shifting the balance*, and built on since then to form the basis of our corporate strategy.

We also welcome the ideas and suggestions from respondents in relation to the specific objectives and work areas and will continue to engage with organisations and individuals as we shape the initiatives and programmes of work.

We note the strong support for us to review our strapline. We will review this across all our communication. This will include consideration of whether a strapline is needed.

We note that a significant number of respondents felt unable to draw conclusions based on the high-level financial information provided alongside the strategy. As we explained during the development and consultation on our fees policy, we have adopted a new approach to consulting on fees. We believe this represents a significant step forward from our previous position of publishing detailed annual budgets for consultation and a practice of consulting on changes in fee levels. This new approach is designed to invite and generate a more constructive debate about approaches to, and costs and benefits of, regulation. We have therefore sought to provide summary information on the costs associated with delivering our statutory and strategic objectives.

In response to the comments received to the consultation, however, we will consider in future how we can further improve on our presentation of financial information to enable fuller engagement with the plans as they relate to the achievement of strategic aims and objectives. We will also continue to publish budget information on an annual basis through our Council papers, providing greater detail on costs. That information will, however, be presented in relation to business units rather than aligned to the strategic aims, and we will not seek views on it. Retrospective financial information will also continue to be published through our Annual Report and Accounts.

The approach to setting fees, including the number of categories into which we divide professionals for the purposes of fee charging, was set out during the consultation on our fees policy. During that consultation we explained that the costs of regulation should be borne by those who incur them, and this is one of the key principles of our fee-setting policy, balanced against a need for ensuring the workability of the regulatory framework and reducing the potential for fee volatility. There was no clear appetite from that consultation to introduce cross-subsidy of some professions by others on the basis of income, and we explained this in the report on that consultation.

Strategic aim 2

Work with the professions and our partners to ensure that patients and the public are able to raise concerns with the agency best placed to resolve them effectively and without unnecessary delay

Number of responses: total

| Objectives | | | Expenditure | | |
|------------|--------------|------------------------|-------------|--------------|------------------------|
| Favourable | Unfavourable | Neutral/ No comment | Favourable | Unfavourable | Neutral/ No comment |
| 32 | 12 | 35 | 21 | 16 | 58 |

Number of responses: organisations

| Objectives | | | Expenditure | | |
|------------|--------------|------------------------|-------------|--------------|------------------------|
| Favourable | Unfavourable | Neutral/ No comment | Favourable | Unfavourable | Neutral/ No comment |
| 18 | 1 | 9 | 8 | 3 | 20 |

Number of responses: Individuals

| Objectives | | | Expenditure | | |
|------------|--------------|------------------------|-------------|--------------|------------------------|
| Favourable | Unfavourable | Neutral/ No comment | Favourable | Unfavourable | Neutral/ No comment |
| 14 | 11 | 26 | 13 | 13 | 38 |

Views and comments on the objectives

- 5.9. Of the organisations providing responses, 18 were explicitly supportive. One organisation did not express explicit support but did positively reference the work of the profession-wide complaints handling initiative, in which it has been involved.
- 5.10. In general, those in support of the objectives under this strategic aim welcomed the GDC continuing its existing work in this area, and wanted to see it developed to ensure patients and the public are clear about the GDC's role and are aided to understand how best they can raise a concern at the most suitable level for effective resolution. Several organisations expressed their desire to continue to be involved in the work as it develops. Some also gave helpful suggestions for how the proposed work to deliver the objectives could be improved.
- 5.11. Many of the organisations which expressed their support for the work in this area did so with reference to ensuring that pathways and mechanisms are clear and accessible for patients and the public, with some also citing the benefits of this to professionals.
- 5.12. Some of those that did not support the objectives cited a lack of clarity as to their meaning, resulting in them being difficult to comment on. A small number of respondents seemed to have misunderstood the GDC's role, with one individual commenting that the GDC should do more to discourage complainants from raising issues.

Views and comments on the expenditure plans

- 5.13. Eight of the 11 organisations offering views in this area supported the expenditure plans under this strategic aim.
- 5.14. Most of those who were not supportive of the expenditure plans were individual dental professionals, who questioned the sums. Some respondents, including the BDA, noted that it was difficult to comment effectively on the expenditure plans because they were insufficiently detailed.

GDC Response

We welcome the support for these proposals, enabling us to continue to build on the positive partnerships that we have developed with professional associations, the NHS, corporate bodies and others in this area. We are particularly encouraged by the responses that indicate continued willingness to engage fully in this work as it develops, with a view to ensuring that systems are clear and accessible for patients and the public.

We consider the expenditure plans in this area to be modest, given the scope for driving real improvement as a result of developments in this area, and are pleased to note that others have reached the same conclusion. Following further analysis during our planning process, the allocation of resources to this strategic aim is, as a proportion of overall expenditure, greater than the allocation on which we consulted. There have been commensurate reductions in the proportions allocated to other areas, including our enforcement activity. The revised allocation will be set out in the published strategy.

We will also consider how we can work with partners to encourage the development of wider support networks for professionals who are subject to fitness to practise investigations.

Once again, we note that a significant number of respondents felt unable to draw conclusions based on the high-level financial information provided alongside the strategy. As explained in the previous section, we will consider in future how we can further improve our presentation of financial information to enable fuller engagement with the plans as they relate to the achievement of strategic aims and objectives.

Strategic aim 3

Use evidence, research and evaluation to develop, deliver and embed a cost-effective and right-touch model for enforcement action

Number of responses: total

| Objectives | | | Expenditure | | |
|------------|--------------|------------------------|-------------|--------------|------------------------|
| Favourable | Unfavourable | Neutral/ No comment | Favourable | Unfavourable | Neutral/ No comment |
| 28 | 10 | 40 | 15 | 15 | 48 |

Number of responses: organisations

| Objectives | | | Expenditure | | |
|------------|--------------|------------------------|-------------|--------------|------------------------|
| Favourable | Unfavourable | Neutral/ No comment | Favourable | Unfavourable | Neutral/ No comment |
| 20 | 0 | 8 | 5 | 2 | 21 |

Number of responses: Individuals

| Objectives | | | Expenditure | | |
|------------|--------------|------------------------|-------------|--------------|------------------------|
| Favourable | Unfavourable | Neutral/ No comment | Favourable | Unfavourable | Neutral/ No comment |
| 8 | 10 | 32 | 10 | 13 | 27 |

Views and comments on the objectives

- 5.15. Several respondents, both individuals and organisations, called for greater support for registrants undergoing fitness to practise investigations, in recognition of the fact that the process is stressful and that professionals are usually continuing to treat patients while investigations are ongoing.
- 5.16. A number of respondents also called for action by both professionals and the GDC to tackle the rise in inappropriate use of fitness to practise proceedings, particularly citing the small but rising number of instances in which registrants use it as a means of resolving or escalating personal or business disputes.
- 5.17. Only a small number of respondents cited support for specific areas, including the BDA, which expressed support for the development of principles for enforcement action, the use of evidence to ensure a focus on serious cases, exploring a broader range of resolutions and development of a system which takes account of human factors. The BDA Benevolent Fund also expressed support for the work to incorporate consideration of human factors into decision making. The BDA and the FGDP expressed caution, however, about the roles played by the various organisations in that process, noting that there needs to be a clear distinction between the fitness to practise process and the resolution of complaints.
- 5.18. There were mixed responses to the proposed separation of the adjudication function from investigations and prosecutions. Those in support, including the Dental Defence Union, indicated that the separation and independence of decision making was important as a point of principle, while those opposing the idea cited cost as the primary reason for not proceeding, but did not put forward figures to support that assertion.
- 5.19. Two organisations, the BDA and the BADN expressed strong support for the GDC's ongoing work to tackle the illegal practice of dentistry.

Views and comments on the expenditure plans

- 5.20. Once again, some respondents offered comments on the indicative ARF levels rather than on the expenditure itself, although some organisations, including the British Society of Dental and Maxillofacial Radiology commended the fact that the expenditure plans showed a lower operating cost than in the current and preceding years.
- 5.21. Three respondents, including the BDA, were of the view that the detail was insufficient to provide a full response. Two respondents were very positive about the commitment to base actions and decisions in this area on research and evidence and were supportive of investment in the GDC's research and evidence capability, although one respondent called for more detail on plans in this area.

GDC Response

The positive engagement with the proposed objectives under this strategic aim is an indication of the advancing level of debate and discussion about issues that affect the sector, the deployment of our regulatory powers, the drivers of the costs of regulation and ultimately the impact on public safety and confidence.

We will take the views expressed into account as we develop the work programmes under each of the objectives and will continue to engage proactively with stakeholders as that work develops.

Once again, we note that a significant number of respondents felt unable to draw conclusions based on the high-level financial information provided alongside the strategy. As explained in previous sections, we will consider in future how we can further improve our presentation of financial information to enable fuller engagement with the plans as they relate to the achievement of strategic aims and objectives.

Strategic aim 4

Maintain and develop the regulatory framework

Number of responses: total

| Objectives | | | Expenditure | | |
|------------|--------------|------------------------|-------------|--------------|------------------------|
| Favourable | Unfavourable | Neutral/ No comment | Favourable | Unfavourable | Neutral/ No comment |
| 29 | 25 | 25 | 14 | 18 | 47 |

Number of responses: organisations

| Objectives | | | Expenditure | | |
|------------|--------------|------------------------|-------------|--------------|------------------------|
| Favourable | Unfavourable | Neutral/ No comment | Favourable | Unfavourable | Neutral/ No comment |
| 17 | 5 | 6 | 1 | 0 | 27 |

Number of responses: Individuals

| Objectives | | | Expenditure | | |
|------------|--------------|------------------------|-------------|--------------|------------------------|
| Favourable | Unfavourable | Neutral/ No comment | Favourable | Unfavourable | Neutral/ No comment |
| 12 | 20 | 19 | 13 | 18 | 20 |

Views and comments on the objectives

- 5.22. Several respondents welcomed the proposed investment of effort in the regulatory reform agenda, noting the potential for reform to deliver real benefits in the form of more proportionate, relevant and flexible legislation.
- 5.23. There was strong support for the proposals to review the existing scope of practice, both from individuals and from organisations, including the BADN, Dental Mentors UK and the British Society of Dental Maxillofacial Radiology. Several respondents expressed interest in becoming involved in the work as it develops.
- 5.24. Respondents also largely welcomed the emphasis on building the evidence base to support current and future work and showed an interest in seeing the detail of the plans as they emerge.
- 5.25. There was also clear support for the GDC, in delivering the objectives, working closely with a range of partners and stakeholders.

- 5.26. Many of those who did not support the objectives indicated that they found some of the language hard to understand and engage with, and suggested that it might be made clearer through use of plain English. Other respondents, however, expressed the opposite view, finding the objectives clear and straightforward to understand.

Views and comments on the expenditure plans

- 5.27. Once again, some respondents offered comments on the indicative ARF levels rather than on the expenditure itself, with some respondents suggesting that the ARF be linked to the scope of practice.
- 5.28. As with the other strategic aims, several respondents were of the view that the detail was insufficient to provide a full response.

GDC Response

We welcome the support for the planned review of the scope of practice and will be seeking active engagement from dental professionals and other stakeholders as the work develops.

We note the positive comments in relation to gathering the evidence base to enhance policy making and recognise that the expenditure needs to be targeted to ensure that it is invested most effectively and that it supports the Council in achieving its strategic aims. As set out in the objectives, we are reliant on co-production and are committed to publishing the results of our research.

We will consider whether the wording of the objectives under this strategic aim can be made clearer.

Once again, we note that a significant number of respondents felt unable to draw conclusions based on the high-level financial information provided alongside the strategy. As explained in previous sections, we will consider in future how we can further improve our presentation of financial information to enable fuller engagement with the plans as they relate to the achievement of strategic aims and objectives.

Strategic aim 5

Continue to develop an outcome-focused, high-performing and sustainable organisation

Number of responses: total

| Objectives | | | Expenditure | | |
|------------|--------------|------------------------|-------------|--------------|------------------------|
| Favourable | Unfavourable | Neutral/ No comment | Favourable | Unfavourable | Neutral/ No comment |
| 29 | 6 | 44 | 12 | 7 | 60 |

Number of responses: organisations

| Objectives | | | Expenditure | | |
|------------|--------------|------------------------|-------------|--------------|------------------------|
| Favourable | Unfavourable | Neutral/ No comment | Favourable | Unfavourable | Neutral/ No comment |
| 18 | 1 | 9 | 4 | 0 | 24 |

Number of responses: Individuals

| Objectives | | | Expenditure | | |
|------------|--------------|------------------------|-------------|--------------|------------------------|
| Favourable | Unfavourable | Neutral/ No comment | Favourable | Unfavourable | Neutral/ No comment |
| 11 | 5 | 35 | 8 | 7 | 36 |

Views and comments on the objectives

- 5.29. Approximately half of the responses from individuals under this strategic aim did not directly address the consultation question or the strategy as a whole.
- 5.30. Responses from organisations including NHS Education Scotland and SBDN expressed support for the direction of travel, but some also offered a note of caution, describing the objectives as challenging.

Views and comments on the expenditure plans

- 5.31. No organisations stated that they did not support the expenditure plans, although some did note that there was insufficient detail to draw conclusions. Most of those that expressed disapproval offered short comments on the indicative ARF levels and did not engage constructively with the plans.

GDC Response

We are aware that the objectives we have set ourselves under this strategic aim are challenging, particularly in light of our recent move to Birmingham. We are committed to achieving the objectives and are confident that the levels of resourcing we have identified and allocated are appropriate.

We will continue to explain the rationale behind our policy on fee charging, and the impact of it on dentists and dental care professionals, particularly how the cross-subsidy within the fee structure works, why it is present, and who benefits from it.

6. Analysis of consultation responses: financial information

- 6.1. We asked a set of questions in relation to the financial information provided, specifically in relation to whether: the rationale for the proposed distribution of costs between dentists and DCPs and our assumptions in relation to income were sufficiently clear. The questions in this area called for a binary response but did not require this in order to be able to answer the question. A number of respondents therefore provided comments but did not answer yes or no to the questions posed.

Question 11 - Clarity of the rationale for the proposed distribution of costs between dentists and DCPs**Number of responses: total**

| Favourable | Unfavourable | Neutral / No comment |
|------------|--------------|----------------------|
| 42 | 15 | 22 |

Number of responses: organisations

| Favourable | Unfavourable | Neutral / No comment |
|------------|--------------|----------------------|
| 17 | 2 | 9 |

Number of responses: Individuals

| Favourable | Unfavourable | Neutral / No comment |
|------------|--------------|----------------------|
| 25 | 13 | 13 |

6.2. Fifty-seven respondents gave clear yes/no answers to this question. Of those, 42 found the rationale to be sufficiently clear, and 15 did not. Seventeen organisations considered that the rationale was clear, while the responses provided by 2 organisations, including the BADN, stating that they did not find the rationale sufficiently clear.

6.3. Most of the individuals responding to these questions commented on the ARF, with dentists welcoming the reduction and DCPs, particularly dental nurses, expressing concern about the proposed increase. A number of organisations, including the Faculty of Dental Surgery and the Royal College of Surgeons, HEE and the SBDN suggested that there should be more than two fee bands, and some differentiation between the professions in the DCP band.

6.4. The BASCD suggested that there should be reductions in fees for registrants who work part time.

Question 12 - Clarity of assumptions in relation to income and expenditure**Number of responses: total**

| Favourable | Unfavourable | Neutral / No comment |
|------------|--------------|----------------------|
| 41 | 17 | 21 |

Number of responses: organisations

| Favourable | Unfavourable | Neutral / No comment |
|------------|--------------|----------------------|
| 15 | 3 | 10 |

Number of responses: Individuals

| Favourable | Unfavourable | Neutral / No comment |
|------------|--------------|----------------------|
| 26 | 14 | 11 |

6.5. Those individuals who found the explanations of the assumptions insufficiently clear did not provide much additional comment to contextualise their view, although there were some general comments about the detail of the financial information. Most of the organisations who responded to this question were satisfied with the clarity of the assumptions. Those that were not included the BADN and the BDA, although the BDA acknowledged that the assumptions were clear, and their concern related to the overall lack of detail in the financial information rather than the assumptions themselves. The FGDP were satisfied that

the assumptions were clear but called for a clearer explanation for the level of reserves held by the GDC.

GDC response

We note that there are still some registrants who are concerned about fee levels and the way in which we set those fees. The approach to setting fees, including the number of categories into which we divide professionals for the purposes of fee charging, was set out during the consultation on our fees policy. During that consultation we explained that the costs of regulation should be borne by those who incur them, and this is one of the key principles of our fee-setting policy, balanced against a need for ensuring the workability of the regulatory framework and reducing the potential for fee volatility. There was no clear appetite during that consultation to introduce cross-subsidy of some professions by others on the basis of income, and we explained this in the report on that consultation

We note that some respondents felt unable to draw conclusions based on the high-level financial information provided alongside the strategy. As we explained during the development and consultation on our fees policy, we have adopted a new approach to consulting on fees. We believe this represents a significant step forward from our previous position of publishing detailed annual budgets for consultation and a practice of consulting on changes in fee levels. This new approach is designed to invite and generate a more constructive debate about approaches to, and costs and benefits of, regulation. We have therefore sought to provide summary information on the costs associated with delivering our statutory and strategic objectives.

We will consider in future how we can further improve our presentation of financial information to enable fuller engagement with the plans as they relate to the achievement of strategic aims and objectives. We will also continue to publish budget information on an annual basis through our Council papers, providing greater detail on costs. That information will, however, be presented in relation to business units rather than aligned to the strategic aims, and we will not seek views on it. Retrospective financial information will also continue to be published through our Annual Report and Accounts, and we will explore how we can use this opportunity to further link our financial information to our strategic priorities.

7. Analysis of consultation responses: other comments

- 7.1. In the final question of the consultation, we invited further comment in relation to our proposed activity. Given the general nature of this question, we have not included information on numbers of favourable/unfavourable responses, as it was not possible to characterise responses in this way.
- 7.2. Most of the individual respondents who provided comments, used the opportunity to give their views on the indicative ARF levels, using both other regulators' fees as a comparison. Some individual respondents also suggested that the GDC consider charging fees on a pro rata basis for those restoring their name to the register.
- 7.3. Nineteen organisations provided comments in response to this question, some of which were simply emphasising points that had been made in response to the specific questions.

- 7.4. There was broad support from the organisations who offered comments on the general direction of travel set out in the strategy and particularly the commitment to ensuring continuation of the collaborative working relationship between the GDC and the dental professions. The LDC Confederation, the BADT and the Chief Dental Officer for Wales specifically welcomed the emphasis in the document on working with the dental team. Health Education England indicated that they were satisfied that the objectives set out in the strategy would support the delivery of a safe, proportionate and fair regulatory regime based on evidence and open dialogue with relevant groups.
- 7.5. The BDA, as well as emphasising points made elsewhere about the detail of the financial information, questioned the GDC's reserves policy. The BDA and the Dental Faculty of the Royal College of Physicians and Surgeons of Glasgow commented on the positive impact of increased engagement by the GDC, with the BDA suggesting that the strategy might benefit from inclusion of more detail on that activity.
- 7.6. NHS Education Scotland provided helpful suggestions in relation to the work to support professionalism. The Dental Schools Council emphasised the need for dental professionals working in a range of environments to be engaged effectively, particularly during policy development.

GDC response

We welcome the recognition and support for the direction we have set, which has been informed by increased engagement that we have undertaken in recent years.

We will continue to work with dental professionals, stakeholders and partners as we develop the work programmes of work under each of the aims and objectives.