

A meeting of the Council of the General Dental Council

09:00am on Thursday 19 March 2020 at the General Dental Council,
1 Colmore Square, Birmingham, B4 6AJ

Members:

William Moyes (Chair)

Anne Heal

Caroline Logan

Catherine Brady

Crispin Passmore

Geraldine Campbell

Jeyanthi John

Kirstie Moons

Margaret Kellett

Sheila Kumar

Simon Morrow

Terry Babbs

The meeting will be held in public¹. Items of business may be held in private where items are of a confidential nature².

If you require further information or if you are unable to attend, please contact Katie Spears (Interim Head of Governance) as soon as possible:

Katie Spears, Interim Head of Governance and Board Secretary, General Dental Council

Tel: 0207 167 6151 Email: kspears@gdc-uk.org

¹ Section 5.1 of the General Dental Council Standing Orders for the Conduct of Business 2017

² Section 5.2 of the General Dental Council Standing Orders for the Conduct of Business 2017

Public Council Meeting

Questions from members of the public relating to matters on this agenda should be submitted using the form on the Council meeting page of the GDC website. When received at least three working days prior to the date of the meeting, they will usually be answered orally at the meeting. When received within three days of the date of the meeting, or in exceptional circumstances, answers will be provided in writing within seven to 15 working days. In any event, the question and answer will be appended to the relevant meeting minute and published on the GDC website.

Confidential items are outlined in a separate confidential agenda; confidential items will be considered in a closed private session.

PART ONE – PRELIMINARY ITEMS

1.	Welcome and Apologies for Absence	William Moyes, Chair of the Council	09:00- 09:10am (10 mins)	Oral
2.	Declarations of Interest	William Moyes, Chair of the Council		
3.	Questions Submitted by Members of the Public	William Moyes, Chair of the Council		-
4.	Approval of Minutes of Previous Meetings <ul style="list-style-type: none"> the minutes of the meeting held on 16 January 2020 	William Moyes, Chair of the Council		Paper
5.	Matters Arising and Rolling Actions List <ul style="list-style-type: none"> To note any matters arising from the public meeting held on 16 January 2020 and review the rolling actions list 	William Moyes, Chair of the Council		Paper
6.	Decisions Log To note decisions taken between meetings and under delegation (if any)	William Moyes, Chair of the Council		Paper

PART TWO – ITEMS FOR DECISION AND DISCUSSION

No	Item & Presenter	Tabled for?	Time	Status
7.	Update from Committee Chairs a. Audit and Risk Committee b. Finance and Performance Committee c. Remuneration Committee d. Policy and Research Board	<i>For discussion</i>	09:10 – 09:25am (15 mins)	Oral
8.	Board Development Programme – Committee Terms of Reference and Update Lisa Marie Williams, Executive Director, Legal & Governance	<i>For discussion</i>	09:25 – 09:40am (15 mins)	Oral
9.	Review of Estates Strategy: Close Out Report Gurvinder Soomal, Executive Director, Registration & Corporate Resources	<i>For discussion</i>	09:40 – 09:55am (15 mins)	Paper

No	Item & Presenter	Tabled for?	Time	Status
10.	Adjudications Programme – Update Ian Brack, Chief Executive and Registrar John Cullinane, Head of Adjudications	<i>For discussion</i>	09:55 – 10:05am (10 mins)	Paper
11.	People and Organisational Development Strategy – Update Sarah Keyes, Executive Director, Organisational Development	<i>For discussion</i>	10:05 – 10:20am (15 mins)	Paper
12.	Annual Appraisals 2019 and Objectives 2020 – Chair of Council and Chief Executive William Moyes, Chair of Council Terry Babbs, Senior Independent Council Member	<i>For decision</i>	10:20 – 10:30am (10 mins)	Paper
13.	Associates Remuneration Sarah Keyes, Executive Director, Organisational Development	<i>For decision</i>	10:30 – 10:40am (10 mins)	Paper
14.	Organisational Performance Part A: Financial Review and Forecast Part B: Balanced Scorecard Samantha Bache, Head of Finance and Procurement David Criddle, Head of PMO and Performance Reporting	<i>For discussion and decision</i>	10:40 – 10:55am (15 mins)	Paper
15.	Fitness to Practise Performance Indicators: A Roadmap Tom Scott, Executive Director, Fitness to Practise Transition David Criddle, Head of PMO and Performance Reporting	<i>For decision</i>	10:55 – 11:10am (15 mins)	Oral
16.	Customer Service Feedback – Fitness to Practise – Review of Process Tom Scott, Executive Director, Fitness to Practise Transition	<i>For discussion</i>	11:10 – 11:20am (10 mins)	Paper
BREAK FOR REFRESHMENTS – 11:20am (15 minutes)				
17.	Publications Protocol Stefan Czerniawski, Executive Director, Strategy	<i>For decision</i>	11:35 – 11:45am (10 mins)	Paper

No	Item & Presenter	Tabled for?	Time	Status
18.	Scope of Practice Review Stefan Czerniawski, Executive Director, Strategy	<i>For approval to publish</i>	11:45 – 11:55am (10 mins)	Paper
19.	DCS Survey of Dental Professionals 2019 Stefan Czerniawski, Executive Director, Strategy	<i>For approval to publish</i>	11:55 – 12:05pm (10 mins)	Paper
20.	Council Members and Associates Expenses Policy 2020 Samantha Bache, Head of Finance and Procurement	<i>For decision</i>	12:05 – 12:15pm (10 mins)	Paper
21.	Refunds Policy Gurvinder Soomal, Executive Director, Registration & Corporate Resources Samantha Bache, Head of Finance and Procurement	<i>For decision</i>	12:15 – 12:25pm (10 mins)	Paper

PART THREE – ITEMS FOR NOTING

22.	Annual Reporting: a. PSA Report Tom Scott, Executive Director, Fitness to Practise Transition b. Declarations of Interest – Annual Report Katie Spears, Interim Head of Governance	<i>For noting</i>	12:25 – 12:35pm (10 mins)	Papers
23.	Horizon Scanning and Stakeholder Engagement Reports Colin MacKenzie, Interim Head of Communications and Engagement	<i>For noting</i>	12:35 – 12:40pm (5 mins)	Paper

PART THREE – CONCLUSION OF BUSINESS

No	Item & Presenter	Theme	Time	Status
24.	Any Other Business	William Moyes, Chair of the Council	12:40 - 12:45pm (5 mins)	Oral
25.	Review of the Meeting As part of the review, can the Council be satisfied that the organisation is well-governed and specifically that: ➤ Time allocated to each paper ➤ Detail, balance, and level of information in papers	William Moyes, Chair of the Council	12:45 – 12:50pm (5 mins)	Oral

	<ul style="list-style-type: none">➤ Did papers make clear what happened at each Committee.➤ The Council's work programme is appropriately prioritised and timetabled and balanced➤ Any items in the Closed Session of Council that could have been considered in the Open Session?				
	2020 Council Meeting Dates <ul style="list-style-type: none">• June 2 & 3, 2020 (London)• July 29 & 30, 2020 (Birmingham)• October 21 & 22, 2020 (Possible English Regions)• December 16 & 17, 2020 (London)				
BREAK FOR LUNCH – 12:50pm – 45 minutes before the closed session of Council					

**Minutes of the Meeting of the
General Dental Council
held at 11:00am on Thursday 16 January 2020
in Public Session
at the General Dental Council, 37 Wimpole Street, London, W1G 8DQ**

Council Members present:

William Moyes	(Chair)
Anne Heal	
Catherine Brady	
Crispin Passmore	
Geraldine Campbell	
Jeyanthi John	
Kirstie Moons	
Margaret Kellett	
Simon Morrow	
Terry Babbs	

Executive in attendance:

Ian Brack	Chief Executive and Registrar
Gurvinder Soomal	Executive Director, Registration and Corporate Resources
Lisa Marie Williams	Executive Director, Legal and Governance
Sarah Keyes	Executive Director, Organisational Development
Stefan Czerniawski	Executive Director, Strategy
Tom Scott	Executive Director, FtP Transition

Staff in attendance:

Colin MacKenzie	Interim Head of Communications and Engagement
Melissa Sharp	Head of In-House Legal Advisory Service (Item 8 only)
Katie Spears	Interim Head of Governance (Secretary)
Paula Woodward Pfister	Interim Secretariat Manager

In attendance:

Members of the public.

PART ONE – PRELIMINARY ITEMS

1. Opening remarks and apologies for absence

- 1.1. The Chair welcomed everyone to the meeting and apologies were received from Caroline Logan and Sheila Kumar.

2. Declarations of interest

- 2.1. No conflicts of interest were declared.

3. Questions submitted by members of the public

- 3.1. No questions had been submitted by members of the public.

4. Approval of minutes of the previous meetings

- 4.1. The Council **noted** that the full minutes of the public meeting held on 5 December 2019 had been approved via correspondence and a final version had been circulated to Council members by email on 7 January 2020.

5. Matters arising from the Public Council meeting held on 3 October 2019 and rolling actions list

- 5.1. The Council **noted** the actions list and **approved** the completion of actions where they were marked as 'suggested complete'.
- 5.2. In relation to Item 26, the Executive Director, Strategy noted that the list of QA reports had been reviewed, corrected and the appropriate information had been provided to the Privy Council in the report.

6. Decisions log

- 6.1. The Council **noted** that, beyond the approval of the minutes, there had been no decisions taken in between meetings.

PART TWO – ITEMS FOR DECISION AND DISCUSSION

7. Board Development and Forward Plan

- 7.1. The Executive Director, Legal & Governance introduced the paper. It outlined a proposed programme of Board development following the Deloitte review and report from the end of 2019.
- 7.2. The Council **discussed** the following:
- 7.2.1. The workshop the previous day had been excellent and thought provoking for the Council. The direction taken in that session should be treated as a steer for the Executive team to start exploratory work around changes to the governance framework and the shape of this work would initially be discussed by the Chair, Chief Executive, Executive Director, Legal and Governance and the Interim Head of Governance. Any proposals for change would be brought back to the Council for further discussion and decision. It was envisaged that proposed revisions to the Terms of Reference of Committees would be brought to the March Council meeting for discussion.
- 7.2.2. There would be a need for some refinements to the plans following the direction given by Council in the workshop the preceding day. Time should also be built into the plans to allow flex as the development work began to embed.
- 7.2.3. The Council agreed that the plans were comprehensive, timely and measured and that it would be useful to appropriately engage external support across the course of the workstream. The resources developed as part of this workstream could usefully be put into effect as part of the induction of new Council members.
- 7.2.4. The Council would benefit from regular oral updates on the workstream at each Council meeting and noted the improvements that had already been made, particularly in relation to the Governance team, should be captured as there had already been significant progress.

- 7.2.5. The Council asked for prior circulation of slides for workshop sessions to allow those who wished to pre-read to do so, whilst those who preferred to see them in a group environment would be free to do so.
- 7.3. The Council **approved** the plans for Board development, with appropriate refinement following the workshop the previous day.

Action: Interim Head of Governance to include Board Development updates on the workplan for each Council meeting.

Action: Interim Head of Governance to capture the improvement initiatives that are implemented as part of this workstream and share with Council at appropriate points.

Action: The Chair, Chief Executive, Executive Director, Legal and Governance and Interim Head of Governance to discuss the next steps on progressing the output of the workshop session with Deloitte on Board Development.

8. EU Exit: Regulations

The Head of In-House Legal Advisory Service joined the meeting.

- 8.1. The Head of In-House Legal Advisory Service introduced the paper and accompanying regulations that the Council may be required to make, depending on the progress of the Withdrawal Agreement Bill through Parliament. The proposed amendments were to rules and regulations that had been approved by the Council in March 2019, on the basis of a potential 'no deal' Exit situation, and these proposed amendments would alter the timing of those regulations, coming into effect to align with the end of any implementation period.
- 8.2. The Council **noted** the update and **approved** the proposals in principle. The Head of the In-House Legal Advisory Service would write to update the Council on the position as it became clearer and seek the making of these regulations at an appropriate point, which could be done via correspondence.

The Head of In-House Legal Advisory Service left the meeting.

9. Moving Upstream 2020

- 9.1. The Executive Director, Strategy and the Interim Head of Communications and Engagement introduced the paper and invited the Council to approve the publication of Moving Upstream 2020.
- 9.2. The Council noted that the report was helpful and **approved** its publication with the following minor amendments:
- 9.2.1. Clarity around what 'evidence-based approach' and 'clinical governance' meant in the context of this report.
- 9.2.2. Revision of the paragraph on the 'state of dentistry' at 3.6.1, to outline the need for significant involvement with stakeholders, and clarity that the work on reviewing learning outcomes included updating them. The work around Values-Based Care should also be included.
- 9.2.3. Some general timescales should be included as to the ambition for the completion of work within the document, and these should align with those contained within the costed corporate plan (which was due for imminent publication) and where timescales are more detailed.
- 9.2.4. Branding should be consistent around the strapline of the corporate strategy and any errant hyphens should be removed.
- 9.3. The Council also noted the importance of circulating promptly an agenda and confirmed invitation, with precise timings, to stakeholders for the imminent Moving Upstream conference on 12 February 2020.

10. Guidance for the Management of Dental Professionals

- 10.1. The Executive Director, Strategy introduced the paper which provided the Council with an update on this long running piece of work. He noted that this was a working title and was under review. It was not envisaged that this guidance would be a self-contained document and, following the Council's discussions at its December workshop, would be thematic, modular and presented in an easily accessible format.
- 10.2. The Council **discussed** the following:
 - 10.2.1. This was a useful piece of work, with good stakeholder involvement, and it would be important to keep the guidance aligned with current terminology.
 - 10.2.2. There was scope to expand this work further, into areas such as mental health, wellbeing, indemnity and advertising, but the Council was also minded of the importance of drawing appropriate boundaries around where it provided advice or signposting.
 - 10.2.3. The use of alternative, modern media approaches to the dissemination of material should be considered and the Council noted that, to date, there appeared to be broad stakeholder support for guidance in this area.
- 10.3. The Council encouraged the team to progress this work expeditiously and bring back updates to the Council at relevant points.

11. Patient and Public Survey – Action Plan

- 11.1. The Executive Director, Strategy introduced the paper, which was in response to a Council action from December 2019 in relation to identified differences in satisfaction with dental treatment from sub-groups of the patient population. The Council was asked to note the work that was underway to improve the organisation's understanding of Equality Diversity and Inclusion (EDI) issues and the proposed action plan to undertake qualitative research to help analyse the quantitative data obtained. It was likely to take around 18 months before a final piece could be brought back to the Council, but regular updates would be provided at appropriate points. The Council also heard that this was only part of the organisation's approach to EDI and the wider EDI strategic piece would be brought to Council later in the year.
- 11.2. The Council discussed previous issues with data obtained and were reassured that this had been factored into the tender specification for the research work. The Council also noted that data obtained in relation to requests for EDI information was voluntarily given which would, by its nature, create a self-selecting sample but that this would also be factored into the analysis. The Council noted the importance of having a clear use and action plan for any data gathered and that the aim should be to collect information that would help the organisation perform more effectively in its core purposes.
- 11.3. The Council **noted** the update.

12. Extension of the Chair's Strategy Group

- 12.1. The Chair of Council introduced the paper and invited the Council to approve the extension of the Chair's Strategy Group for the period of six months. In line with discussions at the Council workshop on the previous day, the Council **approved** the extension requested (expiration 14 July 2020).

PART THREE – ITEMS FOR NOTING

13. Annual Reports – Committee Effectiveness

- 13.1. The Council **noted** the following annual reports on Committee Effectiveness and their relevant proposed workplans and thanked the Committee members for their hard work throughout 2019.

13.1.1. Audit and Risk Committee.

13.1.2. Finance and Performance Committee.

13.1.3. Remuneration Committee.

13.1.4. Policy and Research Board.

13.1.5. Statutory Panellists Assurance Committee.

It was agreed that thanks to the independent members of Committee also ought to be passed on.

Action: Interim Head of Governance to ensure independent members were thanked for their contribution to the work undertaken in 2019.

14. Annual Report of the Chair's Strategy Group

- 14.1. The Council **noted** the annual report of the Chair's Strategy Group and its current workplan.

15. Horizon Scanning and Stakeholder Engagement

- 15.1. The Council noted the horizon scanning and stakeholder engagement reports and noted that the issue of remote consulting and digital development was likely to be an important focus for the Council in relation to public safety.

16. Annual Assurance Reporting

- 16.1. The Council noted the following annual reports:

16.1.1. Information Governance.

16.1.2. People Services.

16.1.3. Annual Report on the Use of the Seal.

16.1.4. Decision Scrutiny Group.

16.1.5. Quality Assurance Group and the

16.1.6. Dental Complaints Service. In relation to this report, the Council **approved** a move to annual reporting, but with *ad hoc* updates if there were significant issues to be communicated.

Action: In the quarterly Information Governance report to the Audit and Risk Committee, the Information Governance Manager to give a high-level summary of the GDC's approach to right to be forgotten issues.

Action: The Executive Director, Organisational Development to provide to the Council in correspondence annual comparison data in relation to the ethnic composition of staff following the Estates programme.

PART FOUR - CONCLUSION OF BUSINESS

17. Any other Business

- 17.1. The Council **noted** the Council forward workplan.

18. Review of the meeting

- 18.1. The Council noted that there had been good discussion and improved papers. The movement of business from the closed to public sessions was working well.

19. Close of the meeting

- 19.1. There being no further business, the meeting ended at 13:20pm.

Date of next meeting: 18-19 March 2020 (Birmingham)

Name of Chair: William Moyes

Number	Date of Council Meeting	Meeting Type	Minute no.	Subject	Action	Owner	Due Date	Status	Date Completed	Completed By?	Governance Comments	Business Comments	Outcome
3	13/12/2018	Public	16.3	Non-Council Member Appointments (SPC)	Council approved the re-appointment of three members - Rosie Varley, Martyn Green, Nigel Fisher - Governance to formally notify the three members of their reappointment.	KS	01/05/2020	LIVE	TBC	KS	Governance team reviewing agreements with Legal team and will re-issue in the abundance of caution. This work is currently on hold to align with the Adjudications piece.		Remains live. This action has been migrated from the wider review of actions from 2019.
4	03/10/2019	Public	13.10	Estates Strategy Programme Update	The Chief Executive and Executive Director, Organisational Development to consider how to provide the appropriate assurance to Council that the culture of the organisation was aligned with delivery ambitions.	IB/SK	01/05/2020	LIVE	TBC	IB/SK		To be incorporated into action plan following staff survey.	To be incorporated into the action plan following the staff survey.
5	03/10/2019	Public	14.3	Annual Customer Feedback Reports - FfP	Executive Director, FfP Transition to consider the most suitable approach to obtaining customer service feedback for FfP and to bring those proposals back to Council in Quarter 1 of 2020.	TS	19/03/2020	Suggest complete	19/03/2020	TS	Item is on the agenda for March Council.		Suggest complete.
8	03/10/2019	Public	17.6	Balanced Scorecard	Executive Director, FfP Transition to consider how best to provide assurance to Council around the FfP performance indicators, particularly in relation to timeliness, and bring back a roadmap to Council in Q1 2020, after SLT and FPC.	TS	03/06/2020	LIVE	TBC	TS	FfP Performance Indicators were considered at Feb SLT and Feb FPC. The Chief Executive has set up a task and finish group to tackle this issue which will report back to the FPC in May 2020.		FfP Performance Indicators were considered at Feb SLT and Feb FPC. The Chief Executive has set up a task and finish group to tackle this issue which will report back to the FPC in May 2020.
11	05/12/2019	Public	7.4	Adjudications Programme	The Head of Adjudications to bring a paper, including a programme plan with key milestones, to Council in Q1 of 2020 after EMT consideration at its next monthly session.	JC	19/03/2020	Suggest complete	19/03/2020	JC	Matter is on the agenda for Council in March 2020		Matter is on the agenda for Council in March 2020.
12	05/12/2019	Public	8.4 (1)	ARF Fees: Payment by Instalments	The Interim Head of Communications and Engagement to work up a communications strategy around this work and liaise with the Chair of Council around a blog piece on the topic.	CM	30/01/2020	Suggest complete	Jan-20	CM		Update on payment by instalments included in Bill Moyes' post Council blog in December 2019 and Communications team working up a comms plan for 2020 on this work.	Suggest complete.
13	05/12/2019	Public	8.4 (2)	ARF Fees: Payment by Instalments	The Executive Director, Strategy to bring a paper to the Council in June 2020 with an updated position on the workstream.	SC	18/05/2020	LIVE	TBC	SC	Matter has been placed on forward workplan of Council for June meeting.		Matter has been placed on forward workplan of Council for June meeting.
18	05/12/2019	Public	12.9	Balanced Scorecard	Executive Director, FfP Transition to bring paper to Council in March 2020, following SLT and FPC, on the action plan around FfP timeliness.	TS	20/04/2020	LIVE	TBC	TS	FfP timeliness was considered at Feb SLT, Feb ARC and Feb FPC. The Chief Executive has set up a task and finish group to tackle this issue which will report back to the ARC in April 2020 and the FPC in May 2020.		FfP timeliness was considered at Feb SLT, Feb ARC and Feb FPC. The Chief Executive has set up a task and finish group to tackle this issue which will report back to the ARC in April 2020 and the FPC in May 2020.
20	05/12/2019	Public	13.3	Dental Complaints Service - Performance Report Q3	The next iteration of the DCS quarterly performance report should contain an update as to whether there was any geographical significance attached to time taken to resolve complaints.	MW/TS	30/01/2020	Suggest complete	TBC	MW/TS	As Council will receive this report annually - as of Jan 2020 - suggest that this action is complete.	Update 27/01/2020 - information will be included in next annual report to Council and quarterly report to SLT.	Suggest complete
21	05/12/2019	Public	14.5 (1)	Annual Appraisals Process	Finalised objectives for the Chair and Chief Executive to be re-presented to the Council following the appraisal meetings (either via correspondence or at the March meeting).	SK	14/02/2020	Suggest complete	19/03/2020	SK	By agreement with the Chair, finalised objectives will be circulated to Council members via correspondence to ensure timely dissemination. Matter on the agenda for March Council.		Suggest complete.
24	05/12/2019	Public	14.13	Revision Process for Speciality Curricula	Executive Director, Strategy to bring an update paper back to Council in October 2020.	SC	07/10/2020	LIVE	TBC	SC	Matter has been placed on Council forward work plan for October 2020.	Provisional holding slot in June meeting for this item also.	In hand.
28	16/01/2020	Public	7.3(1)	Board Development	Interim Head of Governance to include Board Development updates on the workplan for each Council meeting.	KS	30/01/2020	Suggest complete	21/01/2020	KS	KS added these updates as items for each meeting on the Council forward workplan on 21/01/2020.		Suggest complete
29	16/01/2020	Public	7.3(2)	Board Development	Interim Head of Governance to capture the improvement initiatives that are implemented as part of this workstream and share with Council at appropriate points.	KS	04/05/2020	LIVE	TBC	KS	KS has commenced keeping log of improvements which will be ongoing whilst development work progresses.		Log has been commenced and will be shared with Council at appropriate points.
30	16/01/2020	Public	7.3(3)	Board Development	The Chair, Chief Executive, Executive Director, Legal and Governance and Interim Head of Governance to discuss the next steps on progressing the output of the workshop session with Deloitte on Board Development.	WM/IB/LMW /KS	30/01/2020	Suggest complete			WM/IB/LMW and KS met on 05/02/2020 to discuss next steps and the planning of the Council workshop in March 2020.		Suggest complete
31	16/01/2020	Public	13.1	Annual Reports - Committee Effectiveness	Interim Head of Governance to ensure independent members were thanked for their contribution to the work undertaken in 2019.	KS	30/01/2020	Suggest complete	17/01/2020	KS	KS emailed thanks to independent Committee members and SPC members on behalf of the Council on 17/01/2020.		Suggest complete
32	16/01/2020	Public	16.1.7 (1)	Annual Assurance Reporting	In the quarterly Information Governance report to the Audit and Risk Committee, the Information Governance Manager to give a high level summary of the GDC's approach to right to be forgotten issues.	LW	30/01/2020	Suggest complete	13/02/2020	LW	KS and LW discussed this action on 20/01/2020 and LW agreed with the Chair of ARC that this update will be provided to ARC at its meeting on 13/02/2020.	Oral update and explanation provided to ARC on 13/02/20. Chair of ARC was happy it addressed Council's query and indicated that he would note that in his update to Chair of Council.	Update to be provided to the ARC on 13/02/2020.
33	16/01/2020	Public	16.1.7 (2)	Annual Assurance Reporting	The Executive Director, Organisational Development to provide to the Council in correspondence annual comparison data in relation to the ethnic composition of staff following the Estates programme.	SK	30/01/2020	Suggest complete	TBC	TBC	Circulated to Council members by KS on 05/02/2020.		Suggest complete

Decisions Log – Council 19 March 2020

Item 06

Date	Decision taken by	How decision taken	Authority	Decision
29/01/2020	Council	By circulation	Council approval in principle in January 2020	<ol style="list-style-type: none"> Following the enactment by Parliament of the European Union (Withdrawal Agreement) Act 2020, the Council approved the making of the following Regulations: <ul style="list-style-type: none"> General Dental Council (EU Exit) (Amendment) Regulations 2020 and General Dental Council (Dental Care Professionals Register) (EU Exit) (Amendment) Rules 2020. These Regulations were signed and sealed on 31 January 2020.

Estates Strategy programme closure

Executive Director	Gurvinder Soomal, Executive Director Registration and Corporate Resources
Author(s)	Richard Bloomfield, Programme and Portfolio Manager
Type of business	To note
For Council only:	Public session.
Issue	To provide the Council with a summary overview of the achievements from the Estates strategy programme, including benefits realisation, following the formal closure of the programme at end of January 2020.
Recommendation	The Council is asked to note the contents of this paper.

1.1 This paper presents the Council with a summary overview of the achievements from the Estates strategy programme, including benefits realisation, following the formal closure of the programme at the end of January 2020.

1.2 This paper, along with the detailed programme closure report and programme financial benefits paper, were presented to the Finance and Performance Committee (FPC) for noting on 26 February 2020 and was endorsed by the committee.

Programme performance summary

1.3 The Estates strategy programme started in late 2017, with the principal aim of providing a long-term cost-effective solution to delivering the GDC strategic aims, by minimising the cost of our estate and our workforce.

1.4 As part of the Estates strategy, the GDC sourced and secured a 15-year lease for office space in Birmingham to house the posts and teams that would be relocated in both strands of the Estates programme along with providing space for possible future expansion. The programme initially planned to move circa 230 posts from London to Birmingham in two strands, with circa 90 posts in Strand 1 and 140 posts in Strand 2 (this was later reviewed and revised by EMT to 103 posts on 4 June 2019).

1.5 Strand 1 reduced the number of London based offices from three to one by relocating the Dental Complaints Service (DCS) staff from the Croydon office and the staff from Baker Street to Wimpole Street. This coincided with our lease expiry at Croydon in June 2018 and Baker Street in January 2019.

1.6 Our new operational hub in Birmingham opened as planned on 1 October 2018, ready to welcome the 90 posts from Strand 1 with an open plan office space providing flexible and collaborative ways of working. Skype for Business was also piloted and later introduced to enable remote working across Birmingham and London sites.

- 1.7 Strand 2 moved a further 103 posts to Birmingham in 2019 to facilitate the increase in hearings capacity from one suite to five suites, through the refit of Wimpole Street and to eradicate the need for the GDC's external hearings venue at Smithfield. This coincided with the end of the Smithfield's lease on 21 December 2019.
- 1.8 The refit at Wimpole Street was completed in December 2019 with a significant emphasis on ensuring value for money and thinking environmentally, avoiding waste wherever possible. We recycled and reused existing assets where feasible, this included:
 - a. re-using surplus furniture from a fellow regulator to furnish all five of our hearing suites, which we obtained free of charge apart from costs for storage and delivery.
 - b. re-use of the doors, glazed partition screens, staff room furniture and meeting room furniture within Wimpole Street.
 - c. re-use of IT equipment and TV screens including the IT fit-out of the new boardroom
 - d. re-using some of the surplus furniture and IT equipment to support the fit-out of 32 extra desks in our Birmingham office expansion space.
- 1.9 To ensure we were delivering value for money following the previous refit of Wimpole Street in 2014-15, we also conducted an asset impairment exercise which identified that less than 0.5% of the original cost of the previous refit was being disposed of.
- 1.10 Following the refit of Wimpole Street this enabled the successful launch of the GDC's new hearings venue in Wimpole Street as from 7 January 2020 as planned.
- 1.11 Both Strand 1 and Strand 2 involved collective and individual consultation with those colleagues directly affected and whose roles were deemed at risk, with the staff forum playing an important role in the consultation process.
- 1.12 Business disruption was kept to a minimum throughout the programme due to the constant focus on business readiness and business continuity. Operational leads were identified for teams impacted by the changes, with responsibility for assessing these impacts and developing operational plans to mitigate risks and maximise on opportunities.
- 1.13 The Estates strategy programme has now formally closed at the end of January 2020 following the successful delivery of its key objectives, scope and deliverables. These were reviewed and signed off as part of the programme closure report by the programme board.
- 1.14 There are a small number of tasks that require completion post programme closure of which these have been formally handed over to the respective business owners for completion.

Benefits - achieved and forecasted

- 1.15 The programme is forecast to deliver in excess of £50m incl. VAT net savings across the 15 years period from 2018 to 2033, which is an 8% improvement on the figure originally forecast and shared with Council on 17 May 2018.
- 1.16 In accounting terms, the breakeven point beyond which the GDC begins to make a return on investment (R.O.I.) has also improved from 2021 to December 2020, due in part to the rigorous financial controls and value engineering applied to the programme.
- 1.17 A full benefits realisation review and paper was completed by the GDC Senior Financial Planning and Analysis Manager and formed part of the formal programme closure report.
- 1.18 For the programme to realise fully the outstanding financial benefits, it will be necessary to be mindful of the benefits forecasted when considering future programmes and projects. This has been addressed within Section 6 - Monitoring and review.

Lessons learned

- 1.19 A large proportion of the key lessons learned from Strand 1 were successfully applied to Strand 2 resulting in many cases turning a negative lesson in Strand 1 into a positive one in Strand 2.

2. Legal, policy and national considerations

- 2.1 There are no legal implications from the closure of the Estates strategy programme.

3. Equality, diversity and privacy considerations

- 3.1 Equality, diversity and privacy impact assessments were conducted at the start of the programme with an accessibility platform lift installed in the basement of Wimpole Street.

4. Risk considerations

- 4.1 All of the programme level risks and issues were closed by the end of January 2020 as part of the formal programme closure.
- 4.2 There are however two strategic and four operational risks that are outstanding in relation to the Estates Strategy Programme.
- 4.3 The strategic risks are in relation to the achievement of the long-term financial projections of the Estates Strategy and ensuring compliance with GDPR following a significant turnover in staff. Both of these risks are within Council's risk appetite.
- 4.4 The operational risks are not specific to the programme but have been identified as a result of the programme potentially impacting on the design of, or the compliance with, parts of the operational control framework and complications with recruitment on such a large scale in a short space of time. These risks are also within Council's risk appetite.

5. Resource considerations and CCP

- 5.1 As the Estates strategy programme has now formally closed at the end of January 2020, all of the resources previously allocated/aligned to the programme have been stood down from the programme including the programme manager.

6. Monitoring and review

- 6.1 Given that the majority of the £50m+ of financial benefits from the Estates programme are due to be realised over the 15-year period from 2018 to 2033 the following formal reviews and controls will be undertaken post programme closure:
- End of year review (January 2021 tbc) of financial benefits realised and forecasted for 2033 including assessment of the forecasted ROI at the end of 2020.
 - As part of the formal process for Costed Corporate Plan (CCP) changes, an impact assessment will be conducted on what impact the proposed change will have on forecasted benefits across the GDC portfolio (with particular emphasis on the Estates programme benefits).

7. Development, consultation and decision trail

- 7.1 The draft Estates Strategy programme closure report was developed with input from and reviewed by the Estates programme team in December 2019 and January 2020.
- 7.2 The draft closure report was then reviewed by the Estates programme board on 21 January, further revisions made with the final draft closure report signed off on 28 January 2020.

- 7.3 This paper along with the detailed programme closure report and programme financial benefits paper were presented to SLT on 4 February and FPC on 26 February 2020 for noting and was endorsed by FPC.

8. Next steps and communications

- 8.1 This paper is presented to Council for noting on 19 March 2020.

Appendices

- a. No appendices.

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05 March 2020

Separation of adjudication function – project update

Executive Director	Ian Brack, Chief Executive
Author(s)	John Cullinane, Head of Adjudication
Type of business	<i>For discussion</i>
Issue	To provide Council with an update on the project to administratively separate the adjudication function of the GDC, and to set out the timetable for future decision making.
Recommendation	Council is asked to discuss the project update set out in this paper.

1. Progress so far

- 1.1 This paper sets out the work undertaken so far following the Council's decision, at its December 2019 meeting, to administratively separate the adjudication function of the GDC (within the limits set by the GDC's current legislation) and to facilitate and prepare for further separation if the legislative position changes.
- 1.2 A programme manager, Richard Bloomfield, was appointed in December 2019, following approval. An initial scoping meeting took place on 19 December, which led to a logic model being created from which the initial project plan was drafted. In addition, the programme manager and Head of Adjudication met the Chief Executive to discuss taking a programme approach with two tranches, since the administrative separation of the adjudications function is seen as the first step on the path to a greater degree of legislative separation. The two tranches are as follows:
 - Tranche 1 - administrative separation of GDC's adjudication function
 - Tranche 2 – potential move to a legislatively-distinct adjudications function
- 1.3 A key decision would be taken towards the end of Tranche 1 as to whether the GDC wished to move ahead with Tranche 2.
- 1.4 The benefit of this approach is that work in Tranche 1 would be aligned with the longer-term vision and potential benefits from Tranche 2. This would help to reduce unnecessary duplication of work. A draft, high-level, plan for tranche 1 is attached as **Appendix 1**.
- 1.5 As part of Tranche 2, we would be able to manage the dependencies from and to any potential Section 60 changes closely. This would ensure that opportunities arising from Section 60 work to enhance the adjudication function (including greater separation) are considered in the round, and that any risks are minimised.

2. The next phase

- 2.1 We have discussed with the Chief Executive how the adjudications function is likely to fit within the GDC structure during Tranche 1. This is an important detail in helping to understand the key relationships for the revised Chair of SPC role, which will need to be described in the role profile and person specification. The planning assumption is that the executive part of the function (for example, resourcing and performance issues) remains within the scope of the Executive Director, FTP. However, the Chair of SPC will liaise directly with the Chief Executive on matters within their scope.

- 2.2 In planning the timescales for recruitment, we have ensured that the incoming Executive Director, FTP, will be able to participate in the recruitment activity. We have also planned around existing recruitment activity in the adjudications area. We are recruiting for a large number of committee members in Q2 this year, supported by People Services, and we have planned to avoid unnecessary overlaps in these recruitment activities by running them consecutively rather than concurrently.
- 2.3 Additionally, two current members of the SPC are due to demit office in Q4 of 2020. Pursuant to the approach of Council in 2016 - 2017, this process (including the recruitment of the Chair) will be overseen by the Remuneration Committee on behalf of the Council. We propose to run these recruitment exercises concurrently and have consulted with the Governance team on the sequencing of this process. Note that a future increase in the executive role of this post would probably necessitate a revision to the recruitment process as the executive is not (with the exception of the CEO) directly appointed by Council.
- 2.4 We have started to investigate the procurement options for selecting a suitable recruitment agency for the Chair of SPC, and we have commenced drafting an outline person specification and role description. We will submit a paper to the Remuneration Committee meeting on 23 March 2020, setting out the process as described in this paper. There will be a further update to the Council meeting on 3 June, which will seek approval of both the recruitment process and selection panel. It is for the selection panel to approve the role description. It will also recommend any revised remuneration for the Chair of SPC to the Remuneration Committee, who will be asked to recommend any changes to the Council. The timelines for this may necessitate a request to seek approvals via correspondence but it is hoped that this can take place in June 2020. The recruitment itself will be scheduled to follow this Remuneration Committee meeting, with approval of the Chair and SPC member appointments scheduled for the October 2020 Council meeting.
- 2.5 The recruitment timetable also allows for appropriate opportunities to develop the role profile through discussing the experiences of fellow regulators (and specifically the MPTS and GPhC). We are also planning to ensure we obtain a wide field of appointable, suitably qualified candidates by discussing how we approach the recruitment exercise with colleagues with knowledge of this sector. This will include Council members with a legal background, and we have also approached Matthew Hill, Chief Executive of the Legal Services Board, for his advice on how to best ensure this role is marketed effectively. We are conscious that the Chair has also had informal preliminary discussions with individuals with appropriate knowledge.
- 2.6 We have also started to identify and confirm the scope, deliverables, timelines and costs of other works in Tranche 1 and will report to Council on the development of this work at their next meeting.

3. Other considerations

- 3.1 In line with the recruitment process, we need to establish what the separated function will be called in order that we can refer to it appropriately in the recruitment literature. There are several potential broad options, including:
- Retain the current name/branding during Tranche 1 but seek to establish a new identity in preparation for a possible Tranche 2
 - Change the name/brand now, to reflect the position at the end of Tranche 1, with another new identity to be created as part of Tranche 2
 - Create a new identity now that will still be appropriate in the event that we can proceed with Tranche 2.

- 3.2 The first two options have some merit as they are more likely to give an accurate representation of the current position, that there has been limited separation during Tranche 1. However, we consider that, in terms of branding, the third option is preferable as it gives the GDC a clearly distinctive brand to represent the increased separation at this stage and removes the need to rebrand for a second time should we move to Tranche 2.
- 3.3 Other healthcare regulators have used “tribunal” when rebranding their adjudications function and have obtained consent of the Registrar of Companies to do so. The Registrar of Companies’ advice is that, to use “Tribunal”, the organisation should normally be one that has a quasi-judicial role similar to decisions made by an administrative tribunal or other institution with the authority to judge, adjudicate on, or determine claims or disputes.
- 3.4 We intend to ask Council for a decision on a name at the June 2020 meeting. However, we would be grateful for any earlier feedback on whether it is likely that we will include “tribunal” in line with other healthcare regulators. This will enable us to ensure we can move quickly should Council choose to adopt such an identity.
- 3.5 We have started work with the communications and IT teams about development of a re-branded website and other IT works of which there are key dependencies between the naming of the separated function and the completion of these works. As part of these discussions, we have considered the timing of any launch of a rebranded adjudication function. Our initial plan described a launch at the end of 2020. However, this coincides with a lower level of hearings activity at the end of December, and at a time when any messaging and impact is more likely to get “lost” because of seasonal factors. We therefore consider that launching the rebranded service in January 2021, when we hope to have successfully recruited the new SPC chair and will be starting with renewed hearings activity, will maximize the opportunity to stress the independence of the function.

4. Legal, policy and national considerations

- 4.1 Corporate legal and information governance have been represented on the working group. We intend to appoint a member of the corporate legal team to the programme board.

5. Equality, diversity and privacy considerations

- 5.1 No EDI issues have been identified to this point. People Services will be fully engaged in the appointment of the new Chair and we will ensure that the appointment process complies with the GDC’s EDI approach.

6. Risk considerations

- 6.1 We will be developing the risk register as part of the ongoing programme work.

7. Resource considerations and CCP

- 7.1 We are currently forming the Programme Board. The CEO will determine who should be Senior Responsible Officer. The programme was provisionally allocated resource in the CCP prior to being approved by Council.

8. Monitoring and review

- 8.1 The developed programme plan will include further detail on milestones and impact reviews.

9. Next steps and communications

- 9.1 The next programme update will be to the June Council meeting.

Appendices

- a. Appendix 1 – High level draft project plan

John Cullinane, Head of Adjudication

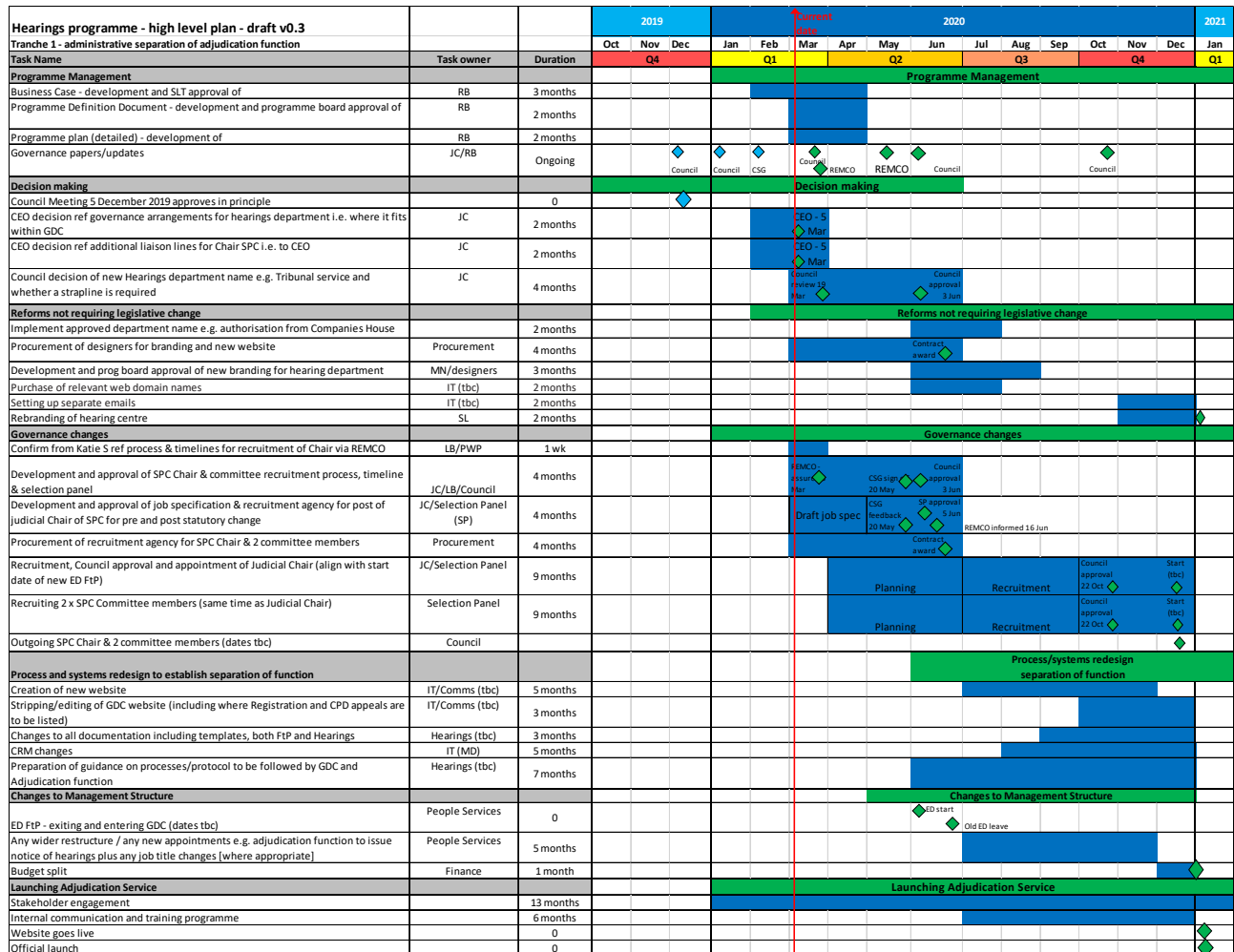
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06 March 2020

Appendix 1

High level draft project plan (subject to change) – Tranche 1 – administrative separation



People and Organisational Development Strategy Update

Executive Director	Sarah Keyes, Executive Director, Organisational Development
Author(s)	Lucy Chatwin, Head of People Services Sarah Keyes, Executive Director, Organisational Development
Type of business	For discussion
For Council only:	Public session
Issue	This paper provides the Council with an update on the priorities for 2020 within the People and Organisational Development (POD) programme.
Recommendation	The Council is asked to discuss the contents of this paper following a review by the Remuneration Committee on 30 January 2020.

1. Introduction and Background

- 1.1 The People & Organisational Development (POD) programme sets out our plans, ambitions and commitments to all those who work with us across the organisation (staff and associates). The POD is aligned to the Corporate Strategy, Costed Corporate Plan (CCP), and reflects the delivery of the Estates Strategy.
- 1.2 An update on the status of the POD programme was provided to the Remuneration Committee at their last meeting on 30 January 2020.
- 1.3 The Executive Director, Organisational Development joined the GDC in early October 2019. A 'deep dive' into the POD programme has been undertaken together with a 'deep dive' review of the following areas:
 - People issues (for London and Birmingham)
 - Associates
 - Internal communications
 - Equality, Diversity and Inclusion
 - Learning and Development
 - Health, safety and wellbeing.
- 1.4 The opportunity to consider the POD programme in the 'deep dives', alongside operational work and key enablers, suggests the need for a more holistic People Strategy to provide a clear and simple framework for all people activity clearly linked to the delivery of the CCP. The People Strategy for 2020-22 (see **Appendix 1**) will focus on four key pillars of work:
 - Talent Management and career progression
 - Working in a digital age
 - Building an inclusive culture and leadership at the GDC
 - Delivering and rewarding excellence.

- 1.5 Alongside this, we will focus on building and embedding the People Services and OD Partnering model. The People Services and wider OD team is one of huge potential but short on organisational experience at all levels. Work has already started with a team development programme which commenced in December 2019.
- 1.6 A paper was presented to Remuneration Committee on 30 January 2020 which discussed the contents in line with its terms of reference, namely, to review and have oversight of the organisation's people strategy workstreams and report to and advise the Council accordingly.
- 1.7 The Council is therefore invited to discuss the contents of this paper.

2. Progress and Status

- 2.1 An update on the progression of priorities for 2020 is featured below:

- **People System:** An update was provided to the SLT Board via a workshop in September 2019 which included a high-level overview of the project's progression, anticipated timelines, issues that had arisen from the internal workshops after the review of current processes and the new system requirements.

A business case to procure an integrated people and payroll system together with a learning management system was presented to the SLT Board in November 2019. This was approved, and the team have now entered the procurement phase.

Procurement is via the Official Journal of the European Union (OJEU) framework and the people services, procurement, finance and corporate projects teams are working to ensure the numerous tendering documents are completed and the system requirements are effectively documented. This tendering process can take up to six months.

A project board has been established which includes a variety of business stakeholders across the organisation and is meeting regularly to ensure the project is planned and implemented effectively. A working group has also been established to ensure any decisions regarding business processes, future system functionality and project documentation are signed off before being presented to the project board.

- **Organisational Design (Rewarding Contribution):** The project was handed over to the Head of People Services by their predecessor in September 2019. The model was reviewed in detail by the Head of People Services and the Senior People Partner in order to fully understand the challenges and opportunities.

Upon commencement of their role at the GDC, the Executive Director, Organisational Development required a full and urgent update on project progression by the reward consultants, Mercer. Since then, a further two meetings have taken place with Mercer to discuss what future input they could provide to the project.

A meeting with the Executive Management Team took place in October 2019 to review the project's progression, show them the new proposed pay model and to discuss the challenges and opportunities.

A project board consisting of EMT members was held in February 2020. The Board is responsible for providing strategic oversight and leadership. A Working Group consisting of representatives from all Directorates will be formed to take forward the decisions made by the Project Board.

The future challenges the project team will face will be:

- reviewing the impact on each individual employee once current roles have been mapped into the new pay structure
- reviewing the assumptions for the financial modelling are still accurate in the context of the three-year costed corporate plan once the mapping exercise has been completed
- developing the organisational design framework which encourages managers to identify the exact nature of the work we need people to do in any particular role; i.e. do we need to recruit a specialist from the top of the market or can an individual be 'grown' into the role? This should also set the boundaries within which job descriptions can be changed and roles flexed to support cross department working.
- developing a comprehensive communication and engagement plan
- developing a realistic timeline for implementation

Moving forward, the project will be known as Rewarding Contribution and fits into the pillar of delivering and rewarding excellence within the revised draft POD strategy.

3. Legal, policy and national considerations

- 3.1 Work within the People and Organisational Development programme could be affected by employment legislation and legal advice is and will be taken as and when required.
- 3.2 External specialist legal advisers are involved in the procurement of the new people system. The Head of in-House Legal and Information Governance Manager and Data Protection Officer are members of the people systems project board.
- 3.3 The Executive Director, Legal and Governance and Executive Director, Strategy are members of the reward project board.

4. Equality, diversity and privacy considerations

- 4.1 EDI is an integral part of the People and Organisational Development programme.

5. Risk considerations

- 5.1 Risks for the people systems project have been identified and are managed and monitored through the project board. Risks in relation to the reward project will be formally identified and discussed at project board meetings.

6. Resource considerations and CCP

- 6.1 Costs for the people system have been included in the costed corporate plan.
- 6.2 Assumptions for the financial modelling for the reward project are to be determined to ensure they are still accurate in light of the three-year costed corporate plan once the mapping exercise has been completed.
- 6.3 As highlighted in section 2.1, there are some challenges with regards to resources with several employees involved in both of the 2020 priority projects. This not only affects the People Services team but teams such as Finance and Procurement.
- 6.4 Additionally, there are employees within the People Services team and Corporate Projects team who are on fixed term contracts which are due to expire before the end of the completion of the People Systems Project.

6.5 The People Services team has looked at where development opportunities lie for existing team members, for example, one of the People Partners will be supporting the Senior People Partner with the pay mapping work.

6.6 Additional expert advice from an independent reward consultant is essential for the successful implementation of the reward project.

7. Monitoring and review

7.1 Projects within the POD programme will be monitored through Project On-line and via project board meetings. Updates are provided to the Senior Leadership Board on a regular basis.

8. Development, consultation and decision trail

8.1 The programme was developed during 2018 and details the way in which we intend to work with employees, line managers and other stakeholders to support everyone being the best they can be for the benefit of themselves, their teams and the organisation.

9. Next steps and communications

9.1 An update on the POD strategy will be provided to the SLT Board in March 2020.

9.2 Updates on the POD programme and workstreams contained within in will continue to be provided to the Remuneration Committee.

Appendices

- a. Draft People Strategy Diagram

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04 March 2020

Appendix 1

Classification: HIGHLY SENSITIVE

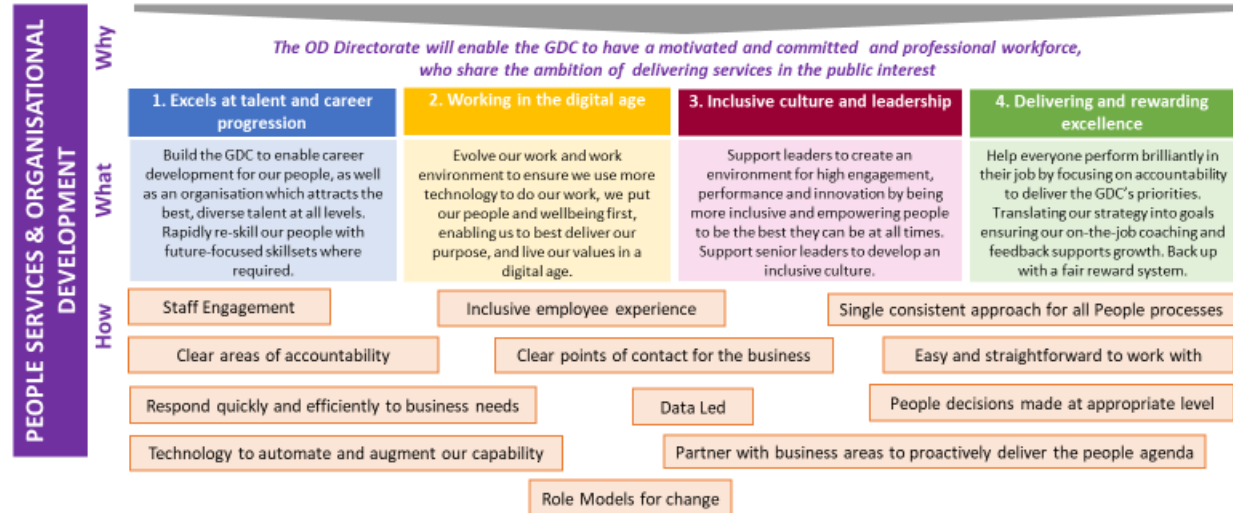
General
Dental
Council

Draft People Strategy

The GDC will ensure 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

The OD Directorate will enable the GDC to have a motivated and committed and professional workforce, who share the ambition of delivering services in the public interest



Chief Executive and Chair's Objectives 2020

Executive Director	Sarah Keyes, Executive Director, Organisational Development
Author(s)	Sarah Keyes, Executive Director, Organisational Development
Type of business	<i>To Note</i>
For Council only:	Public session
Issue	At the December 2019 Council meeting, it was agreed that the finalised objectives for 2020 would be presented to the Council.
Recommendation	The Council is asked to note the finalised objectives for the Chair and Chief Executive.

1. 2019 Performance assessment

- 1.1 Since the December 2019 Council meeting, the performance against objectives for both the Chair and the Chief Executive have been completed. The Chair's review was undertaken by the Senior Independent Council Member and the Chief Executive's was completed by the Chair of the Council.
- 1.2 Members of the Council were invited to give feedback.
- 1.3 The Chair's objectives for 2019 are summarised below
 - i) Ensure the Council has a robust strategy.
 - ii) Ensure that management has appropriate plans to deliver the strategy and monitor impact against plans.
 - iii) Lead the Council in assessing management's delivery of the approved strategy and in identifying areas of unacceptable performance.
 - iv) Ensure that the organisation is:
 - effective in protecting patients and being fair to registrants and in promoting high and improving standards of care, treatment and professional education
 - well-managed, and efficient and innovative in its use of resources
 - fully complying with the requirements of statute and of its regulators
 - open and transparent in its relations with those who use its services and other stakeholders, and actively seeking their participation in developing new policies and processes; and
 - a good and supportive employer whose practices reflect current public sector norms.
 - v) Ensure estates strategy is implemented efficiently and effectively.
 - vi) Ensure separation of adjudication function is achieved and consider change of name/branding to emphasise the GDC's public protection role.
 - vii) Ensure that the Council's work programme is appropriately prioritised and timetabled and balanced and that it is basing its decisions on good-quality papers and

presentations, which offer reliable and appropriate research and information and analysis.

1.4 It is noted that the Chair's objectives for 2019 were met, or significant progress had been made in line with the detailed timelines.

1.5 For 2019, the Chief Executive had five high-level objectives:

- (i) ensure that the organisation is fit for purpose; that the organisational design supports agility and effective working; and that the executive is appropriately skilled and operates in the most effective manner to support delivery of this objective and the wider strategic objectives in the strategy document.
- (ii) ensure the organisation has the information it needs to address the questions (in Appendix 1 to the objectives document) regularly, and that areas of under-performance are identified, and effective action is taken by management.
- (iii) ensure the organisation is financially secure and provides the best possible value for money in delivering its mission and the Council's strategic priorities, maintaining a culture of robust cost control and seeking to reduce costs where appropriate.
- (iv) ensure that the executive works effectively with stakeholders and partners to support delivery of this objective and the wider strategic objectives in the strategy document.
- (v) ensure that the organisation shows steady improvement in the number of PSA targets obtained, securing all possible standards by the close of 2019.

1.6 The performance against these objectives has been reviewed by the Chair and his assessment is in line with the self-assessment of the Chief Executive, which was previously shared with Council in December 2019.

2. 2020 Objectives

2.1 For 2020, the objectives for the Chair and CEO have been simplified to reflect the 2020-22 Corporate Strategy and Costed Corporate Plan delivery.

2.2 The Chair's objectives have now been discussed with the Senior Independent Council Member and are set as follows:

- a. Oversee the implementation of the Board Effectiveness review and the delivery of Deloitte's recommendations.
- b. Ensure the Council is well-supported and operates effectively.
- c. Ensure that the organisation continues to develop the policies and processes that will ensure it becomes a high-performing regulator, which protects consumers and is seen to be fair to registrants.
- d. Ensure the organisation is well managed.

2.3 The Chief Executive's objectives have been discussed with the Chair and are set out as follows:

- a. Ensure that the organisation is fit for purpose; that the organisational design supports agility and effective working; and that the executive is appropriately skilled and operates in the most effective manner to support delivery of this objective and the wider strategic objectives in the strategy document
- b. Ensure the organisation has the information to manage performance regularly, that areas of under-performance are identified, and effective action is taken by management.

- c. Ensure the organisation has clarity regarding its strategic objectives, is financially secure, and provides the best possible value for money in delivering its mission and the Council's strategic priorities.
 - d. Ensure that the executive works effectively with stakeholders and partners to support delivery of this objective and the wider strategic objectives in *Right Place, Right Time, Right Touch*.
 - e. Ensure that the organisation shows steady improvement in the number of PSA targets obtained, securing all possible standards by the close of 2020.
- 2.4 Both the Chair and the Chief Executive have defined activities, measures and timelines which underpin these objectives and will be reviewed through the year.

3. Equality, diversity and privacy considerations

- 3.1 The individuals have given consent for personal performance information to be included in this paper

4. Monitoring and review

- 4.1 There will be a formal mid and end of year review of performance against these objectives.

Appendices

- a. None

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11 March 2020

Associates Remuneration: Review of Fees 2019

Executive Director	Sarah Keyes, Executive Director, Organisational Development
Author(s)	Lucy Chatwin, Head of People Services
Type of business	For decision
For Council only:	Public session
Issue	This paper sets out the review of Associates fees which was undertaken by the HR team in 2019 and the subsequent decision made at the SLT Board on 10 December 2019 and Remuneration Committee on 30 January 2020 following a review of the recommendations.
Recommendation	The Council is asked to discuss the contents of this report and approve the recommendations of the SLT Board and Remuneration Committee not to make any changes to Associates fees.

1. Introduction and Background

- 1.1 A review of Associates remuneration was undertaken by the HR Manager Projects (Associates) and was finalised by the then Head of HR before leaving the organisation in September 2019.
- 1.2 The research included undertaking benchmarking of Associates fees with other regulators and concentrated on four main strands which were:
 - The **current fee amounts** for all Associate groups and whether any changes are needed.
 - Whether Associates who formally **chair panels** should be paid more than other panel members.
 - If the booked work is **cancelled** by the GDC, whether the different payment rules between different Associate groups can be aligned.
 - Potential adjustments to how Associates are paid for **meeting preparation time**.
- 1.3 This research was presented to the SLT Board on 10 December 2019 and the Remuneration Committee on 30 January 2020 and consisted of the following documents:
 - Associate remuneration review 2019 – research and recommendations
 - Summary of the current approach to remuneration for Associate roles
 - Preparation time guidance for Hearings.

A copy of the research and recommendations from the Associate remuneration review is included at **Appendix 1**. The other documents have not been included as appendices due to the length, however, copies are available to the Council upon request.
- 1.4 The following recommendations were presented to both the SLT Board and Remuneration Committee as a result of the research:

- no changes should be made to Associate fees, Chair fees or cancellation terms.
- there should be a revision to preparation time apportionment, to include quarter days for hearings panellists and education quality assurance Associates only.
- a periodic review of Associates remuneration should occur every two years with the next review completed for implementation in 2022.

- 1.5 The full rationale for the recommendations is included in **Appendix 1**, however, a brief summary is provided in section 2.
- 1.6 The SLT Board discussed the recommendations in detail on 10 December 2019 and made the decision that no changes should be made to Associate/Chair fees, cancellation terms, or revisions to preparation time to quarter days for hearing panellists and education quality assurance Associates. The reason for this decision is documented in section 3.
- 1.7 The Remuneration Committee discussed the recommendations and agreed with the decision not to make any changes to Associates fees and, in line with its terms of reference, is recommending to the Council that no changes are made to Associates fees.
- 1.8 The Council are invited to discuss and approve these recommendations.

2. The recommendations presented to SLT

- 2.1 The full research undertaken is included in **Appendix 1**, however a summary of the recommendations that were presented to the SLT are highlighted below:
- **Associates fees:** The recommendation not to change Associate fees was based on research which found the GDC pays comparable rates to other regulators in most categories of Associates (see Appendix 1, section 1).
 - **Panel Chair fees:** The research found that there did not appear to be a compelling reason to increase Chair fees as the evidence shows the GDC pays competitively, however, it was recommended the situation should be kept under review should panel fee rates be increased by other regulators (see Appendix 1, section 2).
 - **Cancellation fees:** The Associates Project Board decided that cancellation fees should not be changed as the rationale for the two models was felt to be sound and there was evidence to suggest that any benefits from making a change would far be outweighed by the effort and concerns such changes would cause (see Appendix 1, section 3).
 - **Preparation time:** It was proposed there should be a revision to the preparation time apportionment to include quarter days for Hearing Panellists and Education Quality Assurance Associates only to allow the GDC a more proportionate means of recompensing panellists (see Appendix 1, section 4).
 - **Periodic review of Associate fees:** It was recommended the People Services team undertake a review of Associates remuneration every two years.

3. SLT Board and Remuneration Committee Recommendations

- 3.1 The SLT Board discussed the paper presented and the recommendations at their meeting on 10 December 2019.
- 3.2 A point was raised as to whether any changes should be made to Associates remuneration, given the Council decision on the administrative separation of the investigation and adjudications functions.
- 3.3 Following this point, SLT considered whether making only a small number of changes to the fees at this stage was prudent given the expectation that the role of Panellist Associates may change significantly in light of the development of the adjudications function.

- 3.4 The SLT Board agreed that no changes should be made in relation to Associates fees, Panel Chair fees, cancellation fees or preparation time and that the matter should be revisited later as part of the adjudications project.
- 3.5 This issue was presented at the Remuneration Committee on 30 January 2020. The Committee were advised of the SLT Board decision which was not to recommend any changes to Associates fees.
- 3.6 The Remuneration Committee endorsed the SLT decision and recommended the paper to Council. This decision was taken following assurances that this work would likely form part of a wider review of Associates in parallel with the wider adjudications work.
- 3.7 The Committee also considered whether Associates fees should be reduced, however, it decided against this as it acknowledged fees were currently competitive and there had been no significant challenges recruiting Associates.
- 3.8 Although separate to the fees issue but connected by the way of a hiring issue, the Remuneration Committee noted the work the People Services team had undertaken on understanding our Associates, reviewing roles and the use of Associates at the GDC. Mandatory pre-engagement checks have been introduced to ensure Associates are engaged on a self-employed basis which ensures compliance with HMRC's IR35 Regulations. It was noted that ongoing litigation, concerning other healthcare regulators, would give an indication to the future role of Associates which remained a priority focus for the organisation.

4. Legal, policy and national considerations

- 4.1 If any changes are made to Associates fees which may affect the terms of their employment, legal advice would be sought via the In-House Legal Advisory Service Team.

5. Equality, diversity and privacy considerations

- 5.1 The fees are applied and paid in the same way across each of the individual Associate groups. As such, all Associates are paid equally irrespective of their protected characteristics.
- 5.2 The GDC will remain mindful of the need to consider reasonable adjustments in relation to reading time should this be requested by an Associate. Reasonable adjustments are currently afforded to service users where conditions like dyslexia or learning disabilities are identified.
- 5.3 Work is currently ongoing to gather EDI monitoring data from Associates. This data – both for current Associate groups and in relation to future recruitment campaigns – will enable a more informed position on this point.

6. Risk considerations

- 6.1 Risks associated with making any changes to Associates remuneration will be discussed if this work is to be considered in line with the project to review adjudications.

7. Resource considerations and CCP

- 7.1 Not applicable.

8. Monitoring and review

- 8.1 Not applicable.

9. Development, consultation and decision trail

- 9.1 The research has been undertaken in consultation with key stakeholders such as Associate Managers across the GDC.
- 9.2 This issue has been discussed at the SLT Board on 10 December 2019.
- 9.3 This issue has been discussed at the Remuneration Committee on 30 January 2020.

10. Next steps and communications

- 10.1 A communication plan will be developed following the decision made at Council. This will include an email to all Associate managers followed by an article on the new Associates microsite and an intranet article for all employees to read.

Appendices

- a. Associate Remuneration Review 2019 – research and recommendations.

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04 March 2020

Appendix 1**Associate remuneration review 2019 – research and recommendations****Background**

This research was undertaken by Andrew Obst, HR Project Manager- Associates with additional data from Anne Sinclair, Fitness to Practise and in consultation with Associate managers across the GDC.

The research reviews four main areas of remuneration practice for all Associate groups and in doing so considers differentiation between the groups and if any changes are recommended:

1. current fee amounts
2. chair of panels rates
3. cancellation payment
4. preparation time

Additionally, a fifth issue in regard to the relevance or not of dentists' earnings to the rates provided to GDC Associates is considered.

Recommendations of the research

This research and analysis leads to the following recommendations to be presented to the Senior Leadership Team and Remuneration Committee for consideration:

1. no change to Associate fees, chair fees or cancellation terms
2. revision to preparation time apportionment to include quarter days for Hearings Panellists and Education Quality Assurance Associates

1. DAILY FEE RATES

1.1 Why are we looking at this?

Feedback from Associates indicates that their fees have not changed for many years, and there are concerns about whether the money they receive is fair and keeping pace with inflation. The Head of Finance and Procurement advised that fees were last reviewed in 2012 or 2013 and the decision was taken to leave them unchanged; however, any papers for this work have not been located.

Previously there did not appear to be any formal process in place for reviewing Associate fees, which may have resulted in fees falling below market rates and potential difficulties in recruiting and retaining Associates in the longer term.

1.2 Analysis

Table of UK Healthcare Regulator Associate fees as at January 2019¹

Associate type ²	General Dental Council	General Medical Council (inc. MPTS)	Nursing & Midwifery Council	Health Care Professionals Council	General Optical Council	General Pharmaceutical Council	General Osteopathic Council	General Chiropractic Council
Fitness to Practice Panellists	£353	£310	£310	£202	£319	£300	£306	£300
FtP Panel Chairs	£353	£360 ³	£340	£341	£372	£440 ⁴	£306 ⁵	£350 ⁶
FtP Legal Advisers	£668.04 ⁷	£500	Not provided	£627	Not provided	£583	Not provided	Not provided
FtP Medical Advisers	£668.04	N/A	Not provided	N/A	Not provided	£400	Not provided	Not provided
Education QA Inspectors	£353	£310	Not provided	£202	£319	£300	Not provided	Not provided
Clinical Advisers	£120/ hour + VAT for reports	N/A	Not provided	N/A	£150/ hour + VAT for reports	£500/ report	Not provided	Not provided
Expert Witnesses	£650	N/A	Not provided	£202	£650	£750	Not provided	Not provided

¹ Unless otherwise specified, all fees are expressed in daily amounts for comparison purposes, however they may be paid in smaller units e.g. half-days.

² GDC terminology is used for this table, however other regulators may use different names.

³ £500/day for legally qualified chairs.

⁴ £590/day for legally qualified chairs.

⁵ Chair can claim daily fee for other work done outside preparing for and attending hearings and meetings.

⁶ £500/day for legally qualified chairs

⁷ Fee is linked to the Ministry of Justice rate for Recorders, and increases in line with that (10/6/19).

It can be seen that:

- The GDC is the highest payer for most Associate types.
- Most common day rate in the GDC is £353 which equates to an annual salary (45 weeks) of approximately £79,425.

Associate managers have advised that there has been no difficulty in recruiting to roles and do not see rates as a substantive issue.

1.3 Conclusion:

Given the competitive rates paid by the GDC compared to other regulators in most categories of Associates, and the ability to recruit effectively, there is no case for increasing rates at this time.

2. PANEL CHAIR FEES

2.1 Why are we looking at this?

We received feedback from some Associates (survey 2018 and drop in sessions of FtP Panellists) that the lack of additional payments to panel chairs is unfair because of the additional work and different skillset required. Some indicated that this was a disincentive to apply for appointment as a chair.

We were also aware that other regulators did differentiate.

It is noted that this issue was examined in depth by SPC in 2018 in particular to consideration of legally qualified chairs and determined to leave as is for the current time.

Nevertheless, for completeness in understanding remuneration elements and totality for Associates it is reconsidered here.

2.2 Analysis

The table in section 1 above shows that most other health sector regulators pay an additional fee to their Fitness to Practise panel chairs. However, the lack of an additional fee at the GDC is offset by the higher day fees (which is the highest for FtP Panellists amongst all regulators).

Even taking into account the additional payments to chairs by other regulators, the GDC payments are still higher than four of them. The GDC does not have legally qualified chairs, instead we appoint a Legal Adviser (who is also an Associate) for each panel.

At the GDC, only Hearings and Education QA have Associates who chair panels. When contacted about their views on paying chairs more than panel members, Val Shepherd (Senior Hearings Manager) and Manjula Das (Head of Education Policy & QA) both indicated that they were happy with the current practice of paying panel chairs the same as panellists, as this promotes a culture of equality of voice in decision making.

For Hearings, paying a higher rate to chairs would also result in undesirable administrative complexity and confusion in situations where the chair role is rotated between panel members (e.g. where the same panel is allocated multiple short hearings such as Interim Orders on the same day), or where an experienced Panel Chair is assigned to support a newly appointed Panel Chair.

Hearings do not report any shortfall of FtP panellists applying or being appointed to Chairs and see this as a development route for panellists.

2.3 Conclusion

There does not appear to be any compelling reason for increasing chair fees at this time. However, situation should be kept under if there are any relevant changes in the above information (e.g. panel fee rates are overtaken by other regulators).

3. PAYMENT FOR CANCELLATION

3.1 Why are we looking at this?

This concerns what is paid to Associates if their booked work is then cancelled by the GDC.

This has not been raised as an area of concern by any Associate as far as can be ascertained. Rather, with the implementation of the new Associate contract in October 2018, and the launch of a project to review the Clinical Advisers/Expert Witnesses group, it has been noted by some GDC Associate managers that the rules differ and it would make sense to align them.

Also, an audit of the Education QA team recommended that this issue be examined more closely to see if the GDC could save money. It was subsequently determined to look at these rules more holistically across all Associate groups.

3.2 Analysis

Current cancellation rules are as follows:

Associate Group	Cancellation by GDC
Registration Assessment Panellist – Dentists and Dental Care Professionals	0-5 working days' notice – full fee 6-10 working days' notice – half fee More than 10 working days' notice – no fee
ORE External Examiners, Chief External Examiners and ORE Advisory Group	0-5 working days' notice – full fee 6-10 working days' notice – half fee More than 10 working days' notice – no fee
Education Associates	0-5 working days' notice – full fee 6-10 working days' notice – half fee More than 10 working days' notice – no fee
Clinical Advisors and Clinical Experts	0-5 working days' notice – full fee (including allowance for surgery overheads, where applicable) More than 5 working days' notice – no fee
Hearings Legal, Medical and Professional Advisers	0-5 working days' notice – full fee More than 5 working days' notice – no fee
Fitness to Practise Panellists	0-5 working days' notice – full fee 6-10 working days' notice – half fee More than 10 working days' notice – no fee
Specialist List Appeals Panel Members, including Director of Appeals	0-5 working days' notice – full fee 6-10 working days' notice – half fee More than 10 working days' notice – no fee

There are two different models, one of which is more generous to the Associates than the other. Discussions at a Project Board meeting on 8 April 2019 have identified that those groups/roles subject to the less favourable rules (Clinical Advisors/Experts and Hearings Legal, Medical and Professional Advisers) are more likely to find alternative work at short notice; in contrast, others such as Hearings Panellists may find themselves short of income due to a cancellation at short notice.

If changes to these rules were to result in a reduction of fees payable to some Associate groups, it is reasonable to expect the changes would be unpopular.

Conversely, if all cancellation rules were aligned to those that are more generous to the associate, there would be higher costs for the GDC, at a time when how the GDC spends the ARF from registrants is under scrutiny.

It should be noted that these rules are contained within Associate contracts, so any changes would need to be agreed to by the Associates. Alternatively, they could be gradually introduced through application to new appointments only, however this may take some years to be complete due to the length of terms of some Associates, and would result in confusion through Associates doing the same role having different rules

3.3 Conclusion

The Project Board determined there is no compelling reason to change payment for cancellation rules at this time, as the rationale for the two models was sound and any benefits from making a change would be far outweighed by the effort and concerns such changes would cause.

4 PAYMENT FOR PREPARATION TIME

4.1 Why are we looking at this?

As part of information gathering during phase 1 of the Understanding Associates project, some Associates expressed concerns about payment for preparation time in advance of meetings. This feedback was especially prevalent from hearings Associates. Hearings management have also reported that there is dissatisfaction amongst Associates about when they get paid for reading time.

In addition, some Associates who have more than one role with the GDC had noted there are inconsistencies between Hearings and their other work.

The project board considered it would be useful to compare the approach to all Associate groups within the GDC to see if there should be alignment or there is good rationale for differentiation.

4.2 Analysis

A full analysis of approach to preparation time for all groups was undertaken (contained within the summary table at Appendix 3). Consideration was given to the differing treatment across the varying Associate roles and whilst it would at first appear desirable to equalise treatment consultation with the associate managers has shown no requirement to change apart from **FtP hearings panellists** and **education quality assurance associates**. The remaining Associate managers have confirmed that there are no issues and the system of either paying a flat rate for reading time or agreeing times up front in advance of the work being undertaken are effective and sufficient.

Education quality assurance associate managers considered that with the widening of the work assigned to their associates the rigidity of half day payments for preparation or other tasks was unhelpful. More flexibility to allow for payments in quarter day portions would suit the work requirements and be more cost efficient.

The application of reading/preparation fees for **FtP hearings panellists** has become an area of occasional discord, particularly over the last few years with the introduction of iPads where we aim to deliver reading for the majority of cases prior to the hearing. In particular this has been centred on the application of guidance rather than the payments set.

This current FtP hearings panellist guidance about how the reading fees are applied has been a blunt instrument to manage a wide variety of scenarios and does not reflect the current variability of hearings listing scenarios. In particular the GDC's current listing of hearings sees a very mixed set of weekly schedules with either single longer hearings or multiple shorter hearings. Reading requirements (size of bundle/complexity of bundle/amount of clinical reading etc) produce a wide set of variables for panellists of the three different groups: dentist/DCP/Lay. This is set alongside the variables in individual's reading speed and methodology of mark up/notes.

Examples of typical variables are:

- **A Chair preparing for a set of paper review hearings, usually in situations where (a) the Registrant has not engaged with the GDC, either at the initial hearing, or at subsequent reviews or (b) The Registrant is engaging and is legally represented and is not seeking a change to the current order . Whilst bundles in themselves may not be massive or complex, the need to ensure a full knowledge of the content in the absence of Case Presenters, means that additional time may be spent to map a bundle.**

- **A dental care professional panellist on a clinical case may need to spend some time comparing radiographs/records in a bundle than the lay panellist sitting on that particular hearing.**

The prospect of paying panellists at different rates mapped to the requirements of the case, or at different rates according to their reading speed is not viable.

Another issue is that it currently is left up to the committee secretary to make a decision about whether the fees are waived in these instances, and they and the panels are instructed not to leave the hearing rooms until the matter is decided. This brings tension into the relationship between the panel and the Committee Secretary which can be unhelpful as the Committee Secretaries are the GDC rep who works most closely with the panel (and is the same room as the panel while the hearing takes place), and also gives rise to payments being waived by some and not others in the same or similar circumstances. In many situations where a decision has been made to waive a fee and the panel requests that a more senior manager reviews the decision, it is considered that the original waiver was not appropriate, and the decision overturned.

Current guidelines state the following:

Reading/preparation time is usually paid as follows, where e-bundles are sent out in advance:

Health Committee	½ day for every 2 Committee days (or pro rata)
Interim Order	½ day per 1 Committee day
Professional Conduct Committee (PCC) and Professional Performance Committee (PrPC) initial cases (when eBundle provided in advance)	½-1 day per 5-day Committee day depending on size of bundle
PCC resumed or part-hearings	- ½-1 day per 5-day Committee day depending on size of bundle if >5 days of transcripts there may be a discretionary extra day's fee
PCC reviews	½ day fee
Registration appeals	½ day per 1 Committee day
Restoration applications	½ day per 1 Committee day

However, there are situations when the reading/prep fee is waived – e.g.:

- When a hearing finishes a day or two early and the panel is discharged on full fees
- Where there is downtime mid-week when reading can be done for future shorter cases such as IOC hearings.
- Where a bundle is exceptionally small and/or easy to read

We are mindful that our panellists will sometimes offer to forego a reading fee where the cases have finished early and we are paying a fee for their time. However, in other situations, panellists may request a reading fee because they have given up time to read the papers in advance of the session commencing. Whilst pre-reading is not always delivered to panellists, the provision of iPads was costed on that basis and so for the majority of hearings we expect to give advance reading. Panellists have contracted to be able to do this, and as noted if time is set aside for this, the expectation set out at their appointment and in their terms and conditions is that this is paid. If we are unable to use their time on hearings that finish early, we have booked out their time away from their day jobs, so they are unlikely to be able to go back to work.

We have reviewed a number of other regulator's schemes. We do not consider that the application of one set fee for any amount of reading due is fair given the variables described above.

The identification of a larger range of tariffs based on the type of hearing, is attractive but would place an even more complex and binary solution that would probably negate the flexibility that the GDC benefits from where panellists are willing to offset some time that they gain in lieu if a hearing finishes early.

4.3 Recommendation

In producing an updated set of guidance, it is intended that the fuller range of options will both allow the GDC to pay nominal fees for smaller amounts of reading and preparation and give an opportunity to more closely reflect some typical hearings scenarios. Our aim is that the readings fees should be as close to a norm as possible but have the flexibility to more fairly reflect the application of fees to greater (or lesser) amounts of reading or across multiple cases or very short cases or those with small amounts of reading.

In essence the revised guidance allows for quarter day increments (as below) rather than starting at half days. This should help provide more clarity and fairness and resolve some of the concerns of associates and the committee secretaries who are often called upon to make such decisions about when payment for preparation time will be made.

	Situation	Payment *
1	Ad hoc IOC panel sitting or discrete single case lasting for one day	0.25
2	Session listed for 5 days	0.50
3	Session listed for 5 days where 6-10 cases are listed	0.75
4	Session listed for 5 days and where 11 cases or more are listed	1.0
5	Part-heard case where reading material is provided in advance of the hearing	1.0

* Payments are shown as multiples of a full day's fee.

Where the same scheduled sitting runs over into a second or third week and new cases are to be considered in those weeks that necessitate reading after 5:00pm on a working day or any time on a weekend or bank holiday, payment will be made in accordance with 1 or 2 above, depending on the number of cases listed.

In exceptional circumstances, and at the discretion of the Senior Hearings Manager, additional payments may be made.

4.3 Costs

The key aspect of this revision of scheme is that it is not making a fundamental variance that will need for a further allocation of budget to fund a different scheme.

We have set out some typical scenarios that allow a provision to recompense in quarter day increments. We believe this will give the GDC a more proportionate means of recompensing panellists. We have checked against a three-month period of fees paid and found that in some cases we would save the GDC money by paying a smaller fee where there has been a very small amount of pre-reading. In some we would pay slightly more but proportionately so, rather

than in multiples of half days. The sample we have checked indicate that the fees incurred by panellists will not vary significantly.

In the small number of hearings where excessive amounts of reading are given prior to the hearing, it is important that we decide a proportionate payment based on the actual work undertaken. Such payments by exception would typically either be for very mixed weeks of short cases or be for situations in the case of part-heard hearings. The number of part-heard cases is small, and sometimes no reading at all may be needed, if the hearing splits between a finalised Stage 1 (facts) and Stage 2, (impairment and sanction). However, if part-heard prior to the conclusion of Stage 1, it may be necessary for panellists to refresh their memories of the case by reading several days' worth of transcripts and other documents submitted as part of the evidence at the hearing (hundreds of pages may be required reading).

An alternative scenario is part-heard during drafting on long cases, where drafts may need to be individually checked prior to a resumption to aid recall and speed up the production of a final copy. These situations would always need to be according to the circumstances of the hearing and the time spent and payments should be agreed by exception.

Budgets will therefore not need to be increased as the proposed model will have no or negligible cost impact for the GDC, however this will be closely monitored.

The proposed model for should provide more clarity, fairness, and resolve some of the concerns of associates and the committee secretaries who are often called upon to make such decisions about when payment for preparation time will be made.

4.4 Conclusion

The review leads to a recommendation to revise the current guidance to allow for quarter day payments in FtP hearings panellists and education quality assurance and keep the current allowances to all other groups.

5 Relevance of dentist earnings levels to setting of fees

5.1 Why are we looking at this?

Survey – some respondents suggested they are losing money by working as an associate. While survey responses are anonymous, it is assumed that those who raised this are Dentists.

5.2 Analysis

Former Head of Hearings (Anne Sinclair) advised that the current fee for FtP Panellists is based on a decision made in 2003 when it was considered important that the fee be sufficient to compensate single practice dentists for loss of earnings. It is understood there was a view that of all the regulated professions in the UK, Dentists and Accountants are those who have the highest earning potential; however, this has not been independently verified.

Since that time, the employment arrangements for dentists have changed significantly and this aim may no longer be a key consideration when setting future fees.

It is also important to note that associates who work as part of panels and committees have an equal voice regardless of whether they are a Dentist, Dental Care Professional or Lay member. Paying the Dentist member more may undermine this, and as noted above, it is difficult to see a compelling reason to increase all fees at this time.

While working as associates, Dentists are not working in a clinical setting, so it can be argued that they should not necessarily be earning the same amount. While the GDC has sometimes had some challenges in recruiting Dentists to be associates, it is understood that this is not always the case and there are currently sufficient numbers.

5.3 Conclusion

In discussions with the CEO, Executive Director Organisational Development, Executive Director of Legal and Governance, and Head of HR, it was agreed that it is not necessary to fully compensate Dentists in this way; the GDC would rather an Associate undertake the work for us for reasons other than financial, and that the fees Dentists earn while working as Associates are fair and reasonable as they are. This has been reflected in the Associate Remuneration Policy developed in early 2019 agreed by the Remuneration Committee and the recommendation in regard to fees at section 1 of this research.

Should this become an issue in the future, there is a potential solution - the GDC's Clinical Experts (a different group of Associates to the FtP Panellists) have been able to claim a Practice Overheads fee of £650/day when attending a hearing if they are a practice owner. Similarly, the GMC/MPTS pays a locum fee to GPs of up to £500 when working as a Panellist subject to provision of an invoice/evidence (GMC have reported that not all GPs who may be eligible for this actually make a claim).

Quarter 4 2019 - Financial Review

Executive Director	Gurvinder Soomal, Executive Director, Registration and Corporate Resources
Author(s)	Steve McIlraith, Financial Controller Samantha Bache, Head of Finance and Procurement
Type of business	To note
Issue	To report on the GDC's financial performance for the full year ending 31 December 2019.
Recommendation	The Council is asked to note the contents of this paper.

1. Financial Position 31 December 2019

- 1.1 This paper is to report on the unaudited financial performance for the twelve months ending 31 December 2019. The financial outturn position reported is subject to final audit adjustments, corporation tax and adjustment for first time adoption of IFRS 16 'Leases'.
- 1.2 At the end of December, the GDC's operating surplus was £5.6m higher than budgeted at £10m, and £2.2m higher than forecasted at the end of Q3. Actual income is £0.8m higher than budgeted and expenditure is £4.7m lower than budgeted for the period.
- 1.3 The table below summarises the income and expenditure account for the twelve months ending 31 December 2019:

	Year to Date					Full Year		
	Actual	Forecast	Budget	Variance to Forecast	Variance to Budget	Forecast	Budget	Variance to Budget
	£000	£000	£000	£000	£000	£000	£000	£000
Income								
Fees	46,019	46,011	45,747	8	272	46,011	45,747	264
Investment income	575	551	50	24	525	551	50	501
Exam income	1,593	1,593	1,588	0	5	1,593	1,588	5
Miscellaneous income	22	13	6	9	16	13	6	7
Total Income	48,208	48,167	47,390	41	818	48,167	47,390	777
Expenditure								
Meeting fees & Expenses	5,669	5,755	6,551	86	682	5,755	6,551	796
Legal & Professional	6,761	7,510	7,619	750	858	7,510	7,619	110
Staffing costs	19,338	19,118	20,390	(221)	1,052	19,118	20,390	1,272
Other staff costs	1,005	1,145	1,534	140	529	1,145	1,534	389
Research & Engagement	494	467	741	(27)	247	467	741	274
IT costs	1,305	1,361	1,333	56	28	1,361	1,333	(28)
Office & Premises costs	2,201	2,095	1,750	(107)	(451)	2,095	1,750	(345)
Finance costs	356	369	245	14	(110)	369	245	(124)
Depreciation costs	1,155	1,148	1,175	(6)	20	1,148	1,175	27
Contingency	0	1,497	1,662	1,497	1,662	1,497	1,662	165
Total Expenditure	38,284	40,465	43,001	2,181	4,717	40,465	43,001	2,536
HMRC Refund	(108)	(104)	0	(4)	108	(104)	0	107
OPERATING SURPLUS / (DEFICIT) BEFORE TAXATION	10,032	7,807	4,390	2,219	5,643	7,807	4,390	3,420

2. Income

2.1 Income was £0.8m higher than budgeted due to the following:

- a. Additional unbudgeted income generated from bank interest and investments totalling £0.5m, as a result of the decision to deposit £15m with our investors being reached after the 2019 budget had been set.
- b. 82 more dentists and 14 more specialists renewing their registration than budgeted in December 2018, generating an additional £0.1m of revenue.
- c. Additional income from DCPs to that budgeted of around £0.2m relating to a timing difference in the budget profile following the application of IFRS 15, which requires us to spread income over the period to which the registration relates.

2.2 A £108k HMRC refund was received earlier in the year relating to Hearings and Panel Members Tax & NI.

3. Expenditure

3.1 Expenditure was £4.7m lower than budgeted. This comprises of £1m of 'recurring savings' £3.4m of 'one-off savings' and £0.3m of savings related to timing differences in the budget profile.

3.2 The significant variances (defined as circa £0.1m or higher) for expenditure being £4.7m lower than budgeted are as follows:

Recurring savings/(overspend): higher or lower than budgeted 2019 expenditure that results from a permanent change in the GDC's circumstances and as such, will impact on the budget requirements for future years.

One off savings/(overspend): these are only expected to occur in 2019. Costs are expected to return to budgeted levels in future years.

Savings/(overspend) due to timing differences: these arise when activities are brought forward or postponed, and related expenditure occurs earlier or later than projected in the budget.

Recurring' savings/(overspend)	£000s
Staff costs: Vacant posts across the organisation which are in the process of being recruited to but have not yet been filled. Savings achieved by new Birmingham posts which have been recruited below market rate, where budgets were held at full salary cost	1,052
Other recurring savings/(overspend)	(16)
	1,036
'One-off' savings/(overspend)	
People Services/Estates: Improvements in the recruitment process during 2019 as part of the recruitment strategy, where less reliance has been placed upon agencies.	296
Estates: The Colmore Square rent budget was understated on the basis that the rent holiday would be spread over a five-year period. However, in accordance with accounting policies the rent holiday must be spread over the life of the lease.	(328)
Finance: Smith & Williamson investment management fee not budgeted for in 2019.	(97)
Estates – exit provision: The 2018 exit provision has been reduced as a result of successful redeployment of staff to other roles, or where the individual has chosen to exit the organisation early.	138
Estates Other staff costs: full year savings made on travel and subsistence to December 2019.	116

People Services: Unrequired Legal defence budget provided for in 2019, and a reduction in learning and development budgeted activity as a result of more internally led initiatives.	183
People Services: Additional expenditure incurred by the Trustee on professional advisers regarding the closure of the DC14 pension scheme.	(143)
Education QA: The original budget was based on 60 meetings, however multiple meetings can be completed in one day, which has led to lower costs even where more inspections have been completed than originally expected.	123
Contingency: £1.7m overall underspend on Contingency Reserve not required in 2019, this can be analysed by: <ul style="list-style-type: none"> Estates dual running costs £787k, which was unrequired in full due to some posts exiting earlier than anticipated and posts being successfully redeployed elsewhere in the business. At the time of setting this provision the exact number and nature of posts likely to be affected was unclear as the Strand 2 consultation had not completed. As line detail was not available to the Estates Programme, this provision was never able to be allocated to directorate budgets. This underspend therefore is in part offset by overspends on staff costs reported elsewhere in the organisation. Estates provision £160k – not required but held as prudent. Unrequired central contingency £715k 	1,662
Hearings: 367 lost and wasted days in 2019 resulting in lower productive days than that budgeted for the year.	625
ILPS: The underspend at financial year end relates to lower levels of actual expenditure compared to that forecast for the later months of the year. This is largely as a result of a number of cases in 2019 not reaching the hearing stage due to an increase in cases impacted by Rule 6E.	673
Meetings Fees and Expenses: Areas such as Governance and ORE have spent below forecasted levels in 2019 on meeting fees and expenses. <ul style="list-style-type: none"> Governance Team restructuring has resulted in an underspend for 2019. ORE – ARF Administration costs were £25k below budgeted levels due to economies of scale and negotiation of improved rates with the Electoral Reform Service. 	125
Other 'one off' Savings/(overspends)	(17)
	3,356
Savings/(overspends) from timing differences	
Research: There have been delays in commissioning of 2019 research projects, in particular the Seriousness Review, which is a joint procurement with the NMC, and Accessibility in the Complaints Handling Research.	198
In-House Legal Advisory Service: The budget is for appeals and external miscellaneous legal advice that was planned to be spent in the last quarter of the year but will be spent in Q1 2020.	127
	325
Total expenditure variance to budget	4,717

4. Staff headcount at 31 December 2019

4.1 At the end of December 2019, the total GDC headcount was:

Contract type	Sept 2019 FTE	Dec 2019 FTE	Movement FTE (-)/+

Permanent	314.8	315.7	0.9
Fixed Term Contract	35.6	28.6	(7.0)
Temporary Staff	10.0	12.0	2.0
Total	360.4	356.3	(4.1)

- 4.2 This is 4.1 FTE less than was reported at the end of Sept 2019, which reflects the net effect of staff leaving the London office compared to staff being recruited into the Birmingham office as the Estates Programme comes to a close.

5. Development, consultation and decision trail

- 5.1 The indicative financial results for 2019 have previously been considered in detail by the Senior Leadership Team and the Financial Performance Committee.

6. Next steps and communications

- 6.1 The financial statements will be updated for the adjustments required in recognition first time adoption of IFRS 16 'Leases' and calculated Corporation Tax charge due for 2019.
- 6.2 The external auditors are completing their annual audit of our financial statements, and any audit adjustments identified will be incorporated into our 2019 Annual Report and Accounts. We aim to lay our Annual Report and Accounts before Parliament's summer recess.

Appendices

- a. Appendix 1 – Headcount analysis at 31 December 2019

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09 March 2020

Appendix 1 – Headcount analysis at 31 December 2019

GDC HEADCOUNT

For the period ending 31st December 2019

COST CENTRES	PERIOD								YEAR END			
	ACTUAL 31/12/19				FORECAST 31/12/19	VARIANCE TO FORECAST	BUDGET 31/12/19	VARIANCE TO BUDGET	FORECAST	BUDGET	FORECAST VS BUDGET	PRIOR YEAR 2018
	PERMANENT	FIXED TERM CONTRACT	TEMPORARY STAFF	TOTAL (INCLUDING TEMPS)								
FtP - Casework	29.8	2.0	1.0	32.8	28.8	(4.0)	34.6	1.8	40.1	34.6	(5.5)	42.4
FtP - Initial Assessment	6.0	0.0	0.0	6.0	6.0	0.0	1.0	(5.0)	1.0	1.0	0.0	6.5
External Legal Prosecution Services	1.0	0.0	0.0	1.0	1.0	0.0	1.0	0.0	1.0	1.0	0.0	1.0
FtP - Case Examiners & IC	13.8	0.0	0.0	13.8	13.6	(0.2)	17.0	3.2	11.6	17.0	5.4	14.6
FtP - Case Review	6.9	0.0	0.0	6.9	6.8	(0.1)	2.0	(4.9)	3.0	2.0	(1.0)	7.0
FtP Hearings	23.8	2.0	0.0	25.8	26.0	0.2	31.8	6.0	26.0	31.8	5.8	28.4
FtP - Improvement/Management	2.0	2.0	0.0	4.0	3.0	(1.0)	3.0	(1.0)	1.0	3.0	2.0	3.0
Dental Complaints Service	6.6	0.0	0.0	6.6	6.6	0.0	6.6	0.0	6.6	6.6	0.0	6.1
Total Fitness to Practice	89.9	6.0	1.0	96.9	91.8	(5.1)	97.0	0.1	90.3	97.0	6.7	109.0
Registration	22.0	2.0	0.0	24.0	24.0	0.0	21.0	(3.0)	24.0	21.0	(3.0)	22.0
Registration - Operations	26.0	0.0	6.0	32.0	28.0	(4.0)	28.0	(4.0)	27.0	28.0	1.0	38.0
ORE - Exams	4.0	0.0	0.0	4.0	4.0	0.0	4.0	0.0	4.0	4.0	0.0	7.0
Registration - Management	3.0	0.0	0.0	3.0	4.0	1.0	4.0	1.0	3.0	4.0	1.0	3.0
Projects	10.8	1.6	0.0	12.4	13.4	1.0	13.6	1.2	12.8	13.6	0.8	9.6
PMO	6.0	0.0	0.0	6.0	7.0	1.0	7.0	1.0	7.0	7.0	0.0	6.6
Finance & Procurement	10.0	1.0	3.0	14.0	16.0	2.0	13.0	(1.0)	13.0	13.0	0.0	14.0
IT	17.0	0.0	0.0	17.0	21.0	4.0	26.0	9.0	24.0	26.0	2.0	23.0
CEO & Executive Directors	5.0	1.0	0.0	6.0	6.0	0.0	5.0	(1.0)	6.0	5.0	(1.0)	5.0
Corporate Resources	7.9	0.0	0.0	7.9	7.0	(0.9)	6.0	(1.9)	7.0	6.0	(1.0)	4.0
Facilities	5.0	0.0	0.0	5.0	5.0	0.0	5.0	0.0	5.0	5.0	0.0	5.0
Total Registration & Corporate Resources	116.7	5.6	9.0	131.3	135.4	4.1	132.6	1.3	132.8	132.6	(0.2)	132.2
In-House Legal Services	27.8	7.0	0.0	34.8	38.0	3.2	33.8	(1.0)	38.0	33.8	(4.2)	32.8
Illegal Practice	10.0	1.0	1.0	12.0	12.0	0.0	10.8	(1.2)	11.8	10.8	(1.0)	10.8
Corporate Legal	9.0	0.0	0.0	9.0	9.0	0.0	10.8	1.8	9.0	10.8	1.8	4.0
Governance	7.0	2.0	0.0	9.0	9.0	0.0	11.0	2.0	11.0	11.0	0.0	10.0
Information Governance	4.0	1.0	0.0	5.0	5.0	0.0	6.0	1.0	6.0	6.0	0.0	6.0
Legal Management	3.0	1.0	0.0	4.0	4.0	0.0	6.0	2.0	4.0	6.0	2.0	7.8
Total Legal	60.8	12.0	1.0	73.8	77.0	3.2	78.4	4.6	79.8	78.4	(1.4)	71.4
People Services	15.0	3.0	1.0	19.0	21.0	2.0	19.9	0.9	21.0	19.9	(1.1)	15.9
Compliance	1.0	0.0	0.0	1.0	1.0	0.0	5.6	4.6	0.0	5.6	5.6	3.6
Total Organisational Development	16.0	3.0	1.0	20.0	22.0	2.0	25.5	5.5	21.0	25.5	4.5	24.5
Policy	10.7	1.0	0.0	11.7	15.6	3.9	15.0	3.3	15.6	15.0	(0.6)	14.0
Communications & Engagement	6.8	1.0	0.0	7.8	7.6	(0.2)	9.0	1.2	8.0	9.0	1.0	10.0
Research	5.0	0.0	0.0	5.0	4.0	(1.0)	4.0	(1.0)	4.0	4.0	0.0	2.0
Education QA	8.8	0.0	0.0	8.8	9.8	1.0	9.8	1.0	9.8	9.8	0.0	7.5
Scotland	1.0	0.0	0.0	1.0	1.0	0.0	1.0	0.0	1.0	1.0	0.0	1.0
Total Strategy	32.3	2.0	0.0	34.3	38.0	3.7	38.8	4.5	38.4	38.8	0.4	34.5
HEADCOUNT CHARGED TO OPERATING SPEND	315.7	28.6	12.0	356.3	364.2	7.9	372.3	16.0	362.3	372.3	10.0	371.6

Balanced Scorecard – Q4 2019 Performance

Executive Director	Gurvinder Soomal, Executive Director, Registration and Corporate Resources
Author(s)	David Criddle, Head of PMO & Performance Reporting
Type of business	For discussion and decision
For Council only:	For public session
Issue	To present the Council with the balanced scorecard covering the Q4 2019 performance period. The report contains an executive summary which highlights all relevant issues and successes, details of any changes to the report structure added this period and the performance of all indicators for the current period.
Recommendation	Council is asked to discuss and note the main report and approve the report administration changes outlined below.

1. **Balanced Scorecard Performance Key considerations**

- 1.1 The performance of the organisation against the current suite of performance indicators for Q4 of 2019 is set out in the appended Balanced Scorecard. The key issues and successes for this period are highlighted in the Executive Summary attached and are summarised below:

Key successes

- 1.2 The proportional split of prosecution referrals referred externally at the end of Q4 is 3, which is 16 less in Q3 and this is influenced by a low number of case examiner referrals in Q4. The referrals that have come through are the type that can be dealt with by the in-house team.
- 1.3 In Prosecution Timeliness the percentage of cases meeting target increased from 57% in Q3 to 79% in Q4 as out of 34 cases, only 7 missed the 9 month target. Performance for prosecution timeliness has consistently performed over the last 3 months - October (75%), November (80%) and December (83%).
- 1.4 There were no Major DSIs in Q4 requiring reporting to the ICO, which is the second quarter in a row where there has been no major ICO impacts, and the total for 2019 is 1 reported incident.

Key Issues

- 1.5 Investigation timeliness has seen a decrease from 18% in Q3 to 13% in Q4 with 0% of cases achieving the 6-month target in December, although the median time from receipt to CE decision fell from 52 weeks to 45 weeks in the quarter. Following the reduction in cases at R4 to 62 by the end of September there has been a marked reduction in CE decisions,

which reduced from 152 in Q3 to 64 in Q4. Increasing numbers of assessment decisions have now seen this rise to a more sustainable level with cases at the Rule 4 stage increasing in volume from 68 in Q3 to 133 in Q4.

- 1.6 Hearings completed without adjournment decreased from 91% in Q3 to 74% in Q4. This can be mainly attributed to October (72%) and November (63%) which were 2 out of the 3 lowest performing months in the last 12 months. Performance in December is at 92% which is more in line with the previous quarters.
- 1.7 Note: There was one loss of jurisdiction in Q3 now added which was a case incorrectly being registered in England which should have been registered in Scotland. This happened in August but was only identified in November and hence is resulting in Q3 not being 100% compliant as was previously reported.

Report administration

- 1.8 There are 3 amendments to reporting criteria which have been approved by SLT and recommended by the FPC at its meeting in February 2020. These are fully detailed in Section 1.6 of the appended balanced scorecard.
- 1.9 The first change is in section '1.1 Registration Performance Indicators – Process Dashboard' where there are 2 new indicators added to represent the timeliness of EEA/Overseas DCP applications.
- 1.10 The second change is amending the structure of EMT Actions template to have a rolling table of actions as shown in section 1.5. This replaces the previous 4 quarter history of actions view (shown in section 1.5a)
- 1.11 The third change was a change approved in December 2019 to replace the Governance KPIs suite effective from Q1 2020 reporting.

EMT Actions

- 1.12 Regarding the specific updates to EMT actions these are detailed in Section 1.5 and 2 new EMT actions were added during the SLT meeting on 4 February.
- 1.13 These new actions are for EMT to hold sessions to agree revisions to the suite of FtP Performance Indicators and secondly for resource to be monitored closely in the Registration team for the handling of DCP EEA/Overseas applications.

Appendices

- a. Balanced Scorecard Q4 2019 report

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04 March 2020

GENERAL DENTAL COUNCIL

Balanced Scorecard Report Review of Q4 2019 Performance

Project Management Office

Balanced Scorecard Report
Review of Quarter 4 2019 Performance

Index

- 1.1 Executive Summary**
- 1.2 Key Performance Indicators – Dashboard**
- 1.3 Key Performance Indicators Referenced Sheet - Rationale For Priority Status**
- 1.4 RAG Summary and Performance Framework Links**
- 1.5 Tracking of Previous EMT Actions**
- 1.6 Proposed Reporting Criteria Amendments**

Annex A – Full performance report

Key Performance Successes	Key Performance Issues
<div><div>1. Proportional Split of Prosecution Referrals: The number of cases referred externally at the end of Q4 is 3. This is 16 less than the 19 ELPS referrals in Q3. This is because there has been a low number of case examiner referrals over Q4. The referrals that have come through are the type that can be dealt with by the in-house team rather than sending out externally. <i>(See section 2.1 FTP End-to-End Process – Performance Indicators Dashboard)</i></div><div>2. Prosecution Timeliness: Q4 saw the percentage of cases meeting target increase from 57% (Q3) to 79%. Out of 34 cases, only 7 missed the 9 month target. Performance for prosecution timeliness has stabilised and consistently performed well over the last 3 months, increasing month on month: October (75%), November (80%) and December (83%). <i>(See section 2.3 FTP End-to-End Process – Performance Indicators Dashboard – Historic Tracking)</i></div><div>3. No Major DSIs in Quarter 4: There were no Major ICO impacts in Q4 requiring reporting to the ICO. This is the second quarter running there has been no major ICO impacts and the total for 2019 is 1 reported incident. There were also no DSIs that had major GDC impact in Q4, compared to 2 in Q3. <i>(See section 3.1 Information Performance Indicators)</i></div></div>	<div><div>1. Investigation Timeliness: Investigation timeliness has seen a decrease from 18% in Q3 to 13% in Q4 with 0% of cases achieving the 6 month target in December although the median time from receipt to CE decision fell from 52 weeks to 45 weeks in the quarter. Following the reduction in cases at R4 to 62 by the end of September there has been a marked reduction in CE decisions that reduced from 152 in Q3 to 64 in Q4. Increasing numbers of assessment decisions have now seen this rise to a more sustainable level with cases at the Rule 4 stage increasing in volume from 68 in Q3 to 133 in Q4. <i>(See section 2.1 FTP End-to-End Process – Performance Indicators Dashboard)</i></div><div>2. Hearings Completed without adjournment: Performance decreased from 91% in Q3 to 74% in Q4. The decrease can be mainly attributed to October (72%) and November (63%) which were 2 out of the 3 lowest performing months in the last 12 months. Performance in December is at 92% which is more in line with the previous 2 quarters. <i>(See section 2.3 FTP End-to-End Process – Performance Indicators Dashboard – Historic Tracking)</i></div><div>3. Loss of Jurisdiction: There was one loss of jurisdiction in Q3 which was a case incorrected being registered in England which should have been registered in Scotland. This happened in August but was only identified in November and hence resulting in Q3 not being 100% compliant as was previously reported in the Q3 report. <i>(See section 2.5 FTP Performance Indicators –Interim Orders Committee Compliance)</i></div></div>

Looking Forward

EMT are to apply dedicated focus outside of SLT discussions to the Fitness to Practise performance management, including review and proposed revisions to the set of FtP Balanced Scorecard performance indicators. See EMT action BSC009 for further information.

Actions Planned by EMT

New EMT actions added at the SLT meeting on 4 February 2020 are noted here and these are also included in section 1.5 highlighted as NEW:

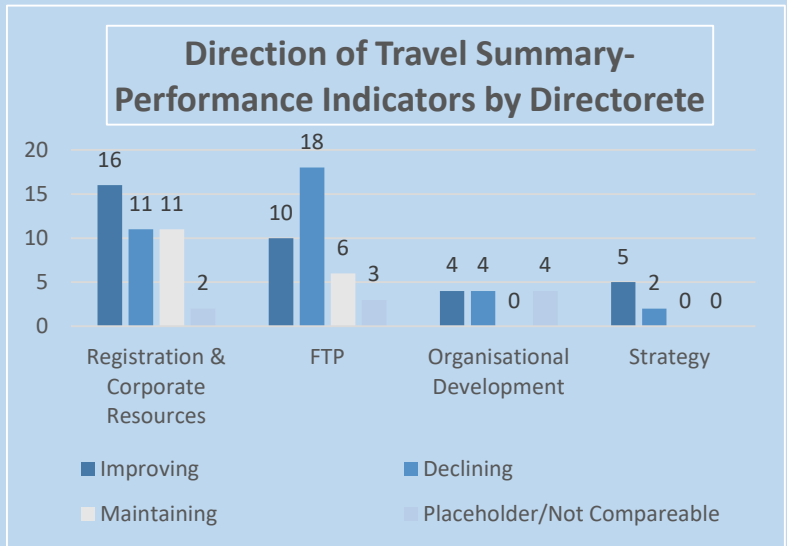
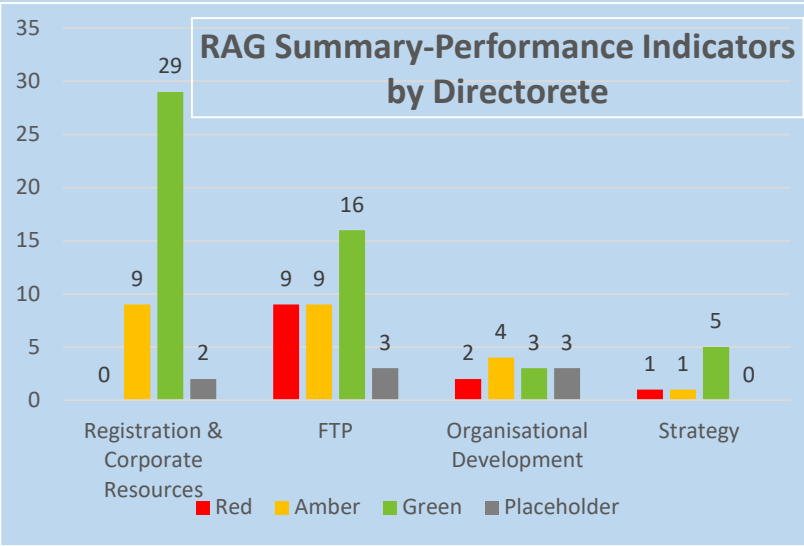
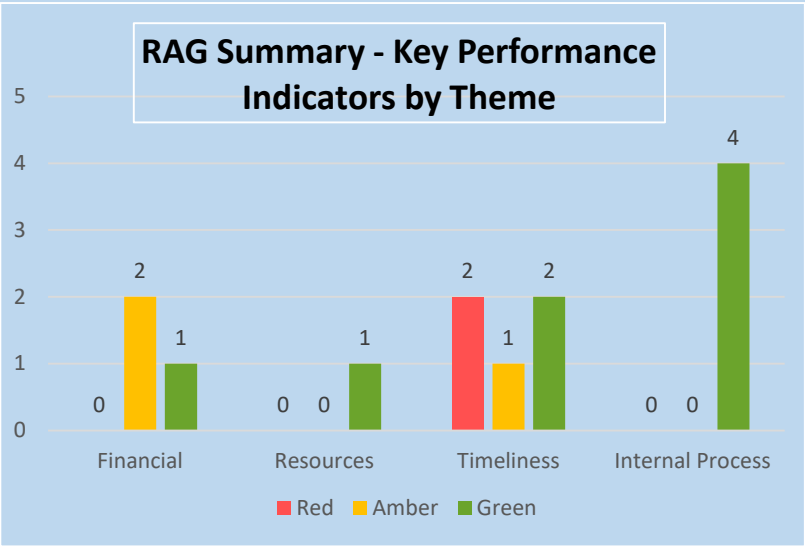
BSC009 - FtP Performance Indicators complete set review: Agreed at SLT meeting 4 Feb 2020 that EMT should will have separate discussions to review the current challenges faced through measuring FtP performance using the current set of performance indicators. From this there will be proposals for appropriate changes to indicators, their measures and targets.
This relates also EMT to BSC006 but is taken as a separate action.

BSC010 - Registration to monitor team resource in relation for handling of EEA/Overseas DCP applications: SLT approved the addition of performance indicators to PI/REG/21 and PI/REG/22 at February 4 meeting and it was agreed EMT should monitor the volume of applications and the DCP case worker resource capacity closely.

FINANCIAL			RESOURCES	
<div>KPI/FCS/001 - Organisational Income</div> <div>THIS PERIOD: 102% to budget PREVIOUS PERIOD: 101% TARGET: 100% <small>Further info: Annex A – 1.1</small></div> <div><ul style="list-style-type: none">Total income is higher than budgeted by £0.9m for 2019. This is largely due to the following:Higher than budgeted Fees income (£375k).Investment income higher than budgeted for the period (£477k), due to returns from bank interest and S&W investments.</div>	<div>KPI/FCS/002 - FTP Expenditure</div> <div>THIS PERIOD: 95% of budget PREVIOUS PERIOD: 93% TARGET: 100% <small>Further info: Annex A – 1.1</small></div> <div><ul style="list-style-type: none">FtP expenditure was £593k lower than budgeted year to date. This is largely due to a favourable variance of £625k on Hearings meeting fees and expenses where year to date we have registered 367 lost and wasted days.</div>	<div>KPI/FCS/003 - Non-FTP Expenditure</div> <div>THIS PERIOD: 86% of budget PREVIOUS PERIOD: 94% TARGET: 100% <small>Further info: Annex A – 1.1</small></div> <div><ul style="list-style-type: none">Overall, non-FtP expenditure year to date was £4.4m lower than budgeted for Quarter 4.The major variances under budget are Staffing costs £1.7m, Contingency is £1.7m, Legal and Profession Fees £822k and Meeting Fees and expenses £207k</div>	<div>KPI/HRG/004 - Staff Sickness</div> <div>THIS PERIOD: 1.68 average days PREVIOUS PERIOD: 1.5 days TARGET: Average within 2 days <small>Further info: Annex A – 3.2</small></div> <div><ul style="list-style-type: none">Of those staff sick in Q4, 2.6% were LTS and the remaining 97.4% were STS.There were 593 days lost in totalWhen compared against Q3, there has been a small decrease in STS, and an increase in LTS, overall sickness has increased by 57 days.</div>	
TIMELINESS			INTERNAL PROCESS	
<div>PI/REG/001 & 002 UK Dentist</div> <div>THIS PERIOD: 8 days PREVIOUS PERIOD: 11 days TARGET: 14 days <small>Further info: Annex A – 1.5</small></div> <div><ul style="list-style-type: none">36 Dentist applications were received in Q4 which is 81% applications less than the 186 received in Q3.</div>	<div>KPI/REG/003 & 004 UK DCP</div> <div>THIS PERIOD: 7 days PREVIOUS PERIOD: 14 days TARGET: 14 days <small>Further info: Annex A – 1.5</small></div> <div><ul style="list-style-type: none">The 1,028 applications received in Q4 is 47% less compared to the 1,945 received in Q3.</div>	<div>KPI/FTP/014 - IOC Timeliness - Registrar and Case Examiner Referrals</div> <div>THIS PERIOD: 90% PREVIOUS PERIOD: 89% TARGET: 95% <small>Further info: Annex A – 2.3</small></div> <div><ul style="list-style-type: none">9 out of 10 cases were heard within 21 working days.1 case was referred and not heard within 21 days due to the hearing having to be pushed back.</div>	<div>KPI/FCS/009 - GDC Website and Online Register Availability</div> <div>THIS PERIOD: 99.7% availability PREVIOUS PERIOD: 100% TARGET: 99.7% <small>Further info: Annex A – 1.3</small></div> <div><ul style="list-style-type: none">Microsoft applied a networking change in their datacentres which affected availability.</div>	<div>KPI/FCS/010 - Dynamics CRM Availability</div> <div>THIS PERIOD: 100% availability PREVIOUS PERIOD: 100% TARGET: 99.7% <small>Further info: Annex A – 1.3</small></div> <div><ul style="list-style-type: none">100% uptime was achieved across the whole of Q4.</div>
<div>KPI/FTP/005 - Timeliness: From Receipt to Case Examiner Decision</div> <div>THIS PERIOD: 13% PREVIOUS PERIOD: 18% TARGET: 75% <small>Further info: Annex A – 2.1</small></div> <div><ul style="list-style-type: none">Q4 has seen a decrease in performance, down by 5%.Referrals from IAT increased from 226 in Q3 to 277 in Q4, hence this has reduced the volume of cases moving through and concluded at CE stage.Also cases delayed at the Rule 4 stage have increased in volume from 68 in Q3 to 133 in Q4, this will continue to affect performance for this KPI until the Assessment team find an appropriate sustainable level of work in progress.</div>	<div>KPI/FTP/008 - FTP Timeliness: Overall Prosecution Case Length</div> <div>THIS PERIOD: 9% PREVIOUS PERIOD: 11% TARGET: 75% <small>Further info: Annex A – 2.1</small></div> <div><ul style="list-style-type: none">This indicator is a combined metric that depends on performance throughout the entire process and improvement of each of the underpinning performance indicators will lead to improved performance in this indicator.Overall timeliness has fallen in Q4, which can be attributed mainly to 0% of cases meeting the 15 month KPI in November and December, however this was expected with decisions being made months ago on most cases.</div>	<div>KPI/FTP/006 - Proportionate Split of Internal/External Prosecution Referrals</div> <div>THIS PERIOD: 3 external referrals PREVIOUS PERIOD: 19 referrals TARGET: 21 or fewer referrals <small>Further info: Annex A – 2.1</small></div> <div><ul style="list-style-type: none">During Q4 2019, 3 external referrals were made compared to the budgeted level of 21.As of Q4 2019 23 % of cases were transferred to ELPS.</div>	<div>PI/LEG/001 – Major ICO Impacts</div> <div>THIS PERIOD: 0 breach PREVIOUS PERIOD: 0 breaches TARGET: 0 breaches <small>Further info: Annex A – 3.6</small></div> <div><ul style="list-style-type: none">Of the total number of 28 DSIs in Q4, 0 were categorised as major ICO.</div>	

<div>FINANCIAL</div> <div><div>Organisational Income Collected</div><div>Rationale for priority status: Seasonal inclusion of this measure following the Q4 Dentist ARF collection, to provoke discussion of whether the level of income collected has a bearing on planned activity/performance for 2017.</div></div> <div><div>Forecast FTP Expenditure</div><div>Rationale for priority status: The delivery of FTP activity within budgeted levels is a key organisational priority and is be included to provide ongoing board visibility of cost control in this area.</div></div> <div><div>Forecast Non-FTP Expenditure</div><div>Rationale for priority status: The delivery of Non-FTP activity within budgeted levels is a key organisational priority and is included to provide ongoing board visibility of cost control in this area.</div></div>			<div>Resources</div> <div><div>Staff Sickness</div><div>Rationale for priority status: Sickness levels were above desirable levels for Q2/3 2016, therefore are included to provide visibility of whether this trend is continuing or ceasing.</div></div>
<div>TIMELINESS</div> <div><div>UK DCP Active Processing Time</div><div>Rationale for priority status: Seasonal inclusion as one of the Registration timeliness KPIs recognised to be most at risk of being missed due to high volumes of activity in this period (to be changed on a quarterly basis).</div></div> <div><div>Restoration Active Processing Time</div><div>Rationale for priority status: Seasonal inclusion as one of the Registration timeliness KPIs recognised to be most at risk of being missed due to high volumes of activity in this period (to be changed on a quarterly basis).</div></div> <div><div>FTP Interim Orders Timeliness: Registrar and Case Examiner Referrals</div><div>Rationale for priority status: This KPI relates to the question in the PSA dataset about IOC timeliness and is included to assist ongoing board monitoring of timeliness to support the attainment of standard four.</div></div>			<div>INTERNAL PROCESS</div> <div><div>GDC Website and Online Register Availability</div><div>Rationale for priority status: Included due importance of GDC website availability for public access to key GDC information, and in particular due to the to fulfil the key statutory duty to keep the GDC Register available to the public.</div></div> <div><div>Dynamics CRM Availability</div><div>Rationale for priority status: Included due to importance of Dynamics CRM system availability due to the need for approximately 200 members of staff to have the system available to undertake work on key processes.</div></div>
<div><div>FTP Timeliness: From Receipt to Case Examiner Decision</div><div>Rationale for priority status: This KPI relates to the question in the PSA dataset about casework timeliness and is included to assist ongoing board monitoring of timeliness to support the retention of standard six.</div></div> <div><div>FTP Timeliness: Overall Prosecution Case Length</div><div>Rationale for priority status: This KPI relates to the question in the PSA dataset about full case timeliness and is included to assist ongoing board monitoring of timeliness to support the retention of standard six.</div></div>			<div><div>FTP: Proportionate Split of Internal and External Legal Referrals</div><div>Rationale for priority status: This measure has been identified as a key driver of organisational cost and is included for ongoing scrutiny of cost control in this area.</div></div> <div><div>Serious Data Breaches</div><div>Rationale for priority status: This KPI relates to the question in the PSA dataset about ICO referrals and is included to assist ongoing board monitoring of data breach volumes to support the attainment of standard ten.</div></div>

1.4 RAG summary and links with wider performance framework



Links to Strategic Risk

Work has been carried out to cross-reference the balanced scorecard key performance indicators with current live risks on the strategic risk register.

The key performance indicators have been mapped against current strategic risks to understand the RAG rating for each. This is being maintained and monitored as part of the GDC’s risk management framework.

Links to Business Plan

There are currently five programmes underway with Three programmes are on track and Two are amber. No programmes have a red rating. The amber programmes and their rationale are:

Shifting The Balance: As part of the CCP delivery planning, this programme will be closed and the projects within it moved into the Strategy Team Portfolio which will be managed by the Programme and Portfolio Manager in conjunction with the Executive Director of Strategy. The Programme Board will meet in January to close the programme, capture lessons learnt and transfer risks to the SRR and ORR where not already captured.

Estates Strategy:The overall RAG status is amber for this period due to some low level outstanding tasks in the schedule of which Wates contractors are confirming the dates for completion. The drafting of the programme closure report including benefits realisation covering both strand 1 and 2, is underway in preparation for formal closure of programme at end of January 2020.

Action ID #	Action	Date Raised	SRO	Current status comments	Status
BSC001	EMT to approve list of outstanding EMT Actions in new format table in 1.5 to replace those listed in the old format slides within Section 1.5a	Q1 2020	EMT	Approved at SLT 4 February 2020	Completed
BSC002	<p>Organisation Development KPIs suite redesign: Performance indicators will be redesigned and cater for following:</p> <ul style="list-style-type: none"> - Avoid a skew of fixed term contract workers from calculations. - Give insight into directorate specific probation success levels, and further narrative will be considered to provide analysis of broad themes arising from exit interviews. Considering revising Probation success criteria for clear reporting. - Consider alternative to turnover measures: Retention was discussed as a more effective staff measure than turnover as it takes into account a healthy 'refresh' rate of staff. The action is for OD to consider replacing turnover measures with retention measures within their Employee Lifecycle suite of performance indicators currently in design. 	Q4 2018 / Q3 2019	Sarah Keyes	<p>An initial suite of KPI's have been agreed in the directorate and are being monitored in Q1 2020. These are being discussed with FPC in February as relate to action requested by the committee.</p> <p>The new suite of OD KPIs will be proposed to be added into the Balanced Scorecard for the Q1 2020 report.</p>	In Progress
BSC003	Hearings completed without adjournment will be monitored. As a result of the 12 out of 42 hearings in Q1 2019 being adjourned, from February an 'unexpected outcomes' working group has been formed with representation from FtP and Legal & Governance to assess prevention and responsive measures to either avoid cases ending this way and/or find other cases to fill the gap. EMT will monitor the feedback from this group and the results ongoing.	Q1 2019	Tom Scott	The experience in January 2019 proved to be an outlier, nevertheless management remained focused on undertaking a diagnostic assessment of any hearing that is adjourned to understand themes and potential learning. The large majority of cases where this happens prove to be highly case specific and/or unpredictable events.	In Progress
BSC004	Governance Performance Indicators immediate review: Following EMT action 3 in Q3 2018 action is to review the entire suit of Governance Performance Indicators as a priority to evaluate if the correct indicators are being used to measure performance, design any performance indicator amendment and address any issues in data collection and reporting.	Q2 2019	Lisa Marie Williams	A new set of Governance performance indicators to replace the existing set were approved by SLT at the December SLT meeting. These will be implemented into the Q1 2020 report of the Balanced Scorecard.	Complete

Action ID #	Action	Date Raised	SRO	Current status comments	Status
BSC005	Registration monitoring of workload and capacity: At 2 July 2019 SLT meeting, SLT noted the increase and sustained workload of Registration application volumes within DCP Casework. Several mitigations have been put in place including additional resource (both registration assessment panel members and a registration caseworker). SLT will continue to monitor the workload, capacity and related performance indicators on a monthly basis, so that effectiveness of current mitigations and any further options can be evaluated regularly.	Q2 2019	Gurvinder Soomal	<ul style="list-style-type: none"> 7 new Registration Assessment Panellists have been appointed to DCP Casework Panels. 1 additional Registration Caseworker joined the DCP Casework Team in November 2019. An IT Change Request is in progress to enhance and automate reporting of when an overseas trained dentist applies for DCP registration. As of mid-January 2020, there were 355 live applications, compared with 114 live applications in mid-January 2019 (a 311% increase). With the introduction of registration application fees on 2 January 2020, application numbers continue to be monitored. An additional Registration Assessment Panel has been listed for 2020 (there are now 10) – with a further date as an option if required. All panels are now full days (rather than half days) due to the volume of applications being considered - the cost is now funded by registration application fees. A new indicator is proposed for the balanced scorecard to include DCP additional title applications (SLT will then have increased visibility of application numbers). 	In Progress
BSC006	EMT monitoring of FtP timeliness – FtP to consider adding additional performance indicators for timeliness: The current FtP timeliness indicators provide a blanket view to 100% all cases, which does not provide visibility to the range of possible constraints on timeliness. The action is for additional performance indicators / data views to be considered and proposed to SLT, which provide a more granular view on timeliness. This is formally committed to the FtP action plan.	Q3 2019	Tom Scott	<p>FtP have a draft set of indicators – this is being reviewed with Legal colleagues and evaluated by PMO to confirm that all data is measurable and will be formally tabled to SLT for introduction into the balanced scorecard.</p> <p>In addition consideration of how to present the age range of closed FTP cases relating to the Overall timeliness, Investigation timeliness and Prosecution timeliness is in progress.</p>	In Progress

Action ID #	Action	Date Raised	SRO	Current status comments	Status
BSC007	Maintain regular sight of ongoing performance report development activities: There is an ongoing roadmap of review and development for the balanced scorecard and bridging paper to ensure the report remains current and effective. The substance of the performance report is included in the bridging paper and details level in the balanced scorecard. This action is for SLT to be kept updated on the development activities status through the EMT action updates.	Q3 2019	Gurvinder Soomal	Development is in progress for a quarterly CCP Performance Report to replace the Bridging Paper. A draft design of the report, designed to be appropriate for Council level reporting is planned for end of Q1 to then be reviewed with SLT before approval. The design template of the balanced scorecard is in design to be updated to compare the current PI performance to Quarter on Quarter values and Year on Year values. The design proposal is planned to be brought to SLT for the February 2020 balanced scorecard report.	Ongoing
BSC008	Governance Portal: As part of actions being taken to improve the performance against Governance performance indicators, the action is to evaluate potential solution options of a document sharing system to replace the current ‘lannotate’ ipad method of distributing board papers, with the objective being to improve the workflow and timeliness of papers.	Q4 2018	Lisa Marie Williams	A solution is being implemented in January 2020. Feedback and improvements on paper distribution will be closely monitored and reported back the SLT.	Complete
BSC009 (NEW)	FtP Performance Indicators complete set review: Agreed at SLT meeting 4 Feb 2020 that EMT will have separate discussions to review the current challenges faced through measuring FtP performance using the current set of performance indicators. From this there will be proposals for appropriate changes to indicators, their measures and targets. In addition EMT are to review active and waiting times on cases. This links to BSC006 but is taken as a separate action.	Q4 2019	Tom Scott	The EMT sessions are to be scheduled	In Progress
BSC010 (NEW)	Registration to monitor team resource in relation for handling of EEA/Overseas DCP applications: SLT approved the addition of performance indicators to PI/REG/21 and PI/REG/22 at February 4 meeting and it was agreed EMT should monitor the volume of applications and the DCP case worker resource capacity closely.	Q4 2019	Gurvinder Soomal	An update will be provided for Q1 2020 report on resource capacity by the Head of Registration	In Progress

Actions Planned by EMT – Q3 2018 Report

1. **The Registration Management team have developed an action plan to minimise performance interruption in Q4.** The team will particularly be focusing on measures to prioritise the progression of the oldest live applications during this period, to avoid the development of a processing backlog occurring during the transfer from London to Birmingham. **COMPLETED Q4 2018**
2. **EMT will continue to monitor FTP timeliness and focus on improving red timeliness performance indicators.** A number of improvement activities that will help to improve timeliness have now either been delivered or are close to delivery as part of the FTP End-to-End Review (including: introduction of team based tasking, introduction of case front-loading and the improvement of IAT, Rule 4 and hearing listing processes). Early benefits of these measures, as well as focused day-to-day management activity, have helped to reduce IAT and Assessment backlogs evident in Q2. With backlogs now reduced and improvement projects delivered/delivering, the management team expect the manifestation of improvement & backlog reduction work to translate into measurable timeliness improvements over forthcoming quarters. **STATUS Q4 2019 – SUPERSEDED BY ACTION BSC006 IN NEW FORMAT 1.5**
3. **Action is being taken to address red Governance performance indicators (PI/HRG/010 & 012).** A new Head of Governance has been appointed who will start work in November, which will fill the main recent resourcing gap referred to in section 3.1 of the report. They will lead on work to encourage improvement in timely paper completion by paper authors across the organisation, and review some current software issues in the paper uploading process. An exercise has been carried out to revise sequencing arrangements for 2019 to assist paper authors in managing the flow of EMT, sub-committee and Council between board meeting dates. **STATUS Q4 2019 – SUPERSEDED BY ACTION BSC004 IN NEW FORMAT 1.5**
4. **Development work is being planned by EMT in relation to several areas of the Balanced Scorecard.** Organisational Turnover measures are being reviewed to give better visibility of organisational stability in the context of current organisational priorities/challenges. Internal Communications measures are being reviewed to consider whether more appropriate measures of employee engagement can be introduced. Quality Assurance measures will be reviewed to give greater insight into the outcomes of work in this area. **STATUS Q4 2019 – SUPERSEDED BY ACTION BSC007 IN NEW FORMAT 1.5.**

Actions Planned by EMT – Q4 2018 Report

1. **For the RED Governance performance indicators (PI/HRG/010 & 012) action is being taken.** The team are working to develop a workplan to identify and prioritise improvement initiatives for 2019. Additionally, there are plans to evaluate potential solution options of a document sharing system to replace the current 'lannotate' ipad method of distributing board papers, with the objective being to improve the workflow and timeliness of papers. **STATUS Q4 2019 – SUPERSEDED BY ACTION BSC004 IN NEW FORMAT 1.5**
2. **Some aspects of probation procedures and probation measurement will be reviewed.** Performance indicators will be redesigned to avoid a skew by removing fixed term contract workers from the calculation. Further granularity will give insight into directorate specific probation success levels, and further narrative will be considered to provide analysis of broad themes arising from exit interviews. Additionally, a review is planned to consider the how the GDC can make best use of the probation period, to see whether there are merits in considering; a possible amendment to allow flexibility to the current probation sick pay policy, a possible gradation upwards of notice periods during probation based on seniority of the post; and, a possible means to confirm probation success for people who has significant/expert experience coming into role and who quickly demonstrate their capability and suitability when in role. **STATUS Q4 2019 – SUPERSEDED BY ACTION BSC002 IN NEW FORMAT 1.5**
3. **EMT will continue to focus closely on FTP performance.** EMT will continue to closely review FTP performance in light of the downturn in timeliness noted this quarter and will have a focussed discussion in this area at each monthly meeting. Additionally, EMT have discussed considering ways to bring to Council attention some of the monthly narrative which they review that is not currently exposed by quarterly reporting. For example, the October EMT scorecard noted that Prosecutions Timeliness (PI/FTP/009) was the best monthly performance in 2018 at 93% and the November EMT scorecard noted that there had been improvements in all Hearings indicators (considering utilisation, adjournment and outcomes). Consideration will be given to how supplementary data/narrative can be provided to the Council to summarise some of EMT's monthly reviews and insights. Additionally, some additional data and amendments to amber bandings will be implemented to the scorecard from the start of 2019 to better inform the Council of emerging improvements/concerns **STATUS Q4 2019 – SUPERSEDED BY ACTION BSC006 IN NEW FORMAT 1.5**

Actions Planned by EMT – Q1 2019 Report

1. **Hearings completed without adjournment will be monitored.** As a result of the 12 out of 42 hearings in Q1 2019 being adjourned, from February an 'unexpected outcomes' working group has been formed with representation from FtP and Legal & Governance to assess prevention and responsive measures to either avoid cases ending this way and/or find other cases to fill the gap. EMT will monitor the feedback from this group and the results ongoing. **STATUS Q4 2019 – SUPERSEDED BY ACTION BSC003 IN NEW FORMAT 1.5**
2. **EMT continual focus closely on FTP timeliness.** EMT acknowledged some positive improvements in FtP timeliness through Q1 2019 but levels are still significantly below target levels. April and May monthly performance levels show fluctuations in performance. EMT discussed in June SLT board meeting in depth options of additional resource levels, with the acknowledgement of risks for sustaining timeliness during the FtP team handover from London to Birmingham. EMT will continue to review on an ongoing bases and address options for resourcing. **STATUS Q4 2019 – SUPERSEDED BY ACTION BSC006 IN NEW FORMAT 1.5**

Actions Planned by EMT – Q2 2019 Report

1. **Registration monitoring of workload and capacity:** At 2 July 2019 SLT meeting, SLT noted the increase and sustained workload of Registration application volumes within DCP Casework. Several mitigations have been put in place including an additional resource request for DCP Casework, which is a route particularly affected. SLT will continue to monitor the workload, capacity and related performance indicators on a monthly basis, so that effectiveness of current mitigations and any further options can be evaluated regularly. **STATUS Q4 2019 – SUPERSEDED BY ACTION BSC005 IN NEW FORMAT 1.5**
2. **Governance Performance Indicators immediate review:** Following EMT action 3 in Q3 2018 action is review the entire suit of Governance Performance Indicators as a priority to evaluate if the correct indicators are being used to measure performance, design any performance indicator amendment and address any issues in data collection and reporting. **STATUS Q4 2019 – SUPERSEDED BY ACTION BSC004 IN NEW FORMAT 1.5**

Actions Planned by EMT – Q3 2019 Report

1. **FtP consider additional performance indicators for timeliness:** The current FtP timeliness indicators provide a blanket view to 100% all cases, which does not provide visibility to the range of possible constraints on timeliness. The action is for additional performance indicators / data views to be considered and proposed to SLT, which provide a more granular view on timeliness. This is formally committed to the FtP action plan. **STATUS Q4 2019 – SUPERSEDED BY ACTION BSC006 IN NEW FORMAT 1.5**
2. **OD consider alternative to turnover measures:** Retention was discussed as a more effective staff measure than turnover as it takes into account a healthy 'refresh' rate of staff. The action is for OD to consider replacing turnover measures with retention measures within their Employee Lifecycle suite of performance indicators currently in design. **STATUS Q4 2019 – SUPERSEDED BY ACTION BSC002 IN NEW FORMAT 1.5**
3. **Maintain regular sight of ongoing performance report development activities:** There is an ongoing roadmap of review and development for the balanced scorecard and bridging paper to ensure the report remains current and effective. The substance of the performance report is included in the bridging paper and detail level in the balanced scorecard. This action is for SLT to be kept updated on the development activities status through the EMT action updates. **STATUS Q4 2019 – SUPERSEDED BY ACTION BSC007 IN NEW FORMAT 1.5**

AMENDMENTS APPROVED AT 4 FEBRUARY 2020 SLT MEETING

There were 2 amendments to reporting criteria formally requested for approval at the 4 February 2020 SLT meeting:

- In section ‘1.1 Registration Performance Indicators – Process Dashboard’ there is the addition of 2 new indicators to represent the timeliness of EEA/Overseas DCP applications. This is added to represent a marked increase in these applications in the last year. For illustration as of 16 Dec 2019 there were 127 ‘EEA DCP Assessment Additional Titles’ and ‘Non-EEA DCP Assessment Additional Titles’ being processed by the DCP Casework Team, whereas the same time in 2018 there were 22 ‘EEA DCP Assessment Additional Titles’ and ‘Non-EEA DCP Assessment Additional Titles’ applications (a 577% increase). The increase in applications (particularly in relation to overseas trained dentists applying for DCP registration) is being closely monitored, therefore SLT may benefit from having sight of this information. (STATUS – COMPLETE – APPROVED) Sponsor – Gurvinder Soomal
 - The performance indicators added are PI/REG/21 for Active time 'EEA/Overseas DCP Additional Titles' applications and PI/REG/22 for Overall time 'EEA/Overseas DCP Additional Title' applications.
 - The timeframes RAG ranges for ‘Assessed DCP Additional Title’ Green: 0-80 days, Amber: 81-120 days, Red: 121+.
- Proposal to amend the structure of EMT Actions template – Replace to previous 4 previous quarter history of the EMT actions (shown in section 1.5a for reference only) which often had duplicate information in with a single table of rolling actions as shown in section 1.5. (STATUS – COMPLETE – APPROVED) Sponsor – Gurvinder Soomal: The new template shows:
 - Action ID # - A unique reference number for the action
 - Action – Description of the action
 - Data Raised – The Quarter of Balanced Scorecard reporting for which the EMT action was added
 - SRO – The Executive Director accountable for the action
 - Current status comments – Latest updates for action provided by the ED or action owners
 - Status – Identifies if Pending, In Progress, Ongoing (when is a continuous action), Complete (for complete, these will be removed following SLT board meeting has approved the actions updates)

AMENDMENTS APPROVED AT 10 DECEMBER 2020 SLT MEETING

- Governance KPIs redesign:** At SLT in December it was proposed that the current Governance performance indicators on the Balanced Scorecard (PI/HRG 10 to 13 in section 3.1 Governance Performance Indicators) are all retired and replaced with new, more focused measures against the following key areas of business:
 - The timely delivery of papers to Board members.
 - The timely drafting and dissemination of minutes from Board meetings.
 - The timely handling of corporate complaints by the Governance team.
 - The timely drafting of Board meeting agendas.
 - The timely dissemination of actions from Board meetings to the wider organisation.

A summary of these measures are detailed in the table on the next slide and these will be formally reported in the Q1 2020 Balanced Scorecard onwards. (STATUS – COMPLETE – APPROVED) Sponsor – Lisa Marie Williams

New Governance KPIs to introduce from Q1 2020 report

PI Number	Category	Title	Measure	Desired Outcome	Level	Reported on?	Target	How supported?	How measured?
PI/LEG/007	Board Meeting Delivery	Draft Agenda Delivery Timeliness	The percentage of Board meeting (Council and Committees) draft agendas that are sent to the Board Chair at least six weeks in advance of the Board meeting.	Chairs of the Boards are able to maintain strategic oversight of the upcoming business of their respective Boards and the wider business is able to forward plan in relation to preparation for Board meetings.	Departmental	Yes - BSC	Target level: 90% within deadline. Green when 90%-100% Amber when 70%-89% Red when 0%-74%	1. Council/Committees/SLT forward workplan. 2. Planning meetings with Lead Director and Chairs. 3. Quarterly meetings with wider Directorates on forward planning.	Centralised Excel spreadsheet per Board populated by Governance Manager responsible for that Board. Compliance monitored weekly.
PI/LEG/008	Board Meeting Delivery	Final Agenda Delivery Timeliness	The percentage of Board meeting (SLT) draft agendas that are sent to the Board Chair at least three weeks in advance of the Board meeting.	The Chairs of the SLT is able to maintain strategic oversight of the upcoming business of the Board and the wider business is able to forward plan in relation to preparation for Board meetings.	Departmental	Yes - BSC	Target level: 90% within deadline. Green when 90%-100% Amber when 70%-89% Red when 0%-74%	1. Council/Committees/SLT forward workplan. 2. Planning meetings with Lead Director and Chairs. 3. Quarterly meetings with wider Directorates on forward planning.	Centralised Excel spreadsheet per Board populated by Governance Manager responsible for that Board. Compliance monitored weekly.
PI/LEG/009	Board Meeting Delivery	Organisation Board Paper Delivery Timeliness	The percentage of Board papers delivered to Board members at least five working days in advance of the Board meeting.	Board members are provided with papers with sufficient time to absorb and scrutinise their content to facilitate effective discussion and high quality decision making within Board meetings.	Organisational	Yes - BSC	Target level: 90% within deadline. Green when 90%-100% Amber when 70%-89% Red when 0%-74%	1. Council/Committees/SLT forward workplan. 2. Board Portal software. 3. Quarterly meetings with wider Directorates on forward planning.	Centralised Excel spreadsheet per Board populated by Governance Manager responsible for that Board. Compliance monitored weekly.
PI/LEG/010	Board Meeting Delivery	Governance Board Paper Delivery Timeliness	The percentage of Board papers, received in line with Governance deadlines, that were delivered to Board members at least five working days in advance of the Board meeting.	Board members are provided with papers with sufficient time to absorb and scrutinise their content to facilitate effective discussion and high quality decision making within Board meetings.	Departmental	Yes - BSC	Target level: 90% within deadline. Green when 90%-100% Amber when 70%-89% Red when 0%-74%	1. Council/Committees/SLT forward workplan. 2. Board Portal software. 3. Quarterly meetings with wider Directorates on forward planning.	Centralised Excel spreadsheet per Board populated by Governance Manager responsible for that Board. Compliance monitored weekly.
PI/LEG/011	Board Minutes and Actions Delivery	Draft Actions Assignment Timeliness	The percentage of draft actions from Board meetings that are agreed with the Board Chair and communicated to owners within three working days of the Board meeting.	Where Boards have taken decisions or requested actions to be undertaken to facilitate the strategic operation or oversight of the organisation, these actions are communicated and prioritised in a timely way.	Departmental	Yes - BSC	Target level: 90% within deadline. Green when 90%-100% Amber when 70%-89% Red when 0%-74%	1. Review of meetings schedule following Board Effectiveness Review. 2. Clearing diaries on day after Board meetings. 3. Requests to meeting presenters to submit speaking notes alongside papers to Governance. 4. In appropriate cases, meeting actions could be published on the intranet.	Centralised Excel spreadsheet per Board populated by Governance Manager responsible for that Board. Compliance monitored weekly.
PI/LEG/012	Board Minutes and Actions Delivery	Board Minutes and Actions Drafting Timeliness	The percentage of minutes of Board meetings delivered to the Chief Executive for review within five working days of the Board meeting.	The decisions taken and rationale for Board discussions are captured in a timely and concise way to ensure a proper audit trail, a single source of truth for scrutiny and a record which provides assurance.	Departmental	Yes - BSC	Target level: 90% within deadline. Green when 90%-100% Amber when 70%-89% Red when 0%-74%	1. Review of meetings schedule following Board Effectiveness Review. 2. Clearing diaries on day after Board meetings. 3. Requests to meeting presenters to submit speaking notes alongside papers to Governance.	Centralised Excel spreadsheet per Board populated by Governance Manager responsible for that Board. Compliance monitored weekly.
PI/LEG/013	Board Minutes and Actions Delivery	Board Minutes and Actions Final Delivery Timeliness	The percentage of minutes of Board meetings sent to the Board members for review within three days of receipt from the Chief Executive.	The decisions taken and rationale for Board discussions are captured in a timely and concise way to ensure a proper audit trail, a single source of truth for scrutiny and a record which provides assurance.	Departmental	Yes - BSC	Target level: 90% within deadline. Green when 90%-100% Amber when 70%-89% Red when 0%-74%	1. Review of meetings schedule following Board Effectiveness Review. 2. Advance notice given to meeting presenters that minutes are with Chief Executive for review and requests for any points of clarification to be prioritised.	Centralised Excel spreadsheet per Board populated by Governance Manager responsible for that Board. Compliance monitored weekly.
PI/LEG/014	Correspondence Handling	Corporate Complaints Completion Timeliness	The percentage of corporate complaints that are responded to within twenty working days of receipt.	The public have confidence that corporate complaints to and about the organisation are handled in a timely and efficient manner.	Organisational	Yes - BSC	Target level: 100% within deadline. Green when 85%-100% Amber when 75%-84% Red when 0%-74%	1. Review of deadline parameters to align with other organisational requests. 2. Clear policy guidance that is cascaded to the wider business. 3. Clear SOP drafted for the handling of these requests.	Centralised Excel spreadsheet maintained by Governance Administrator and CRM data. Compliance monitored weekly.
PI/LEG/015	Correspondence Handling	Corporate Complaints Assignment Timeliness	The percentage of corporate complaints that are sent to business owners for a response, with a deadline provided, within three working days of receipt.	The public have confidence that corporate complaints to and about the organisation are handled in a timely and efficient manner.	Departmental	Yes - BSC	Target level: 100% within deadline. Green when 85%-100% Amber when 75%-84% Red when 0%-74%	1. Review of deadline parameters to align with other organisational requests. 2. Clear policy guidance that is cascaded to the wider business. 3. Clear SOP drafted for the handling of these requests.	Centralised Excel spreadsheet maintained by Governance Administrator and CRM data. Compliance monitored weekly.

ANNEX A

Registration and Corporate Resources Directorate Performance Indicators

- 1.1 Finance Performance Indicators***
- 1.2 IT Performance Indicators***
- 1.3 Registration Process Performance Indicators Dashboard***
- 1.4 Registration Process Dashboard Reference Information***
- 1.5 Registration Performance Indicators – Process Dashboard – Historic Tracking***
- 1.6 Supplementary Registration Performance Indicators***
- 1.7 Facilities Performance Indicators***

KPI/FCS/001 – Organisational Income

KEY PERFORMANCE INDICATOR:	ACTUAL PERFORMANCE	PERFORMANCE INSIGHTS:
<i>Total income received by the GDC from all registrant types and other miscellaneous sources compared with budget.</i>	<div>THIS PERIOD: 102% PREVIOUS PERIOD: 101%</div>	<ul style="list-style-type: none">Total income is higher than budgeted by £0.9m for 2019. This is largely due to the following:Higher than budgeted Fees income (£375k), of which £238k is as a result of more dentists and specialists renewing their registration in December 2019 than we had budgeted.Investment income higher than budgeted for the period (£477k), due to returns from bank interest and S&W investments.
CORPORATE STRATEGY LINK	TARGET LEVEL: 100% to budget	
	Green when: 100% +	
	Amber when: 98% to 99.9%	
	Red when: 97.9% or lower	
DESIRED OUTCOME		
Total ARF income received by the GDC is sufficient to fund its operations.		

KPI/FCS/002 – FTP Expenditure

KEY PERFORMANCE INDICATOR:	ACTUAL PERFORMANCE	PERFORMANCE INSIGHTS:
<i>Total forecast annual operating expenditure by the FTP directorate (inc FtP Commissioning) compared with budget</i>	<div>THIS PERIOD: 95% PREVIOUS PERIOD: 93%</div>	<ul style="list-style-type: none">This KPI compares the full year actual results for FtP operating expenditure to the agreed annual budget.FtP expenditure was £593k lower than full year budget. This is largely due to a favourable variance of £625k on Hearings meeting fees and expenses where year to date we have registered 367 lost and wasted days.
CORPORATE STRATEGY LINK	TARGET LEVEL: 100% to budget	
	Green when: 98% to 102%	
	Amber when: Below 98% OR 102.1% to 105%	
	Red when: Above 105%	
DESIRED OUTCOME		
The costs of running FTP operations are proportionate and in line with planned levels in order to deliver the business as usual and business plan initiatives effectively.		


KPI/FCS/003 – Non-FTP Expenditure

KEY PERFORMANCE INDICATOR:	ACTUAL PERFORMANCE	PERFORMANCE INSIGHTS:
<i>Total forecast GDC annual operating expenditure (excluding the FTP directorate), compared with budget</i>	<div>THIS PERIOD: 86% PREVIOUS PERIOD: 94%</div>	<ul style="list-style-type: none">Overall, non-FtP expenditure for the full year was £4.4m lower than budgeted.Non-FtP Legal & Professional fees were £822k lower than budgeted. The majority came from ILPS £699k due to the impact of a lower number of referrals than expected in 2019.Non-FtP Meeting fees & expenses were £207k lower than budgeted with £143k of the underspend relating to strategy where the budget for Education QA meetings had been incorrectly overstated.Staffing costs and other staff costs overall are 1.7m lower than budgeted due recruiting delays and posts at lower than budgeted market rate.Contingency £1.7m under full year budget
CORPORATE STRATEGY LINK	TARGET LEVEL: 100% to budget	
	Green when: 98% to 102%	
	Amber when: Below 98% OR 102.1% to 105%	
	Red when: Above 105%	
DESIRED OUTCOME		
The costs of running organisational operations are proportionate and in line with planned levels in order to deliver the business as usual and business plan initiatives effectively.		


PI/FCS/004 – Pension Scheme Funding Position

KEY PERFORMANCE INDICATOR:	ACTUAL PERFORMANCE	PERFORMANCE INSIGHTS:
<i>The DB pension scheme funding position: the value of the DB pension scheme's assets compared to the value of its liabilities</i>	<div>THIS PERIOD: Surplus of £0.4m (101%) PREVIOUS PERIOD: Surplus of £0.3m (101%)</div>	<ul style="list-style-type: none">The triennial valuation as at 1 April 2019 was prepared by the pension scheme's actuary.The valuation showed a surplus of 0.4m comparing to 0.3m last period.This KPI is updated annually when we receive the Pension Scheme accounts from the external provider, therefore the next update will be based on the valuation received as at 1st April 2020.
CORPORATE STRATEGY LINK	TARGET LEVEL: 100% or greater	
	Green when: Less than £2m shortfall	
	Amber when: Between £2m and £5m shortfall	
	Red when: Greater than £5m shortfall	
DESIRED OUTCOME		
The GDC DB pension scheme assets are sufficient to meet the scheme's liabilities and, where this fails to be the case, the scheme is fully funded to avoid a call on the employer for further contributions.		


PI/FCS/005 – Financial Reporting Timeliness

KEY PERFORMANCE INDICATOR:	ACTUAL PERFORMANCE	PERFORMANCE INSIGHTS:
<i>The number of reports that are submitted by Finance to budget holders/Governance on or prior to deadline.</i>	<div>THIS PERIOD:  3 out of 3 Months within deadline</div> <div>PREVIOUS PERIOD: 1 out of 3</div>	<ul style="list-style-type: none">October and November month end reporting was on time. We are currently in the middle of December financial reporting and are currently on target to be on time.Monthly finance processes are benefitting from having a stable team in place with a new Financial Controller starting on 1st November and the Finance Business Partner, previously agency, now permanent from 1st Dec.Recruitment to the posts of Management Accountant (being covered by agency) and Senior Financial Planning and Analytics Manager (London post holder redundancy) is ongoing.
CORPORATE STRATEGY LINK	TARGET LEVEL: 3 out of 3 months to deadline	
DESIRED OUTCOME	Green when: 3 out of 3 months Amber when: 2 out of 3 months Red when: 1 out of 3 or fewer	
The Finance function is to provide a professional and timely accounting service in respect of management accounts and related reports		


PI/FCS/006 – Fees and Expenses Payments Timeliness

KEY PERFORMANCE INDICATOR:	ACTUAL PERFORMANCE	PERFORMANCE INSIGHTS:
<i>Proportion of associates fees & expenses and staff expenses that are processed in line with recognised deadlines</i>	<div>THIS PERIOD:  Fees – 96%, Expenses – 84%</div> <div>PREVIOUS PERIOD: Fees – 86%, Expenses – 100%</div>	<ul style="list-style-type: none">96% of fees were paid on time, improved from 86% last period.84% of expenses were paid within deadline, against a target of 95%. Decline from 100% last period.Late payment of expenses was due to a delay in the claims being sent through and a high level of queries needing resolution before the claims could be processed.
CORPORATE STRATEGY LINK	TARGET LEVEL: 95% processed within deadline	
DESIRED OUTCOME	Green when: 95% + Amber when: 85% to 94% Red when: 84% and lower	
The Finance function provide a professional and timely accounting service in respect of income collection, banking, payments and receipts of invoices and expenses through the purchase and sales ledgers.		

PI/FCS/007 – Invoices and Refunds Timeliness

KEY PERFORMANCE INDICATOR:	ACTUAL PERFORMANCE	PERFORMANCE INSIGHTS:
<i>Proportion of invoices and refunds that are processed in line with recognised deadline</i>	<div>THIS PERIOD:  AVERAGE: 92%: Invoices: 85% Suppliers: 92% Refunds: 100%</div> <div>PREVIOUS PERIOD: AVERAGE: 94%: Invoices: 93% Suppliers: 89% Refunds: 100%</div>	<ul style="list-style-type: none">Overall Q4 performance for Invoices, Suppliers and Refunds is 92%, which is 2% lower than Q3 but still 2% above the target of 90%.Q4 performance for invoices is 85%, which is 5% below the target of 90%, however it should be noted that Q4 invoice volumes were 60% greater than Q3.The number of suppliers paid within our 30 days payment terms is 92%, 2% above target and an increase of 3% compared to Q3.100% refunds were paid on time against the target of 90%. Performance for Q3 was also 100%.
CORPORATE STRATEGY LINK	TARGET LEVEL: 90% processed within 30 days	
DESIRED OUTCOME	Green when: 90% + Amber when: 75% to 89% Red when: 74% and lower	
The Finance function provide a professional and timely accounting service in respect of income collection, banking, payments and receipts of invoices and expenses through the purchase and sales ledgers.		

PI/FCS/008 – Adherence to Purchase Order Policy

KEY PERFORMANCE INDICATOR:	ACTUAL PERFORMANCE	PERFORMANCE INSIGHTS:
<i>Value of invoices where a purchase order has not been raised at the point of commissioning the service/product</i>	<div>THIS PERIOD:  £117.4k</div> <div>PREVIOUS PERIOD: £44.7k</div>	<ul style="list-style-type: none">£117.4k of invoices were not compliant in the past period, which is £32.6k below the £150k target.£76.2k related to 2 invoices for new suppliers (BUK Solutions & Diligent) which incurred a delay approving their creation as vendors on the NAV system. If these are excluded, the remaining balance across all suppliers is £41.2k, which compares with £44.7k in the previous period.
CORPORATE STRATEGY LINK	TARGET LEVEL: Less than £150k non invoiced spend	
DESIRED OUTCOME	Green when: Below £150k Amber when: Between £150k and £400k Red when: Above £400k	
GDC purchasing policies are adhered by staff members and purchase orders are raised in all instances when they are required.		

PI/FCS/019 – Organisational Efficiencies		ORGANISATIONAL INDICATOR
KEY PERFORMANCE INDICATOR:	ACTUAL PERFORMANCE	PERFORMANCE INSIGHTS:
<i>The actual realisation of planned organisational efficiencies in comparison to budgeted levels</i>	<div><div>THIS PERIOD:101%</div><div>PREVIOUS PERIOD: 101%</div></div>	<ul style="list-style-type: none">Overall Full Year efficiency savings was £2.36m compared to target of £2.33m.<ul style="list-style-type: none">ILPS continuing to take the majority of the cases referred to prosecution.The implementation of Case Examiners which continue deliver savings.Increased savings realised from favourable up to date payroll spend on Clinical Advisors and DCS staff costs.£0.6m savings in Hearings’ venue hire costs due to a reduction in the number of external venues used.Overall savings is off-set by costs relating to STB & Estates.
CORPORATE STRATEGY LINK		
Performance Objective 2: Management of resources/ efficiency	<div>TARGET LEVEL:<div>For efficiency savings to be equal to or greater than the budgeted level</div></div>	
DESIRED OUTCOME	<div>Green when:<div>Forecast yearly efficiency savings at 100% or greater of budgeted level</div></div> <div>Amber when:<div>Forecast yearly efficiency savings at 95% to 99% of budgeted level</div></div> <div>Red when:<div>Forecast yearly efficiency savings at less than 80% of budgeted level</div></div>	
The Finance function is to provide a professional and timely accounting service in respect of management accounts and related reports.		

KPI/FCS/009 – GDC Website and Online Register AvailabilityDEPARTMENTAL
INDICATOR

PERFORMANCE INDICATOR:	ACTUAL PERFORMANCE	PERFORMANCE INSIGHTS:
The proportion of time that the GDC website is available.	<div>THIS PERIOD: 99.7% PREVIOUS PERIOD: 100%</div>	<ul style="list-style-type: none">Microsoft applied a networking change in their datacentres which affected the availability to Office 365 and Azure hosting at approximately 01:30am on 20 Nov. The change was reversed by 07:00 however it took several hours for all Microsoft services to come back online including the GDC public website which was restored at 13:30 on 20 Nov.
CORPORATE STRATEGY LINK		
Performance Objective 1: Improve performance across all functions		
DESIRED OUTCOME	TARGET LEVEL: 99.7% + availability	
Key IT systems are reliable and maintain maximum uptime to minimise business disruption. The GDC website (in particular due to the to fulfil the key statutory duty to keep the GDC Register available to the public) and FTP complaint web form) is available to the public continuously with the minimum amount of disruption possible.	Green when:	99.7% to 100%
	Amber when:	97% to 99.69%
	Red when:	0% to 96.99%

PI/FCS/010 – eGDC Site AvailabilityDEPARTMENTAL
INDICATOR

PERFORMANCE INDICATOR:	ACTUAL PERFORMANCE	PERFORMANCE INSIGHTS:
The proportion of time that the eGDC website is available.	<div>THIS PERIOD: 100% PREVIOUS PERIOD: 100%</div>	<ul style="list-style-type: none">100% uptime was achieved with no issues recorded during the period and with the eGDC site continuously available for applicants and registrants to make online service interactions during Q4.
CORPORATE STRATEGY LINK		
Performance Objective 1: Improve performance across all functions		
DESIRED OUTCOME	TARGET LEVEL: 99.7% + availability	
Key IT systems are reliable and maintain maximum uptime to minimise business disruption. The eGDC site is available to applicants and registrants continuously with the minimum amount of disruption possible.	Green when:	99.7% to 100%
	Amber when:	97% to 99.69%
	Red when:	0% to 96.99%

KPI/FCS/011 – Dynamics CRM AvailabilityDEPARTMENTAL
INDICATOR


PERFORMANCE INDICATOR:	ACTUAL PERFORMANCE	PERFORMANCE INSIGHTS:
The proportion of time that the Dynamics CRM organisational database is available.	<div>THIS PERIOD: 100% PREVIOUS PERIOD: 100%</div>	<ul style="list-style-type: none">100% uptime was achieved with no issues recorded during the period with GDC Dynamics CRM being continuously available for all users during Q4.
CORPORATE STRATEGY LINK		
Performance Objective 1: Improve performance across all functions		
DESIRED OUTCOME	TARGET LEVEL: 99.7% + availability	
Key IT systems are reliable and maintain maximum uptime to minimise business disruption. The central organisational database is available continuously with the minimum amount of disruption possible to staff productivity.	Green when:	99.7% to 100%
	Amber when:	97% to 99.69%
	Red when:	0% to 96.99%

PI/FCS/012 – GDC Exchange Email AvailabilityDEPARTMENTAL
INDICATOR

PERFORMANCE INDICATOR:	ACTUAL PERFORMANCE	PERFORMANCE INSIGHTS:
The proportion of time that GDC Exchange Email is available.	<div>THIS PERIOD: 100% PREVIOUS PERIOD: 100%</div>	<ul style="list-style-type: none">100% uptime was achieved with no issues recorded during the period .GDC email has been available for all users continuously during Q4.
CORPORATE STRATEGY LINK		
Performance Objective 1: Improve performance across all functions		
DESIRED OUTCOME	TARGET LEVEL: 99.7% + availability	
Key IT systems are reliable and maintain maximum uptime to minimise business disruption. The GDC email system is available continuously with the minimum amount of disruption possible to staff productivity.	Green when:	99.7% to 100%
	Amber when:	97% to 99.69%
	Red when:	0% to 96.99%

PI/FCS/013 – IT Service Desk Timeliness

DEPARTMENTAL
INDICATOR

PERFORMANCE INDICATOR:	ACTUAL PERFORMANCE		PERFORMANCE INSIGHTS:
<i>The proportion of IT support/development requests that are processed within service level agreement timeframes.</i>	<div></div> <div>THIS PERIOD: 97%</div> <div>PREVIOUS PERIOD: 97%</div>		<ul style="list-style-type: none">Performance has remained constant in Q4 2019 with 97% processed within the service level agreement.1,901 service desk requests were completed over this period, 21 less than Q3 2019.This performance indicator is a composite measure taking into account all IT service desk requests carried out across IT support, web and database services.Target response times range from an hour to 24 hours depending on the nature of the request.The average resolution time for IT helpdesk tickets raised is 6 working days.
CORPORATE STRATEGY LINK			
Performance Objective 1: Improve performance across all functions			
DESIRED OUTCOME	TARGET LEVEL:	95% within deadline	
The IT team provide timely and effective IT services to all GDC employees, which includes computer equipment, computer software and IT networks to convert, store, protect, process, transmit, and securely retrieve information.	Green when:	95% to 100%	
	Amber when:	90% to 94.99%	
	Red when:	0% to 89.99%	

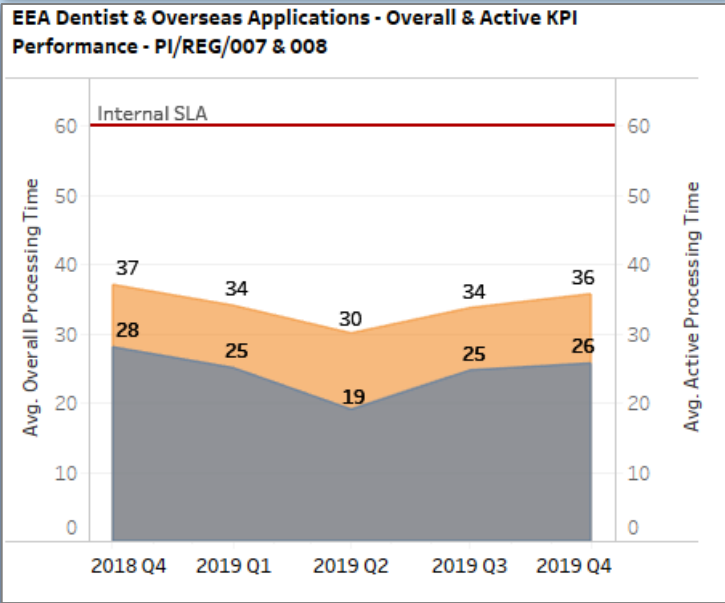
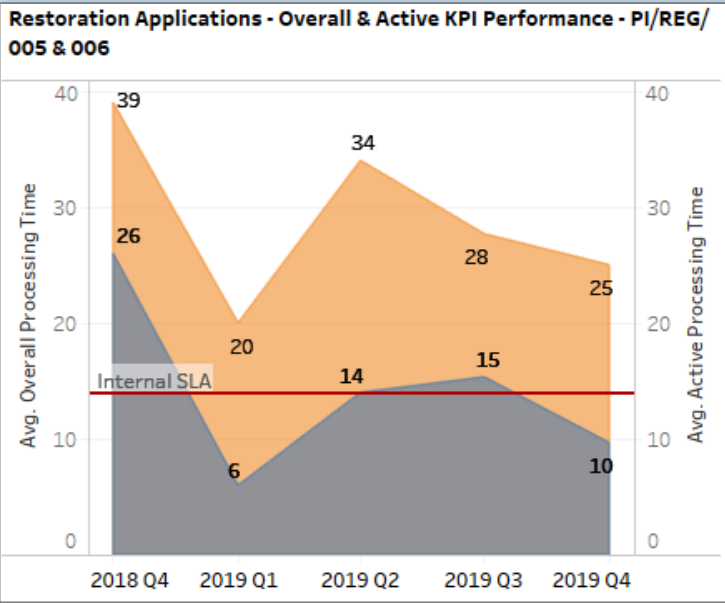
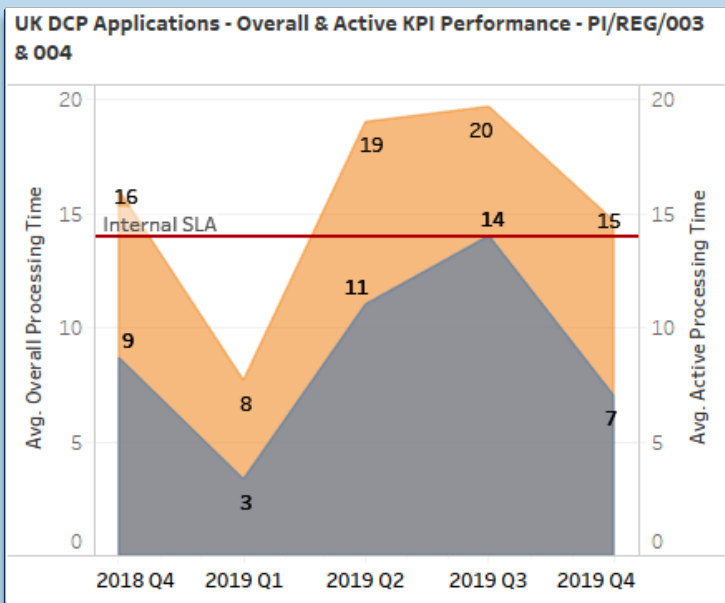
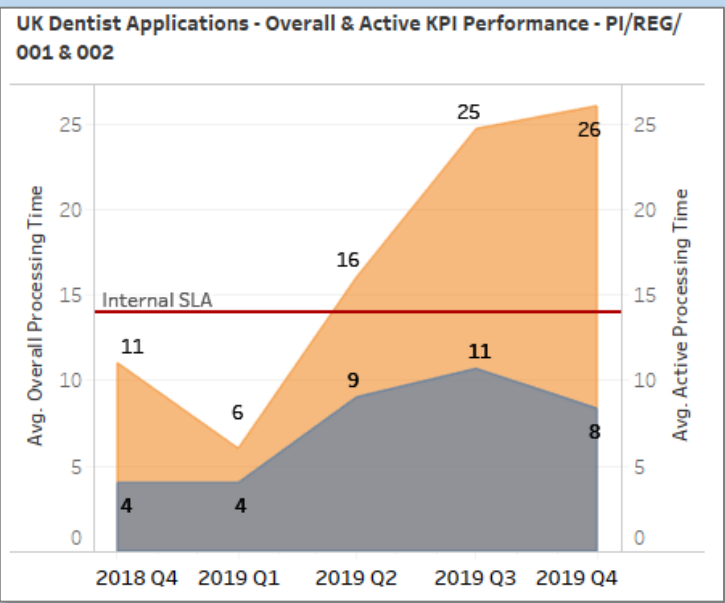
PI/FCS/014 – IT Customer Service Feedback

DEPARTMENTAL
INDICATOR

PERFORMANCE INDICATOR:	ACTUAL PERFORMANCE		PERFORMANCE INSIGHTS:
<i>The proportion of customer survey feedback received in the 'satisfactory' category.</i>	<div><div>THIS PERIOD: 98%</div><div>PREVIOUS PERIOD: 98%</div></div>		
CORPORATE STRATEGY LINK			
Performance Objective 2: Cost reduction/efficiency			
DESIRED OUTCOME	TARGET LEVEL:	95% satisfactory	
The IT team provide a good level of customer service in the effective provision of IT services to all GDC employees, which includes computer equipment, computer software and IT networks to convert, store, protect, process, transmit, and securely retrieve information.	Green when:	95% to 100%	
	Amber when:	90% to 94.99%	
	Red when:	0% to 89.99%	

		KPI/REG/001 & 002 UK Dentist	KPI/REG/003 & 004 UK DCP	PI/REG/005 & 006 Restoration	PI/REG/007 & 008 Dentist EEA & Overseas	PI/REG/009 & 010 Assessed Dentist	PI/REG/011 & 012 Assessed DCP	PI/REG/020 & 021 Assessed DCP Additional Titles	PI/REG/013 & 014 Specialist
A. Average Overall Processing Time		THIS PERIOD 26 Calendar Days	THIS PERIOD 15 Calendar Days	THIS PERIOD 25 Calendar Days	THIS PERIOD 36 Calendar Days	THIS PERIOD 69 Calendar days	THIS PERIOD 65 Calendar Days	THIS PERIOD 78 Calendar Days	THIS PERIOD 24 Calendar Days
		PREVIOUS PERIOD 25 Calendar Days	PREVIOUS PERIOD 20 Calendar Days	PREVIOUS PERIOD 28 Calendar Days	PREVIOUS PERIOD 34 Calendar Days	PREVIOUS PERIOD 71 Calendar Days	PREVIOUS PERIOD 87 Calendar Days	PREVIOUS PERIOD 73 Calendar Days	PREVIOUS PERIOD 48 Calendar Days
B. Average Active Processing Time		THIS PERIOD 8 Calendar Days	THIS PERIOD 7 Calendar Days	THIS PERIOD 10 Calendar Days	THIS PERIOD 25 Calendar Days	THIS PERIOD 63 Calendar Days	THIS PERIOD 50 Calendar Days	THIS PERIOD 62 Calendar Days	THIS PERIOD 21 Calendar Days
		PREVIOUS PERIOD 11 Calendar Days	PREVIOUS PERIOD 14 Calendar Days	PREVIOUS PERIOD 15 Calendar Days	PREVIOUS PERIOD 25 Calendar Days	PREVIOUS PERIOD 57 Calendar Days	PREVIOUS PERIOD 64 Calendar Days	PREVIOUS PERIOD 55 Calendar Days	PREVIOUS PERIOD 45 Calendar Days
C. Contextual Measures	Incoming	36 applications received	1028 applications received	406 applications received	294 applications received	71 applications received	268 applications received	214 applications received	148 applications received
	Processed	30 applications completed	1028 applications completed	384 applications completed	131 applications completed	7 applications completed	45 applications completed	41 applications completed	96 applications completed
	Work In Progress	3 live applications at month end	70 live applications at month end	70 live applications at month end	132 live applications at month end	37 live applications at month end	142 live applications at month end	142 live applications at month end	45 live applications at month end
D. Insights		<ul style="list-style-type: none">36 Dentist applications were received in Q4 which is 81% less than the 186 received in Q3.The 30 applications completed is higher than forecast during Q4 (22).There were 3 live applications at the end of Q4 which is 25% less than the 4 live in Q3.	<ul style="list-style-type: none">1,028 applications were received in Q4 which is 47% less than the 1,945 received in Q3.The 1,028 applications completed is 25% lower than forecast (1,374).There were 70 live DCP applications at the end of Q4 which is 83% less than the 410 live in Q3.	<ul style="list-style-type: none">406 applications were received in Q4 which is 28% less than the 560 received in Q3.The 384 restorations completed is 14% higher than forecast (336).There were 70 live applications in Q4 which is 69% less than the 223 in Q3.25 (7%) were Dentist and 359 (93%) were DCP Restorations.	<ul style="list-style-type: none">294 applications received in Q4 which is 5% less than the 311 applications received in Q3There were 132 live applications in Q4 which is 55% more than the 85 in Q4.131 EEA and Overseas Dentist Applications were completed in Q4 which is 7% higher than forecast (121).	<ul style="list-style-type: none">71 applications received in Q4 which is 39% more than the 51 applications received in Q3.7 applications were completed which is 36% lower than forecast (11) in Q4.There were 37 live applications in Q4 which is 106% more than the 18 in Q3.	<ul style="list-style-type: none">268 applications were received in Q4 which is 55% more than the 174 received in Q3.The 45 applications completed in Q4 is 8% higher than the 38 completed in Q3.There were 142 live applications in Q4 which is 33% more than the 107 in Q3.	<ul style="list-style-type: none">214 applications were received in Q4 which is 60% more than the 134 received in Q3.41 applications were completed in Q4 which is 46 % higher than the 28 completed in Q3.There were 142 live applications in Q4 which is 61% more compared to the 88 in Q3.	<ul style="list-style-type: none">148 applications were received in Q4 which is 90% more than the 78 received in Q3.The 96 applications completed is 100% higher than forecast (48).There were 45 live specialist applications at the end of Q4 which is 22% more compared to the 37 live in Q3.

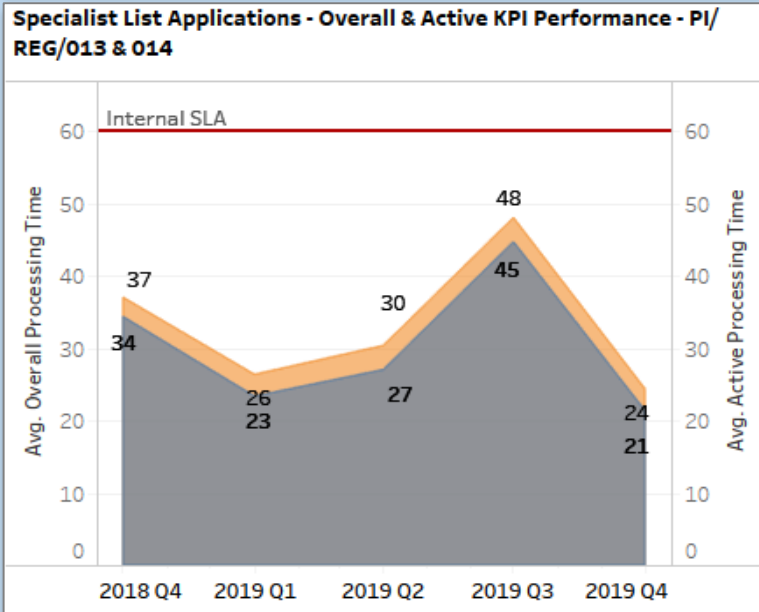
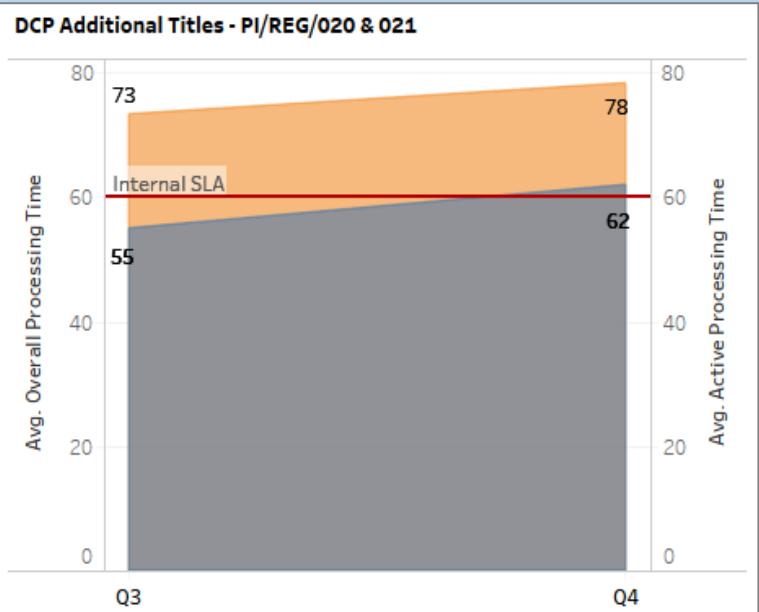
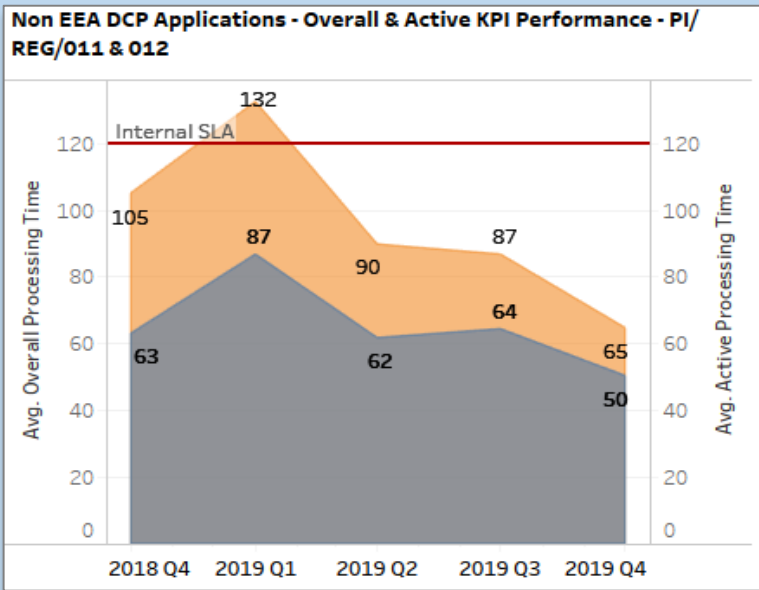
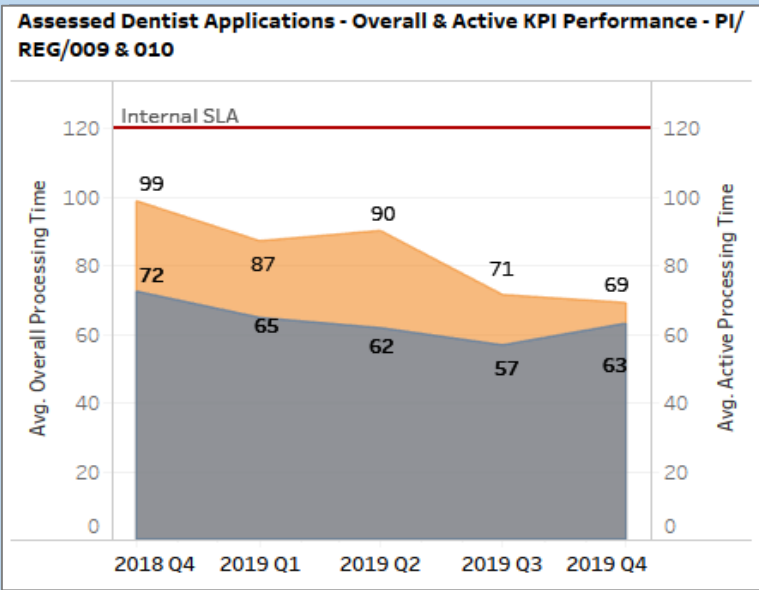
DEPARTMENTAL INDICATORS	DESCRIPTION	KPI/REG/001 & 002 UK Dentist	KPI/REG/003 & 004 UK DCP	PI/REG/005 & 006 Restoration	PI/REG/007 & 008 Dentist EEA & Overseas	PI/REG/009 & 010 Assessed Dentist	PI/REG/011 & 012 Assessed DCP	PI/REG/020 & 021 Assessed DCP Additional Titles	PI/REG/013 & 014 Specialist
		PI/REG/001: The average overall time taken to process all UK Dentist Applications	PI/REG/003: The average overall time taken to process all UK DCP Applications	PI/REG/005: The average overall time taken to process all Restoration Applications	PI/REG/007: The average overall time taken to process all EEA Dentist Applications	PI/REG/009: The average overall time taken to process all Assessed Dentist Applications	PI/REG/011: The average overall time taken to process all Assessed DCP Applications	PI/REG/020: The average overall time taken to process all Assessment Additional Titles	PI/REG/013: The average overall time taken to process all Specialist List Applications
		PI/REG/002: The average time taken with days on-hold removed	PI/REG/004: The average time taken with days on-hold removed	PI/REG/006: The average time taken with days on-hold removed	PI/REG/008: The average time taken with days on-hold removed	PI/REG/010: The average time taken with days on-hold removed	PI/REG/012: The average time taken with days on-hold removed	PI/REG/021: The average time taken with days on-hold removed	PI/REG/014: The average time taken with days on-hold removed
TARGET LEVEL:		Within 14 Calendar Days	Within 14 Calendar Days	Within 14 Calendar Days	Within 60 Calendar Days	Within 60 Calendar Days	Within 80 Calendar Days	Within 80 Calendar Days	Within 80 Calendar Days
GREEN when:		Average 0-14 Days	Average 0-14 Days	Average 0-14 Days	Average 0-60 Days	Average 0-60 Days	Average 0-80 Days	Average 0-80 Days	Average 0-80 Days
AMBER when:		Average 15 - 90 Days	Average 15 - 90 Days	Average 15 - 90 Days	Average 61 - 90 Days	Average 61 - 90 Days	Average 81 - 120 Days	Average 81 - 120 Days	Average 81-90 Days
RED when:		91 Days (Statutory time limit level) +	91 Days (Statutory time limit level) +	91 Days (Statutory time limit level) +	91 Days (Statutory time limit level) +	91 Days (Statutory time limit level) +	121 Days (Statutory Time Limited Level) +	121 Days (Statutory Time Limited Level) +	91 Days (Statutory time limit level) +
DESIRED OUTCOME	Applications to join the register are accurately assessed with the correct outcome in line with the internally set service level agreement.								
Corporate Strategy Link	Performance Objective 1 & 2: Highly effective regulator and management of resources.								





Registration Processing Times

Overall

Active



PI/REG/015 – Call Centre Availability			DEPARTMENTAL INDICATOR
PERFORMANCE INDICATOR: <i>The proportion of inbound calls from members of the public that are answered by the Customer Advice and Information Team (CAIT).</i>	ACTUAL PERFORMANCE THIS PERIOD: 98% PREVIOUS PERIOD: 95% 	PERFORMANCE INSIGHTS: <ul style="list-style-type: none">13,069 out of 13,341 offered calls were handled during Q4 2019.The number of calls offered has decreased by 47% compared to the 24,974 offered in Q3 2019.	
CORPORATE STRATEGY LINK Performance Objective 1 & 2: Highly effective regulator and management of resources			
DESIRED OUTCOME The majority of customer service calls can be answered by CAIT in a timely fashion prior to the caller ceasing to wait in the call queue.			
	TARGET LEVEL: 85% + calls are answered		
	Green when: 85% +		
	Amber when: 65% to 84%		
	Red when: 64% or lower		

PI/REG/017 – Registration Applications Processed			DEPARTMENTAL INDICATOR
PERFORMANCE INDICATOR: <i>The year to date number of additions to the Register compared to budgeted levels.</i>	ACTUAL PERFORMANCE THIS PERIOD: 96% to budget PREVIOUS PERIOD: 100% 	PERFORMANCE INSIGHTS: <ul style="list-style-type: none">The income generated from applications is 4% less than the forecast for Q4 2019.1,689 applications were completed against the 1,932 forecast in Q4 2019 . Of the applications completed:<ul style="list-style-type: none">61% were UK DCP applications.2% were UK Dentist.23% were Restoration.8% were EEA Dentist and Non-EEA Dentist.3% were Specialist.3% were Overseas DCP.0.4% were Dentist assessed	
CORPORATE STRATEGY LINK Performance Objective 1 & 2: Highly effective regulator and management of resources			
DESIRED OUTCOME Volume of applications coming in to the GDC remains in line with the levels expected when the budget is set to help maintain expected income position. Once arrived, applications are processed at the rate expected to maintain product processing expectations.			
	TARGET LEVEL: 100% of expected registrations		
	Green when: 95% +		
	Amber when: 85% and 94%		
	Red when: 84% or less		

1.6 Supplementary Registration Performance Indicators

PI/REG/016 – Registration Customer Satisfaction

DEPARTMENTAL
INDICATOR

PERFORMANCE INDICATOR:	ACTUAL PERFORMANCE		PERFORMANCE INSIGHTS:
<i>Combined % of respondents either strongly agreeing or agreeing with the statement “I was satisfied with the customer service I received from the GDC”.</i>	<div><div>THIS PERIOD: 94%</div><div>PREVIOUS PERIOD: 94%</div></div>		
CORPORATE STRATEGY LINK			
Performance Objective 1 & 2: Highly effective regulator and management of resources			
DESIRED OUTCOME			
Recent applicants, registrants and Overseas Registration Examination candidates are satisfied with the customer service that they have received from the GDC.			
	TARGET LEVEL:	80% or above	
	Green when:	80% +	
	Amber when:	60% to 79%	
	Red when:	59% or lower	

PI/REG/018 – Registration Audit Pass Rate

DEPARTMENTAL
INDICATOR

PERFORMANCE INDICATOR:	ACTUAL PERFORMANCE		PERFORMANCE INSIGHTS: • No data or insights was provided this quarter
<i>The proportion of Registration applications that pass audit inspection.</i>	THIS PERIOD: N/A PREVIOUS PERIOD: N/A		
CORPORATE STRATEGY LINK			
Performance Objective 1 & 2: Highly effective regulator and management of resources			
DESIRED OUTCOME	TARGET LEVEL:	90% pass rate	
All registration applications are processed in line with recognised standard operating procedures, and adhere to process and quality control standards. The accuracy and of integrity of the register is maintained and only those who demonstrate suitable character, health and qualifications are registered.	Green when:	90% and 100%	
	Amber when:	80% and 89%	
	Red when:	79% or lower	

PI/FCS/014 – Health & Safety Incident Occurrence

ORGANISATIONAL
INDICATOR

PERFORMANCE INDICATOR:	ACTUAL PERFORMANCE	PERFORMANCE INSIGHTS:
<i>Volume of serious incidents as reported to the Health & Safety Executive (under Reporting of Injuries, Diseases and Dangerous Occurrences Regulations).</i>	<div>THIS PERIOD: 0 incidents</div> <div>PREVIOUS PERIOD: 0</div>	<ul style="list-style-type: none">During Q4 2019, there were no incidents that led to either an improvement notice or a prohibition notice being served by H&SE.
CORPORATE STRATEGY LINK	TARGET LEVEL: No incidents occur	
	Green when: No incidents occur	
DESIRED OUTCOME	Amber when: 1 or more improvement notice received OR 1 or more significant incident dealt with internally but in line with H&S Executive guidance (near miss)	
	Red when: 1 or more prohibition notice	
A safe environment for all GDC employees and visitors in all parts of the GDC premises. Health, safety and environmental standards monitored, reviewed and maintained in accordance with all legal and regulatory requirements.		

PI/FCS/015 – Serious Accident Occurrence

ORGANISATIONAL
INDICATOR

PERFORMANCE INDICATOR:	ACTUAL PERFORMANCE	PERFORMANCE INSIGHTS:
<i>Volume of serious health and safety accidents reported to the Health & Safety Executive (under Reporting of Injuries, Diseases and Dangerous Occurrences Regulations).</i>	<div>THIS PERIOD: 0 accidents; 0 Near Miss</div> <div>PREVIOUS PERIOD: 0 accidents, 0 near misses</div>	<ul style="list-style-type: none">No serious accidents and no near misses were recorded in Q4 2019 that met this definition.
CORPORATE STRATEGY LINK	TARGET LEVEL: No accidents occur	
	Green when: No accidents occur	
DESIRED OUTCOME	Amber when: 1 or more internally recognised near miss	
	Red when: 1 or more serious accident	
A safe environment for all GDC employees and visitors in all parts of the GDC premises. Health, safety and environmental standards monitored, reviewed and maintained in accordance with all legal and regulatory requirements.		

PI/FCS/016 – Staff Satisfaction – Working Environment


DEPARTMENTAL
INDICATOR

PERFORMANCE INDICATOR:	ACTUAL PERFORMANCE	PERFORMANCE INSIGHTS:
<i>Combined % of staff who are satisfied with the working environment at the GDC from the quarterly satisfaction survey.</i>	<div>THIS PERIOD: N/A</div> <div>PREVIOUS PERIOD: N/A</div>	<ul style="list-style-type: none">Due to the move to Birmingham this survey is on hold.
CORPORATE STRATEGY LINK	TARGET LEVEL: 75% or above	
DESIRED OUTCOME	Green when: 75% +	
	Amber when: 50% to 74%	
	Red when: Below 49%	
Facilities team are recognised to provide a good level of customer service in all aspects of the day to day running of the GDC estates.		

PI/FCS/017 – Wimpole Street Lift Availability

DEPARTMENTAL
INDICATOR

PERFORMANCE INDICATOR:	ACTUAL PERFORMANCE	PERFORMANCE INSIGHTS:
<i>The proportion of time that one or more of the Wimpole Street lifts are recognised to be out of service.</i>	<div>THIS PERIOD: 4</div> <div>PREVIOUS PERIOD: 4</div>	<ul style="list-style-type: none">This is a composite measure which captures the number of hours where one of either the main Wimpole Street lift (serving the basement floor up to floor 5), or the rear Wimpole Street Mews lift (serving the basement floor up to Mews floor 2) are out of action.During Q4 2019 there was 1 call out due to card reader in lift problem rather than fault with the lift.
CORPORATE STRATEGY LINK	TARGET LEVEL: 95% availability (8 hours)	
DESIRED OUTCOME	Green when: 8 hours or less	
	Amber when: 8.1 hours to 15.9 hours	
	Red when: 16 hours +	
Facilities Team ensure that lifts are 37 Wimpole Street are available and reliable. Staff and visitors rely on the lifts to get to upper floors - some staff have problems using the stairs and rely on lifts for building accessibility.		

PI/FCS/018 – External Contractor Performance			DEPARTMENTAL INDICATOR
PERFORMANCE INDICATOR:	ACTUAL PERFORMANCE		PERFORMANCE INSIGHTS:
<i>Number of jobs completed by external contractors within their given priority SLA</i>	<div>THIS PERIOD: 87.1 %</div> <div>PREVIOUS PERIOD: 88.6%</div>		
CORPORATE STRATEGY LINK	TARGET LEVEL:	95% within SLA	
Performance Objective 1 & 2: Highly effective regulator and management of resources	Green when:	95% +	
DESIRED OUTCOME	Amber when:	70% and 94%	
The Facilities team are aware of the areas of the working environment that matter most to staff and staff have a mechanism for feeding back on the working environment.	Red when:	69% or less	

Fitness to Practise Directorate Performance Indicators

2.1 FTP Process Performance Indicators Dashboard

2.2 FTP Process Performance Indicators Dashboard Reference Information

2.3 FTP End-to-end Process – Performance Indicators Dashboard – Historic Tracking

2.4 Interim Orders Committee Timeliness Performance Indicators

2.5 Interim Orders Committee Compliance Performance Indicators

2.6 Dental Complaints Service Performance Indicators

SUPPLEMENTARY INSIGHTS ON SECTION 2.1 – FTP PERFORMANCE INDICATORS DASHBOARD

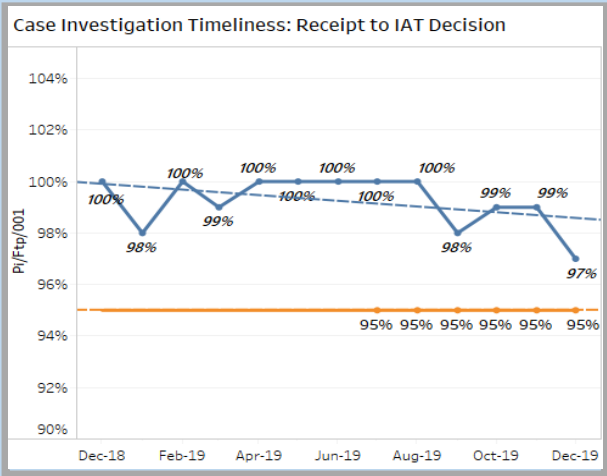
Please see the narrative on FTP timeliness in the executive summary (1.1) and specific narrative regarding KPI/FTP 005, 006 & 008 in the organisational key performance indicators page (1.2). A summary relating to supportive indicators is noted below:

- PI/FTP/001 – The Initial Assessment Team (IAT) average timeliness slightly decreased to 99% in Q4. Incoming caseload to IAT is up year on year.
- PI/FTP/002 – Q4 has seen an increase in performance from 26% in Q3 to 35% in Q4. 246 Assessment Decisions were made in Q4, however some of the cases where decisions were made had an old case age meaning they did not meet target. Until this backlog of older cases is reduced, this KPI will continue to be impacted against target levels. There has also been an increase in cases referred to Assessment year on year.
- PI/FTP/003 – Assessment referral to Case Examiner completion has decreased slightly from 25% to 24% in Q4.
- PI/FTP/004 – Q4 has seen performance against the 7 day initial decision target remain the same at 96%.
- PI/FTP/009 – Q4 saw the percentage of cases against this PI increase from 57% to 79%. Out of 34 cases, 7 missed the 9 month target. 4 cases took over 20 months to complete, the remaining 3 were completed within 20 months. The reasons were due to: late GDC disclosure - Needed another registrant's case to be concluded, 2 were joint cases for Jennings and Miles and needed to be heard together, 1 was postponed due to GDC disclosure issues, 1 was postponed by prelim due to similar complaint in pipeline, 1 was because of a late GDC closure and the final case missed KPI by only 24 days, there wasn't a stand out reason.
- PI/FTP/010 – ILPS disclosure timeliness slightly decreased to 85% in Q4.
- PI/FTP/011 – 35 cases out of 47 were completed without an adjournment in Q4 which is a performance of 74%. Postponement reasons were: registrant instructed defence late, 2 were for insufficient time to conclude, 3 were for planned part heard/ more time needed, other reasons were: did not proceed, change in policy for language, ill health of registrant, panellist conflict of interest/ withdrawing of charges and witness availability issues.
- PI/FTP/012 – Performance against this PI slightly decreased to 94% in Q4, previously 100% in Q3.
- PI/FTP/028 – ELPS disclosure timeliness was 91% in Q4 showing a large increase from 78% in Q3. 1 out of 6 cases was not disclosed within the agreed date. This was due to delays in obtaining factual evidence from witnesses.
- PI/FTP/029 – As of Q4 2019, 73% of hearing days were delivered, 1351 days have been scheduled and 1017 days were used. Days were lost due to successful Rule 6E applications and nothing to list in their place and cases being postponed. The wasted days were mainly due to hearings finishing early, hearings being postponed during the hearing and venue availability.

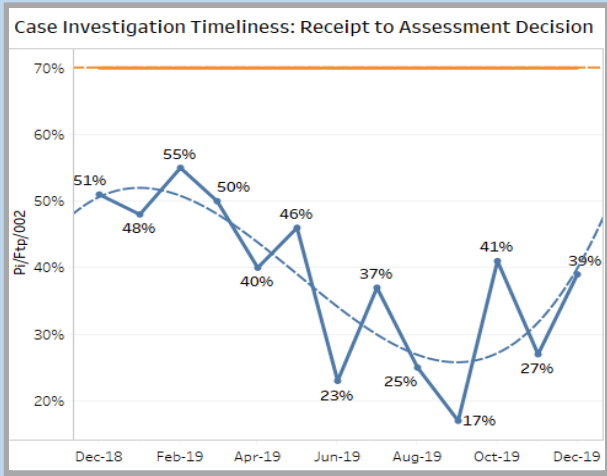
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IAT		Assessment		Case Examiners		ILPS	ELPS	Hearings
A. Headline Timeliness Performance Indicators	KPI/FTP/008 – Full Case Timeliness: Overall Case Length (Receipt to Final Hearing Outcome) <i>TARGET: 75% within 15 months THIS PERIOD: 9% PREVIOUS PERIOD: 11%</i>							
	KPI/FTP/005 – Investigation Timeliness: Receipt to CE Decision <i>TARGET: 75% within 6 months THIS PERIOD: 13% PREVIOUS PERIOD: 18%</i>				PI/FTP/009 – Prosecution Timeliness: Case Examiner Referral to Hearing <i>TARGET: 80% within 9 months THIS PERIOD: 79% PREVIOUS PERIOD: 57%</i>			
B. Supportive Measures	PI/FTP/001 – IAT Timeliness: Receipt to IAT Decision <i>TARGET: 95% within 20 days THIS PERIOD: 99% PREVIOUS PERIOD: 100%</i>	PI/FTP/002 – Assessment Timeliness: Receipt to Assessment Decision <i>TARGET: 70% within 17 weeks THIS PERIOD: 35% PREVIOUS PERIOD: 26%</i>	PI/FTP/003 – Case Examiner Timeliness: Assessment Referral to Case Examiner Stage Completion <i>TARGET: 75% within 9 weeks THIS PERIOD: 24% PREVIOUS PERIOD: 25%</i>	KPI/FTP/006 – Proportional Split of Internal/External Prosecution Referrals <i>TARGET: 21 or fewer cases referred externally per quarter THIS PERIOD: 3 ELPS referrals PREVIOUS PERIOD: 19 ELPS referrals</i>		PI/FTP/011 – Hearings Completed Without Adjournment <i>TARGET: 85% THIS PERIOD: 74% PREVIOUS PERIOD: 91%</i>		
			PI/FTP/004 – Case Examiner Timeliness: Allocation to Initial Case Examiner Decision <i>TARGET: 95% within 7 days THIS PERIOD: 96% PREVIOUS PERIOD: 96%</i>	PI/FTP/010 – ILPS Timeliness: Disclosure Time Taken <i>TARGET: 80% of cases disclosed within 98 days THIS PERIOD: 85% PREVIOUS PERIOD: 92%</i>	PI/FTP/028 – ELPS Timeliness: Disclosure Time Taken <i>TARGET: 80% of ELPS cases disclosed within 98 days THIS PERIOD: 91% PREVIOUS PERIOD: 78%</i>	PI/FTP/012 – Hearings Completed With Facts Proved <i>TARGET: 80% THIS PERIOD: 94% PREVIOUS PERIOD: 100%</i>		
C. Contextual Measures	Incoming	387 cases	278 cases	126 cases	26 cases	3 cases	25 cases	
	Processed	364 cases	244 cases	64 cases	52 cases	15 cases	35 cases	
	Referral Rate	76%	57%	44%	77%	23%	41%	
	Work In Progress*	28 cases <i>Est. Queue Length – 5 days</i>	621 cases (612 – Assessment + 9 – Rule 9) <i>Est. Queue Length – 42 weeks</i>	148 cases (8 - CE Support + 133 - Rule 4 + 7 - Rule 6E) <i>Est. Queue Length – 12 weeks</i>	163 cases <i>Est. Queue Length – 8 months</i>	49 cases <i>Est. Queue Length – 11 months</i>	192 cases (183 – Awaiting PCC + 9 – Adjourned) <i>Est. Queue Length – 11 months</i>	

*Note - Work In Progress is a closing period count and not intended to reflect previous period work in progress plus those incoming and minus processed.

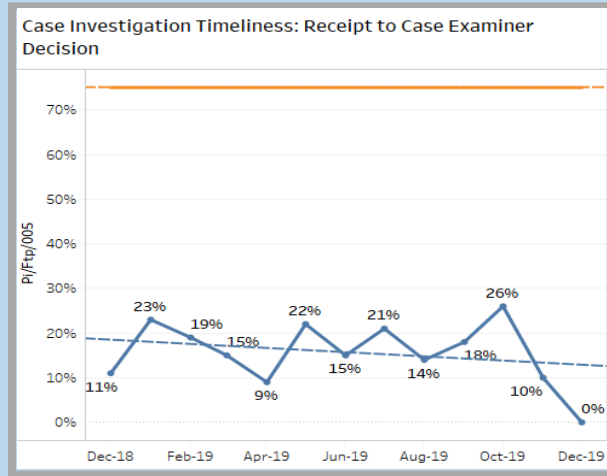
DEPARTMENTAL INDICATORS	KPI/FTP/Ref IAT	KPI/FTP/Ref Assessment	KPI/FTP/Ref Case Examiners	KPI/FTP/Ref ILPS	KPI/FTP/Ref ELPS	KPI/FTP/Ref Hearings
A. Headline Timeliness Performance Indicators	PI/FTP/008 The proportion of cases that reach an initial hearing within 15 months of receipt TARGET: 75% + on time Green: 75%+ Amber: 65 - 74% Red: <65% (PO 1 & PO 5)* [DO6]*					
	PI/FTP/005 The proportion of cases that reach the Case Examiner stage of the process to have an initial Case Examiner decision within 6 months of receipt TARGET: 75% + on time Green: 75%+ Amber: 65 - 74% Red: <65% (PO 1 & PO 5)* [DO3]*			PI/FTP/009 The proportion of prosecution cases heard within 9 months of referral for prosecution TARGET: 80% + on time Green: 80%+ Amber: 70 - 79% Red: <70% (PO 1 & PO 5)* [DO6]*		
B. Supportive Measures	PI/FTP/001 The proportion of cases to clear IAT within 20 working days of receipt TARGET: 95% + on time Green: 95%+ Amber: 85 - 94% Red: <85% (PO 1 & PO 5)* [DO1]*	PI/FTP/002 The proportion of cases that reach the Assessment stage to be appropriately assessed within 17 weeks of receipt TARGET: 70% + on time Green: 70%+ Amber: 60 - 69% Red: <60% (PO 1 & PO 5)* [DO2]*	PI/FTP/003 The proportion of cases that reach the Case Examiner stage of the process to have a substantive Case Examiner decision within 9 weeks of referral TARGET: 75% + on time Green: 75%+ Amber: 65 - 74% Red: <65% (PO 1 & PO 5)* [DO3]*	PI/FTP/006 The proportionate split of Prosecution referrals between Internal Legal Prosecution Services (ILPS) and External Legal Prosecution (ELPs) functions TARGET: 7 or fewer ELPS referrals per month Green: 21 or fewer Amber: 22 – 25 Red: 26+ (PO 2)* [DO4]*		PI/FTP/011 The proportion of initial hearings to be completed without adjournment TARGET: 85% Green: 85%+ Amber: 80 - 84% Red: <80% (PO 2)* [DO8]*
			PI/FTP/004 The proportion of cases that reach the Case Examiner stage to have an initial Case Examiner decision within 7 working days of allocation from Case Examiner Support TARGET: 95% + on time Green: 95%+ Amber: 85 - 94% Red: <85% (PO 1 & PO 5)* [DO3]*	PI/FTP/010 The proportion of ILPS cases to be disclosed within 98 working days of referral TARGET: 80% + on time Green: 80%+ Amber: 75 - 79% Red: <75% (PO 1 & PO 5)* [DO7]*	PI/FTP/028 The proportion of ELPS cases to be disclosed within 98 working days of referral TARGET: 80% + on time Green: 80%+ Amber: 75 - 79% Red: <75% (PO 1 & PO 5)* [DO7]*	PI/FTP/012 The proportion of cases heard at initial hearings to have facts proved TARGET: 80% Green: 80%+ Amber: 70 - 79% Red: <70% (PO 5)* [DO9]*
(PO)* Objectives	(PO 1) Performance Objective 1: Reduce time taken to investigate complaints (PO 2) Performance Objective 2: Management of resources/ efficiency (PO 5) Professional Objective 5: Timely, fair and proportionate FTP action					
[DO]* Desired Outcome	DO1: Allegations of impaired practise to be appropriately assessed at the IAT stage in a prompt fashion that enables timely progression or closure of the case as promptly as possible for those parties involved whilst reaching the correct outcome in the interests of patient protection. DO2: Allegations of impaired practise to be appropriately assessed at the Assessment stage in a prompt fashion that enables timely progression or closure of the case as promptly as possible for those parties involved whilst reaching the correct outcome in the interests of patient protection. DO3: Allegations of impaired practise to be appropriately assessed at the Case Examiner stage in a prompt fashion that enables timely progression or closure of the case as promptly as possible for those parties involved whilst reaching the correct outcome in the interests of patient protection. DO4: ILPS are able to be allocated with the budgeted level of cases to enable ELPs costs to be kept under control and within budgeted levels DO5: ILPS productivity levels are high, supporting the objective to be able to be allocated with the budgeted level of cases to enable ELPs costs to be kept under control and within budgeted levels DO6: Formal prosecution hearings are concluded in a prompt fashion that enables timely resolution of the case as promptly as possible for those parties involved whilst reaching the correct outcome in the interests of patient protection. DO7: Disclosure takes place within a suitable timeframe to support the wider aim for cases to be concluded in a prompt fashion that enables timely resolution of the case as promptly as possible for those parties involved whilst reaching the correct outcome in the interests of patient protection. DO8: Adjournments of formal prosecution cases are kept to the lowest possible levels, in order to support timeliness and efficiency in the prosecution process DO9: Alleged facts that have progressed through the full case management and prosecution process are proven to have been accurate DO10: Wasted hearings capacity and cost is kept to the lowest possible level in order to reduce costs and run the hearings scheduling process as efficiently as possible DO11: Through work with the NHS, the GDC ensures that concerns about the performance and conduct of a dental professional are dealt with by the appropriate body.					



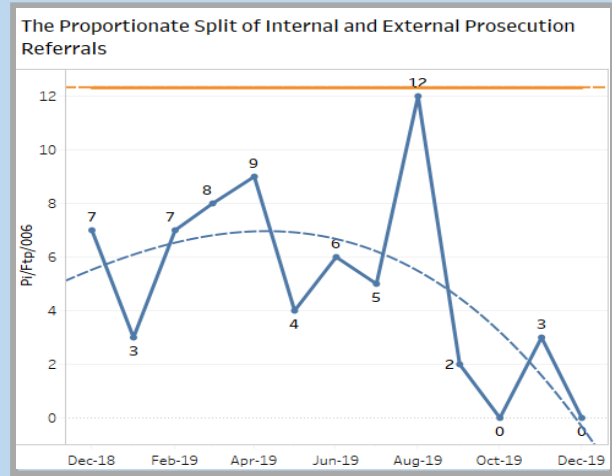
Target = 95% within 20 days



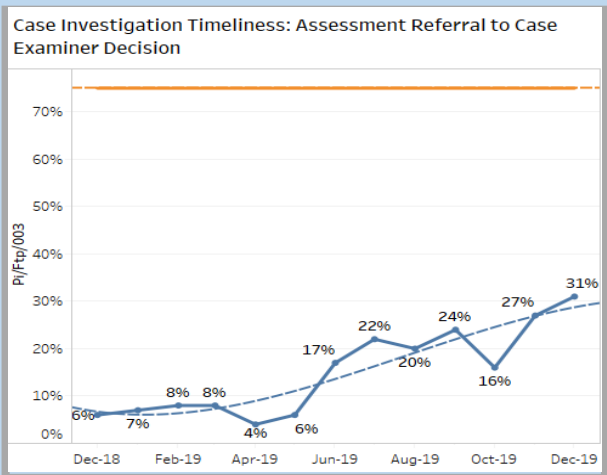
Target = 70% within 17 weeks



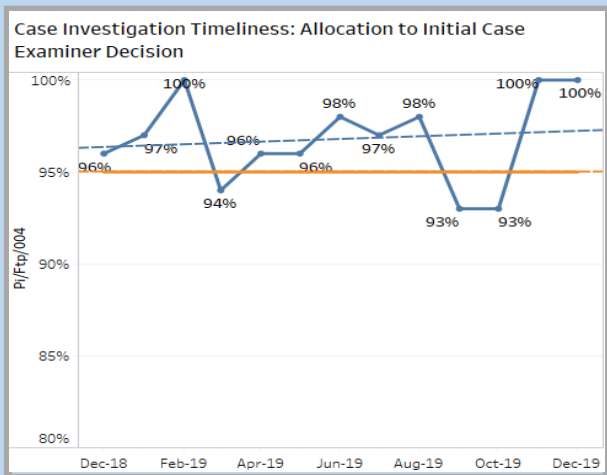
Target = 75% within 6 months



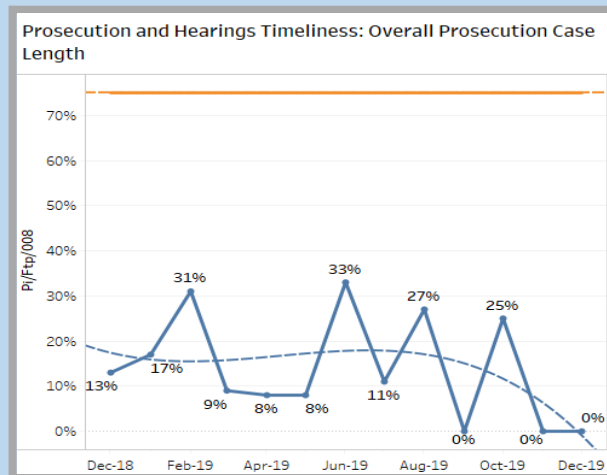
Target = 21 or fewer cases referred externally per quarter



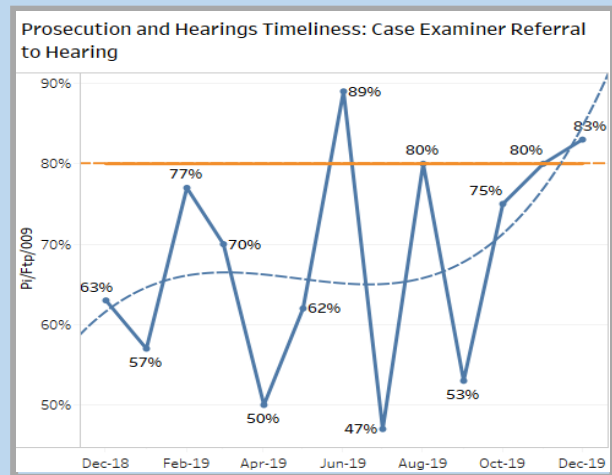
Target = 75% within 9 weeks



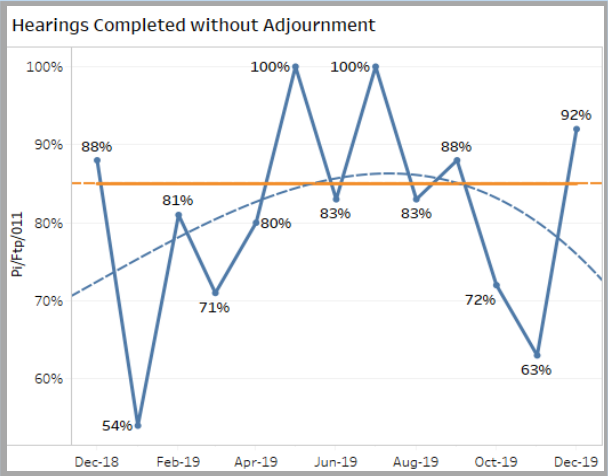
Target = 95% within 7 days



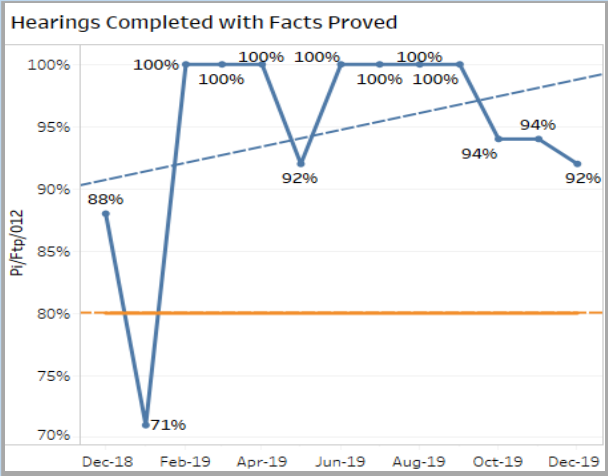
Target = 75% within 15 months



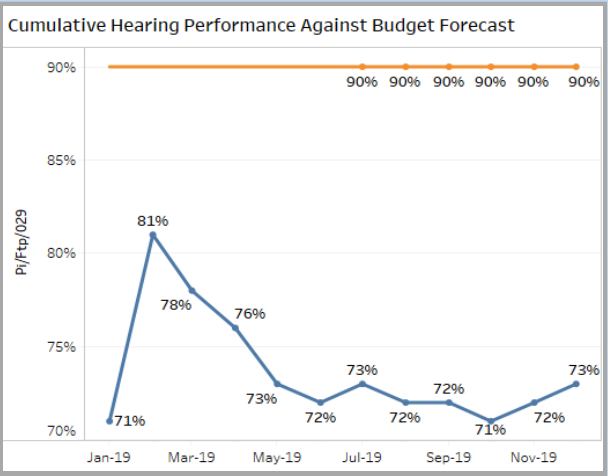
Target = 80% within 9 months



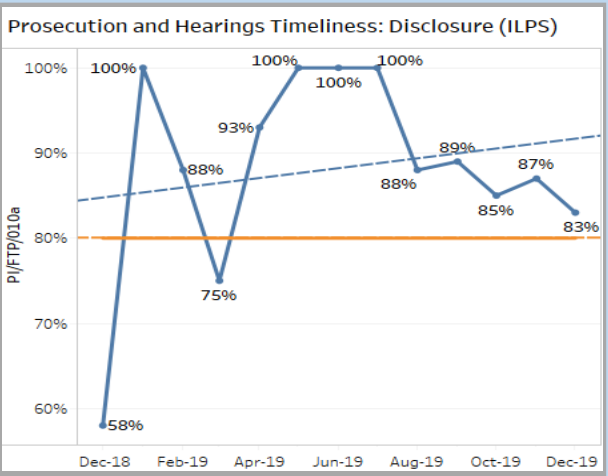
Target = 85%



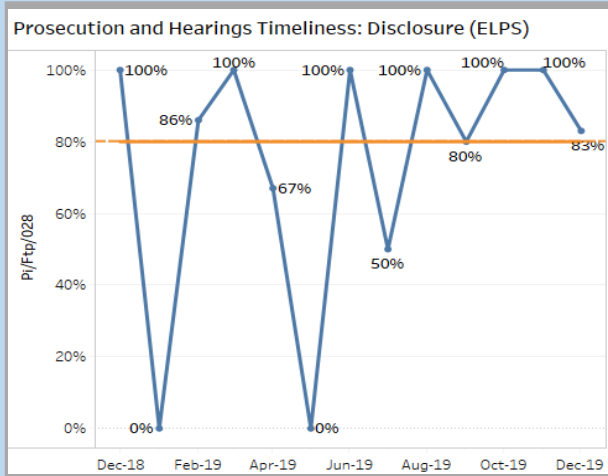
Target = 80%



Target = 90% hearing days delivered (YTD)



Target = 80% of cases disclosed within 98 days



Target = 80% of cases disclosed within 98 days

KPI/FTP/014 – IOC Timeliness: Registrar and Case Examiner Referrals			PI/FTP/015 – IOC Timeliness: IAT Referrals		
DEPARTMENTAL INDICATOR			DEPARTMENTAL INDICATOR		
PERFORMANCE INDICATOR: <i>The proportion of initial IOC cases to be heard within 21 working days of referral by Registrar or Case Examiner.</i>	ACTUAL PERFORMANCE THIS PERIOD: 90% PREVIOUS PERIOD: 89%	PERFORMANCE INSIGHTS: <ul style="list-style-type: none">9 out of 10 cases were heard within 21 working days.1 case referred and not heard within 21 days due to the hearing having to be pushed back.	PERFORMANCE INDICATOR: <i>The proportion of initial IAT IOC cases to be heard within 28 working days from receipt.</i>	ACTUAL PERFORMANCE THIS PERIOD: N/A PREVIOUS PERIOD: 100%	PERFORMANCE INSIGHTS: <ul style="list-style-type: none">No data was reported for this KPI in Q4. This was because there was no IAT referrals to IOC.
CORPORATE STRATEGY LINK Professionals Objective 5 & Performance Objective 1: Timely, fair and proportionate FTP action/ reduce time taken to investigate complaints.	TARGET LEVEL: 95% + on time		CORPORATE STRATEGY LINK Professionals Objective 5 & Performance Objective 1: Timely, fair and proportionate FTP action/ reduce time taken to investigate complaints.	TARGET LEVEL: 95% + on time	
DESIRED OUTCOME Matters that raise a question of the need for an interim order are progressed to a hearing in a prompt fashion as soon as possible after Registrar/CE referral, enabling a timely decision as promptly as possible whilst reaching the correct outcome in the interests of patient protection.	Green when: 95% +		DESIRED OUTCOME Matters that raise a question of the need for an interim order are progressed to a hearing in a prompt fashion as soon as possible after Registrar/CE referral, enabling a timely decision as promptly as possible whilst reaching the correct outcome in the interests of patient protection.	Green when: 95% +	
	Amber when: 85 - 94%			Amber when: 85 - 94%	
	Red when: <85%			Red when: <85%	

PI/FTP/016 – IOC Timeliness: IAT Referrals (following consent chase)		
DEPARTMENTAL INDICATOR		
PERFORMANCE INDICATOR: <i>The proportion of initial IAT IO cases requiring consent chase to be heard within 33 working days from receipt.</i>	ACTUAL PERFORMANCE THIS PERIOD: N/A PREVIOUS PERIOD: 100%	PERFORMANCE INSIGHTS: <ul style="list-style-type: none">No data was reported for this KPI in Q4. This was because there was no IAT referrals to IOC.
CORPORATE STRATEGY LINK Professionals Objective 5 & Performance Objective 1: Timely, fair and proportionate FTP action/ reduce time taken to investigate complaints.	TARGET LEVEL: 95% + on time	
DESIRED OUTCOME Matters that raise a question of the need for an interim order are progressed to a hearing in a prompt fashion as soon as possible after Registrar/CE referral, enabling a timely decision as promptly as possible whilst reaching the correct outcome in the interests of patient protection.	Green when: 95% +	
	Amber when: 85 - 94%	
	Red when: <85%	

PI/FTP/017 – Resumed Order Statutory Compliance: Jurisdiction		
DEPARTMENTAL INDICATOR		
PERFORMANCE INDICATOR:	ACTUAL PERFORMANCE	PERFORMANCE INSIGHTS:
<i>The proportion of reviews of Resumed cases to be heard without loss of jurisdiction.</i>	<div>THIS PERIOD: 100% PREVIOUS PERIOD: 98%</div> <div>↑</div>	<ul style="list-style-type: none">No loss of jurisdiction within review hearings of Practice Committee sanctions took place in Q4 2019.There was one loss of jurisdiction in Q3, this happened in August but was only identified in November. Thus resulting in Q3 not being 100% compliant as was previously reported in the Q3 Balanced Scorecard.
CORPORATE STRATEGY LINK		
Professionals Objective 5: Timely, fair and proportionate FTP action.		
DESIRED OUTCOME		
Interim Orders are progressed in line with statutory and procedural guidance and the order is maintained in the interests of patient protection.	TARGET LEVEL: 100% compliant	
	Green when: 100%	
	Amber when: N/A	
	Red when: <100%	

PI/FTP/018 – Interim Orders Statutory Compliance: Statutory Reviews		
DEPARTMENTAL INDICATOR		
PERFORMANCE INDICATOR:	ACTUAL PERFORMANCE	PERFORMANCE INSIGHTS:
<i>The proportion of review interim order hearings to be heard within the stated statutory deadlines.</i>	<div>THIS PERIOD: 97% PREVIOUS PERIOD: 100%</div> <div>↓</div>	<ul style="list-style-type: none">1 IOC hearing was heard after expiry of orders during Q4 2019.This because a substantive case was due to be heard very shortly after the expiry of the IOC, and the registrant was suspended under a different order.
CORPORATE STRATEGY LINK		
Professionals Objective 5: Timely, fair and proportionate FTP action.		
DESIRED OUTCOME		
Interim Orders are progressed in line with statutory and procedural guidance and the order is maintained in the interests of patient protection.	TARGET LEVEL: 100% compliant	
	Green when: 100%	
	Amber when: N/A	
	Red when: <100%	

PI/FTP/019 – Interim Orders Statutory Compliance: High court extensions		
DEPARTMENTAL INDICATOR		
PERFORMANCE INDICATOR:	ACTUAL PERFORMANCE	PERFORMANCE INSIGHTS:
<i>The proportion of High Court extension orders to be made before expiry of interim order.</i>	<div>THIS PERIOD: 100% PREVIOUS PERIOD: 100%</div> <div>→</div>	<ul style="list-style-type: none">No High Court Extension orders were made after expiry of an order in Q4 2019.
CORPORATE STRATEGY LINK		
Professionals Objective 5: Timely, fair and proportionate FTP action.		
DESIRED OUTCOME		
Interim Orders are progressed in line with statutory and procedural guidance and the order is maintained in the interests of patient protection.	TARGET LEVEL: 100% compliant	
	Green when: 100%	
	Amber when: N/A	
	Red when: <100%	

PI/STR/001 – Timeliness of DCS Enquiry Handling			DEPARTMENTAL INDICATOR
PERFORMANCE INDICATOR:	ACTUAL PERFORMANCE	PERFORMANCE INSIGHTS:	
<i>The proportion of DCS enquiries that are completed within 48 hours.</i>	<div>THIS PERIOD: 98% PREVIOUS PERIOD: 98%</div> <div>→</div>	<ul style="list-style-type: none">In total 841 out of 859 enquiries were dealt with within 48 hours.	
CORPORATE STRATEGY LINK			
Performance objective 1: Improve performance across functions so we are highly effective as a regulator			
DESIRED OUTCOME			
DCS enquiries are dealt with in a timely fashion that enables the enquirer to seek the information that they require within a suitable timeframe.	TARGET LEVEL: 80% or above		
	Green when: 80%+		
	Amber when: 75% to 79%		
	Red when: < 75%		

PI/STR/002 – Timeliness of DCS Case Resolution			DEPARTMENTAL INDICATOR
PERFORMANCE INDICATOR:	ACTUAL PERFORMANCE	PERFORMANCE INSIGHTS:	
<i>The proportion of DCS cases that are completed within 3 months.</i>	<div>THIS PERIOD: 80% PREVIOUS PERIOD: 84%</div> <div>↓</div>	<p>There has been a decline in case timeliness for 2 reasons: DCS have seen a 40% increase in enquiry numbers throughout 2019 in comparison to the last 3 years. As a result of these being responded to within 48hours there has been a knock-on effect with the case resolution time.</p> <p>During the Christmas period DCS did not contact dental professionals in line with FTP which adds to the case resolution time. In addition to this DCS have been working with a practice that currently has 18 cases with DCS, these are taking longer to resolve due to the business model for the practices.</p>	
CORPORATE STRATEGY LINK			
Performance objective 1: Improve performance across functions so we are highly effective as a regulator			
DESIRED OUTCOME			
DCS cases are dealt with in a timely fashion that leads to a swift resolution to complaints for the patient and the practitioner.	TARGET LEVEL: 80% or above		
	Green when: 80% +		
	Amber when: 75% to 79%		
	Red when: < 75%		

PI/STR/003 – DCS Customer Service Feedback			DEPARTMENTAL INDICATOR
PERFORMANCE INDICATOR:	ACTUAL PERFORMANCE	PERFORMANCE INSIGHTS:	
<i>The proportion of feedback received which falls into the categories of 'good' or 'excellent'.</i>	<div>THIS PERIOD: 94% PREVIOUS PERIOD: 99%</div> <div>↓</div>	<ul style="list-style-type: none">This indicator measures the average percentage across several key categories within the DCS customer service feedback forms.Breakdown of the responses:<ul style="list-style-type: none">Panellist feedback – post panel meeting: 2 responsesPatient feedback: 14 responsesPatient feedback – post panel meeting: 0 responsesDental Professional feedback: 0 responsesDental Professional – post panel meeting: 0 responses	
CORPORATE STRATEGY LINK			
Performance objective 3: Be transparent about our approach so public, patients, professionals and partners can be confident about our approach			
DESIRED OUTCOME			
DCS service users are left with a positive perception of their experience of engaging with the DCS process.	TARGET LEVEL: 90% or above		
	Green when: 90% +		
	Amber when: 85% to 89%		
	Red when: < 85%		

Legal & Governance Directorate Performance Indicators

3.1 Governance Performance Indicators

3.2 Information Performance Indicators

3.3 Illegal Practice performance Indicators

PI/HRG/010 – Council/Committee Paper Circulation Timeliness			ORGANISATIONAL INDICATOR		
KEY PERFORMANCE INDICATOR:	ACTUAL PERFORMANCE		PERFORMANCE INSIGHTS:		
The proportion of meeting papers that are shared to Council members and the Executive in line with recognised pre-meeting deadlines.	<div><div>THIS PERIOD: 62%</div><div>PREVIOUS PERIOD: 70%</div></div>		<ul style="list-style-type: none">There were 8 meetings held in this period, compared with 11 meetings in Q3.114 papers were submitted to Governance for this quarter, compared with 122 papers in Q3. Of the 114 papers submitted, 43 papers were circulated late (38%), the bulk of which related to the 5 December 2019 Council meeting (1 day late). This was largely as a result of papers being received late to the Governance team. New proposed KPIs (approved by SLT and due for FPC review in Feb 2020) will enable reporting on whether lateness lies with paper submission timeliness, Governance upload issues, quality assurance processes or a combination of factors. Of the 114 papers submitted, 70 were uploaded on time (61%). Of the 44 papers which were uploaded late, 32 of these relate to SLT meetings 09 October and 05 November 2019. Most upload delays were 1 day and were largely due to papers being submitted late or requiring amendment.		
CORPORATE STRATEGY LINK	TARGET LEVEL:		90% within deadline		
Performance Objective 1: Good governance/strong leadership	Green when:		90% to 100%		
DESIRED OUTCOME	Amber when:		70% to 89%		
Providing papers to Council members and the Executive with adequate time to consider content supports good evidence based decision-making.	Red when:		0% to 74%		

PI/HRG/011 – Council/Committee Paper Quality			ORGANISATIONAL INDICATOR		
KEY PERFORMANCE INDICATOR:	ACTUAL PERFORMANCE		PERFORMANCE INSIGHTS:		
The satisfaction level of Council members and the Executive with meeting paper quality demonstrated through post-meeting survey results.	<div><div>THIS PERIOD: Nil Return</div><div>PREVIOUS PERIOD: Nil Return</div></div>		<ul style="list-style-type: none">Governance PIs are not available for Q4 2019 due to insufficient, meaningful methods of capturing this data being available to report.New proposed KPIs will suggest that this measure is retired in the interim, until meaningful reporting can be delivered. This proposal was approved by the SLT and will come to FPC for review in Feb 2020.		
CORPORATE STRATEGY LINK	TARGET LEVEL:		75% satisfaction		
Performance Objective 1: Good governance/strong leadership	Green when:		75% to 100%		
DESIRED OUTCOME	Amber when:		50% to 74%		
Council members need to be appropriately informed and have good information to make evidence based decisions.	Red when:		0% to 49%		

PI/HRG/012 – Council/Committee Minutes Circulation Timeliness			ORGANISATIONAL INDICATOR		
KEY PERFORMANCE INDICATOR:	ACTUAL PERFORMANCE		PERFORMANCE INSIGHTS:		
The number of Committee and Council minutes that are shared to EMT in line with recognised post-meeting deadlines.	<div><div>THIS PERIOD: 2</div><div>PREVIOUS PERIOD: 7</div></div>		<ul style="list-style-type: none">Of the 8 reported meetings which took place in this quarter, 10 sets of minutes were produced (which included Public and Closed Council session minutes). Of the 10 sets of minutes, 2 sets of minutes were submitted to the lead Director on time.The team remains under-resourced at present and this is impacting its ability to deliver improvements across the board. Recruitment is planned for Jan 2020 which should drive improvements in this area, alongside a new set of Governance KPIs that were agreed at the 10 December 2019 SLT Board and will come to the FPC for review in Feb 2020 to incorporate the new approach to the approval of minutes.		
CORPORATE STRATEGY LINK	TARGET LEVEL:		Less than 2 late		
Performance Objective 1: Good governance/strong leadership	Green when:		0-2 sets of minutes over a day late in period		
DESIRED OUTCOME	Amber when:		3-4 sets minutes over a day late in quarter		
Providing minutes to Directors on time ensures points discussed in meetings are sufficiently and correctly recorded and can then be forwarded to the Chair for further scrutiny.	Red when:		5+ sets minutes over a day late in quarter		

PI/HRG/013 – Corporate Complaints Timeliness			DEPARTMENTAL INDICATOR		
KEY PERFORMANCE INDICATOR:	ACTUAL PERFORMANCE		PERFORMANCE INSIGHTS:		
The number of corporate complaints responded to within the 15 working day deadline.	<div><div>THIS PERIOD: 76%</div><div>PREVIOUS PERIOD: 92%</div></div>		<ul style="list-style-type: none">There were 21 Corporate Complaints received in this period of which 13 were closed within time scale, 5 were closed outside of timescale and 3 are still open.Delays in Q4 of 2019 are largely a result of staff absences and some delays within the QA process.New proposed KPIs have been approved by SLT, in line with Cabinet Office guidelines, and will be presented to the FPC for review in February 2020.		
CORPORATE STRATEGY LINK	TARGET LEVEL:		100% within deadline		
Performance Objective 1: Good governance/strong leadership	Green when:		85% - 100%		
DESIRED OUTCOME	Amber when:		75% to 84%		
All corporate complaints are responded to within the 15 working day deadline.	Red when:		0% to 74%		

PI/FTP/023 – Freedom of Information Statutory Compliance			ORGANISATIONAL INDICATOR
<p>PERFORMANCE INDICATOR:</p> <p><i>The proportion of FOI requests to be responded to within the statutory timeframe (incl. extension timeframes).</i></p>	<p>ACTUAL PERFORMANCE</p> <div><div></div><div>THIS PERIOD: 97%</div><div>PREVIOUS PERIOD: 100%</div></div>		<p>PERFORMANCE INSIGHTS:</p> <ul style="list-style-type: none">58 out of 60 requests completed were responded to within the statutory deadline.
<p>CORPORATE STRATEGY LINK</p> <p>Performance Objective 3: Transparency about our approach</p>			
<p>DESIRED OUTCOME</p> <p>Requests for information under the Freedom of Information Act are processed within statutory timeframes.</p>	<p>TARGET LEVEL:</p> <p>Green when:</p> <p>Amber when:</p> <p>Red when:</p>	<p>100% compliant</p> <p>100%</p> <p>91% – 99%</p> <p><=90%</p>	

PI/FTP/024 – Data Protection Act Statutory Compliance			ORGANISATIONAL INDICATOR
PERFORMANCE INDICATOR:	ACTUAL PERFORMANCE		PERFORMANCE INSIGHTS:
<i>The proportion of Subject Access Requests to be responded to within 30 calendar days (incl. extension timeframes)</i>	<div><div></div><div>THIS PERIOD: 98%</div><div>PREVIOUS PERIOD: 100%</div></div>		
CORPORATE STRATEGY LINK			
Performance Objective 3: Transparency about our approach			
DESIRED OUTCOME	TARGET LEVEL: 100% compliant		
Subject Access Requests under the Data Protection Act are processed within statutory timeframes	Green when:	100%	
	Amber when:	91% - 99%	
	Red when:	<=90%	
			• 54 out of 55 SAR requests completed were responded to within the statutory deadline.

PI/LEG/001 – Major ICO Impacts

ORGANISATIONAL
INDICATOR

PERFORMANCE INDICATOR:	ACTUAL PERFORMANCE	PERFORMANCE INSIGHTS:
<i>The number of incidents where there is a likely risk to the data subject's rights and freedoms which require formal review and/or referral to Information Commissioner's Office (ICO).</i>	<div>THIS PERIOD: 0</div> <div>PREVIOUS PERIOD: 0</div> <div></div>	<ul style="list-style-type: none">Of the total number of 28 DSIs in Q4, 0 were categorised as major ICO impact.
CORPORATE STRATEGY LINK		
Performance Objective 1: Improve performance across our functions		
DESIRED OUTCOME		
No incidents required formal consideration of notification to the ICO, and no incidents referred to ICO.	<div>TARGET LEVEL: Zero</div> <div>Green when: 0</div> <div>Amber when: N/A</div> <div>Red when: 1 or more</div>	

PI/LEG/002 – Significant ICO Impacts

ORGANISATIONAL
INDICATOR

PERFORMANCE INDICATOR:	ACTUAL PERFORMANCE	PERFORMANCE INSIGHTS:
<i>The number of incidents where there is no likely risk to the data subject's rights and freedoms. Personal or special category data has been disclosed to one or more people and may or may not have been recovered.</i>	<div>THIS PERIOD: 9</div> <div>PREVIOUS PERIOD: 8</div> <div></div>	<ul style="list-style-type: none">Of the total number of 28 DSIs in Q4, 9 were categorised as significant ICO impact.Most involved emails being sent to incorrect recipient. Individuals were reminded about disabling autofill, delaying emails and double checking the intended recipient. There were two instances where information was disclosed to registrants with similar names.There was one incident where an external list was copied into an email rather than blind copied.In all cases where the incorrect recipient was contacted the information was recovered or confirmed deleted.
CORPORATE STRATEGY LINK		
Performance Objective 1: Improve performance across our functions		
DESIRED OUTCOME		
No incidents involving special category data were reported.	<div>TARGET LEVEL: Zero</div> <div>Green when: 0-6</div> <div>Amber when: 7-9</div> <div>Red when: 10 or more</div>	

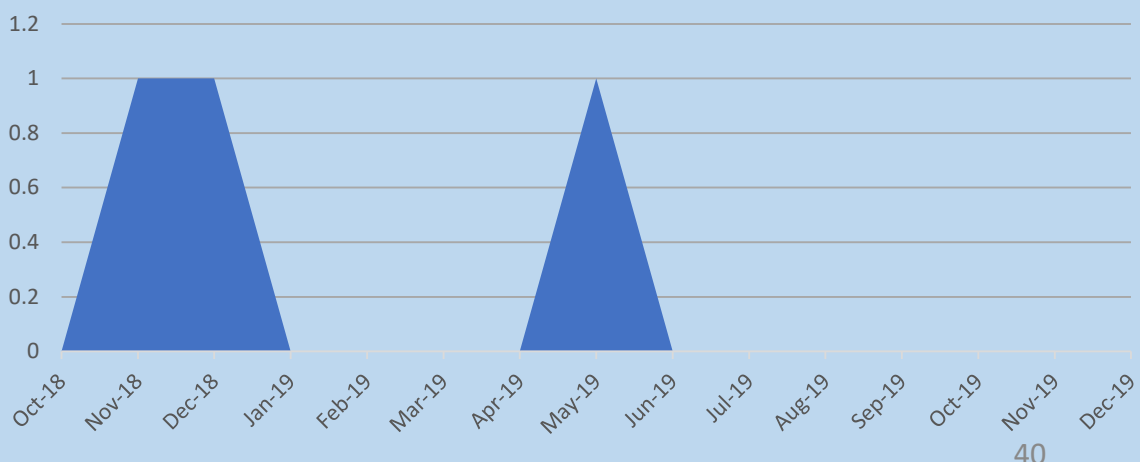
PI/LEG/003 – Minor ICO Impacts

ORGANISATIONAL
INDICATOR

PERFORMANCE INDICATOR:	ACTUAL PERFORMANCE	PERFORMANCE INSIGHTS:
<i>The number of incidents where there is no risk to the data subject's rights and freedoms. Limited personal data may or may not have been disclosed to one or more people and is likely to have been recovered.</i>	<div>THIS PERIOD: 18</div> <div>PREVIOUS PERIOD: 16</div> <div></div>	<ul style="list-style-type: none">Of the total number of 28 DSIs in Q4, 18 were categorised as minor.1 DSI was recorded as No Incident.Most minor breaches were contained within the GDC (incorrect internal email recipient).Some related to poor housekeeping. Such as documents left unattended and an open locker.
CORPORATE STRATEGY LINK		
Performance Objective 1: Improve performance across our functions		
DESIRED OUTCOME		
No incident's involving personal data were reported.	<div>TARGET LEVEL: Zero</div> <div>Green when: 0-16</div> <div>Amber when: 17-29</div> <div>Red when: 30 or more</div>	

ICO - Major Security Incident 12 Month Trend

ICO INDICATOR



PI/LEG/004 – Major GDC Impacts

ORGANISATIONAL
INDICATOR

PERFORMANCE INDICATOR:	ACTUAL PERFORMANCE	PERFORMANCE INSIGHTS:
<i>The number of incidents that will have a GDC impact. Personal or special category data disclosed to one or more people and has not been recovered. For example, whistle blower name sent to registrant or health information about employee to external stakeholder.</i>	<div>THIS PERIOD: 0</div> <div>PREVIOUS PERIOD: 2</div>	<ul style="list-style-type: none">Of the total number of 28 DSIs in Q4, 0 were categorised as major GDC impact.
CORPORATE STRATEGY LINK		
Performance Objective 1: Improve performance across our functions	TARGET LEVEL: Zero	
DESIRED OUTCOME	Green when: 0	
No incidents involving the GDC notifying any other organisation, no compensation payments required and no need to record new risk to strategic risk register.	Amber when: N/A	
	Red when: 1 or more	

PI/LEG/005 – Significant GDC Impacts

ORGANISATIONAL
INDICATOR

PERFORMANCE INDICATOR:	ACTUAL PERFORMANCE	PERFORMANCE INSIGHTS:
<i>The number of incidents where there is a likely GDC impact. Personal or special category data may have been disclosed to one or more people and may or may not have been recovered. For example, Case Examiner referral letter sent to incorrect registrant and recipient will not confirm if it has been deleted.</i>	<div>THIS PERIOD: 3</div> <div>PREVIOUS PERIOD: 4</div>	<ul style="list-style-type: none">Of the total number of DSIs in Q4, 3 were categorised as significant GDC impact.One incident involved a bundle being sent to the incorrect recipient by post and the defence organisation informing the GDC and the data was not recovered.One disclosed special category information about a patient's health but was subsequently deleted by the recipient who received the information.The third incident involved details of 250 patients sent by a third party which the GDC received unknowingly. No privacy statements were issued to the individuals (only 3 were needed).
CORPORATE STRATEGY LINK		
Performance Objective 1: Improve performance across our functions	TARGET LEVEL: Zero	
DESIRED OUTCOME	Green when: 0-6	
No incidents resulting in an impact on the case or stakeholder relationship reported and/or no corporate complaints received.	Amber when: 7-9	
	Red when: 10 or more	

PI/LEG/006 – Minor GDC Impacts

ORGANISATIONAL
INDICATOR

PERFORMANCE INDICATOR:	ACTUAL PERFORMANCE	PERFORMANCE INSIGHTS:
<i>The number of incidents where there is no likely GDC impact. Limited personal data may or may not have been disclosed to one or more people and is likely to have been recovered. For example, initial complaint letter sent to wrong defence representative but retrieved from file secure before it was downloaded.</i>	<div>THIS PERIOD: 24</div> <div>PREVIOUS PERIOD: 18</div>	<ul style="list-style-type: none">Of the total number of 28 DSIs in Q4, 24 were categorised as minor.1 DSI was recorded as No Incident.These covered mostly housekeeping issues and non sensitive email disclosure.In most cases the information was retrieved or destroyed with little or no impact on the GDC.
CORPORATE STRATEGY LINK		
Performance Objective 1: Improve performance across our functions	TARGET LEVEL: Zero	
DESIRED OUTCOME	Green when: 0-16	
No incidents resulting in an impact on the case or stakeholder relationship reported.	Amber when: 17-29	
	Red when: 30 or more	

DEPARTMENTAL INDICATOR

PI/FTP/020 – Illegal Practice Timeliness: Receipt to Charging

PERFORMANCE INDICATOR:	ACTUAL PERFORMANCE	PERFORMANCE INSIGHTS:
The proportion of IP cases to have a charging decision made within 9 months of receipt.	<div>THIS PERIOD: 91%</div> <div>PREVIOUS PERIOD: 75%</div>	<ul style="list-style-type: none">During Q4 2019, 3 out of 32 cases missed this PI.All 3 cases were put on hold pending the outcome of a High Court appeal, however due to the length of time it was on hold a review was conducted and case resolved by alternative means in line with enforcement policy.
CORPORATE STRATEGY LINK		
Performance Objective 1: Improve performance across our functions		
DESIRED OUTCOME		
Illegal Practice cases are concluded in a prompt fashion that enables timely progression or closure of the case as promptly as possible for those parties involved whilst reaching the correct outcome in the interests of patient protection.		

TARGET LEVEL:	90% + on time
Green when:	90% +
Amber when:	85 - 89%
Red when:	<85%

DEPARTMENTAL INDICATOR

PI/FTP/021 – Illegal Practice Timeliness: Administrative Review

PERFORMANCE INDICATOR:	ACTUAL PERFORMANCE	PERFORMANCE INSIGHTS:
The proportion of enquiries into the IP team to have an initial review by a legal assistant within 3 working days of receipt.	<div>THIS PERIOD: 94%</div> <div>PREVIOUS PERIOD: 95%</div>	<ul style="list-style-type: none">248 out of 254 enquiries were reviewed within 3 working days.
CORPORATE STRATEGY LINK		
Performance Objective 1: Improve performance across our functions		
DESIRED OUTCOME		
Matters that prompt a suggestion of Illegal Practice taking place are assessed in a timely fashion for a decision as for the need for the case to be investigated to be taken quickly.		

TARGET LEVEL:	95% + on time
Green when:	95% +
Amber when:	90 - 94%
Red when:	<90%

DEPARTMENTAL INDICATOR

PI/FTP/022– Illegal Practice Timeliness: Initial Paralegal Review

PERFORMANCE INDICATOR:	ACTUAL PERFORMANCE	PERFORMANCE INSIGHTS:
The proportion of enquiries into the IP team to be assessed by a paralegal within 5 working days of receipt.	<div>THIS PERIOD: 88%</div> <div>PREVIOUS PERIOD: 88%</div>	<ul style="list-style-type: none">154 out of 176 cases were assessed within 5 working days.21 out of 22 enquiries were missed in October 2019 were by the same individual who had recently joined the team and was embedding into the role at that time. This issue was noticed following October's monthly report, these issues were addressed with this individual at that time and improvements were made which is reflected in meeting the KPI for November (100%) and December (98%).
CORPORATE STRATEGY LINK		
Performance Objective 1: Improve performance across our functions		
DESIRED OUTCOME		
Matters that prompt a suggestion of Illegal Practice taking place are assessed in a timely fashion for a decision as for the need for the case to be investigated to be taken quickly.		

TARGET LEVEL:	95% + on time
Green when:	95% +
Amber when:	90 - 94%
Red when:	<90%

Organisational Development Directorate Performance Indicators

4.1 People Services Performance Indicators – Recruitment

4.2 People Services Performance Indicators – Resources

4.3 People Services Performance Indicators – People Planning, Engagement and Development

PI/HRG/001 – Recruitment Campaign Timeliness			DEPARTMENTAL INDICATOR
PERFORMANCE INDICATOR:	ACTUAL PERFORMANCE		PERFORMANCE INSIGHTS: <ul style="list-style-type: none">• In Q4 29 appointments were made across both sites• Overall: 23 out of 29 (79%) campaigns were completed within 6 weeks.• This is a decrease on the previous period as recruitment activity reduced (29 appointments down from 32)• In London: 10 out of 12 posts were filled within 6 weeks (83%)• In Birmingham: 13 out of 17 posts were filled within 6 weeks (76%)• 2 of the 6 roles which were not filled within 6 weeks, were specialist IT Roles which can be harder to fill.
<i>The proportion of recruitment campaigns that are completed from start (requisition) to finish (appointment) within 6 weeks</i>	<div>THIS PERIOD: 79%</div> <div>PREVIOUS PERIOD: 78%</div>		
CORPORATE STRATEGY LINK			
Performance Objective 1: High quality recruitment			
DESIRED OUTCOME			
Carrying out recruitment campaigns in a timely fashion helps to limit the impact on GDC productivity resulting from posts being vacant.	TARGET LEVEL:	90% within deadline	
	Green when:	90% to 100%	
	Amber when:	70% to 89%	
	Red when:	69% or lower	

PI/HRG/002 – Recruitment Campaign Cost			DEPARTMENTAL INDICATOR
PERFORMANCE INDICATOR:	ACTUAL PERFORMANCE		PERFORMANCE INSIGHTS: <ul style="list-style-type: none">• There has been an increase in the average cost per hire in Q4 2019 when compared with Q3 2019.• 53% of the recruitment costs for the quarter can be attributed to the filling of two hard to source R&CR Roles (Head of IT & Financial Controller).• Agency usage continues to be minimal and used in only 4 out of 29 of appointments (14%)
<i>The average cost per employee recruitment</i>	<div>THIS PERIOD: Average Cost: £1571.16</div> <div>PREVIOUS PERIOD: £1456.67 Average Cost</div>		
CORPORATE STRATEGY LINK			
Performance Objective 2: Cost reduction/efficiency			
DESIRED OUTCOME			
The costs of recruiting new staff are not excessive and remain within budgeted/target levels.	TARGET LEVEL:	Average cost below £2500	
	Green when:	100% or lower than target	
	Amber when:	101% to 120%	
	Red when:	120% +	

KPI/HRG/003 – Recruitment Right First Time			ORGANISATIONAL INDICATOR
PERFORMANCE INDICATOR:	ACTUAL PERFORMANCE		PERFORMANCE INSIGHTS:
<i>The proportion of roles recruited to first time.</i>	<div><div>THIS PERIOD: 79%</div><div>PREVIOUS PERIOD: 97%</div></div>		
CORPORATE STRATEGY LINK			
Performance Objective 1: High quality recruitment			
DESIRED OUTCOME			
Carrying out recruitment campaigns in a timely fashion helps to limit the impact on GDC productivity resulting from posts being vacant.	TARGET LEVEL:	90% of employees	
	Green when:	90% + of campaigns filled first time	
	Amber when:	70% to 89% of campaigns filled first time	
	Red when:	69% or fewer campaigns filled first time	

KPI/HRG/018 – Recruitment Probation Success			
PERFORMANCE INDICATOR:	ACTUAL PERFORMANCE		PERFORMANCE INSIGHTS: <ul style="list-style-type: none">• 44 employees were due to complete their probation in Q4 2019.• 5 failed to complete their probation (3 resignations and 2 dismissals within probation)• Both dismissals within probation were from FTP.• Of the 3 resignations, 2 were FTP and 1 R&CR
<i>Percentage of employees who passed probation in this quarter</i>	<div><div>THIS PERIOD: 88%</div><div>PREVIOUS PERIOD: 75%</div></div>		
CORPORATE STRATEGY LINK			
Performance Objective 1: High quality recruitment			
DESIRED OUTCOME			
Probation pass indicates appropriate level of competence reached and avoids need to repeat recruitment.			
	TARGET LEVEL:	90% of employees	
	Green when:	90% + of employees meet criteria	
	Amber when:	70% to 89% of employees meet criteria	
	Red when:	69% or less of employees meet criteria	

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PI/HRG/004 – Staff Sickness

ORGANISATIONAL
INDICATOR

PERFORMANCE INDICATOR:	ACTUAL PERFORMANCE	PERFORMANCE INSIGHTS:
<i>The average number of employee sickness days for all GDC staff</i>	<div>THIS PERIOD: 1.68 Days Average</div> <div>PREVIOUS PERIOD: 1.5 Days Average</div>	<ul style="list-style-type: none">The average sickness figures are based on both long-term (LTS), and short-term sickness (STS)For reference, long-term sickness is based on absences of 20 days or moreOf those staff sick in Q4, 2.6% were LTS and the remaining 97.4% were STS.There were 593 days lost in totalLTS accounted for 146 days (24.6% of the total)STS accounted for 447 days (75.4%)When compared against Q3, there has been a small decrease in STS, and an increase in LTS, overall sickness has increased by 57 days.When compared against Q4 2018, there has been a 17% (121 day) decrease in total days lost.
CORPORATE STRATEGY LINK	TARGET LEVEL: <i>Within 2 Days Average</i>	
DESIRED OUTCOME	<div>Green when: Average 0 – 2 days</div> <div>Amber when: Average 2.1 – 3.0 days</div> <div>Red when: Average 3.1 days +</div>	
For levels of employee sickness to be in line with benchmarked national average to help support productivity in line with planned levels.		

PI/HRG/005 – Staff Turnover : Natural

ORGANISATIONAL
INDICATOR

PERFORMANCE INDICATOR:	ACTUAL PERFORMANCE	PERFORMANCE INSIGHTS:
<i>The natural rate of organisational GDC turnover</i>	<div>THIS PERIOD: 3.4% Turnover</div> <div>PREVIOUS PERIOD: 6.7% Turnover</div>	<ul style="list-style-type: none">Q4 saw 12 voluntary leavers – Legal & Governance 2, Registration & Corporate Resources x4, FTP x2, OD x1, Strategy x36 of the 12 leavers had less than 12 months' service2 of the 12 leavers were on a FTC but left before it ended.1 voluntary leaver left to begin their retirement.None of the 12 voluntary leavers completed the exit questionnaire.3 leavers were based in Birmingham and left during their probation. It is to be expected that a proportion of employees joining as part of a set-up would leave, as employees go through a "settling-in" period and decide whether the role and/or organisation is right for them.
CORPORATE STRATEGY LINK	TARGET LEVEL: <i>Within 2.6% Turnover</i>	
DESIRED OUTCOME	<div>Green when: 0% to 2.6%</div> <div>Amber when: 2.7% to 5%</div> <div>Red when: 5.1% +</div>	
For levels of natural employee turnover to be in line with benchmarked national average to help support productivity in line with planned levels.		

PI/HRG/006 – Staff Turnover : Overall

ORGANISATIONAL
INDICATOR

PERFORMANCE INDICATOR:	ACTUAL PERFORMANCE	PERFORMANCE INSIGHTS:
<i>The overall level of organisational turnover</i>	<div>THIS PERIOD: 9.1% Turnover</div> <div>PREVIOUS PERIOD: 17.13% Turnover</div>	<ul style="list-style-type: none">Q4 saw 32 leavers in total, of which 20 were not identified under natural turnover:2 due to fixed-term contract ending18 compulsory redundancies relating to the Birmingham relocation.If the 18 compulsory redundancies were excluded, the turnover figure would be 0.56%.
CORPORATE STRATEGY LINK	TARGET LEVEL: <i>Within 3.7% Turnover</i>	
DESIRED OUTCOME	<div>Green when: 0% to 3.7%</div> <div>Amber when: 3.8% to 5.9%</div> <div>Red when: 6.0% +</div>	
For levels of overall employee turnover to be in line with benchmarked national average to help support productivity in line with planned levels.		

PI/HRG/014 – Staff Engagement

PERFORMANCE INDICATOR:	ACTUAL PERFORMANCE	PERFORMANCE INSIGHTS:
<i>Average engagement scores from staff taken from a six monthly staff survey</i>	<div>THIS PERIOD: 61%</div> <div>PREVIOUS PERIOD: N/A%</div>	<ul style="list-style-type: none">The 2019 staff survey took place between June and July. 61% of staff (232 staff) responded to the survey.Focus Groups took place in August to further drill down into key themes and help identify areas for action. The results were published to staff in September.The overall engagement score is based on the percentage of staff indicating they want to continue their career at the GDC for the foreseeable future.Discussions around the survey findings took place at team level, with the feedback being considered for a centralised plan. This plan was discussed with SLT in October, and closed Council in December.Many of the themes for action are already incorporated into existing workstreams of the People & OD Strategy. As such, work is underway is a number of areas.Updates on actions arising from the survey will go to SLT and Rem Co early in 2020.
CORPORATE STRATEGY LINK	TARGET LEVEL: 70% or above	
DESIRED OUTCOME	<div>Green when: 70% +</div> <div>Amber when: 50% to 69%</div> <div>Red when: 49% or less</div>	
Staff are engaged in their role and are also satisfied with the work of the GDC and how they contribute towards its success.		

PI/HRG/015 – Internal Opportunities

ORGANISATIONAL
INDICATOR

PERFORMANCE INDICATOR:	ACTUAL PERFORMANCE	PERFORMANCE INSIGHTS:
<i>Quarterly percentage of roles filled by internal staff compared against external recruitment</i>	<div><div>THIS PERIOD: 13%</div><div>PREVIOUS PERIOD: 50%</div></div>	<ul style="list-style-type: none">4 out of 29 vacancies (13%) were recruited to by internal candidates.Of the 4 roles filled internally 3 (75%) were for Birmingham based roles.1 of the 12 vacancies (8.3%) filled in London was filled by an internal candidate.3 of the 17 vacancies (17.6%) filled in Birmingham were filled by internal candidates.Systematic Talent management has identified as a key priority for 2020
CORPORATE STRATEGY LINK		
Performance Objective 1: Talent management		
DESIRED OUTCOME		
Development opportunities are utilised to develop existing staff, where appropriate, which reduces external recruitment costs and nurtures existing staff.	TARGET LEVEL: 50% or above	
	Green when: 50% +	
	Amber when: 30% to 49%	
	Red when: 29% or less	

PI/HRG/016 – Key Roles with Identified Successor

ORGANISATIONAL
INDICATOR

PERFORMANCE INDICATOR:	ACTUAL PERFORMANCE	PERFORMANCE INSIGHTS:
<i>Percentage of key roles in the organisation that have an identified successor in place</i>	<div>PLACEHOLDER AWAITING AVAILABILITY OF DATA</div>	<ul style="list-style-type: none">Effective succession planning reduces the risk that business critical roles are left vacant at short notice, thus safeguarding business continuity.Effective successors/deputies increase capacity in key roles, as well as providing development opportunities that can improve engagement and staff retention.Organisational Design (Workforce Planning) project commenced in 2018, including work with consultants on review of resourcing approach.Work on business critical roles continues as part of the workforce planning project. We had hoped that data might be available in 2019 but it is now unlikely to be available before Q3 2020. Even then, the format of this measure might need to be updated as the project evolves.Systematic Talent management has identified as a key priority for 2020
CORPORATE STRATEGY LINK		
Performance Objective 1: Talent management		
DESIRED OUTCOME		
An identified successor allows for proactive planning for filling any key roles that become vacant and ensures a seamless handover takes place.	TARGET LEVEL: 95% or above	
	Green when: 95% +	
	Amber when: 75% to 94%	
	Red when: 74% or less	

PI/STR/006 – Internal Communications - Awareness of Organisational Priorities

ORGANISATIONAL
INDICATOR

PERFORMANCE INDICATOR:	ACTUAL PERFORMANCE	PERFORMANCE INSIGHTS:
<i>Measuring percentage of staff who opened staff newsletter as indicator of awareness of organisational priorities.</i>	<div>THIS PERIOD: --%</div> <div>PREVIOUS PERIOD: 40%</div>	<ul style="list-style-type: none">We no longer have sufficient metrics to accurately measure this KPI from the staff newsletter. Also as this is only one channel we use to share with staff organisational priorities the results are not accurate or reflective of the work we carry out, nor the engagement we have with staff.We have commenced an Internal Communications re-focus , this will lead to improved staff engagement measures and measurementsIn addition to this we have anecdotal feedback that staff have engaged with emails and intranet items, but currently cannot get metrics for this.
CORPORATE STRATEGY LINK		
Performance objective 1: People management and strong leadership.		
DESIRED OUTCOME		
GDC staff members have opened the staff newsletter and as a result are well informed and engaged with key organisational priorities. This supports the wider GDC commitment to transparency (corporate value in 4Ps) and improving the GDC's engagement with all of our audiences (objective in comms and engagement strategy).	TARGET LEVEL: 60%	
	Green when: 50% or above	
	Amber when: 40% to 49%	
	Red when: 39% or under	

PI/STR/007 – Internal Communications – Understanding of the External Environment

PERFORMANCE INDICATOR:	ACTUAL PERFORMANCE	PERFORMANCE INSIGHTS:
<i>The proportion of positive feedback received regarding staff communications that seek to improve understanding of the external environment.</i>	<div>THIS PERIOD: --%</div> <div>PREVIOUS PERIOD: 25%</div>	<ul style="list-style-type: none">When this KPI was set in 2016, the only way to measure was to look at click through rates to the intranet etc from the newsletter. This is not an accurate or effective measure of the understanding staff have of the external environment.We have commenced an Internal Communications re-focus , this will lead to improved staff engagement measures and measurements
CORPORATE STRATEGY LINK		
Performance objective 1: People management and strong leadership.		
DESIRED OUTCOME		
Staff are more aware and have a better understanding of factors and events in the external environment that will/could have an effect on the GDC.	TARGET LEVEL: 40%	
	Green when: 40% or above	
	Amber when: 25% to 40%	
	Red when: 24% or under	

Strategy Directorate Performance Indicators

5.1 Communications Performance Indicators

5.2 QA Performance Indicators

PI/STR/013 - GDC newsletter engagement

ORGANISATIONAL INDICATOR

PERFORMANCE INDICATOR:

The level of engagement we have with dental professionals through our main mass engagement channel, the monthly email newsletter.

CORPORATE STRATEGY LINK

Performance objective 1: Improve our communication with dental professionals and stakeholders.

DESIRED OUTCOME

More dental professionals engage with us on a more regular basis, and have access to our key updates and messages, ensuring they have a much greater understanding of the GDC and how we regulate the profession.

ACTUAL PERFORMANCE

THIS PERIOD: 43.5%

PREVIOUS PERIOD: 45.4%

TARGET LEVEL:

>50%

Green when:

>50%

Amber when:

40% - 49%

Red when:

<40%

PERFORMANCE INSIGHTS:

- Average open rate for the 3 newsletters in Q4 2019 is 43.5%.
- The highest open rate in Q4 with a 47.3% open rate was the December Newsletter for Registrants, which focused on the GDC’s new corporate strategy, the introduction of registration application fees and fitness to practise insight reports.
- The highest click-through rate in Q4 was the November Registrant newsletters with an average click-through rate of 9.3%.
- The highest open rate for Stakeholders newsletter was also the November edition with an click through rate of 30.9%
- Most popular topics across the quarter are:
 - What can you learn from the fitness to practise process?
 - Whistleblowing disclosures report 2019
 - New dental record keeping guidance for England

PI/STR/005 - External face-to-face engagement

ORGANISATIONAL INDICATOR

PERFORMANCE INDICATOR:

The number of face to face engagement events with they GDC’s key stakeholders.

CORPORATE STRATEGY LINK

Performance objective 1: Improve our communication with dental professional and stakeholders.

DESIRED OUTCOME

Awareness and understanding of the GDC’s strategic priorities and progress increases amongst all our stakeholder groups including dental professionals, students, partners, professional bodies and the public, across the four nations. This supports the wider GDC commitment to using engagement as a regulatory tool and improving the GDC’s engagement with all of our audiences.

ACTUAL PERFORMANCE

THIS PERIOD: 97

PREVIOUS PERIOD: 71

TARGET LEVEL:

>60 engagements

Green when:

>60 engagements

Amber when:

50-59 engagements

Red when:

<49 engagements

PERFORMANCE INSIGHTS:

Between October and December we engaged with 802 registrants over 8 events and with 958 students over 16 events.

Engagement by partner type is broken down as follows:

• Defence Union	2	Dental School	1
• Education	16	Government	21
• NHS	4	Patient group	0
• Professional body	5	Profession wide	14
• Registrant DCP	1	Registrant Dentist	7
• Regulator	8	Student Dentist/DCP	16
• Other	2		

The breakdown of engagement by country:

• UK	27
• England	28
• Scotland	29 (mainly 1-1 meetings)
• Wales	2
• Northern Ireland	10
• International	1

PI/STR/004 - Media engagement

ORGANISATIONAL INDICATOR

PERFORMANCE INDICATOR:

The number of items of media coverage generated by proactive efforts from the GDC

CORPORATE STRATEGY LINK

Performance objective 1: Improve our communication with dental professionals and stakeholders.

DESIRED OUTCOME

The GDC is able to ensure that its key messages are effectively communicated to dental professionals through the media publications that are most appropriate to them. The GDC is able to effectively respond to third party comment on our role as a regulator.

ACTUAL PERFORMANCE

THIS PERIOD: 62

PREVIOUS PERIOD: 42

TARGET LEVEL:

>35

Green when:

>35

Amber when:

20 – 34

Red when:

<19

PERFORMANCE INSIGHTS:

- 62 pieces of coverage driven by proactive media work.
- Coverage mainly focussed on the ARF reduction, the GDC’s use of ‘undercover’ investigators in FtP cases, the corporate strategy consultation report and launch, access to the ORE, the arrival of Smile Direct in the UK, the introduction of registration application fees and the publication of the 2018/19 Patients and Public Survey.
- 36 media enquiries responded to within deadline. This represents a particularly busy quarter for reactive media enquiries, up from 16 over quarter three.

PI/STR/014 - Digital engagement

ORGANISATIONAL INDICATOR

PERFORMANCE INDICATOR:

The level of engagement we have through our website

CORPORATE STRATEGY LINK

Performance objective 1: Improve our communication with dental professional and stakeholders.

DESIRED OUTCOME

More dental professionals engage with us on a more regular basis, and have access to our key updates and messages, ensuring they have a much greater understanding of the GDC and how we regulate the profession.

ACTUAL PERFORMANCE

THIS PERIOD: 241,178

PREVIOUS PERIOD: 348, 716

TARGET LEVEL:

>330k

Green when:

>330k

Amber when:

280k – 330k

Red when:

<280k

PERFORMANCE INSIGHTS:

Percentage of returning visitors vs new visitors to the website was 29% returning and 71% new. The figures now exclude visits from internal staff. From Q1 2020 we will compare performance against the same quarter in the previous year, which is a more accurate measure of performance.

Following the launch of the new website, bounce rates (the percentage of visitors who navigate away from the site after viewing only one page) compared to Q4 2018-40%, compared to 85%.

Most visited website pages were:

- Standards and guidance
- How to join the register
- ORE
- Join the register
- Enhanced CPD

There were 126,000 GDC impressions (opportunity to view) on Twitter.

PI/STR/009 – Education providers - Proportion meeting
'Protecting Patients' Standards for Education

DEPARTMENTAL
INDICATOR

PERFORMANCE INDICATOR:	ACTUAL PERFORMANCE	PERFORMANCE INSIGHTS:
<i>Proportion of education providers recognised to be either 'meeting' or 'partially meeting' the Protecting Patients standards</i>	<div><div>THIS PERIOD – 2018/19 – 96% met, 4% partially met, 0% not met</div><div>PREVIOUS PERIOD – 2017/18 – 67% met, 27% partially met, 6% not met</div></div>	<ul style="list-style-type: none">There is a 29% increase in proportion of Protecting Patients standards have been fully met in 2018/19 than in 2017/18, with a 6% decrease in the proportion not met.
CORPORATE STRATEGY LINK		
Professional Objective 2: Help ensure professionals are properly trained		
DESIRED OUTCOME		
Institutions are recognised to be meeting a high proportion of the GDC's Standards for Education in order to help develop graduates who are safe to practice at the point of GDC register entry	<div><div>TARGET LEVEL: 70% met and less than 10% not met</div><div>Green when: 70% met and less than 10% not met</div><div>Amber when: One of criteria not met</div><div>Red when: Both criteria not met</div></div>	

PI/STR/010– Education providers - Proportion meeting
'Governance' Standards for Education

DEPARTMENTAL
INDICATOR

PERFORMANCE INDICATOR:	ACTUAL PERFORMANCE	PERFORMANCE INSIGHTS:
<i>Proportion of education providers recognised to be either 'meeting' or 'partially meeting' the Governance standards</i>	<div><div>THIS PERIOD – 2018/19 – 84% met, 16% partially met, 0% not met</div><div>PREVIOUS PERIOD – 2017/18 – 55% met, 41% partially met, 4% not met</div></div>	<ul style="list-style-type: none">A 29% increased proportion of Governance standards have been fully met in 2018/19 inspections than in the 2017/18 year, with a 4% decrease in the proportion not met.
CORPORATE STRATEGY LINK		
Professional Objective 2: Help ensure professionals are properly trained		
DESIRED OUTCOME		
Institutions are recognised to be meeting a high proportion of the GDC's Standards for Education in order to help develop graduates who are safe to practice at the point of GDC register entry	<div><div>TARGET LEVEL: 50% met and less than 20% not met</div><div>Green when: 50% met and less than 20% not met</div><div>Amber when: One of criteria not met</div><div>Red when: Both criteria not met</div></div>	

PI/STR/011 – Education providers - Proportion meeting
'Student Assessment' Standards for Education

DEPARTMENTAL
INDICATOR

PERFORMANCE INDICATOR:	ACTUAL PERFORMANCE	PERFORMANCE INSIGHTS:
<i>Proportion of education providers recognised to be either 'meeting' or 'partially meeting' the Student Assessment standards</i>	<div><div>THIS PERIOD – 2018/19 – 83% met, 16% partially met, 1% not met</div><div>PREVIOUS PERIOD – 2017/18 – 58% met, 32% partially met, 10% not met</div></div>	<ul style="list-style-type: none">There has been an 25% increase in the proportion of Student Assessment standards that were judged to be fully met in 2018/19 than the 2017/18 year, with a 9% decrease in the proportion not met.
CORPORATE STRATEGY LINK		
Professional Objective 2: Help ensure professionals are properly trained		
DESIRED OUTCOME		
Institutions are recognised to be meeting a high proportion of the GDC's Standards for Education in order to help develop graduates who are safe to practice at the point of GDC register entry	<div><div>TARGET LEVEL: 50% met and less than 10% not met</div><div>Green when: 50% met and less than 10% not met</div><div>Amber when: One of criteria not met</div><div>Red when: Both criteria not met</div></div>	

FtP Customer Service Monitoring

Executive Director	Tom Scott, Executive Director, Fitness to Practise Transition
Author(s)	Tom Scott Reviewed by David Teeman, Stefan Czerniawski, Shugafra Akram
Type of business	For discussion
For Council only:	Public session
Issue	Following scrutiny of the annual Customer Service Feedback report for FtP by the Council in July 2019, it was agreed that work was required to improve the quantity of data collected, thereby providing a basis for management decision making, based on findings. This paper updates progress on this work, together with issues regarding the nature of data collected that have come to light.
Recommendation	The Council is asked to discuss this paper.

1. Overview

- 1.1 This paper provides an update on progress of work to improve the quality of data collected. This report was noted by the Finance and Performance Committee on 26 February 2020. The Council is asked to discuss the report.
- 1.2 At the Council meeting in July 2019, the Annual FtP Customer Service Feedback report was discussed. Whilst the report seemed to offer valuable insight, the lack of data (around 100 responses from over 6,000 invitations to participants in the FtP process, across over 3,000 concerns/cases) undermined confidence in the results. It was agreed that action was necessary to rectify this situation.
- 1.3 The initial plan was for work to determine how response rates could be improved through changes to the existing process and use a third party to undertake a proactive engagement exercise with a subset of participants to gain greater, more robust feedback. It was also agreed to engage with other regulators to benchmark their approach and results.

2. Progress

- 2.1 A number of activities are in the pipeline or underway:
 - FtP will adopt the Registration team's approach of inviting participants to complete a survey through a separate email invite, in addition to the existing reference in decision letters.
 - A discussion on customer satisfaction feedback was held at the Healthcare FtP Directors' forum in November.
 - The role of customer satisfaction feedback is being incorporated in the creation of a logic model for FtP, which will inform the content for a revised survey and, more

broadly, the development of a multi-dimensional insight and evidence monitoring and evaluation (M&E) framework (plan). The broader M&E plan will enable FtP to measure and report on a range of FtP related outcomes and stakeholder perspectives.

2.2 During the course of this work the following came to light:

- Working with the research and intelligence team and as a result of informal benchmarking activity with other Healthcare Regulators, it became clear that a range of factors related to improving response rates. Key aspects were the importance of engaging an independent partner/s to work with us to gather feedback, as well as revising the content and response approach adopted for survey work.
- We had hoped to continue to use the current survey, while taking a different approach to securing responses. However, on the basis of a review of survey content by the research team and resulting recommendations, Tom Scott and David Teeman agreed that instead the next step should be to revise the content, structure and review our approach to securing responses of the survey to improve its efficacy. The ED FtP and Head of Regulatory Intelligence agreed that, working together, FtP and the research team would aim to have a revised, quality assured survey ready for cognitive field testing by the end of Q1 (March) 2020.

3. Next Steps and Communications

3.1 Working with our research and intelligence team, by the end of Q1 2020 we plan to have:

- a. Revised and ideally tested the content of our customer survey/s. It is intended, in the short term, that the GDC will conduct at least one sweep on the revised survey/s, incorporating the additional invitations.
- b. Completed an initial draft of FtP's M&E logic model, which will inform the first iteration of an overarching FtP M&E plan. This will be further developed over the course of 2020 and beyond.
- c. With the aim of going to market in Q2 2020, developed an invitation to tender, to secure the services of a research contractor who will work with GDC to deliver key aspects of our FtP M&E plan including the customer service survey.

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04 March 2020

Revising GDC's research publication protocol

Executive Director	Stefan Czerniawski, Executive Director, Strategy
Author(s)	David Teeman, Head of Regulatory Intelligence
Type of business	For decision
For Council only:	Public session
Issue	Our approach to publishing research is slower and more cumbersome than it needs to be. This paper proposes a new approach where publication is the default and where decision making is proportionate to the nature of the research and its potential impact.
Recommendation	The Council is asked to approve the revised publication protocol.

1. Revising GDC's research publication protocol

- 1.1 We currently have a cumbersome and sometimes very long drawn-out approach to publishing the research we undertake, with the result that the gap between completion of research and its publication can be many months. We can simplify and speed that up by taking more of a risk-based approach, and by starting with the basic principle that when we commission research we expect to publish the results, unless there is a serious shortfall in its quality.
- 1.2 This approach also separates out decisions about publication of the research itself – which in most cases should be automatic – from decisions about the exact timing of that publication and about any commentary or context setting GDC may wish to provide.
- 1.3 In developing the revised protocol, we have drawn heavily on the current Government Social Research publication protocol, and have based our approach on five core principles:
 - a. **Principle 1.** In line with GDC's Information Governance Policy (2017), which states that, 'the GDC seeks to regulate in an open, transparent and proportionate manner' (Part 4, Principles). Unless subject to the exceptions explained in our policy, research commissioned by the GDC and/or undertaken by the GDC or contractors will be made publicly available. Further, the primary purpose of the research we commission and conduct is to inform decisions about policy and delivery, but it also plays a role in wider policy debate. Hence, subject to current policies, our underlying principle is the presumption that products from our research will be published.
 - b. **Principle 2.** There will be prompt release of all research and analysis. Research and analysis should be published promptly, with the normal maximum timeframe being 12 weeks from agreeing the final output. Within this period, the timing of the release can coincide with GDC announcements, decisions or events.

- c. **Principle 3.** Research and analysis must be released in a way that promotes public and stakeholder confidence and trust. Research outputs should be clearly based on the data collected. They should reflect the issues they have been designed to investigate, but findings should not be influenced by GDC's concerns relating to those issues. Research products should be kept clearly distinct from GDC staff and/or Council views, although their release can be timed to coincide with GDC announcements.
- d. **Principle 4.** In line with Principle 1, we should be transparent about the research projects we have commissioned and publish high-level information about them (i.e. focus of the research and successful contractor). Subject to exceptions explained in our Information Governance Policy, communication plans should be developed for all research that the GDC commissions and/or undertakes on its own behalf and the analysis we produce. Plans will be proportionate, reflecting the scope and nature of specific pieces of work. Owners of the research should indicate to colleagues and to the Council, at an early stage, intentions to publish in-house analytical outputs and also determine at an early stage whether the research under consideration is subject to any exemptions regarding transparency (for instance, taking into account our governance policy, FOI policy and legal frameworks).
- e. **Principle 5.** Responsibility for decisions relating to the release of research and analysis must be clear. The process for approving publication, which clearly delegates responsibilities, should be set out in an appropriate policy, approved by the Council.

1.4 The proposed protocol is attached at **Appendix 1**. Its aim is:

- to ensure that the potential risks and implications of publishing research findings are considered by the relevant individuals and teams at the appropriate time, enabling the GDC to respond in an informed and proportionate for each project (see process table in **Appendix 1**).
- to enable preparation of a suitable response to any risks or implications identified.
- to enable us to determine, at an appropriate time, how we can and should use the findings from research.
- to ensure that publication of research is not hindered or delayed by consideration of the matters above by decoupling decisions on publication of research from detailed plans on how we use research findings.
- to enable timely publication of research findings.

1.5 The protocol therefore outlines:

- the actions and responsibilities associated with providing the necessary assurances to the SLT, the Council and relevant committees that the implications of research have been properly understood by the organisation
- the steps that need to be taken to obtain approval for publication of research.

1.6 The protocol includes a table (the last page of the Appendix to this paper) which sets out the key decisions and responsibilities through the life cycle of a research project. The Council will retain its strategic role of assuring the overall approach to research and the research programme as a whole and will also continue to be the decision maker about the timing and context of publication for research where the findings are particularly significant, sensitive or contentious.

- 1.7 Relevant business leads working with the Regulatory Intelligence team have a shared responsibility to ensure that the protocol is followed, and in particular to ensure Council and Committees are kept informed of the progress of research and plans for publication on a proportionate basis.
- 2. Legal, policy and national considerations**
 - 2.1 Our revised protocol retains the assumption that we will publish research unless it is considered not to be in the public interest to do so. Our revised protocol builds more structure into how we approach working with others to plan research and consider implications for GDC and our response to it.
- 3. Equality, diversity and privacy considerations**
 - 3.1 EDI is the subject of a research action plan and is considered in relation to our programme and individual projects. Our revised research publication protocol includes stages for the engagement of colleagues and stakeholders in our end to end research process, including publication.
- 4. Risk considerations**
 - 4.1 The new protocol enables the GDC to take a more proportionate and project-specific approach to how we publish our research and therefore places the GDC in a better position to consider risks during planning, research and publication phases. The Head of Regulatory Intelligence will monitor the implementation of the new protocol and identify and work to mitigate risks.
- 5. Resource considerations and CCP**
 - 5.1 The revised protocol is designed to fit within existing resources and governance structures; therefore, we do not envisage a requirement for additional resources. The revised protocol seeks to more efficiently progress research publication, as well as to better harness the input of colleagues and others as part of BAU.
- 6. Monitoring and review**
 - 6.1 We will monitor
 - a. the time it takes from the sign off of a final research report to its publication.
 - b. via communications and feedback, the effectiveness of our approach to internal communication of implications.
 - c. the number of the GDC's published research responses and we will use analytics and other research to monitor the impact of research publications across a range of audience group.
 - 6.2 Once the revised protocol is in place, the Head of the Policy and Research Programme and Head of Regulatory Intelligence propose to carry out a short review at the end of its first quarter of operation. The review will look at whether the new process is achieving the aims set out in this paper and whether the process proposed is working and to what extent it has helped reduce delays in publishing reports.
- 7. Development, consultation and decision trail**
 - 7.1 The current protocol was adopted in 2016. As a result of difficulties experienced with operating that protocol, we undertook to review the process in Q4 of 2019. We committed to bring a paper before the SLT in Q1 2020 and did so. The proposed protocol has been developed in conjunction with colleagues in the Strategy directorate.

8. Next steps and communications

- 8.1 Subject to Council approval, we will apply the new protocol to the publication of research completed from now on.

Appendices

- a. Revised research publication protocol.

David Teeman, Head of Regulatory Intelligence

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04 March 2020

Appendix 1

GDC research publication protocol (2020)**1 Principles**

This research protocol is based on the following five principles:

- a. **Principle 1.** In line with GDC's Information Governance Policy (2017), which states that *The GDC seeks to regulate in an open, transparent and proportionate manner* (Part 4, Principles). Unless subject to the exceptions explained in our policy, research commissioned by the GDC and/or undertaken by the GDC or contractors will be made publicly available. Further, the primary purpose of the research we commission and conduct is to inform decisions about policy and delivery, but it also plays a role in wider policy debate. Hence, subject to current policies, our underlying principle is the presumption that products from our research will be published.
- b. **Principle 2.** There will be prompt release of all research and analysis. Research and analysis should be published promptly, with the normal maximum timeframe being 12 weeks from agreeing the final output. Within this period, the timing of the release can coincide with GDC announcements, decisions or events.
- c. **Principle 3.** Research and analysis must be released in a way that promotes public and stakeholder confidence and trust. Research outputs should be clearly based on the data collected. They should reflect the issues they have been designed to investigate, but findings should not be influenced by GDC's concerns relating to those issues. Research products should be kept clearly distinct from GDC staff and/or Council views, although their release can be timed to coincide with GDC announcements.
- d. **Principle 4.** In line with Principle 1, we should be transparent about the research projects we have commissioned and publish high-level information about them (i.e. focus of the research and successful contractor). Subject to exceptions explained in our Information Governance Policy, communication plans should be developed for all research that the GDC commissions and/or undertakes on our behalf and the analysis we produce. Plans will be proportionate, reflecting the scope and nature of specific pieces of work. Owners of the research should indicate to colleagues and to the Council, at an early stage, intentions to publish in-house analytical outputs and also determine at an early stage whether the research under consideration is subject to any exemptions regarding transparency (for instance, taking into account our governance policy, FOI policy and legal frameworks explained in our Governance policy).
- e. **Principle 5.** Responsibility for decisions relating to the release of research and analysis must be clear. The process for approving publication, which clearly delegates responsibilities, should be set out in an appropriate policy, approved by the Council.

2 What is in scope and what is not**2.1 In scope**

For the purposes of this protocol, 'research and analysis' is defined as systematic data collection exercises using scientific methods, whether qualitative or quantitative, designed to generate robust information on an issue, policy or group of the population. The definition includes research and analysis to clarify or quantify a policy problem or to evaluate a policy and/or its delivery at pilot or full roll out stage. This will include, but is not restricted to:

- a. Research and analysis of quantitative data for the express purpose of answering a specific policy question (e.g. strategy development, policy development, policy delivery). This will include the analysis and interpretation of administrative data, analysis of specifically designed ad-hoc surveys and secondary analysis of continuous surveys and registration and fitness to practise data (subject to GDPR and privacy constraints and requirements).
- b. Secondary quantitative data analysis involving the interpretation of data following the statistical release of the main findings.
- c. Outputs from the analysis of qualitative data. These are data generated by any recognised qualitative method to generate robust data on the population(s) under study.
- d. Outputs from the evaluation of policy/delivery initiatives/pilots and trials.
- e. Outputs from literature reviews, rapid evidence assessments and systematic reviews.

2.2 Out of scope

This protocol does not cover informal evidence gathering exercises which are not designed to generate robust data and reports based on analysis.

In order to ensure consistency on the treatment of outputs the Head of Regulatory Intelligence and the research team will provide advice on whether this protocol applies. Staff should seek advice from the research team where necessary.

Specifically, outside the scope of this publication protocol are:

- a. Responses to freedom of information requests (FOIs).
- b. Management information.
- c. Briefing for Council or SLT that draws on research and analysis but addresses a specific information requirement.
- d. Briefing for policy/delivery colleagues that draws on research and analysis but addresses a specific information requirement.
- e. Analysis investigating the potential effects of different policy options.
- f. Dipstick/informal information gathering. Ad-hoc and informal evidence gathering which does not constitute a robust picture.
- g. Informal stakeholder consultation. Consulting or discussing policy ideas or issues with stakeholders, for example trade unions, employer's groups, or pressure or interest groups whose views may contribute to a policy decision.
- h. Analysis of unpublished/confidential papers and documents.

	Engage	Define	Commission	Monitor	Respond	Publish	Apply
What	Identify information gaps and research needs	Identify specific research requirement	Assign internal resource, procure external resource	Ensure research activity is monitored and any potential issues identified	Understand results and their implications. Identify any need for GDC response or context setting	Make the results public, together with a GDC response or other related material as appropriate	Ensure that research findings are embedded in policy and operational decision making
Who	GDC teams RI SLT	RI Business team	RI Business team Finance	RI Business team	RI Business team Comms	Comms RI Business team	Business team RI Internal Comms
Decision	What are our overall research needs and priorities?	What should the purpose, scale and scope of this project be?	Who should deliver the research, with highest VFM?	Is the research on track? Are emerging findings in line with expectations? Are any/all emerging findings covered by GDC's publication policy exemptions?	Is the research of requisite quality? Does it raise immediate issues requiring a GDC response? What is the right level of publication authority? Are any/all findings covered by GDC's publication policy exemptions?	When should the research be published? What context needs to be set for its publication <i>Level of sign off dependent on decision at previous stage</i>	What do we need to stop, start or do differently in the light of the research findings? Relevant governance processes will apply to any subsequent work
Sign off	Council	Business lead Head of Intelligence ED, Strategy	In line with procurement policy	Head of Intelligence	ED, Strategy or CEO or Council	ED, Strategy or CEO or Council	EMT

The first column in the table relates to the overall research programme, other columns relate to individual projects within the programme

Scope of Practice Research Report – For Publication

Executive Director	Stefan Czerniawski Executive Director, Strategy
Author(s)	Guy Rubin, Research Manager Jessica Rothnie, Policy Manager Lisa Bainbridge, Interim Head of Nations and Engagement
Type of business	For decision
For Council only:	Public session
Issue	The Council is asked to: <ul style="list-style-type: none">• Approve the publication of the Scope of Practice Review Research report (Appendix 1) and• Approve the GDC's Communications and Engagement Plan (Appendix 2).
Recommendation	Following the recommendations of the SLT and the PRB (via correspondence), the Council is asked to approve the publication of the Scope of Practice Review research report (Appendix 1) in accordance with the outlined plan (Appendix 2).

1. Introduction and Background

- 1.1 This research was commissioned to inform the Scope of Practice (SOP) review. The review commenced in 2019 and comprises two stages:
- Stage One involves building an evidence base about how the guidance is used by registrants, the GDC and stakeholders, identifying intended and unintended impacts and outcomes of the guidance, and gathering views on the future of the guidance.
 - Stage Two will take the form of a policy review of the SOP guidance. The evidence from Stage One will be drawn upon to inform any potential changes to the guidance.
- 1.2 The review is being conducted because the guidance was last updated in 2013, and we have a responsibility to maintain its currency and relevance. However, given the significant shifts in the GDC's focus in recent years, we have used this as an opportunity to conduct a wider review. Within this new context, the GDC's approach to providing guidance for the SOP must be fit for purpose, in line with our strategic agenda, and compatible with other upstream measures we plan to implement, such as the principles of professionalism.

2. Publication

- 2.1 The SLT recommended the publication of the report at Appendix 1 in full on 4 February 2020. The report was circulated to the Policy and Research Board (PRB) on 13 February 2020 via correspondence and the Board subsequently recommended its publication to the Council. The PRB recommended that the research should be published now, while it is current and whilst there is external interest in the outcome, following significant registrant and stakeholder involvement in the research itself.
- 2.2 Stage Two of the work, which we are currently scoping, will fully determine our organisational response to the work, so we propose to publish the research now, accompanied by an outline of the next phase of the work, rather than postponing publication until we have completed the next stage. This will demonstrate that we are being transparent with the findings and that there is momentum for the review.

3. Scope of Practice Research

- 3.1 Stage One of the review involved the GDC commissioning IFF Research (an independent research agency) to conduct a mixed methods review of the SOP guidance to inform and underpin future development, improvement and/or amendments to the Scope of Practice for the dental team. The objectives for the research were to gather evidence about:
 - a. Awareness and understanding of the roles within the dental team.
 - b. Use and perceptions of the SOP guidance document.
 - c. Impacts of the SOP guidance document, both intended and unintended.
 - d. The future of the SOP guidance document
- 3.2 A final report was submitted in January 2020, following the completion of IFF's research fieldwork which took place between December 2018 and October 2019 and comprised:
 - a. A scoping phase including interviews with stakeholders, a literature review and analysis of GDC data about the SOP.
 - b. A workshop with internal and external stakeholders to discuss the key findings from the scoping stage.
 - c. Focus groups and interviews with dental professionals, patients and the public and stakeholders and questions in the 2019 GDC Dental Professional survey.

4. Key Findings

- 4.1 The findings from the report are set out on pages 4-7 of the research report (Appendix 1). The key findings are:
 - a. The SOP guidance document is generally not being used for the purposes or audiences for which it was designed.
 - b. Dental professionals have high awareness and understanding of their own scope, which is gained mostly through their education, colleagues and peers, and not from the document.
 - c. DCPs, in general, were more familiar with the document than dentists. Hygienists, therapists and orthodontic therapists were the most familiar.
 - d. Patients and the public have no awareness of the document and do not feel it is relevant and necessary for them to have this kind of information, nor do they feel it designed for them.

- e. Stakeholders including education providers, employers, professional bodies and indemnifiers, and GDC internal teams are currently the primary audience for the document.
- f. When asked about potential substantial changes to the SOP guidance issued by the GDC, professionals and stakeholders were concerned because they feared it would lead to professionals acting out of scope and the demarcation between the professions would be less clear. These groups felt the document should be updated more regularly and with increased detail.

5. Implications for GDC

- 5.1 The research has produced some revealing findings about the current uses and audiences of the SOP guidance document. The views and preferences of registrants and stakeholders expressed in the research may not align with the GDC's agenda and approach to increase reliance on professional judgment rather than offering detailed guidance, and we are mindful that we will need to carefully consider how we approach the review in light of the evidence.
- 5.2 As GDC's initial response to accompany publication, we have developed messaging on our planned next steps (see Appendix 2).

6. Next steps

- 6.1 If the Council approve publication, it is hoped the report will be published in April, accompanied by GDC's initial response which outlines next steps.
- 6.2 Stage Two of the review has commenced. Initial internal workshops are being held in January 2020 amongst Strategy, Legal, clinical and PMO colleagues to discuss the research findings and potential ways forward. This will assist in developing a more comprehensive plan, including putting in place future research.
- 6.3 Alongside this, an analysis (quantitative and qualitative) of scope of practice FtP cases is being undertaken, to understand the type of cases appearing across each of the DCP titles, and the context surrounding case outcomes and decision making, including how patient harm is considered.
- 6.4 The approach to developing the GDC's policy for the SOP will need considerable deliberation, informed by various sources of evidence and other interlinking projects.
- 6.5 The SLT, the Council and relevant Committees will be updated and kept informed about the next steps for Stage Two as it becomes clearer what direction will be taken, what options are available, and corresponding timeframes.

7. Communication and Engagement

- 7.1 See communication and engagement plan (Appendix 2)

Appendices

Appendix 1 - Scope of Practice Review: Final Report. IFF Research

Appendix 2 - Communications and Engagement plan

Guy Rubin, Research Manager, grubin@gdc-uk.org

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25 February 2020

Scope of Practice Review: Final Report

20 January 2020



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1 Executive Summary

Background

- 1.1 For the General Dental Council (GDC), the Scope of Practice (SoP) guidance document describes the skills or tasks UK registered dental professionals could be expected to carry out or develop, so long as they are “trained, competent and indemnified”. The GDC first developed a guidance document for scope in 2008-9 to support dental professionals through the legislative change to registration. All dental professionals working in the UK now had to be registered with the GDC. Following the transition to registration of dental nurses, dental technicians, clinical dental technicians and orthodontic therapists, there were calls for more guidance to distinguish roles and responsibilities within the dental team. The GDC felt that the guidance would help to protect and promote patient safety and wellbeing, as it would support new dental professionals to practise safely and legally, and it would help patients to understand the roles within the dental team.
- 1.2 In 2013, the SoP guidance document was revisited following the introduction of patients having ‘direct access’ to some Dental Care Professionals (DCPs)¹ for treatment which did not require a dentist’s presence (although some elements still required a dentist’s prescription or prior assessment). The SoP guidance document was also expected to benefit patients, by providing clear guidance on the roles of dental professionals and what they could and could not do in the absence of a dentist and when a patient may be able to go direct to a DCP for treatment.
- 1.3 Whilst the SoP guidance document covers each type of dental professional and the kinds of tasks they could be expected to carry out or develop, the SoP guidance document was never intended to be an exhaustive list of what dental professionals could or could not do. It was intended to be used as a guidance document alongside professionals exercising their professional judgement to determine what they were trained, competent and indemnified to carry out.
- 1.4 In recent years, the GDC has reported an increase in the amount of enquiries requesting detailed interpretation of the SoP guidance document. The GDC have been requested to provide detailed (often clinical) advice about what dental professionals “can and can’t do”, to allay fears that dental professionals are not overstepping their scope and making themselves vulnerable to a fitness to practice proceeding. The GDC has also been asked in recent years to comment on what training would be acceptable for developing a skill in the SoP guidance document.
- 1.5 This reported increase indicated that the SoP guidance document may not be meeting its original objective of helping to clarify the roles of each dental professional.
- 1.6 The GDC commissioned IFF Research to conduct a review of the SoP guidance document, to explore whether the document is working as intended and whether there have been any unintended consequences.
- 1.7 The research explored the following among dental professionals, stakeholders and members of the public:

¹ This term refers to all dental professionals except dentists.

- Awareness and understanding of the roles within the dental team;
- Use and perceptions of the SoP guidance document;
- Impacts of the SoP guidance document, both intended and unintended;
- The future of the SoP guidance document.

Methodology

- 1.8 The research involved three stages: the scoping stage, stakeholder workshop and mainstage of the research. Each stage of the research was designed to inform the next. The key objective of the scoping stage was to understand the context of the SoP guidance document and develop a logic model² to map out the (current or possible) outcomes and impacts of the SoP guidance document. This visual diagram also helps to outline the steps to making change happen. The workshop then discussed the findings from the scoping stage of the research and the logic model in detail to help shape the focus of the mainstage of the research.
- 1.9 The mainstage of the research involved 6 group discussions and 2 interviews with dental professionals, 2 discussion groups with members of the public and 9 interviews with stakeholders. It also involved the analysis of two questions that were added to the annual Dental Professionals Survey conducted by the GDC.

Dental professional understanding of scope and use of the Scope of Practice

- 1.10 Dental professionals commonly felt quite confident and clear on their own scope and most reported that their initial training had been very thorough in outlining their scope. However, dental professionals lacked confidence when it came to the scope of other dental professionals. There was a (common but not universal) view that it is your personal responsibility to know your own scope but that it is not your place / not necessary to know the scope of other dental professionals. An exception is that DCPs believe that dentists should know the scope of all DCPs to ensure that they can refer and work with them appropriately.
- 1.11 Dental professionals commonly turned to colleagues or peers to discuss concerns or changes to their scope. It was also often discussed that Continuing Professional Development (CPD) was a good way to keep up to date with any changes to one's scope.
- 1.12 Few dental professionals would contact their indemnifier with scope queries but more mentioned that they would turn to the GDC or other professional bodies to seek clarity (online or over the phone). Only some dental professionals would turn to the SoP document for guidance.
- 1.13 Overall, it seemed that DCPs were more familiar with the SoP guidance document than dentists. Hygienists, therapists and orthodontic therapists seemed the most familiar. Dental technicians and clinical dental technicians' responses were more mixed and dental nurses appeared to be the least familiar.
- 1.14 This was broadly reflected in the evidence from the Dental Professionals Survey when looking at the most and least knowledgeable groups. Around 9 in 10 dental therapists (91%) and orthodontic therapists (88%) and 8 in 10 hygienists (84%) felt that they knew a great deal or fair amount about the SoP guidance document. In comparison, only around 6 in 10 dentists (61%)

² A logic model is a visual diagram that helps to illustrates how something is (or isn't) working.

and dental nurses (59%) stated that they knew a great deal or fair amount about the SoP guidance document.

- 1.15 Use of the SoP guidance document varied amongst dental professionals. Some were regularly using it to obtain clarity on their scope or to help shape training for other members of staff, whereas other dental professionals never used it. Hygienists, therapists and orthodontic therapists were more likely than dental technicians or dental nurses to have referred to the SoP guidance document in the last 6 months. The picture seemed more mixed for clinical dental technicians, however, it is important to note that this research involved speaking to fewer clinical dental technicians than any other dental professional group. Dentist usage of the SoP guidance document varied considerably, with some using it on a regular basis and others never using it.
- 1.16 Findings from the Dental Professional Survey give further granularity. They show that very few dental professionals (just 5%) 'never' refer to the SoP guidance document (5 %) but it was fairly typical to refer to it rarely - around half (49%) reported looking at it twice a year or less. Just over one in five (22%) were referring to the SoP guidance document every 2 to 3 months and one in six (16%) were referring to the SoP guidance document more often (at least once a month).
- 1.17 Stakeholder interviews revealed that they were more likely than dental professionals to be regularly using the SoP guidance document. Stakeholders were using the SoP guidance document to help them design new training courses, update the content of current courses, discuss developmental opportunities with dental professionals and provide advice/ guidance to dental professionals as well as using the document within Fitness to Practice (FtP) cases.

Impact and perceptions of Scope of Practice

Impact on out of scope working

- 1.18 Dental professionals were keen to ensure that they operated within their scope and were largely wary of going beyond it. Instances where dental professionals had undertaken out of scope tasks were not usually due to them being unaware that the treatment was out of their scope / competency, but they were trying to ensure that their patient was receiving the best treatment possible for example, by not referring them to another dental professional some distance away or because they were being asked by a senior colleague to undertake the task.
- 1.19 There was a feeling amongst DCPs that dentists have a high impact on the tasks they undertake. This is due to being the 'boss' / the person that controls the flow and type of work that they are assigned. Some DCPs feel that all the control lies with the dentist and they have little influence over the tasks they undertake.
- 1.20 Some DCPs felt more comfortable pushing back on requests from dentists they felt were out of scope – particularly DCPs who can be seen through 'direct access' and those working in a hospital setting. As a rule, dental nurses were least confident pushing back in this way.
- 1.21 There were a few instances of DCPs using the SoP guidance document to help support their case to the dentist that a task that had been requested was out of scope. In these instances, the SoP guidance document is playing a role in ensuring the DCP does not act out of scope which may contribute to public protection and protection of the individual DCP from a claim or complaint being made against them.

Impact on skills mix and career pathways

- 1.22 The scoping stage of the research revealed a fear that the SoP guidance document could inhibit the skills mix where DCPs are reluctant to do anything that is not explicitly stated within the SoP guidance document. There was some evidence from the mainstage which supported this. A few dentists reported that the SoP guidance document was being used by some DCPs to prove that a task is not in their scope because it is not listed in the SoP guidance document. It is difficult to know whether the DCPs in these cases were being overly or appropriately cautious in not undertaking these tasks but a common suggested response to this issue was to make SoP guidance document more comprehensive to leave fewer grey areas.
- 1.23 For DCPs to work to their full scope / capabilities, it is necessary for dentists to allow them to do this through referrals and/or giving them opportunities to take on particular tasks. DCPs believe that dentists are not currently referring enough. Those who can be seen under 'direct access' felt a key reason for this was that dentists are unaware of the treatments that they can undertake. However, there were also wider contextual factors discussed in relation to referrals. Dentists and DCPs mentioned practical difficulties of sharing work within the team and financial considerations / incentives, which do not always encourage dentists to refer work to others.
- 1.24 Educators felt many dentists were not currently maximising the potential of their staff. Dental nurses echoed this view, feeling that their profession lacks progression opportunities in part due to dentists not understanding their full capabilities or how they may be able to expand their scope.
- 1.25 In addition, very few DCPs were using the 'additional skills' sections of the SoP guidance document to understand how they could expand their scope. Many believed there needed to be greater clarity around how the 'additional skills' could be achieved. If this detail was provided, this could help to encourage DCPs to expand their scope.

Perceptions of the document

- 1.26 Generally, dental professionals and stakeholders agreed that the SoP guidance document clearly outlines the different roles within the dental team. However, some felt that the document was a bit too vague in places and was therefore 'subject to interpretation'. There was also a feeling amongst dental professionals and stakeholders that the document needed to be updated more frequently as the industry is continually changing.
- 1.27 Dental professionals and stakeholders generally felt that if the document is to continue to exist, it should continue to be the responsibility of the GDC but that others e.g. professional bodies should be consulted over updates.

Public perceptions

- 1.28 The public were not generally aware of the SoP guidance document. When the document was shown to them during the discussion groups, they did not feel it was presented in a way that is accessible for them and they assumed it had been designed with dental professionals and stakeholders in mind.
- 1.29 If the SoP guidance document is to be used by the general public, it would need to be shortened and interactive (e.g. an app, video or web format with clickable links) or be produced as a simple poster with each member of the dental team and short summary of each role.

- 1.30 However, it is important to note that overall the public did not feel that the SoP guidance document was for them or something they would use in the future. There was little interest from the public in direct access, unless it would save them money. Some members of the public were happy to go direct to a hygienist, whose role was generally felt to be clear. While many other DCP roles – all except dental nurses – were much less familiar to the public, this had never been an issue for them. They tended to feel that the dentist was a good first port of call and could refer them to others as appropriate.

Conclusions: the future of the Scope of Practice

Dental professionals

- 1.31 Dental professional awareness and understanding of their own scope was high and had mainly come from their education before they qualified. Generally, the SoP guidance document is not being used regularly by dental professionals to assist them in understanding their scope.
- 1.32 However, a few dentists reported that the SoP guidance document was occasionally being used by some DCPs to prove that a task was out of their scope because it was not listed in the document. In these cases, dentists felt that DCPs were taking an overly cautious approach to their interpretation of the SoP guidance document. However, it is difficult to know whether DCPs were being appropriately or overly cautious.
- 1.33 Very few DCPs were utilising the 'additional skills' sections of the SoP guidance document. They felt there needed to be greater clarity around how the 'additional skills' could be achieved, if the SoP guidance document was to be used in this way in the future.
- 1.34 Dental professionals are not generally confident when it comes to the scope of other dental professionals in the dental team and they do not believe it is their place to know the scope of other professionals. There is only one exception to this, DCPs believed that dentists should know the scope of all DCPs to ensure that they can refer and work with them appropriately.
- 1.35 Dentists and DCPs discussed several practical barriers which impacted on the sharing of work within the team, including the complexity of treatments. There was also a feeling that the current system does not financially incentivise private dentists to refer work or incentivise DCPs in NHS settings to take on referrals and expand their scope. Given the significant contextual factors around referral behaviour, it may be unrealistic to expect the SoP guidance document, in its current or an improved form, to play a transformative role in enabling DCPs to work to their full scope. However, dentists having an increased awareness of DCP roles could help in some cases.

The public

- 1.36 One of the expected benefits of the revised 2013 SoP guidance document was an increased understanding amongst the general public of the roles of dental professionals. However, the public are not currently aware of, or using, the SoP guidance document. They do not feel the SoP guidance document is patient friendly and therefore they have assumed that the document is not for them.
- 1.37 The public felt that it would be better to have a simplified SoP guidance document in another form, such as a poster or app (but many admitted they would be unlikely to use it in any form).

Stakeholders

- 1.38 While the original intention may have been focused on dental professionals and the public, it is stakeholders who are using SoP guidance document most frequently and they are concerned about how they would continue to advise dental professionals or assess / prosecute / defend FtP cases without the document.

The future of Scope of Practice

- 1.39 Dental professionals and stakeholders were keen for the SoP guidance document to continue to exist and when the scenario of the SoP guidance document no longer existing was aired, they were generally fearful of what would happen in its absence. There were concerns that this could lead to dental professionals acting out of scope. A few stakeholders and dental professionals were less concerned, but they still felt that the SoP guidance document needed to continue to exist.
- 1.40 Dental professionals and stakeholders also tended to feel that the SoP guidance document should be more comprehensive and updated more regularly so it reflects the ever-changing nature of the industry.
- 1.41 Dental professionals and stakeholders generally felt that if the SoP guidance document is to continue to exist it needs to be the responsibility of the GDC. They felt that as it is outlining the scope of different members of the dental team it needs to be owned by the regulator. Some DCPs added that the GDC should however involve all professional bodies and educators to ensure that all dental professional bodies are consulted.

2 Background and methodology

- 2.1 This section will cover the background to the review, its objectives and the research approach taken.

Background to the research

- 2.2 Prior to 2008, only dentists, dental therapists and dental hygienists had to register with the General Dental Council (GDC). However, in 2008 a legislative change took place and it became compulsory for dental nurses, dental technicians, clinical dental technicians and orthodontic therapists to register with the GDC. After this change came into effect, representatives of new and existing dental professional groups felt more guidance was needed to define the boundaries of each role. The existing requirement to work within training, competency and indemnity was felt to no longer be enough. In response to these calls, the GDC developed guidance on the Scope of Practice (SoP) in dentistry. The SoP guidance document was only intended to be used temporarily until the teams had become accustomed to the legislative change.
- 2.3 In 2013, following the introduction of patient 'direct access' the SoP guidance document was revisited and revised. 'Direct access' meant that some Dental Care Professionals (DCPs)³ were now able to undertake procedures which had previously required the presence of a dentist (however, some treatments still required a dentist's prescription or prior assessment). The 2013 revisions to the SoP guidance document were expected to benefit patients by providing clear guidance on what different dental professionals could and could not do in the absence of a dentist and supporting them to make better choices about their care.
- 2.4 The SoP guidance document covers each dental professional and the tasks they could be expected to carry out or develop, if they are "trained, competent and indemnified" to do so. However, it is important to note that the SoP guidance document was never intended to be an exhaustive list of tasks that dental professionals could or could not undertake. It was always intended to be used as a reference document alongside the dental professionals using their professional judgement, to aid them in determining what they were trained, competent and indemnified to do. More recently the GDC reported an increase in the amount of enquiries requesting detailed interpretation of elements of the SoP guidance document. The GDC have been requested to provide detailed (often clinical) advice about what dental professionals "can and can't do", to help to reassure dental professionals that they are not acting out of scope and could be making themselves vulnerable to a fitness to practise proceeding. The GDC has also been asked in recent years to comment on what training would be acceptable for developing a skill in the SoP guidance document.
- 2.5 This reported increase suggested that the document may not be meeting its original objective of helping to clarify the different roles within the dental team. The GDC commissioned this research to review the SoP guidance document, exploring to what extent the document is working as intended and balancing anticipated outcomes against any unintended consequences.
- 2.6 The research will explore the following among dental professionals, stakeholders and members of the public:

³ This term refers to all dental professionals except dentists.

- Awareness and understanding of the roles within the dental team;
- Use and perceptions of the SoP guidance document; Impacts of the SoP guidance document, both intended and unintended;
- The future of the SoP guidance document.

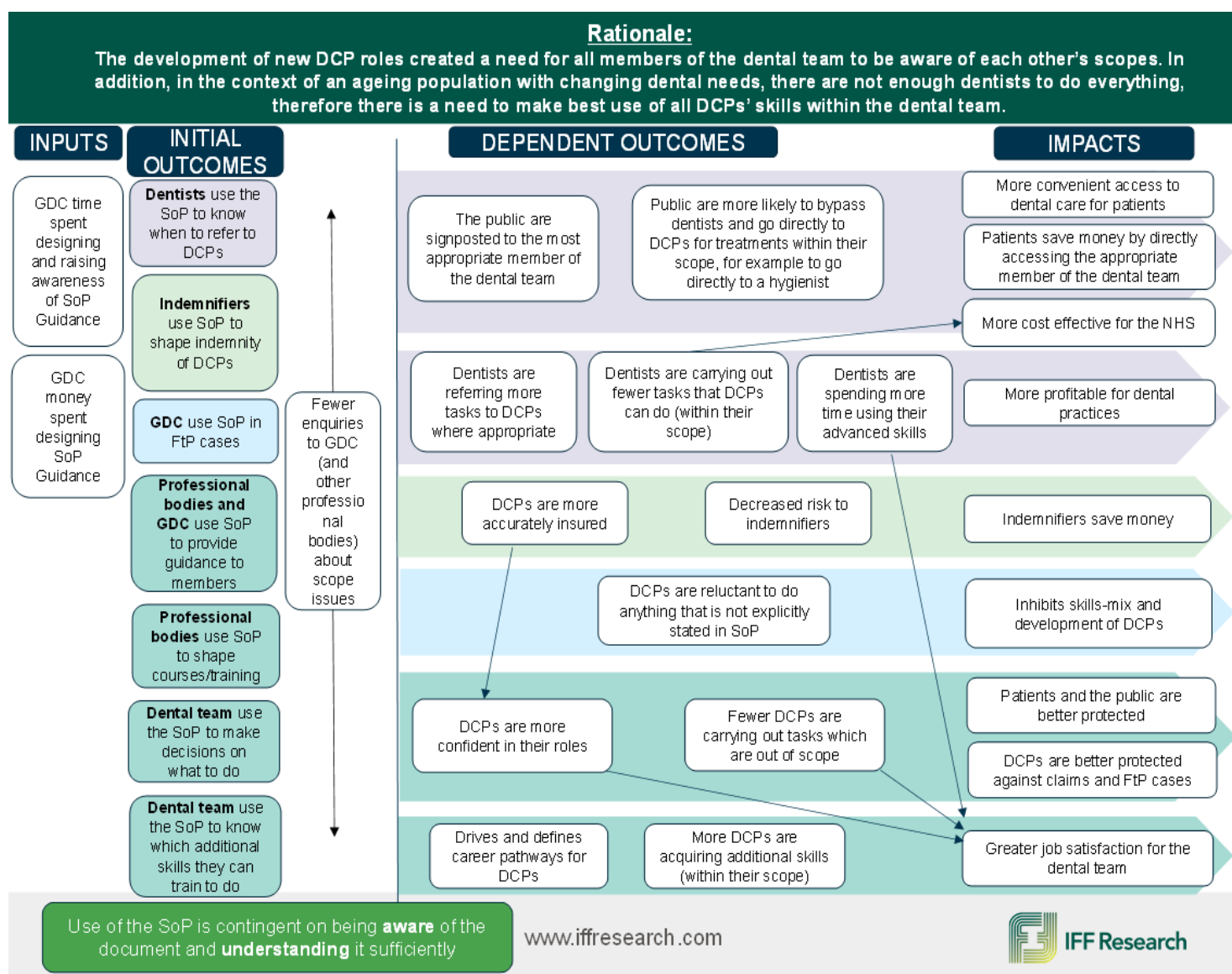
Methodology

- 2.7 The research involved three stages: the scoping stage, workshop and mainstage of the research.
- 2.8 The scoping stage of the research was designed to inform the workshop and mainstage of the research. The key objective of the scoping stage was to understand the context of the SoP guidance document and develop a logic model to map out the steps to making change happen. The workshop then discussed the findings from the scoping stage of the research and the logic model in detail to help shape the focus of the mainstage of the research.

Scoping stage

- 2.9 The scoping stage took place between December 2018 and July 2019. The research had four key elements: stakeholder interviews, literature review, secondary data analysis and development of a logic model.
- 2.10 A logic model was developed during the scoping stage to make explicit the theory of change behind the SoP guidance document. It provides a distilled picture of the steps involved in making change happen.

Figure 2.1 Dental professional Logic Model



2.11 The logic model was developed from knowledge gleaned from all elements of the scoping stage. It shows intended outcomes and impacts alongside actual outcomes and impacts (*whether intended or not*⁴). This is in recognition that the document is currently used in ways which go beyond its initial purpose.

2.12 The **rationale** summarises why the SoP guidance document was needed by highlighting, in brief, the problem it was designed to solve.

2.13 The **initial outcomes** show how the SoP guidance document is used by various stakeholder groups. As stated in the logic model, use of SoP guidance document is contingent on stakeholders being aware of the document and understanding it sufficiently.

⁴ In particular, it is worth noting that 'indemnifiers save money' and 'inhibits skill-mix and development of DCPs' are unintended impacts.

- 2.14 The **dependent outcomes** show further effects of the document being used.
- 2.15 The **impacts** are long-term effects, which the Scope of Practice could contribute to rather than cause.
- 2.16 Typically impacts are not measurable within an evaluation (as they are indirectly attributable) but if the preceding initial outcomes and dependent outcomes can be observed, the theory of change suggests that the impacts will follow.
- 2.17 As the scoping stage did not gather views from dental professionals or members of the public directly, the logic model was used in the design of the mainstage of the research to ensure all relevant questions were asked of these groups (as well as of the additional stakeholders we interviewed during the mainstage).

Workshop

- 2.18 After the scoping stage of the research a workshop was held with around 35 GDC stakeholders, both internal and external. The key findings from the scoping stage were presented and two discussion sessions were conducted around some of the key themes from the scoping stage. The first discussion was around the future of the SoP guidance document, whether it needed to continue to exist and if so, in what form. The second discussion focused on the impact of the guidance on working within scope and to the full scope of one's role. The findings from these discussions were collated after the workshop and informed the focus of the discussion guides for the mainstage of the research.

Mainstage

- 2.19 The mainstage of the research involved group discussions and interviews with dental professionals, members of the public and stakeholders. It also involved the analysis of two questions that were added to the Dental Professionals Survey conducted by the GDC.

Groups and interviews with dental professionals

- 2.20 Six group discussions and two in-depth interviews were conducted with dental professionals. The group discussions were conducted in London, Birmingham and Edinburgh. The fieldwork took place between 1st October and 23rd October 2019. The make-up of the groups was as follows:
- Two dentist groups;
 - One group with dental nurses;
 - One group with dental hygienists and therapists;
 - One group with dental technicians;
 - One group with orthodontic therapists.
- 2.21 Within each group IFF Research ensured there was a mix of professionals in terms of their settings (working privately and for the NHS, based in hospitals and practices), time since graduation (those that graduated before and after 2009) as well as having a mix by gender and ethnicity. The groups lasted for around 1 hour and 30 minutes.

- 2.22 Two in-depth interviews were conducted with clinical dental technicians to ensure that all dental professional groups had been spoken to within the research (it was not possible to convene a group of clinical dental technicians due to low numbers on the GDC register).
- 2.23 A semi structured discussion guide was designed and used during the discussions to ensure consistent coverage across the groups. The guide also allowed the moderator to follow up on any interesting conversations that arose naturally throughout the discussion. The guide covered the following key topics (full discussion guide can be found in Appendix A):
- Dental professional understanding of their own scope and the scope of other members of the dental team;
 - Current use of the SoP guidance document;
 - Impacts of the SoP guidance document;
 - The future of the SoP guidance document.

Interviews with stakeholders

- 2.24 In-depth interviews were undertaken with 9 stakeholders. Five interviews were conducted with educators, one with a corporate, one with an indemnifier, one with an employer and one with a professional body. Interviews were conducted over the telephone and lasted for around 45 minutes.
- 2.25 A semi structured discussion guide was used during the interviews. This ensured that there was consistency across the interviews, but also allowed interviewers the flexibility to discuss other interesting avenues as they arose during the conversation.
- 2.26 The discussion guide covered the following key topics (full discussion guide can be found in Appendix A):
- Own use of the SoP guidance document;
 - Dental professional use of the SoP guidance document;
 - Impacts of the SoP guidance document;
 - The future of the SoP guidance document.

Groups with members of the public

- 2.27 Two group discussions were conducted with members of the general public, one in Edinburgh and one in London.
- 2.28 A mix of the following characteristics were recruited for each of the groups; age, gender and ethnicity. All the participants had also visited a dental surgery within the last 2 years.
- 2.29 The group discussion covered the following topics (full discussion guide can be found in Appendix A):
- Recent experiences of dental care;

- Awareness and understanding of the different members of the dental team;
- Awareness and understanding of 'direct access';
- Information needs on the roles within the dental team;
- Awareness and understanding of the SoP guidance document.

Dental Professionals Survey

2.30 The Dental Professionals Survey is run annually by the GDC. Each year the GDC asks a selection of questions, which generally remain consistent year-to-year, but some additional questions are added when a new or relevant subject arises. This year's survey seeks to explore the following:

- How well the GDC's role, purpose and work is understood;
- Topical issues affecting the profession, such as CPD;
- How complaints and feedback are handled locally/in practice;
- Perception of fitness to practise.

2.31 Two new questions were designed by IFF Research and added to the 2019 survey. The following two questions were added and will be analysed in this report:

- How much, if anything, would you say you know about the Scope of Practice guidance published by the General Dental Council?
- Which of the following best describes how often you have referred to the Scope of Practice guidance?

2.32 The 2019 Dental Professionals Survey achieved 7,848 responses from dental professionals.

Interpreting the findings

2.33 Qualitative research aims to provide detailed insight into the views and experiences of individuals. The qualitative findings do not aim to be generalisable to the wider population. The findings from the dental professional groups, dental professional interviews, groups with members of the public and stakeholder interviews should be interpreted in this context. They should not be taken as representative of all dental professionals, members of the public and stakeholders.

3 Dental professional understanding of scope and use of the Scope of Practice

- 3.1 The following chapter outlines the level of clarity dental professionals feel about their scope and how they keep up to date with changes. It covers how they deal with uncertainties about their remit and in which circumstances they might refer to the SoP guidance document.
- 3.2 This chapter also looks at the extent of dental professional knowledge of the scope of other dental professionals. It reflects the views of dentists, dental nurses, dental technicians, clinical dental technicians, orthodontic therapists, hygienists and dental therapists on the scope of those they employ, are employed by and work with. It also covers stakeholder views.

Understanding and keeping up to date with own scope

Level of understanding of own scope

- 3.3 Dental professionals generally felt quite clear and confident on their own scope. Dental professionals whose scope had seen more recent change, such as hygienists and dental therapists, were particularly likely to be very aware of their scope. However, a few dental therapists reported that recent changes to their scope such as being able to diagnose a wider range of diseases left them 'doubtful' and seeking confirmation from colleagues.
- 3.4 Clinical dental technicians were most likely to report 'grey areas' where there was lack of clarity around their scope. Sometimes due to newly developed techniques (e.g. digital impressions) which were not yet specifically assigned to particular professionals, while other situations may be more deliberate acting out of scope to retain fees (e.g. the removal of dentures or bridge screws).
- 3.5 Most dental professionals reported that their initial training had been thorough in explaining the scope of their role.

"In early days of study, it's drilled into you . . . If you're not clinically qualified do not touch the mouth . . . Not your scope and you're not covered to be in there."

Dental technician

- 3.6 Dentists frequently described their own scope in relation to that of other dentists in terms of specialities. They tended to be more focused on how their scope of practice (which they spoke about in terms of what they commonly do / feel competent to do) differs from other dentists than from those in other dental professions.
- 3.7 One stakeholder (an indemnifier) made the point that dentists may not need to be aware of their scope as they are allowed to do everything.
- 3.8 A few dentists suggested that dentists in more rural settings were more likely to knowingly go beyond their scope / competency to help provide the best service for their patients. There was a feeling that if you refer to another dental professional in a rural area, you could be forcing your patient to travel long distances, and that the only way to prevent this inconvenience to your

patients was to perform a treatment that you may not feel entirely comfortable with (i.e. it may be something the dentist has been trained to do but does not do regularly).

"I think that one thing that I'd come back to is, we all work in and around London. It is relatively easy, if I don't feel comfortable with something, to refer... If you're out in the sticks, you are very isolated and I think you can start being, you know, trying your best for people, but possibly ending up outside your scope of practice."

Dentist

- 3.9 In general, clinical dental technicians and dental nurses were thought to be most likely to knowingly work beyond their scope⁵, whilst other professionals such as therapists and hygienists were thought more likely to refuse requested tasks even though others thought they were in scope.
- 3.10 Many dental professionals showed confusion around whether training on 'additional skills' in the SoP guidance document was sufficient to extend scope. Not all current training appears to make participants feel competent to extend their practice, for example, there was uncertainty if participation in a short webinar would be adequate. Education providers and the professional body interviewed also thought dental professionals were generally unclear about expansion of scope, training and skills development or how these should be verified.

"I'm a bit unclear about whitening, so I think that's one of the things that it mentions in the GDC as an extra, as optional . . . I did, a webinar ... [and received] a CPD certificate and my dentist is happy for me to do it. But is that really it? Does that mean that I'm trained and now that's within my scope?"

Dental hygienist / therapist

How dental professionals check their understanding and keep up to date with their scope

- 3.11 Dental professionals were aware that scopes evolve and that they need to keep up to date. This could be due to new roles, changing legislation or use of new technologies. Many dental professionals also proactively checked their understanding when dealing with a new task for the first time. For example, dental nurses in a hospital setting verified their responsibilities when dealing with increasing numbers of elderly or obese patients who might have additional nursing requirements (e.g. needing catheters changing).
- 3.12 Across all the roles covered in the research, the majority of dental professionals turned to colleagues or peers to discuss concerns or changes to their scope. This included colleagues at their place of work - for example dental nurses checked with more experienced dental nurses. Many dental professionals also mentioned discussion with peers outside their immediate place of work whom they are in touch with through personal networks or online discussion groups. Some more recently qualified dental professionals retained contact with their training team

⁵ This was discussed by stakeholders and dental professionals about themselves and other dental professionals. However, we must be mindful that qualitative evidence should not be taken as representative of all dental professionals and stakeholders.

through social media groups and would ask questions of the consultants or professors who delivered the original course.

"The other place that I have seen a lot of discussion of this kind of thing is on Facebook groups. So, for dentists by dentists . . . big Facebook groups. I've seen a lot of discussion about all aspects of dentistry, from CQC, GDC, everything about that. So, if you search within those groups and just put in 'scope of practice', you'll no doubt find lots of threads with people offering an opinion."

Dentist

- 3.13 Employers were the source of information for some, who reported that their principals or practice managers keep up to date with scopes of practice, for example at staff meetings. Those who were primarily reliant on their employer were typically positive about their relationship and trusting of the advice provided.
- 3.14 Some dental professionals in more junior positions felt it their 'personal duty' to know their scope. They accepted it as part of their role to make it clear if there was any confusion about the tasks, they could be asked to undertake by those in more senior positions. However, others felt the responsibility for understanding their scope should be shared by their employer and would not expect to have to raise issues with them.
- 3.15 Where there was a lack of clarity reported, this was often linked to the time since more senior practitioners had trained (for some, it would be prior to the development of roles such as orthodontic therapists).
- 3.16 Those working in hospital settings were more likely to mention frequent training, usually provided in-house. Some in private practice believed that they received less training.

"If anything changes [on scope of practice] we get emails, you get training . . . there will be a discussion, 'lunch and learn'. . . We get mandatory training . . . In [private] practice it's altogether a different story."

Orthodontic therapist [working at NHS training hospital]

- 3.17 It was commonly discussed that Continuing Professional Development (CPD) was a good way to keep up to date with any changes to one's scope. Many dental professionals reported that they completed a mandatory number of CPD hours and that this covered their scope and changes to it. Online training, dental exhibitions and conferences were frequently mentioned as useful contributors to CPD and understanding of scope.
- 3.18 The annual British Dental Industry Association (BDIA) Dental Showcase trade show was reported by several dental professionals to be useful in keeping up to date and being able to question others about scope. Content in magazine and journals were also mentioned, such as those from FMC Dentistry's Information Centre.
- 3.19 Generally, dental professionals wouldn't go to indemnifiers to check their scope. Many dental professionals were not completely clear on the details of what they are indemnified to do. They understood that they needed it and that it was there to protect them if the GDC brought an FtP case against them. Dental nurses and dental technicians had the lowest levels of knowledge on indemnity, which appeared to be since this was predominantly applied for by their employer and they were not involved in the process.

“All I know about indemnity, is that if I’m in trouble, they will back me up, knowing that I’ve not done anything wrong. That’s all I know about indemnity, [my employer] pays for it.”

Dental nurse

- 3.20 Indemnifiers were thought of as a last resort, or ‘last word’ if an answer could not be found elsewhere. Examples of indemnifier use included checking if refusal of a task was valid, questions over direct access and resolution of a ‘grey area’ for clinical dental technicians.
- 3.21 Clinical dental technician did not feel it would be any guarantee if an indemnifier agreed to indemnify them for a certain task and felt that the dental practitioner should themselves be sure if it was within their scope of practice. If it was later challenged as being outside their scope of practice, they thought the indemnifier might then be able to invalidate their original stance.

“Clearly you need to have indemnity if you’re going to do anything at all like that [working at the boundary of scope] ... but I think the indemnity providers can say... ‘You will be indemnified to do it’, but ... it might still be outside my scope of practice.”

Clinical dental technician

Use of GDC resources to check understanding and keep up to date with scope

- 3.22 Many dental professionals would turn to the GDC or to professional bodies (e.g. British Society for Dental Hygiene and Therapy), if they needed to clarify if a task was within their scope. Some dental professionals regularly turn to the SoP guidance document if they are unsure if a task is within their scope, but others reported they had not looked at it for several years. Educators felt that dental professionals would typically only refer to the GDC if they were particularly proactive.
- 3.23 Dental professionals also reported turning to the GDC website if they had a query on their scope. If their query was not answered on the website, they would contact the GDC by telephone. A minority of dentists (those with their own practices) and orthodontic therapists reported that they proactively visit the GDC website at regular intervals, or when aware of changes to the standards to check for details. Dental professionals across the professions highlighted the usefulness of direct email updates (from GDC and other professional bodies) specifically notifying them of relevant changes.

“Every practice is not very great in updating things. So, I think the best thing is the GDC website and if you want a notification you can just add that to your email address.”

Orthodontic therapist

Understanding the scope of other dental professionals

- 3.24 Dental professionals commonly lack confidence on the scope of other dental professionals. There is a feeling amongst most dental professionals that it is everyone’s role to know their own scope, but not necessarily that of others.

“We just don’t get really told it [dentist’s scope] because what’s the point? . . . We know what they should be doing, but why should we need to know the ins and outs of their business?”

Dental nurse

"Each individual . . . has a better awareness of their own roles and responsibilities . . . I mean, I wouldn't, I couldn't dictate to someone, 'Oh, this is something you should be doing,' because it's obviously something I'm not aware of. . . Again, I think it comes down to communication . . . you establish who can do what."

Dental technician

- 3.25 Employers largely did feel they should understand their employees' scope but many employees (including dental nurses, therapists and hygienists) did not feel this was the case. Educators were also sceptical as to the amount of knowledge employers (especially dentists) held.

"They [dentists] don't know what the other DCPs can undertake; very, very unaware of CDTs and what they can do, the broadened scope of the dental therapist ... some dentists don't believe that nurses can progress or do anything without a prescription."

Education stakeholder

"I wouldn't be able to tell you the individual roles and what they can or can't do, especially the therapist ... I didn't know [there were] further details outlining particular tasks a practitioner can or can't do."

Dentist and employer

- 3.26 Dental professionals working in hospitals appeared to be more keenly aware of the scope of other dental professionals. They felt delineation between roles were clearer and referrals straightforward.

"In the hospital, we have very clear and defined roles. So, on our medicine team, we deal specifically with . . . a couple of hundred conditions . . . We make internal referrals, we very much deal with our own defined role. . . Often, our roles can cross. . . but you know where the line is."

Dentist

- 3.27 A minority at all levels felt understanding the scope of others led to better team-working and reported positive experiences at workplaces where this was the norm.
- 3.28 In keeping with the general belief that dental professionals have a responsibility to understand their own scope, face to face direct communication was suggested as a good way of finding out about the scope and competency of others.

"It's liaising, it's communication. On face value you're not going to really know who's made of what and what they can and can't do. I guess when you approach one another for help that then clarifies where you stand, kind of, in scope of practice. I think if you don't know something it's . . . so much easier just to talk to someone than stick your head in a book."

Dental technician

- 3.29 CPD was also mentioned as a good way to keep up to date on others' scope.
- 3.30 Dentists had a mixed response when it came to their understanding of the roles within the dental team and whether all roles are clearly defined. They generally fell into two groups:

- Those believing that the different roles are well defined or that there is no need for them to understand the roles.
- Those believing that there needs to be great clarity around some tasks.

3.31 Those that felt there was no need for them to understand the scope of others, generally were not working with a variety of DCPs and they felt they had a good understanding of the professionals they were working with (e.g. an orthodontist who works closely with an orthodontic therapist and had for a number of years commented that she would have no need to question what the OT could do).

3.32 Some dentists reported that there were some 'grey areas' in the individual scopes within the dental team and these 'grey areas' could be causes of friction and debate within the team. For example, the disposal of sharps. They reported that there were ongoing debates with dental nurses around the disposal of sharps and whether this task was outside of their scope.

"Sometimes it's quite difficult. There have been issues where it's been debated whether, who is going to dispose of the sharps. Whether it's the clinicians or the nurses can dispose of it in the practice."

Dentist

3.33 Dentists reported being asked by colleagues in other roles to provide evidence that the task they were asking them to undertake is within their scope. Dentists most commonly turn to the GDC for guidance either by calling them or referring to the SoP guidance document. They also occasionally turned to indemnifiers. These situations appear to most commonly result in the task being found outside of scope, or uncertainty which results in the task not being assigned.

3.34 Educators reported that dentists were rarely fully aware of the scope of other dental professional roles, and that it was important to ensure that DCPs feel confident on their own scope through education. Some found that dentists were surprised at the extent of tasks that dental nurses or therapists could potentially undertake.

3.35 Dental therapists reported a lack of knowledge amongst dentists of their role, training and in which circumstances they would need permissions before acting. One example was whether they could perform examinations for children.

"She [a dentist] generally didn't know what a therapist was, but she was willing to take me on as her trainee therapist. . . My lecturer had to tell her . . . he literally had to send her, the whole scope of practice, everything . . . Even after she had read it, she was [saying] 'Yes, it's the same as hygiene, you can do some extra bits.' Then she was booking in, root canals and I was, [saying] 'I cannot do that. I cannot do root canals.' So, it definitely wasn't clear to them."

Dental therapist

3.36 One educator felt the dental therapist role was particularly unlikely to be understood by other professionals. They attributed this partly to frequent crossing of roles with hygienists, especially in Scotland where there is currently the perception that there is no training for either role (however, there are several training programmes available in Scotland currently). Hygienists themselves were thought to understand the dental therapist role well.

- 3.37 Orthodontic therapists also felt dentists were not always clear about the scope of therapists' work, or in some cases are aware they are asking them to undertake a task outside of their scope.
- 3.38 Dental professionals also raised a few concerns around the scope of dentists. Some believed that it could cover areas in which particular dentists might have little recent training or experience. They felt that some tasks which are within a dentist's remit would be better passed to professionals who might be more experienced or better trained to deliver them. One example was the making of dentures which clinical dental technicians felt better placed to provide.

"They [dentists] expect us to make dentures on these impressions . . . they use cheap materials then we make the dentures and the dentures don't fit . . . It might be in their scope of practice, but they've had very little training."

Clinical dental technician

- 3.39 Similarly, some professionals raised concerns that not all dentists are indemnified for all tasks which may be within their scope which led to uncertainty around who would undertake which tasks. Clinical dental technicians reported that they often checked if dentists were able to undertake specific tasks (e.g. implants).
- 3.40 One dental professional raised uncertainty around the scope for dentists and others who have trained outside the UK. They were unsure what the training for these individuals might have covered and what they were therefore qualified to do.

Awareness, knowledge and use of the Scope of Practice guidance document

Awareness and knowledge among dental professionals

- 3.41 When the SoP guidance document was first mentioned during the group discussions with dental professionals, there was a mixed response. Some were very familiar with the SoP guidance document and had mentioned it before it was raised by the moderator, whereas others could not recall the document and did not immediately recognise it when shown.
- 3.42 Overall, DCPs were more familiar with the document than dentists. Hygienists, therapists and orthodontic therapists seemed the most familiar with the SoP guidance document. Dental technicians and clinical dental technicians' responses were more mixed. More recently trained dental technicians were more familiar with the document and discussed how the document had been covered in detail during their education.

"In the college, you pretty much learn straight away what all the scopes are because when you do the studies at college and that, they do a full unit on it, so you learn about it."

Dental technician

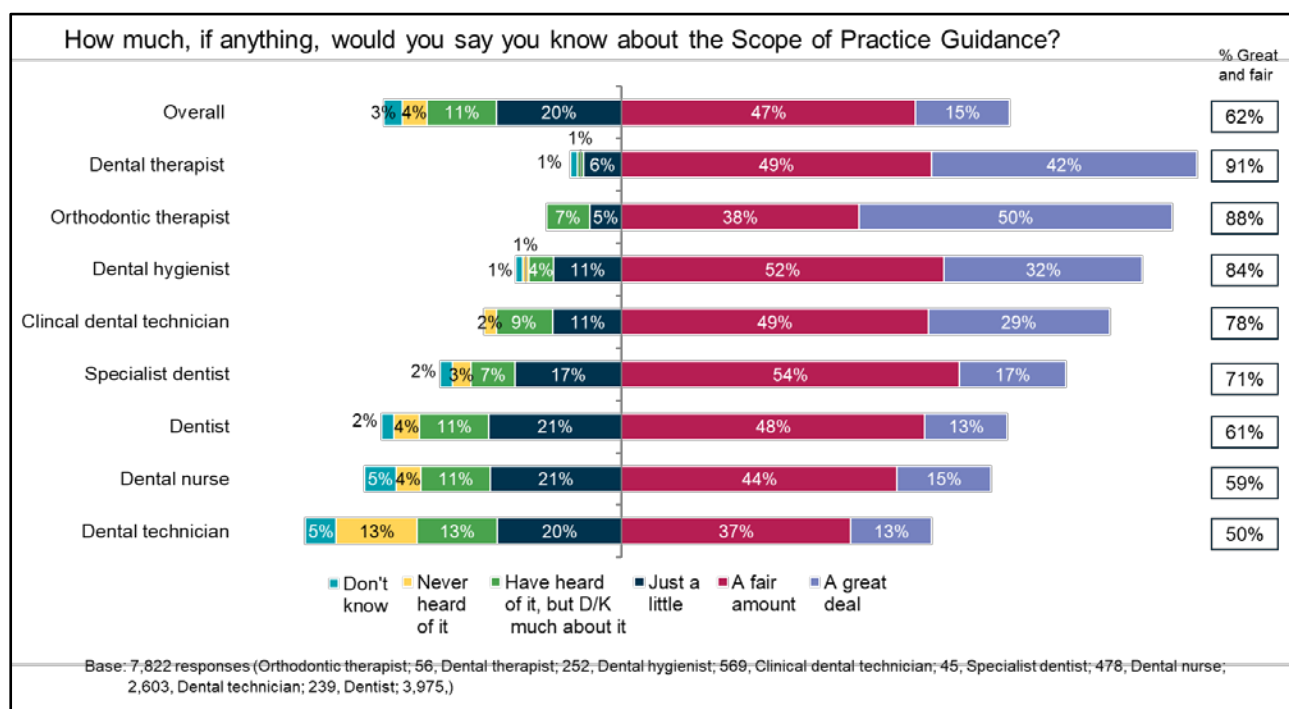
- 3.43 Dental nurses were the least familiar, with most of the dental nurses not recognising the name of the document. They did not appear to recall the SoP guidance document until the document was put in front of them. Once the document was provided, they mostly recalled being provided with it when they graduated, but they generally had not referred to it since.

"I think that's why we've not recognised it, until we've seen it and thought, 'Oh, yes, I've had this.' You just get given it and that's it."

Dental nurse

- 3.44 The findings from the qualitative work are broadly in line with the Dental Professionals Survey evidence, when we look at the most and least knowledgeable groups. Around 9 in 10 dental therapists (91%) and orthodontic therapists (88%) and 8 in 10 hygienists (84%) felt that they knew a great deal or fair amount about the SoP guidance document. In comparison, only around 6 in 10 dentists (61%) and dental nurses (59%) stated that they knew a great deal or fair amount about the SoP guidance document.
- 3.45 The quantitative research found that dental technicians were the least knowledgeable group, with only 50% reporting they knew 'a great deal' or 'fair amount' about the SoP guidance document. A considerably higher proportion of technicians stated they had never heard of it than amongst any other professional group (no more than 4% in any other group).
- 3.46 Overall, the quantitative data found that it was most common for dentists and other DCPs to report they knew 'a fair amount' about the SoP guidance document, with almost half (47%) saying this as shown in Figure 3.1. Around one in six (15%) felt they knew 'a great deal' about them. A fifth (20%) knew 'just a little' and a further 11% had heard of the SoP guidance document but did 'not know much about it'. A very small minority, 4% had never heard of the SoP guidance document.

Figure 3.1 Awareness and knowledge of the SoP guidance document from the GDC Dental Professional Survey 2019



Dental professional use of Scope of Practice

- 3.47 The use of the SoP guidance document varied amongst dental professionals. Some were using it on a regular basis to help shape training for other members of staff, or to clarify their own scope, whereas others were never referring to it.

- 3.48 Hygienists, therapists and orthodontic therapists were more likely than dental nurses or dental technicians to have referred to the SoP guidance document in the last 6 months. Most often they were using the SoP guidance document to educate a dentist on their scope.

“I finished in July 2019... They’re quite keen that you understand what you can do so that when you get out into your practice placement, if the dentist isn’t aware, which, in my scenario, they weren’t aware at all, they thought I was just going to scale and polish all day, you know, I did need to take the scope of practice and say, ‘Look, this is what therapists can do, this is what I’m allowed to do work on.’”

Dental hygienist / therapist

- 3.49 Occasionally, they were using the SoP guidance document to check whether a task was in scope or to prove to a dentist that a task was out of scope.
- 3.50 Dental technicians were choosing not to use the SoP guidance document because they did not feel they needed to refer to it. They felt that their scope had been ‘drilled’ into them through their education, so there was no need to refer to the document to check if a task was in or out of scope.
- 3.51 The picture seemed more mixed for clinical dental technicians, however, we must be mindful that we spoke to fewer clinical dental technicians than any other dental professional group. One of the clinical dental technicians was frequently using the SoP guidance document as they also had a role as an expert witness for the GDC in FtP cases. They would access the document on a regular basis when reviewing cases. The other clinical dental technician was not using the SoP guidance document as frequently and had not referred to the document for a few years but were still familiar with the content of the SoP guidance document.
- 3.52 Dental nurses were the least aware and familiar with SoP guidance document and therefore they were not generally turning to the SoP guidance document for guidance on their scope.
- 3.53 The use of the SoP guidance document by dentists varied. Some appeared to be using it on a regular basis, whereas others were never referring to the SoP guidance document. When dentists were using the SoP guidance document, they tended to be using it to answer queries from other dental professionals working in the practice, or to prove that a treatment or task was in scope.

“Very often, I then find a brick wall from them [dental nurses], saying, ‘Oh, no. I’m not allowed to do it,’ and then I’m sitting there with the GDC guidelines again and say, ‘Okay, let’s go through what you’re allowed to do.’”

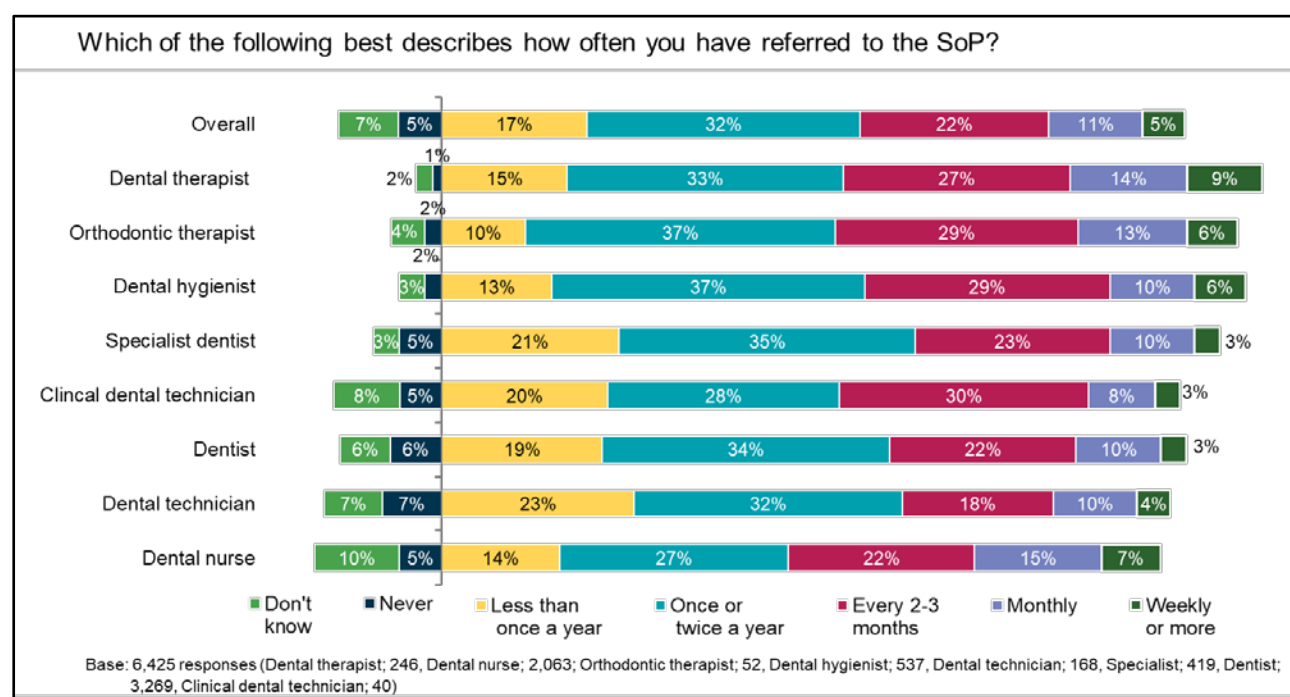
Dentists

- 3.54 A few recent graduates also mentioned using it to help them prepare for interviews.
- 3.55 Dentists that were not referring to the SoP guidance document did raise the question as to why they would need to refer to the document, as they did not feel that they needed to know the roles of DCPs. They were more commonly referring to specialist dentists, rather than DCPs, so they did not see why they would need to know the role of DCPs. In addition, they assumed that DCPs would know their own scope.

3.56 The findings around frequency of use of the SoP guidance document (shown Figure 3.2) support the previous awareness findings from the Dental Professionals Survey, as very few dental professionals were 'never' referring to the SoP guidance document (5 %). Overall, just under half (49%) were referring to the SoP guidance document once or twice a year or less. Just over one in five (22%) were referring to the SoP guidance document every 2 to 3 months and one in six (16%) were referring to the SoP guidance document more often (at least once a month).

3.57 The quantitative research did not find a great deal of variance in frequency of SoP guidance document use between different DCP groups. This lack of variance differs from the qualitative findings, which found that some groups were using the SoP guidance document more regularly. However, dental therapists were using the SoP guidance document most often, with just under a quarter using the SoP guidance document at least once a month (23%)⁶.

Figure 3.2 Frequency of dental professionals referring to the SoP guidance document from the GDC Dental Professional Survey 2019



Stakeholder use of Scope of Practice

3.58 The SoP guidance document was being used in a variety of ways by stakeholders and they were more likely to be regularly using the SoP guidance document than dental professionals.

3.59 Stakeholders within education were turning to the SoP guidance document to help them design new training courses or to update the content of current courses. They were also turning to the SoP guidance document when discussing developmental opportunities with dental professionals and how they may want to consider expanding their role in the future. The frequency of use fluctuated from once a month to a few times a year.

⁶ This is statistically significant when compared with the overall figure for dental professionals.

“Two or three times a year... I look at the guidance whenever we are preparing courses or when we're trying to think of things that would be of interest to people.”

Education stakeholder

“To recommend, or to check a fact, or to see where they might take themselves with their education.”

Education stakeholder

3.60 Some of the dental professionals that were also employers and managers, noted that they were also using the SoP guidance document for developmental reasons for staff. They were using it to see how their staff could progress and whether any additional training would be of interest or helpful for them.

3.61 Professional bodies and indemnifiers reported (within the scoping stage and mainstage interviews) that they regularly turn to the SoP guidance document when providing advice and guidance to their members about whether a task is within their scope. In some instances, these queries are around elements which DCPs think are outside of their scope but in fact they are skills that they can develop with their scope.

“[There are] a lot of things they think they can't do, but actually they can do if they're being supervised.”

Professional body

3.62 During the scoping stage of the research the internal stakeholder interviews (with GDC staff) showed that the SoP guidance document was being used internally by the GDC during the Fitness to Practice (FtP) process. The SoP guidance document is being used in several ways during the FtP process:

- It is being used during the initial assessment of the case to determine if the dental professional has acted outside of their scope,
- If it is deemed that the dental professional has acted out of scope, the legal team will then refer to the SoP guidance document during the hearing, to support their argument as to how the dental professional conducted a treatment outside of their scope.
- When expert witnesses are called upon during the FtP process, they are also using the SoP guidance document to help determine if a dental professional has acted out of scope.

“Every case, I have to refer back to the scope of practice.”

Clinical Dental Technician (also acts as an expert witness)

3.63 Indemnifiers use the SoP guidance document in a similar way to the GDC when building a legal or regulatory case to support one of their members:

- They will use the SoP guidance document to ensure they are clear on whether the member acted outside of their scope.
- The document will then also be used during the hearing when the indemnifier is arguing on behalf of their members.

- 3.64 Indemnifiers felt that SoP guidance document helps them to insure dental professionals accurately as it means they can use it to see what is likely to lead to an FtP case, however, they would like more detail on diagnosis by hygienists and the types of impressions dental nurses with training can take.

4 Impact and perceptions of Scope of Practice

- 4.1 The following chapter covers the impact of the SoP guidance document in terms of out of scope working and, on the skills mix, and career pathways within the dental team. It also covers perceptions of the SoP guidance document itself.
- 4.2 This chapter will cover findings from the dental professional groups and interviews. It will also include findings from the interviews with stakeholders.

Impact on out of scope working

- 4.3 Dental professionals were largely wary of going beyond their scope, and keen to ensure they operated within it. Most educators were also confident that dental professionals wanted to stay within their scope. Situations in which they undertook tasks outside their scope were usually not due to their own lack of knowledge but because they were trying to provide the best service possible to the patient by not referring them to another professional who may be some distance away or because they were being asked by a senior colleague to undertake the task.

Power imbalance in the relationship between dentists and DCPs

- 4.4 DCPs feel that dentists have a major impact on the tasks they undertake daily. There is a perception that they are the 'boss' or the person that controls the flow and type of work that is prescribed to them. There is a feeling amongst some DCPs that dentists have all the control and that they are unable to influence the tasks they undertake.
- 4.5 In general, DCPs believe that dentists do not fully understand their scope. A number of DCPs discussed being asked to undertake out of scope tasks by a dentist, which they sometimes feel pressured to undertake because the dentist has requested them to and does not agree that the task is out of scope. In addition, they are aware, or believe, that other DCPs will be willing to undertake the task, so if they decline, they are concerned that it may lead to them losing work in the future.

"I think sometimes maybe they don't know what your scope of practice is, and it seems it's sometimes a bit of an issue, they make you feel uncomfortable saying sorry, I can't do that. Then they'll just get someone else to do it and then you feel obliged to do it to keep your job. So, because some other therapist will do it and take your job. So, you, kind of, have to try and balance of saying no I can't, and this is not right."

Orthodontic therapist

- 4.6 It appeared that some DCPs felt more comfortable pushing back and making clear to the dentist that the requested task was out of scope. This confidence appeared to be due to the type of DCPs being asked or the setting they worked in:
- Hygienists, dental therapists and clinical dental technicians seemed to feel more confident in outlining to the dentist that a task was out of scope.
 - Those that worked in a hospital setting (including dental nurses) also appeared to feel more comfortable in declining tasks that were out of their scope.
- 4.7 Dental nurses in general practice settings (NHS and private) reported that it was difficult to challenge the dentist if they believed a task was out of scope. A common task that dental nurses

performed but that they felt was out of scope was being asked to press the buttons on an x-ray machine.

"I know it's wrong because it's not in the scope. In my own head, I know it's not right.... [but] I don't particularly like getting shouted at... It's easier to just get on with it and let them do what they want."

Dental nurse

Role of the SoP guidance document in minimising out of scope working

- 4.8 There were a few instances of DCPs using the SoP guidance document to help support their case to the dentist that the task that had been requested was out of scope. In these instances, the SoP guidance document may be playing a role in ensuring the DCP does not act out of scope and may therefore be contributing to public protection and protection of the individual DCP from a claim or complaint being made against them.

Impact on skills mix and career pathways

Skills mix within dental teams

- 4.9 The scoping stage of the research revealed a fear that an unintended consequence of the SoP guidance document could be to inhibit skills mix and development of DCPs where they are reluctant to do anything that is not explicitly stated within the SoP guidance document.
- 4.10 There were some examples of this given during the mainstage - a few dentists reported that the SoP guidance document is being used by some DCPs to prove that tasks are not in their scope because they are not listed in the document. In these cases, dentists felt that DCPs were taking an *overly* cautious approach to interpreting the SoP guidance document. The difficulty is knowing when any member of the dental team is being appropriately cautious (to ensure public protection) and overly cautious (impeding flexible use of skills within the team). For some, defining where this line lies requires adding detail to the SoP guidance document and frequently updating it so that the list is as comprehensive as possible. In this way, fewer areas would be left up to individual judgement.

Enabling DCPs to work to their full scope

- 4.11 For DCPs to work to their full scope / capabilities, it is necessary for dentists to allow them to do this through referrals and/or giving them opportunities to take on particular tasks. The SoP guidance document has a role to play here in facilitating dentist awareness of different roles but there are also further contextual factors to note.
- 4.12 Hygienists, therapists (dental and orthodontic) and clinical dental technicians believe that dentists are not currently referring enough, and they felt that a key reason for this was that dentists are not aware of the treatments that they can undertake. This appeared to arise most frequently with dental therapists and orthodontic therapists, which may be in part due to the role not existing when more experienced dentists undertook their training. The perception of lack of awareness suggests that dentists may not be using the SoP guidance document to understand the scope of DCPs (in sufficient numbers / in a comprehensive manner) and that the document may not currently be facilitating DCPs being able to work to their full scope.

- 4.13 In terms of wider contextual factors, dentists and DCPs noted practical difficulties of sharing work within the team and financial considerations / incentives.
- 4.14 Dentists outlined the difficulties of handing over work within a practice setting, especially when a patient may have a more complex issue that the therapist may be unable to resolve. For example, if decay within a tooth is near the nerve, there is a risk that the therapist may be able to start but not complete treatment. It appeared that this was more of an issue within a practice rather than hospital setting, as it was believed that patients expected to be referred more within a hospital setting, however, in a practice setting there is an assumption that the professional you see will be able to undertake all the treatment needed.

“Having the hygienists, especially in hospital is really useful for us, just to refer across to. So, it works well there, and there are therapists there. I think patients come into hospital expecting to see one person for one thing and someone else for another thing, so I think they’re, kind of, okay with it.”

Dentist

- 4.15 Some DCPs that can be seen through ‘direct access’ in England, felt that the NHS contract and remuneration system does not incentivise them to utilise their full scope and expand it further. In England for example, DCPs are not provided with a performer number, so they are unable to generate a Unit of Dental Activity (UDA) which means the dentist generates the UDA, even when they refer the treatment to another professional. This means that the professional referred to undertakes the work, but the dentist owns the UDA and therefore the payment for the work undertaken. In some instances, this can lead to a dentist taking a proportion of the UDA payment. Stakeholders agreed that the current system was restrictive and does not incentivise DCPs.

“That’s the other thing, yes, are they going to pay? Are they going to pay you per UDA, but then do you only get half the UDA, because you can’t open a course of treatment?”

Dental hygienist / therapist

“I think, for me, the problems that we are having as dental hygienists and therapists isn’t the scope of practice, it’s the business models in dentistry, it’s the NHS contracts, it’s the law that isn’t up-to-date....”

Dental hygienist / therapist

- 4.16 Dentists also reported that they are not incentivised to refer to DCPs because even if they make a referral, they believed they would still be held accountable if the work was not undertaken to the right standard.
- 4.17 In addition, if the work is undertaken privately and not through the NHS contract, there is no benefit to dentists referring as they would lose the payment for that work but still be responsible for the work provided.

“You hand over work, you hand over your income to someone else but you’re still responsible for the work provided.”

Dentist

- 4.18 Given the significant contextual factors around referral behaviour, it may be unrealistic to expect the SoP guidance document, in its current or an improved form, to play a transformative role in enabling DCPs to work to their full scope. However, dentists having an increased awareness of DCP roles could help in some cases given that, as previously mentioned, some felt that a greater understanding of the scope of others can lead to better team-working.

Encouraging DCPs to expand their scope

- 4.19 Educators felt many dentists were not able to 'maximise the potential' of staff, whilst often staff 'trust' that the dentist is aware of their full scope when prescribing their duties. They felt there is a gradual shift to larger, more diverse dental teams, reflecting the training of a new generation of dental professionals but many dentists still wish to retain full control.

"There's a big push to make sure that undergraduate dentists and therapists are not just aware of each other but provide care in tandem."

Education stakeholder

"Dentists are often surprised at the capacity of dental nurses."

Education stakeholder

- 4.20 Dental nurses in particular do not generally feel that there are progression opportunities within their role. They discussed dentists not understanding their full capabilities or how they may be able to expand their scope. They reported that when this is discussed with a dentist, they recommend for them to undertake a new course to expand their skill set, but unfortunately, once they have acquired the new skill the dentist does not always provide opportunities for them to utilise it.

"All you get told is, 'Go on courses,' and then you go on the course and the dentist doesn't let you do it anyway, so what is the point in going on the course?"

Dental nurse

- 4.21 A lack of opportunities is not the only barrier to enabling skill-mix - dental nurses also noted that there is no financial reward for using new skills. However, this is of course not linked to the SoP guidance document and is wider context on the nature of the industry.
- 4.22 As previously discussed in chapter 3, very few DCPs were using the 'additional skills' sections of the SoP guidance document to understand how they could expand their scope. Many believed there needed to be greater clarity around how the 'additional skills' could be achieved. If this detail was provided around the level of experience or qualifications needed, this could help to encourage DCPs to expand their scope.

Perceptions of Scope of Practice

- 4.23 In the scoping stage, stakeholders reported that the SoP guidance document is consistently seen by DCPs as a set of tasks they can and cannot do, rather than a guidance document. They equally noted that the introduction which says 'It is not a list of tasks that someone can do' is confusing, given that the document does then go on to list tasks. The mainstage research with dental professionals also supported this, as dental professionals were continually describing the SoP guidance document as being a document that lists tasks they can and

cannot do. As previously discussed, the document was also being used by a few DCPs to prove that a task was out of their scope because it was not clearly outlined in the document.

- 4.24 Generally, dental professionals and stakeholders agree that the SoP guidance document clearly outlines the different roles within the dental team. They feel it clearly outlines what treatments and tasks each professional should and should not be undertaking within their role.

"The roles are very well defined, clear guidelines are given to how far we can go."

Clinical dental technician

- 4.25 The format of the document is well liked, as stakeholders and dental professionals feel that the bullet point approach makes the content easy to comprehend and digest. It was also noted as a relatively concise document at only 11 pages.

"I think it's really clear. I actually like the way it's laid out, and it's easy to read."

Education stakeholder

- 4.26 However, some dental professionals and stakeholders feel the document is too vague and contains too many 'grey areas'. As mentioned, the conciseness was well liked but, in some instances, it was felt that more information was needed to clarify exactly what was meant by some of the elements listed. Without this clarification they felt that some of the elements were 'subject to interpretation'. For example:

- The use of the statement 'under the direction of, another dental professional' was questioned. Does this mean the dentist has to be in the same room or can they explain what the individual has to do and leave them to undertake the treatment?
- Another example was around dental nurses and taking impressions. Once they have undertaken training what kind of impressions are, they allowed to undertake?
- Orthodontic therapists also raised some queries around tooth whitening and inter-postural reduction, and whether these treatments were within their scope.

- 4.27 Generally, dental professionals and stakeholders felt that the initial list of tasks was clear but the 'additional skills' needed greater clarity. Stakeholder and dental professionals felt that there needed to be more information on how a dental professional was to obtain the experience or qualification to undertake the 'additional skills' listed. The document does not provide any guidance on how the skills can be achieved.

"I think the starting point is quite well defined ... I just question the progression."

Education stakeholder

The future of the Scope of Practice

- 4.28 When the scenario of the SoP guidance document no longer existing was put to dental professionals and stakeholders they were generally fearful of what would happen. Dental professionals and stakeholders generally do not feel that the SoP guidance document should be removed as they are concerned that this could lead to dental professionals acting out of scope and the lines between roles would become less clear.

“Yes, I think people doing things that they can’t really do well, or that they’re not trained in.”

Dental hygienist / therapist

“Everyone would be running everywhere, that’s dangerous.”

Dental nurse

“We’d effectively have deregulation. It would be catastrophic for patients.”

Indemnifier

- 4.29 Dental professionals and stakeholders commonly felt that the SoP guidance document should be updated more regularly. There was a feeling that the industry had changed a lot since 2013 when the last SoP guidance document was published, and it is also ever changing. If the SoP guidance document is to remain useful it will need to be updated on a regular basis to ensure it covers technological advancements and new treatments. Several treatments not included in the SoP guidance document were consistently raised by stakeholders and dental professionals, as they were unsure as to whether these new treatments were in scope. These new treatments were Botox, skin therapies and fillers.

“It’s out of date...especially looking at the additional skills..., it’s moved on from that.”

Dental nurse

“The failing is sometimes it’s very woolly... because technology and techniques have made things very different ... Fillers, botoxes, the skin therapies; things that have crept into dentistry because a lot of dental professions have taken up that...”

Education and corporate stakeholder

- 4.30 Dental professionals and stakeholders were also keen for the document to be more comprehensive, so it reflected the continuous changes in the industry and provided further information on how the ‘additional skills’ could be achieved.
- 4.31 While it could be argued that dental professionals would not need to use the SoP guidance document if the necessary knowledge of scope was instilled through their initial education and ongoing CPD, educators are using the document to design these courses. In addition, internal stakeholders at the GDC noted that the loss of the SoP guidance document could mean the FtP team may need to seek expert opinion on more cases, as they would be unable to refer to the document for guidance on whether a dental professional had acted out of scope.

“In terms of case presentation and bringing allegations against dental professionals for acting outside of their scope it would mean in every case we would have to seek expert opinion which obviously incurs a cost every time we do that, rather than just relying on the document itself.”

Internal GDC stakeholder

- 4.32 Dental professionals and stakeholders generally felt that if the document is to continue to exist it needs to be the responsibility of the GDC. They felt that as this document is outlining the scope of dental professionals it needs to be owned by their regulator. Some DCPs added that the GDC should however involve all professional bodies and educators as they felt the GDC has a heavy focus on dentists and does not consult enough with other dental professionals.

“It has to be the GDC. They are where everyone is registered with, they know how many of each specialism registered, I can't imagine that there would be any other body to produce a scope of practice for that industry.”

Professional body

6 Public perceptions

- 6.1 This section reports the findings from groups conducted with the general public. It will cover public awareness and understanding of the different roles within the dental team. It will also discuss awareness and understanding of the SoP guidance document and whether the public would use the document in the future.

Awareness and understanding of roles within the dental team

- 6.2 Recent dental appointments for most people who participated in the research were routine check-ups. Most participants reported seeing the dentist more than once a year. Several had visited for more specific treatments including extractions and brace consultations. Generally, they were positive about their most recent experience.
- 6.3 The public are aware of dentists, dental nurses and hygienists but rarely any other members of the dental team. Many people struggled to recall any other roles or were confused about terminology. Therapist and technician roles appear to be the least well-known or understood. Some people spoke of being referred by their dentist to others but were unclear of their roles and tended to use a catch-all term of 'specialist'.
- 6.4 Many people have not had any contact with professionals in many of the discussed roles or indeed visited a setting where they might be present. This is perhaps especially the case amongst younger people who are less likely to need dentures.

"I didn't realise that there were this many designated jobs because my practice, I don't think, has all of these people . . . actually it's quite confusing."

Public, Male, Edinburgh

- 6.5 The term 'dental team' can be confusing for the public, some thought of it as including receptionists and administrators.
- 6.6 In terms of the remit of different roles people are not aware of the degree of cross-over for many tasks – for example that a number of different dental professionals can take impressions.
- 6.7 Dentists were thought of as being similar to GPs, providing a mix of services and treatments. It was assumed they were able to undertake 'everything' if necessary and that they would be 'the boss'. People understood they had lengthy training. Specific treatments mentioned included check-ups, fillings, polishing, crowns and extractions.
- 6.8 Some were clear that dental nurses were responsible for taking notes during examinations by the dentist, assisting the dentist with equipment during appointments and minor procedures. However, there was some confusion with one person calling them 'dental assistants'. Many assume professionals other than dentists to all be dental nurses and were unaware of the existence of roles such as therapist or technician.
- 6.9 The public were generally aware that hygienists' clean teeth, and some also knew they could whiten and provide advice on dental care. They were surprised that hygienists can also take impressions.
- 6.10 The difference between orthodontic therapists and orthodontists was not understood, and few had an idea of their roles. Although one person was aware of new team members at her

orthodontist practice, she was unsure of the correct title for the professional she called the 'orthodontist assistant'. Participants guessed that orthodontic therapists might provide cosmetic fixes (corrective measures) or advice or information about what to expect if you are getting orthodontic treatment.

- 6.11 Dental technicians were thought to possibly make 'moulds', crowns etc or in laboratories, some thought they were 'dental surgeons' or dealt with x-rays.
- 6.12 Clinical dental technicians were thought to be more specialised than dental technicians, possibly working in hospitals, dealing with x-rays, extractions or gum treatments.

"I thought it [role of clinician dental technician] might have been hospital-based..."

when I got my wisdom teeth taken out, it might have been them?"

Public, Female, London

- 6.13 People were least likely to be aware of the role of a dental therapist. They were variously thought of as providing advice, exercises or post-surgery recuperation (like a physiotherapist) or assisting those with phobias of visiting a dentist (like a counsellor). People were unsure about their remit and only guessed at the tasks they might undertake. When explained, people were particularly surprised about the extent of tasks a dental therapist could undertake. They expected many of their possible tasks to be duties for dental nurses or dentists.

"Looking at the dental therapist, a lot of those things, I thought were more, sort of, carried out by technicians or the dental nurses. So, I'm, sort of, a little bit confused between the differences there."

Public, Male, London

- 6.14 Use of direct access is rare and people expressed concern about self-diagnosis if they went direct to professionals other than a dentist. The exception is making direct appointments with hygienists for simple cleaning procedures. Those who were happy to go direct to a hygienist did expect they would check for any 'issues' which a dentist should see. Some would rather go to a dentist for cleaning as they are then reassured that they have also had a full check.

"You'd hope that the hygienist would, kind of, say, 'Actually, there's a filling there that needs some attention. You do need to go and see someone else'."

Public, Female, London

- 6.15 Most preferred their dentist to provide all services (e.g. providing cleaning rather than directing them to a hygienist) and felt that it made most sense to visit them as they could offer more treatments than others.

"I'm thinking you go to the dentist. The dentist is the person who assesses your mouth, and then, you know, often, they'll outsource you depending on what you need."

Public, Female, London

- 6.16 There was uncertainty around whether seeing a professional other than a dentist would reduce costs. Some assumed they would visit the dentist first and then need a second appointment.

Private patients appear to be more willing to consider direct access, if it could save them money.

"I was a bit annoyed that she [dentist] wasn't willing to do it and she was sending me somewhere else, to another specialist."

Public, Female, Edinburgh

6.17 There was concern that they might see a practitioner who was less well-trained than a dentist, and uncertainty about the extent to which other professionals might be supervised. People questioned why they would choose to visit a dental technician for a treatment which a more highly qualified dentist could provide.

6.18 Some people were happy to be directed to a professional other than a dentist and thought the receptionist (or possibly a dental professional) should decide who they should see, as they would at a GP surgery. Building on this, a suggestion of longer telephone consultations was made, although some people thought a consultation should be in person.

"I have no objection to seeing any of these people, but it's not my decision to make, in a sense. I phone up and, as you say, there's a triage that could be run by the receptionist or somebody else and they say, 'We think the best thing is for you to speak to this person or that person in the first instance.'"

Public, Male, Edinburgh

6.19 Despite low awareness and knowledge levels people struggled to think of reasons why they might need more information about the capabilities of others in the dental team. Their assumption was they would always initially go to the dentist who could then advise or refer them. If they required further information about roles most said they would search online. A minority did consider they might seek further information about relative costs of seeing different professionals.

6.20 There were mixed views about what format of information on different roles would be most helpful. Online information was thought to be the most easily accessible for all ages. Reactions to the suggestion of a video were varied, some said regardless of the content they would not watch a video online. Some felt booklets or posters in the dental surgery would be useful, more so than information provided by a receptionist.

6.21 In terms of content it was thought important to initially show quite basic information, so it does not appear overwhelming. Suggestions included description of the different members of the dental team or a flow chart of standard symptoms or issues which could indicate the best dental professional to see.

Awareness and understanding of Scope of Practice

6.22 The public are generally unaware of the SoP guidance document and did not see that it would impact patients directly if it was no longer in place.

6.23 Once people were introduced to the SoP guidance document, they did not feel it was a document aimed at them. Patients assumed it would be used by dental professionals when newly qualified, feeling it was like a 'job description' for them.

"In a way this is quite an interesting document once you start looking through it, but, again, it's a technical document, it's not really helping me decide what I need."

Public, Male, Edinburgh

- 6.24 The SoP guidance document language was thought technical, it was very long and detailed - not accessible for the general public. Adding a glossary of technical terms was suggested to improve it.
- 6.25 The presentation and layout of the document was thought clear - a bulleted list of what different dental professionals can and cannot do. A point was raised about why dentists appear last when they are able to undertake all the tasks listed, it was suggested it would make more sense for them to be listed first.
- 6.26 People suggested that a poster, app or infographic would be more suitable to convey this type of information to the general public. They emphasised the need for it to be concise, clear and engaging (for example using pictures) to address confusion around the different roles and types of treatments that each dental professional can offer. For example, it could say 'seek this person if you have this issue'.
- 6.27 Providing some indication of how prices might vary between different professionals was also suggested to help improve the document's usefulness to the public.

Would the public use the Scope of Practice in the future?

- 6.28 There were mixed views on whether members of the public would now turn to the Scope of Practice, if they wanted more information on the roles within the dental team. Most felt that they were unlikely to turn to the SoP guidance document for information in the future. They felt the document was not designed for use by the general public and it was suggested that it would be quicker to use a search engine as a source of information, rather than use the SoP guidance document.

"I think googling it yourself would be quicker than looking through this."

Public, Female, Edinburgh

- 6.29 However, some suggested that, now they knew it existed, they may turn to the SoP guidance document if they knew they needed a specific treatment, so they could check who may be the best dental professional to book an appointment with.

"I think that for me it's something I would read if, say, in three months' time, I needed a mouth guard because I'm grinding my teeth, and then 'Okay, I know I don't need to go to my dentist, I can go directly to someone else.'"

Public, Male, London

- 6.30 Overall, they felt that the SoP guidance document would need to be made more patient friendly, if the GDC were to expect members of the public to use it and digest the information. They felt the language was very dental professional focused and would not be well understood by members of the public. They equally felt that at 11 pages it was a bit long, and if the public were to use the document it would need to be more concise. As discussed earlier a poster,

infographic or app that contained information on the different dental professional roles were felt to be more patient friendly alternatives.

"I think a poster's more effective, because you're sitting there [in the practice] looking at the walls and looking around anyway."

Public, Female, London

7 Conclusions: the future of the Scope of Practice

- 7.1 This section summarises the key findings from the research and outlines the key factors to consider when deciding the future of the SoP guidance document.

Key findings

Dental professionals

- 7.2 Dental professional awareness of their own scope was high and had mainly been acquired through their education before they qualified as a dental professional. The SoP guidance document is not generally being used regularly by dental professionals to aid them in understanding their scope. The majority of dental professionals were commonly turning to colleagues or peers to discuss concerns or changes to their scope. This included colleagues at their place of work or peers outside of their immediate place of work which they kept in touch with through personal networks or online discussion groups. In instances where it was being used for this purpose, the users were predominantly dental professionals with 'direct access' capabilities (e.g. hygienists, therapists and orthodontic therapists). This check on their scope appeared to be due to them needing to check if a task was in fact now in scope, to educate another professional on their full scope or to prove to another professional that a task was not in their scope.
- 7.3 Dental technicians and dental nurses appeared to be turning to the SoP guidance document the least. In the case of dental technicians, they felt that their scope had been 'drummed' into them from their education and therefore they had no need to refer to the SoP guidance document. Dental nurses equally felt clear on their scope, however, it seemed that they predominantly rely on the dentist to shape the work they undertake daily. Even in cases where dental nurses were aware of a task being out of scope, they tended to undertake the task regardless as it had been requested by a dentist and they were reluctant to act against the wishes of their more senior colleague.
- 7.4 A few dentists reported that the SoP guidance document was occasionally being used by some DCPs to prove that a task was out of scope because it was not listed. In these cases, dentists felt that DCPs were taking an overly cautious approach to their interpretation of the SoP guidance document. However, it is difficult to know whether DCPs were being appropriately cautious (to ensure public protection) or overly cautious (impeding flexible use of skills within the team).
- 7.5 Very few DCPs were utilising the 'additional skills' sections of the SoP guidance document. They felt there needed to be greater clarity around how the 'additional skills' could be achieved, if the SoP guidance document was to be used in this way in the future. The training currently available did not always make DCPs feel confident and competent to extend their practice. For example, there was uncertainty if participation in a short webinar would be adequate before they undertook an 'additional skills' task. DCPs believed that if details around the level of experience or qualifications needed was provided, this could help to encourage DCPs to work to their full scope.
- 7.6 While DCPs indicated that the SoP guidance document should provide information on how to obtain additional skills and what 'counts' as having achieved these, this would not necessarily have to be comprehensive information within the document itself but could perhaps be clear signposting to another source. Training may also be able to play a role in disseminating this knowledge – for example, it may be covered in more detail in pre-registration training or provided through employers when discussing CPD.
- 7.7 Dental professionals are not generally confident when it comes to the scope of other dental professionals in the dental team and they do not believe it is their place to know the scope of other professionals. However, there is one exception, DCPs believe that dentists should know the scope of all DCPs to ensure that they can refer and

work with them appropriately. The findings from this research suggest that dentists are not always clear on the scope of DCPs. In some instances, DCPs are using the SoP guidance document to reiterate to dentists that the request is out of their scope. However, dentists do not always agree with the position of the DCP and the interpretation of the SoP guidance document. This suggests that the SoP guidance document is not always achieving its key objective of clarifying every role within the dental team.

- 7.8 Dentists and DCPs noted that there were several practical difficulties which impacted on the sharing of work within the team. Dentists discussed the difficulties in handing over work within a practice setting, especially when a patient may have a more complex issue that another dental professional may be unable to address. Dentists and DCPs also discussed financial barriers: in a private setting, dentists could see little benefit in referring, as they would be losing work and money to the individual referred to. DCPs (in England) also mentioned that the NHS contract and remuneration system did not incentivise them to utilise their full scope and expand it further, as they were unable to open a Unit of Dental Activity and therefore the dentist would be in control of the payment for the treatment undertaken.
- 7.9 Given the substantial contextual factors around referral behaviour, it may be impractical to expect the SoP guidance document, in its current or future form, to play a significant role in enabling DCPs to work to their full scope. However, as previously mentioned dentists having an increased awareness and understanding of DCP roles could help in some instances to lead to better team-working.
- 7.10 Some dentists suggested that reinforcing / improving knowledge of the scope of DCPs among dentists would be best undertaken through CPD. One hospital dentist suggested that where this CPD could be made compulsory by an employer it would have the best take-up but acknowledged that this would be more difficult to implement among dental practices.

The public

- 7.11 The revised document in 2013 was expected to benefit patients by increasing understanding of the roles of dental professionals, especially for the 'direct access' dental professionals. The SoP guidance document has not achieved this expected benefit, as the public are not aware of, or using, the document. They do not feel the SoP guidance document is constructed in a way that means it is digestible for the general public. Therefore, they assume that the SoP guidance document is not for them and it has been designed with dental professionals and stakeholders in mind.
- 7.12 A separate, tailored approach would be needed to get the messages of the SoP guidance document over to the general public. Any information would need to be either significantly shorter and interactive or be produced in a simple poster format with pictures for each member of the team and a very short summary of their role. However, it is important to note that the public did not generally feel that the information contained in the SoP guidance document is something that they needed or would be likely to look for in the future. Given the lack of appetite among the public for additional information on dental team roles, it can be concluded that there is little value in redesigning the SoP guidance document to be public-facing.

Stakeholders

- 7.13 While the original intention may have been focused on dental professionals and the public, it is currently stakeholders who are using the document most frequently. Education stakeholders are using it to inform the design and content of courses. Educators are also using it to help dental professionals develop more advanced skills. Employers and managers are also using the SoP guidance document for developmental reasons. Professional bodies and indemnifiers are using it to help answer scope queries from their members. Finally, the GDC and indemnifiers are using the SoP guidance document to assess FtP cases and to prosecute or defend dental professionals in FtP hearings.

- 7.14 Stakeholders are using the document in unforeseen ways, but it is something they are regularly using, and they were concerned about how they would continue to advise dental professionals or assess and prosecute or defend FtP cases without the SoP guidance document.

The future of Scope of Practice document

- 7.15 There was fear from dental professionals and stakeholders around what would happen if the SoP guidance document no longer existed. Dental professionals and stakeholders generally do not feel that the SoP guidance document should be removed as they are concerned that this could lead to dental professionals acting out of scope. They believe it needs to continue to exist, but it should be more comprehensive (to reduce differing interpretations) and updated more regularly so it reflects the ever-changing nature of the industry. The GDC needs to consider how feasible it is to regularly and comprehensively update the SoP guidance document (and whether it can do so frequently enough to keep up-to-date with technological changes).
- 7.16 While it is arguable that dental professionals do not need to use the document itself if the necessary knowledge of scope can be instilled through initial education and CPD, those designing courses are currently using the SoP guidance document in this process. In addition, if the FtP team within the GDC were unable to refer to the SoP guidance document they may need to seek expert opinion on cases more often. The fact that educators, professional bodies, indemnifiers and the FtP team at the GDC are the main audiences actively using the SoP guidance document should be taken into account during any redesign / updating of the document to ensure it meets their needs.
- 7.17 Stakeholders and dental professionals commonly felt that if the document is to continue to exist it needs to be the responsibility of the GDC, as the body responsible for regulating members of the dental team. DCPs felt that more consultation with their professional bodies would be important in the updating of the SoP guidance document, but overall responsibility would need to lie with the GDC. Thinking wider than the document itself, arguably, all stakeholders, including professional bodies, educators, employers and indemnifiers, along with the GDC, should (continue to) consider their role in helping to embed knowledge of scope and how they may best work together to do so.

Appendix A – Discussion Guides

Mainstage Discussion Guide for Dental Care Professionals

Introduction (5 mins)

Introduce self and thank participants for agreeing to take part in this group discussion.

Background to the research: IFF Research have been commissioned by the General Dental Council (GDC) to conduct some research on their behalf around the scope of practice of dental professionals. The focus group today will discuss your experience and understanding of your own scope and the scope of other dental professionals.

This group will last 1 hr and 30 minutes.

There are no right or wrong answers and you don't have to agree with each other. We are really keen to hear from everyone today.

MRS Code of Conduct and Confidentiality: IFF Research is an independent market research company, operating under the strict guidelines of the Market Research Society's Code of Conduct. IFF Research will not disclose to the GDC who has taken part in the research and your responses will be completely anonymous and used for research purposes only.

GDPR: You have the right to have a copy of your data, change your data, or withdraw from the research at any point. You can find out more information about your rights under the new data protection regulations by going to www.iffresearch.com/gdpr. We can also email this to you if you'd like.

Permission to record: We would like to record the discussion today, so we can ensure we capture everything that is being talked about. The recording will be used for analysis purposes and will not be passed back to The General Dental Council (GDC). The recording will be stored securely on our systems and will only be used by the research team. All recordings will be securely deleted 6 months after the project is completed. Are you happy to be recorded?

Introduction and warm up (10 mins)

We are going to spend a few minutes getting to know each other, so I'd like everyone to pair up and I'll give you 5 minutes to have a chat and find out the following about each other:

- Name
- How long you've worked as a [INSERT APPROPRIATE DENTAL PROFESSIONAL]
- FOR GROUPS WITH MORE THAN ONE TYPE OF PROFESSIONAL IN, ASK THEM TO CONFIRM THEIR ROLE
- The type of organisation that you work for (private practice vs NHS vs hospital etc)
- The type of treatment that is on offer (Exclusively NHS treatment vs private vs a mix)
- And something you enjoy doing in your spare time

After 5 minutes I'll bring everyone back together and you can introduce your partner to the group.

MODERATOR NOTE: AFTER 5 MINUTES BRING EVERYONE BACK TOGETHER AND GET PARTICIPANTS TO INTRODUCE THEIR PARTNER.

Understanding Your Own Scope/ Scope of Dental Care Professionals (DCPs) (15 mins)

Now we are going to move on and start talking about your scope, as a [INSERT RELEVANT DENTAL CARE PROFESSIONAL].

How do you ensure you are up to date and clear on your scope of practice?

- PROBE
- What information sources do you turn to? IF NECESSARY: What do you use? Who do you speak to?
- Which/ Who do you turn to most?

And where would you go for information or advice if you were unsure about whether a specific task or practice was within your scope?

- PROBE
- Who would you speak to?
 - Colleague or peer?
 - Educator?
 - Employer?
 - GDC?
 - Indemnifier?
 - Professional Body?
- Anywhere else?
- Can anyone give me a real-life example? PROBE TO FIND OUT HOW MANY HAVE HAD THIS SITUATION, HOW MANY TIMES IN LAST 12 MONTHS

How do you ensure you are up to date and clear on the scopes of Dental Care Professionals?

- PROBE FOR EXAMPLES OF WHAT THEY USE
- Do you use or access anything else?

And where would you go for information or advice if you were unsure about whether a specific task or practice was within scope of a Dental Care Professional?

- PROBE
- Who would you speak to?
 - Colleague or peer?
 - Educator?
 - Employer?
 - GDC?
 - Indemnifier?
 - Professional Body?
- Anywhere else?
- Can anyone give me a real-life example? PROBE TO FIND OUT HOW MANY HAVE HAD THIS SITUATION, HOW MANY TIMES IN LAST 12 MONTHS

How well defined do you think roles are within the dental team?

- How clear is it what different members of the dental team are allowed to do?
- Where do you think this definition comes from?
- Does this definition differ across practices/roles/settings?

IF AT ALL UNCLEAR: **What's not clear?**

IF AT ALL UNCLEAR: **How do you think what is within each role's Scope of Practice could be made clearer?**

How much would you say you understood about your scope before you became a registered professional?

- How much of your understanding came once you were registered and working?

Can you talk me through the types of Scope of Practice issues that you tend to experience?

And how do you think these Scope of Practice issues could be addressed?

Whose role is it to determine the Scope of Practice of a [INSERT RELEVANT DENTAL CARE PROFESSIONAL]?

- Who else could take on this role?

Scope of Practice Use (20 mins)

Now we are going to move on and discuss the Scope of Practice Guidance.

How familiar is everyone with the Scope of Practice guidance?

How aware do you all think Dental Care Professionals are of the Scope of Practice guidance?

And what about Dentists? How aware are they?

IF NOT AWARE/ NOT VERY AWARE: What do you think is the best way to raise awareness of the Scope of Practice guidance going forwards?

Can everyone recall when they were first made aware of the Scope of Practice guidance? When was this?

What would you say is the purpose of the Scope of Practice guidance?

How often, if at all, does everyone use the Scope of Practice guidance?

- In what form do you access it? Online? Printed?

And what do you tend to use the Scope of Practice guidance for?

- Anything else?

What would you say is the most common reason that you use/ turn to the Scope of Practice guidance?

MODERATOR NOTE: USE FLIPCHART TO RECORD WHAT'S GOOD OR NOT GOOD:

How useful, if at all, does everyone find the Scope of Practice guidance?

- What's good about it?
- What's not so good?

How clear do you find the Scope of Practice guidance?

- What is clear?
- What is not clear?

How could the Scope of Practice guidance be made clearer?

How clear do you think your role is within the Scope of Practice guidance?

- What is clear?
- What is not clear?

How clear do you feel about your scope, without referring to Scope of Practice guidance?

- When would you tend to refer to it?
- Can anyone give me a real-life example? PROBE TO FIND OUT HOW MANY HAVE HAD THIS SITUATION, HOW MANY TIMES IN LAST 12 MONTHS

Do you ever use the Scope of Practice guidance to help you make decisions about whether to focus on or develop any of the additional skills listed?

- Why/ Why not?

How clear do you think Scope of Practice guidance is on how you can achieve the additional skills listed?

- IF NOT CLEAR: How could this be made clearer?
- What other information do you need?
- How would you like to be made aware/ provided with this information?
- Anything else?

How often do dentists refer to you?

- Do you think this happens frequently enough?
- When does this tend to happen?
- Are there any tasks in your scope that are rarely referred? Why do you think this is?
- What impact does this have on you utilising your full scope on a daily basis?
- Why do you think this is the case?
- IF NOT REFERRING ENOUGH: Do you think the NHS contract and remuneration system has any impact on being able to fully utilise your scope of practice?
 - Does this differ across different types of practices, settings? How?

Impacts of Scope of Practice Guidance (20 mins)

I'd now like us to move on and discuss the impact of the Scope of Practice guidance.

How do you feel about the Scope of Practice guidance? Do you see the current guidance as 'limiting' or 'enabling'?

- IF LIMITING: In what way is it limiting?
- IF ENABLING: In what way is it enabling?
- PROBE AROUND IMPACT ON CONFIDENCE AND MAKING DCPS MORE RISK AVERSE. WHY DO THEY THINK IT IS HAVING THIS IMPACT?

IF LIMITING: How, if at all, could the Scope of Practice guidance be changed to encourage rather than hinder Dental Care Professionals development?

How willing would you say you are to undertake tasks which you are 'trained, competent and indemnified' to do but are not listed in the Scope of Practice guidance?

- What makes you say that?
- Anything else?

How clear do you feel about what indemnifiers do?

- How clear do you feel about what you are indemnified to do?
- How does this impact on what you feel comfortable doing/not doing?

How, if at all, could the Scope of Practice guidance be changed to be better suited to the needs of [INSERT RELEVANT DENTAL CARE PROFESSIONAL]?

- Why would this be better for you?
- Are there any other ways this could be changed?
- Anything else?

IF STATED SOP GUIDANCE DOCUMENT USED TO UNDERSTAND ADDITIONAL SKILLS: Earlier you mentioned that you use the Scope of Practice guidance to understand what additional skills you can build. Are there any other ways that you help build this understanding?

- What do you use?
- Who do you speak to?
- Anything else?

- What alternative ways to building understanding *could* there be?

Whose responsibility would you say it is to ensure you work within your scope of practice?

- Dental professional's?
- General Dental Council?
- Anyone else?

What impact, if any, do you think the Scope of Practice guidance has had on patients?

- What positive impacts, if any, has it had?
- What negative impacts, if any, has it had?

PROBE AROUND: IMPACTS ON PATIENT EXPERIENCE (SERVICE RECEIVED) AND PATIENT SAFETY (QUALITY OF CARE)

The Future of the Scope of Practice Guidance (10-15 mins)

Now we are going to move on and talk about the future of the Scope of Practice guidance. I'd like everyone to get into pairs and I'm going to give you 5 minutes to discuss and come up with some ideas for the following:

- *Where do you think the General Dental Council should go from here in relation to the Scope of Practice guidance?*
- *In what form, if at all, should the Scope of Practice guidance continue to exist?*
- *Who should have responsibility for the Scope of Practice guidance going forwards?*

Please make sure to write down any notes or idea suggestions on the sheets I am passing round. The sheet has one row per question. We will come back together in 5 minutes and discuss everyone's thoughts and suggestions.

MODERATOR NOTE: AFTER 5 MINUTES AND ASK PARTICIPANTS TO EXPLAIN WHAT THEY HAVE BEEN DISCUSSING. USE THE REMAINING QUESTIONS IN THIS SECTION TO PROBE AROUND THE IDEAS/ SUGGESTIONS.

IF DO WANT IT TO CONTINUE:

Why do you think the Scope of Practice should continue to exist?

- What makes you say that?

What form should it take going forwards?

- What would this look like?
- Should it continue to be public facing or purely for professionals and stakeholders?

How often would it need to be updated?

- What makes you say this?

Who could be responsible for it and why?

- General Dental Council?
- Anyone else?

What role should other organisations play? For example, Indemnifiers, Training providers, Professional bodies, Employers.

- What should their involvement be?

IF DON'T WANT IT TO CONTINUE:

Why don't you think the Scope of Practice should continue to exist?

- What makes you say that?

What, if anything, should replace it?

- What would this look like?
- What and who would be involved?

Who could be responsible for this replacement and why?

What do you think would happen if it no longer existed?

- PROBE AROUND: Impacts on dental professionals, impacts on patients, impacts on whole workforce, impacts on dentistry as whole.
- Why do you think this would happen?
- How could these risks be addressed?

Could education be used to replace the Scope of Practice guidance? If so, how?

- Could the learning outcomes replace the guidance?
- Could further education once on the register replace the guidance?

In the absence of Scope of Practice guidance, who would provide support for Dental professionals?

- PROBE AROUND: Indemnifiers? Training providers? Professional bodies? Employers?
- Anyone else?

MODERATOR NOTE: ASK FOR A SHOW OF HANDS AS TO WHETHER GUIDANCE SHOULD CONTINUE TO EXIST.

Summing up (5 mins)

We are now coming to end of the discussion, and I have a few final questions.

What do you think is the most important thing that the General Dental Council (GDC) should consider when deciding the future of the Scope of Practice guidance?

Finally, before we finish does anyone have anything else that they want to mention before we finish that they haven't already had a chance to?

Thank you for your time today and for taking part in the research. Just to confirm, none of your answers will be attributed to you. GDPR: You have the right to have a copy of your data, change your data, or withdraw from the research at any point. If you'd like to do this, you can consult the IFF Research website. (www.iffresearch.com/gdpr, or I can provide contact details).

Mainstage Discussion Guide for Dentists

Introduction (5 mins)

Introduce self and thank participants for agreeing to take part in this group discussion.

Background to the research: IFF Research have been commissioned by the General Dental Council (GDC) to conduct some research on their behalf around the scope of practice of dental professionals. The focus group today will discuss your experience and understanding of your own scope and the scope of other dental professionals.

This group will last 1 hr and 30 minutes.

There are no right or wrong answers and you don't have to agree with each other. We are really keen to hear from everyone today.

MRS Code of Conduct and Confidentiality: IFF Research is an independent market research company, operating under the strict guidelines of the Market Research Society's Code of Conduct. IFF Research will not disclose to the GDC who has taken part in the research and your responses will be completely anonymous and used for research purposes only.

GDPR: You have the right to have a copy of your data, change your data, or withdraw from the research at any point. You can find out more information about your rights under the new data protection regulations by going to www.iffresearch.com/gdpr. We can also email this to you if you'd like.

Permission to record: We would like to record the discussion today, so we can ensure we capture everything that is being talked about. The recording will be used for analysis purposes and will not be passed back to The General Dental Council (GDC). The recording will be stored securely on our systems and will only be used by the research team. All recordings will be securely deleted 6 months after the project is completed. Are you happy to be recorded?

Introduction and warm up (10 mins)

We are going to spend a few minutes getting to know each other, so I'd like everyone to pair up and I'll give you 5 minutes to have a chat and find out the following about each other:

- Name
- How long you've worked as a [INSERT APPROPRIATE DENTAL PROFESSIONAL]
- The type of organisation that you work for (private practice vs NHS vs hospital etc)
- The type of treatment that is on offer (Exclusively NHS treatment vs private vs a mix)
- And something you enjoy doing in your spare time

After 5 minutes I'll bring everyone back together and you can introduce your partner to the group.

MODERATOR NOTE: AFTER 5 MINUTES BRING EVERYONE BACK TOGETHER AND GET PARTICIPANTS TO INTRODUCE THEIR PARTNER.

Understanding Your Own Scope/ Scope of Dental Care Professionals (DCPs) (15 mins)

Now we are going to move on and start talking about the scopes of Dental Care Professionals (DCPs).

How do you ensure you are up to date and clear on the scopes of Dental Care Professionals?

- PROBE FOR EXAMPLES OF WHAT THEY USE
- Do you use or access anything else?

And where would you go for information or advice if you were unsure about whether a specific task or practice was within scope of a Dental Care Professional?

- PROBE
- Who would you speak to?
 - Educator?
 - Colleague?
 - GDC?
 - Indemnifier?
 - Professional Body?
- Anywhere else?
- Can anyone give me a real-life example? PROBE TO FIND OUT HOW MANY HAVE HAD THIS SITUATION, HOW MANY TIMES IN LAST 12 MONTHS

How well defined do you think roles are within the dental team?

- How clear is it what different members of the dental team are allowed to do?

IF AT ALL UNCLEAR: What's not clear?

IF AT ALL UNCLEAR: How do you think each Dental Care Professional's Scope of Practice could be made clearer?

Can you talk me through the types of Scope of Practice issues that tend to frequently arise among Dental Care Professionals?

- Does this differ at all between different Dental Care Professionals?
- PROBE ON: Dental nurses, Dental hygienists, Dental therapists, Dental technicians, Clinical dental technicians.

And how do you think these Scope of Practice issues could be addressed?

Whose role is it to determine the Scope of Practice of Dental Care Professionals?

- Who else could take on this role?
- Do you think this should differ at all between different Dental Care Professionals?
- PROBE ON: Dental nurses, Dental hygienists, Dental therapists, Orthodontic Therapists, Dental technicians, Clinical dental technicians.

Scope of Practice Use (20 mins)

Now we are going to move on and discuss the Scope of Practice guidance.

How familiar is everyone with the Scope of Practice guidance?

How aware do you all think the Dental Care Professionals that you work with are of the Scope of Practice guidance?

IF NOT AWARE/ NOT VERY AWARE: What do you think is the best way to raise awareness of the Scope of Practice guidance going forwards?

Can everyone recall when they were first made aware of the Scope of Practice guidance? When was this?

How often, if at all, does everyone use the Scope of Practice guidance?

- How do you use it?
- What do you use it for?
- In what form do you access it? Online? Printed?

MODERATOR NOTE: USE FLIPCHART TO RECORD WHAT'S GOOD OR NOT GOOD:

How useful, if at all, does everyone find the Scope of Practice guidance?

- What's good about it?
- What's not so good?

How clear do you find the Scope of Practice guidance?

- What is clear?
- What is not clear?

How could the Scope of Practice guidance be made clearer?

How clear do you think your role is within the Scope of Practice guidance?

- What is clear?
- What is not clear?

When do you tend to refer to a Dental Care Professional?

How do you make a decision on whether to refer or not?

- What do you consider?
- What information do you use to help make this decision?
- Who else is involved in this decision-making process?
- Do you think the NHS contract and remuneration system has any impact on these decisions? How?

Do you use the Scope of Practice guidance when making these decisions?

- Why?
 - How do you use the guidance?
 - How often do you use the guidance when making these decisions?
- Why not?
 - Why don't you use the guidance?
 - What, if anything, would encourage you to use the guidance?

Do you ever use the Scope of Practice guidance when thinking about or advising Dental Care Professionals on building additional skills or development opportunities?

- IF USE: How do you use the guidance?
- IF USE: How often do you use the guidance when thinking about development opportunities?
- IF USE: Does this differ at all between different Dental Care Professionals?
 - PROBE ON: Dental nurses, Dental hygienists, Dental therapists, Orthodontic Therapists, Dental technicians, Clinical dental technicians.
- IF NOT USED: Why don't you use the guidance for this purpose?
- IF NOT USED: What, if anything else, do you use?

Impacts of Scope of Practice Guidance (20 mins)

I'd now like us to move on and discuss the impact of the Scope of Practice guidance.

How do you feel about the Scope of Practice guidance? Do you see the current guidance as 'limiting' or 'enabling'?

- IF LIMITING: In what way is it limiting?
- IF ENABLING: In what way is it enabling?
- PROBE AROUND IMPACT ON CONFIDENCE AND MAKING DCPS MORE RISK AVERSE. WHY DO THEY THINK IT IS HAVING THIS IMPACT?

IF LIMITING: How, if at all, could the Scope of Practice guidance be changed to encourage rather than hinder DCP development?

How willing would you say Dental Care Professionals are to undertake tasks which they are 'trained, competent and indemnified' to do but are not listed in the Scope of Practice guidance?

- What makes you say that?
- Does this differ at all between different Dental Care Professionals? How?
 - PROBE ON: Dental nurses, Dental hygienists, Dental therapists, Orthodontic Therapists, Dental technicians, Clinical dental technicians.

How clear do you think Dental Care Professionals are about what indemnifiers do?

- Does this differ at all between different Dental Care Professionals? How?
 - PROBE ON: Dental nurses, Dental hygienists, Dental therapists, Orthodontic Therapists, Dental technicians, Clinical dental technicians.
- How does this impact on what they feel comfortable doing/not doing?

How clear do you feel about what indemnifiers do?

- How clear do you feel about what you are indemnified to do?

How, if at all, could the Scope of Practice guidance be changed to encourage Dental Care Professionals to develop and undertake the additional skills?

- Are there any other ways this could be changed?
- Anything else?

Are there any other ways to encourage additional skills development outside of Scope of Practice guidance?

- What are these?
- Who would be best placed to develop this?

Whose responsibility would you say it is to ensure Dental Care Professionals work within their scope of practice?

- Dental professional's?
- General Dental Council?
- Anyone else?

What impact, if any, do you think the Scope of Practice guidance has had on patients?

- What positive impacts, if any, has it had?
- What negative impacts, if any, has it had?
- PROBE AROUND: IMPACTS ON PATIENT EXPERIENCE (SERVICE RECEIVED) AND PATIENT SAFETY (QUALITY OF CARE)

The Future of the Scope of Practice Guidance (10-15 mins)

Now we are going to move on and talk about the future of the Scope of Practice guidance. I'd like everyone to get into pairs and I'm going to give you 5 minutes to discuss and come up with some ideas for the following:

- *Where do you think the General Dental Council should go from here in relation to the Scope of Practice guidance?*
- *In what form, if at all, should the Scope of Practice guidance continue to exist?*
- *Who should have responsibility for the Scope of Practice guidance going forwards?*

Please make sure to write down any notes or idea suggestions on the sheets I am passing round. The sheet has one row per question. We will come back together in 5 minutes and discuss everyone's thoughts and suggestions.

MODERATOR NOTE: AFTER 5 MINUTES AND ASK PARTICIPANTS TO EXPLAIN WHAT THEY HAVE BEEN DISCUSSING. USE THE REMAINING QUESTIONS IN THIS SECTION TO PROBE AROUND THE IDEAS/ SUGGESTIONS.

IF DO WANT IT TO CONTINUE:

Why do you think the Scope of Practice should continue to exist?

- What makes you say that?

What form should it take going forwards?

- What would this look like?
- Should it continue to be public facing or purely for professionals and stakeholders?

How often would it need to be updated?

- What makes you say this?

Who could be responsible for it and why?

- General Dental Council?
- Anyone else?

What role should other organisations play? For example, Indemnifiers, Training providers, Professional bodies, Employers.

- What should their involvement be?

IF DON'T WANT IT TO CONTINUE:

Why don't you think the Scope of Practice should continue to exist?

- What makes you say that?

What, if anything, should replace it?

- What would this look like?
- What and who would be involved?

Who could be responsible for this replacement and why?

What do you think would happen if it no longer existed?

- **PROBE AROUND:** Impacts on dental professionals, impacts on patients, impacts on whole workforce, impacts on dentistry as whole.
- Why do you think this would happen?
- How could these risks be addressed?

Could education be used to replace the Scope of Practice guidance? If so, how?

- Could the learning outcomes replace the guidance?
- Could further education once on the register replace the guidance?

In the absence of Scope of Practice guidance, who would provide support for Dental professionals?

- PROBE AROUND: Indemnifiers? Training providers? Professional bodies? Employers?
- Anyone else?

MODERATOR NOTE: ASK FOR A SHOW OF HANDS AS TO WHETHER GUIDANCE SHOULD CONTINUE TO EXIST.

Summing up (5 mins)

We are now coming to end of the discussion, and I have a few final questions.

What do you think is the most important thing that the General Dental Council (GDC) should considering when deciding the future of the Scope of Practice guidance?

Finally, before we finish does anyone have anything else that they want to mention before we finish that they haven't already had a chance to?

Thank you for your time today and for taking part in the research. Just to confirm, none of your answers will be attributed to you. You have the right to have a copy of your data, change your data, or withdraw from the research at any point. If you'd like to do this, you can consult the IFF Research website. (www.iffresearch.com/gdpr, or I can provide contact details).

Mainstage Stakeholder Discussion Guide

Introduction

- **Introduce self and thank respondent for agreeing to participate**
- **Background to the research:** IFF is an independent research company, working on a study for The General Dental Council (GDC) to explore and understand whether the Scope of Practice guidance is fit for purpose and to what extent it is achieving its objectives. The research will also be investigating whether there have been any unintended consequences of the guidance being issued.
- This interview will last up to 45 minutes.
- **MRS Code of Conduct and Confidentiality:** IFF Research is an independent market research company, operating under the strict guidelines of the Market Research Society's Code of Conduct. The information you provided will not be attributed to you. However, due to the nature of the discussion it may be possible for people to identify your contributions.
- **GDPR:** You have the right to have a copy of your data, change your data, or withdraw from the research at any point. You can find out more information about your rights under the new data protection regulations by going to iffresearch.com/gdpr. We can also email this to you if you'd like.
- **Permission to record:** We would like to record the interview, so we can ensure we capture the entire discussion – the recording will be used for analysis purposes. The recording will be stored securely and will not be passed back to The General Dental Council (GDC). All recordings will be securely deleted 6 months after the project is completed. Are you happy for the interview to be recorded?

Background and context

First, can you give me a brief overview of the organisation you work for?

ENSURE TO PROBE AROUND ALL OF THE DENTAL PROFESSIONALS THAT ARE RELEVANT TO THEIR ORGANISATION IF NOT CLEAR.

- PROBE ON: Dentists, Dental nurses, Orthodontic therapists, Dental hygienists, Dental therapists, Dental technicians, Clinical dental technicians.

What is your role within the organisation?

Scope of Practice Guidance Own Use

How familiar are you with the Scope of Practice guidance?

How often, if at all, do you use the Scope of Practice guidance?

- How do you use it? What do you use it for?

How useful, if at all, do you find the Scope of Practice guidance?

How clear, if at all, do you find the Scope of Practice guidance?

- Any areas less clear?
- Are any elements confusing? What elements?
- Anything else?

How clear do you think the different Dental Care Professionals (DCPs) roles are within the Scope of Practice guidance?

- Is anything less clear?
- Anything else?

Scope of Practice Guidance Dental Professional Use

How aware do you think Dental Care Professionals and dentists are of the Scope of Practice guidance?

At what point(s) in Dental Care Professionals and dentists (s) are *they* made aware of the Scope of Practice guidance?

- And how systematically does this happen?

How well do you think Dental Care Professionals and dentists know their own Scope of Practice?

- What do they know?
- What don't they know?
- Why do you think that is?

How well do you think Dental Care Professionals and dentists know the Scope of Practice of other dental professionals?

- What do they know?
- What don't they know?
- Why do you think that is?

How clear do you think Scope of Practice guidance is on how Dental Care Professionals can achieve the additional skills listed?

- How could this be made clearer?
- Anything else?

What do you think is the best way to raise awareness of the Scope of Practice guidance amongst dental professionals?

Impacts of Scope of Practice Guidance

What do you think the original purpose of the Scope of Practice guidance was, when it was put in place in 2009? What did it aim to do?

- PROBE AROUND: clarity over the scope of different DCPs (for understanding of own scope and scope of others), encourage DCP development, encourage direct access

To what extent do you think the Scope of Practice guidance is working?

- In what way(s) is it working? What has helped facilitate this success?
- In what way(s) is it not working? What barriers have been experienced? How can these be overcome?

To what extent, if at all, has the Scope of Practice guidance had any unintended consequences?

- What are these unintended consequences?
- PROBE AROUND: whether actual or potential consequences
- IF NEGATIVE CONSEQUENCE: How could these be mitigated?

Do you see the current guidance as being 'limiting' or 'enabling' for Dental Care Professionals?

- IF LIMITING: In what ways is it limiting? What is the impact of this?
- IF ENABLING: In what ways is it enabling? What is the impact of this?
- PROBE AROUND IMPACT ON CONFIDENCE AND MAKING DCPS MORE RISK AVERSE. WHY DO THEY THINK IT IS HAVING THIS IMPACT?

How clear do you think Dental Care Professionals are about what indemnifiers do?

- Does this differ at all between different Dental Care Professionals? How?
 - PROBE ON: Dental nurses, Dental hygienists, Dental therapists, Orthodontic Therapists, Dental technicians, Clinical dental technicians.
- How does this impact on what they feel comfortable doing/not doing?

How confident do you think Dental Care Professionals are that they are not undertaking any out of scope tasks?

- What makes you say that?

- IF CONFIDENT: And how much of this confidence do you think comes from the use of the Scope of Practice guidance? Where else does this confidence come from?

How willing do you think Dental Care Professionals are to undertake tasks which they are 'trained, competent and indemnified' to do but are not listed in the Scope of Practice guidance?

- What makes you say that?
- Anything else?

What impact, if any, do you think the Scope of Practice guidance has had on the tasks Dental Care Professionals undertake?

- Do you think it's encouraged or discouraged additional skills development?
- Why do you think this is the case?

IF DISCOURAGED DEVELOPMENT: How, if at all, could the Scope of Practice guidance be changed to encourage rather than inhibit Dental Care Professional development?

- Are there any other ways this could be changed?

Are there alternative options for encouraging additional skills development outside of Scope of Practice guidance?

- What are these?
- Who would be best placed to develop this?

What, if any, impact do you think the Scope of Practice guidance has on use of professional judgement?

- PROBE AROUND: USE OF THEIR OWN JUDGEMENT AND DCPS PROFESSIONAL JUDGEMENT IN GENERAL
- What makes you say that?
- Why do you think this has played a role?

What difference, if any, do you think the Scope of Practice guidance has made to patients?

- What positive impacts, if any, has it had? What makes you say that?
- What negative impacts, if any, has it had? What makes you say that?
- PROBE AROUND: IMPACTS ON PATIENT EXPERIENCE (SERVICE RECEIVED) AND PATIENT SAFETY (QUALITY OF CARE)

Do you think the impact of the Scope of Practice guidance differs between the four nations?

- How do you think it differs?
- What makes you say that?

What role, if any, do you think the NHS contract and remuneration system has had on determining who does what within the dental team?

- Why do you think this is the case?

What impact do you think the NHS contract has on the dental team being able to utilise their full scope on a daily basis?

- Why do you think this is the case?

The Future of the Scope of Practice Guidance

Where do you think the General Dental Council should go from here in relation to the Scope of Practice guidance?

- What makes you say that?

In what form should the Scope of Practice guidance continue to exist?

- Should it continue to be public facing or purely for professionals and stakeholders?

Would it need to be regularly updated?

- How often would it need to be updated?
- What makes you say this?

IF SHOULD BE UPDATED: What should the process for updating the Scope of Practice guidance look like?

- Who should be involved?
- Anyone else?

Who could have responsibility for the Scope of Practice guidance going forwards?

- General Dental Council?
- Anyone else?
- Could it be shared or co-owned? IF SO: By who?

What role should other organisations play? For example, Indemnifiers, Training providers, Professional bodies, Employers.

- What should their involvement be?

Whose responsibility would you say it is to ensure dental professionals work within their own scope of practice?

- Dental professionals?
- General Dental Council?
- Anyone else?

What would be the impact of not having the guidance in its current form? For example, if it was no longer a list of tasks that professionals may do if they are trained, competent and indemnified.

- What impact would this have?
- PROBE AROUND: IMPACT OF LISTS OF TASKS BEING REMOVED.
- PROBE AROUND: Impacts on dental professionals, impacts on patients, impacts on whole workforce, impacts on dentistry as whole.
 - Why do you think this would happen?
 - How could these risks be mitigated?

If the Scope of Practice guidance was to change to more of an outcome-based approach, to what extent do you think Dental Care Professionals would be happy with this?

- MORE INFO IF NECESSARY: For example, this could be modelled on the GDC's learning outcomes in undergraduate education.
- What makes you say that?

Could education be used to replace the Scope of Practice guidance? If so, how?

- Could the learning outcomes replace the guidance?

IF INTERVIEWEE INVOLVED IN EDUCATION: How is Scope of Practice guidance used in undergraduate education currently?

In the absence of Scope of Practice guidance in its current form, who would provide support for Dental professionals?

- PROBE AROUND: Indemnifiers? Training providers? Professional bodies? Employers?
- Anyone else?

Summing up

We are now coming to end of the interview and have a few last questions.

What do you think is the most important thing that the General Dental Council (GDC) should considering when deciding the future of the Scope of Practice guidance?

And is there anything else you'd like to add on the discussion of the Scope of Practice guidance that you haven't already had a chance to?

Thank you for your time today and for taking part in the research. Just to confirm, none of your answers will be attributed to you or your organisation unless you give explicit permission for us to do so.

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Mainstage Patients and Public Discussion Guide

Introduction (5 minutes)

Introduce self and thank respondents for agreeing to participate in group discussion.

Background to the research: IFF is an independent research company, working on a study for The General Dental Council (GDC) to conduct research into the roles of different types of dental professionals. As part of this, we are conducting focus groups with the general public.

Today's group will discuss: your recent experiences of visiting a dental practice, how you feel about visiting different members of the dental team and what you know about who does what within a dental team.

This group will last 1 hr and 30 mins.

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Permission to record: We would like to record the interview, so we can ensure we capture the entire discussion – the recording will be used for analysis purposes. The recording will be stored securely and will not be passed back to The General Dental Council (GDC). All recordings will be securely deleted 6 months after the project is completed. Are you happy for the interview to be recorded?

Background and context (10 minutes)

First, we are going to spend a few minutes getting to know each other. I'd like everyone to pair up and I'll give you 5 minutes to find out the following about each other:

- Name
- What you do day-to-day
- How you travelled here today
- Something you enjoy doing in your spare time.

In 5 minutes, I'll bring everyone back together and you can introduce your partner to the group.

MODERATOR NOTE: AFTER 5 MINUTES BRING EVERYONE BACK TOGETHER AND GET PARTICIPANTS TO INTRODUCE THEIR PARTNER.

Accessing dental care (10 minutes)

To start off, I'd like to discuss your experiences of dentists and Dental Care Professionals, and the way you access dental care.

I'd now like everybody to think about the last time they went to the dentist. When was your last visit to the dentist?

What type of appointment was it?

- Routine or something different?

Can I ask what type of treatment you received?

And how did you access this treatment?

- Thorough the NHS?
- Private care?
- Mix of private and NHS?

Who was the appointment with?

How did you find this last visit?

And when you booked the appointment, did you ask/book to see a particular dental professional?

How regularly do you tend to visit the dentist?

- Every few months?
- 6 months?
- Yearly?
- Every few years?

Roles of Dental Care Professionals (15 minutes)

We're now going to move on to discuss the roles of dentists and Dental Care Professionals. A Dental Care Professional is any member of the dental team who is not a dentist.

What other roles within a dental team are you aware of?

How confident do you generally feel about who does what / which member of the dental team to book an appointment with?

- Do you generally ask for a person / job role or just say what service you want and let the receptionist decide?

To get into a bit more detail, I'm going to hand out some sheets with different job titles on them.

In pairs, I'd like you to write down the different tasks you think these different dental professionals might do. For example, you might write 'teeth cleaning' as a task that dental hygienists might do.

SHEETS TO BE HANDED OUT WITH THE FOLLOWING JOB TITLES:

1. Dental nurses
2. Orthodontic therapists
3. Dental hygienists
4. Dental therapists
5. Dental technicians
6. Clinical dental technicians
7. Dentists

MODERATOR TO GIVE PAIRS 5 MINUTES TO WORK THROUGH TASK AND THEN GO THROUGH WHAT EVERYBODY HAS WRITTEN DOWN

Great, thank you everyone. I'm now going to go through each job role and ask you to feedback which tasks you have come up with. Don't worry if you're not sure whether they are correct or not. There's a lot of different tasks and we are just keen to get a sense of which tasks you might typically consider these Dental Care Professionals doing!

MODERATOR TO PUT UP SHEET WITH JOB TITLES ON AND WRITE UP TASKS GIVEN BY EACH PAIR

Okay, now I'd like to hand out some cards with different Dental Care Professional roles on them, as well as cards with different tasks that different Dental Care Professionals can do. I'd like you to try to match the tasks with the different job roles in your pairs.

MODERATOR TO GIVE PAIRS 5 MINUTES TO WORK THROUGH TASK AND THEN GO THROUGH THE CORRECT 'ANSWERS'

What is surprising?

Direct access (10 minutes)

Due to something called 'direct access', patients are now able to go directly to a dental hygienist or dental therapist or clinical dental technician as opposed visiting a dentist first and being referred by them. This means you can call the dental surgery/ practice and book an appointment directly with a dental hygienist or dental therapist. Has anybody here ever done this?

IF YES:

How did you find the experience of going directly to [INSERT RELEVANT DENTAL CARE PROFESSIONAL]?

- How did you feel about the treatment you received? PROBE IF NECESSARY: How satisfied were you?
- How did you feel about going to them directly?
 - What, if anything, was good about it? What benefits could there be of this approach?
 - What, if anything, was bad about it? What drawbacks could there be of this approach?
- And before you attended the visit, did you have any concerns about doing this? What concerns did you have?
- Would you go directly to them again? Why/ why not?

IF NO: How would you feel about going directly to a Dental Care Professional, such as a dental hygienist or dental therapist, as opposed to being referred by your dentist?

- What makes you say that?
- Do you have any concerns about doing this? What concerns do you have?
 - Anything else?
- What, if any, benefits do you think there would be of going to them directly?
 - Anything else?

Some people might say it's [INSERT FROM BELOW IF NOT ALREADY DISCUSSED]. How do you feel about this?

- More convenient to go direct
 - ADD IF NECESSARY: E.g. easier to get an appointment with a DCP / one appointment rather than two
- Saves them money to go direct
 - ADD IF NECESSARY: Fewer appointments overall
- Worrying not to see a dentist

IF ANY CONCERNS:

Under what circumstances would you be comfortable / less comfortable going direct to a dental hygienist or therapist? PROMPT WITH PARTICULAR TASKS IF NECESSARY

Information needs (15-20 minutes)

Who has ever wondered who to go to (which dental professional to see) for a particular issue?

- What was the issue? What were you unsure about? Which different dental professionals did you think you might be able to go to?
- Are there any other scenarios in which you can imagine needing to know more information around dental team roles?

If you wanted or needed to know more about who does what within the dental team, what would you do?

- How would you go about finding out?
- Who would you ask? PROBE
- Where would you look? PROBE

What information might you need?

In what kind of format would this be most useful?

- RANKING EXERCISE: Video / poster in practice / booklet in practice / online article or document / word of mouth from practice receptionist
- SHOW EACH AND ASK HOW USEFUL EACH WOULD BE AND WHY (WHAT WOULD MAKE IT MORE / LESS USEFUL), THEN RANK FROM MOST TO LEAST

How detailed would it need to be?

- A portrait of what each role is at a high level / a list of tasks / both?

Scope of Practice (15-20 minutes)

Okay, now we've got a sense of the different tasks you think the different Dental Care Professionals do, we are going to move on and discuss a document called Scope of Practice.

Has anyone heard of Scope of Practice?

- How did you hear about it?

IF YES: What do you know about it?

IF YES: What's it for?

IF YES: Have you ever used it? IF SO: What for?

IF NOT HEARD OF IT OR NOT SURE WHAT IT IS:

Scope of Practice sets out the skills and abilities each member of the dental team *should have*. It is not a list of tasks that someone *can* do. The guidance also describes additional skills that members of the dental team might develop after registration to increase their scope of practice.

I'm going to hand out some copies of Scope of Practice for you to have a look at. There's no need to read it cover-to-cover, but please do have a look through it. Feel free to discuss it with the person sitting next to you. We'll talk it through in a bit more detail once you've had a chance to have a more detailed look at it.

MODERATOR TO HAND EACH PARTICIPANT A COPY OF THE SCOPE OF PRACTICE AND ALLOW 5 MINUTES TO GIVE IT A SKIM.

How clear do you find this document?

- What's clear?
- What's unclear?

How could this document be made clearer or easier to understand?

If you wanted to know a bit more about what different members of the team do, would you look at this document?

- Why/ Why not?

Would you feel confident after looking at this document that you understand what different members of dental team do?

- Why/ Why not?

How likely would you be to look at this document to see which dental care professional you could visit?

- What makes you say that?

How do you think dentists and other Dental Care Professionals might use this document?

And what do you think could happen if a document like this did not exist?

Summing up (5 mins)

We are now coming to the end of the discussion, and I have a few final questions.

Now that you know that the Scope of Practice Guidance exists, is this something that you think you might use in the future?

- How might you use the guidance in the future?

And in the future, do you think you might go directly to other members of the dental team (instead of straight to your dentist)?

Finally, before we finish does anyone have anything else that they want to mention before we finish that they haven't already had a chance to?

Thank you for your time today and for taking part in the research. Just to confirm, none of your answers will be attributed to you. GDPR: You have the right to have a copy of your data, change your data, or withdraw from the research at any point. If you'd like to do this, you can consult the IFF Research website. (www.iffresearch.com/gdpr, or I can provide contact details)

“

IFF Research illuminates the world for organisations businesses and individuals helping them to make better-informed decisions.”

Our Values:

1. Being human first:

Whether employer or employee, client or collaborator, we are all humans first and foremost. Recognising this essential humanity is central to how we conduct our business, and how we lead our lives. We respect and accommodate each individual's way of thinking, working and communicating, mindful of the fact that each has their own story and means of telling it.

2. Impartiality and independence:

IFF is a research-led organisation which believes in letting the evidence do the talking. We don't undertake projects with a preconception of what "the answer" is, and we don't hide from the truths that research reveals. We are independent, in the research we conduct, of political flavour or dogma. We are open-minded, imaginative and intellectually rigorous.

3. Making a difference:

At IFF, we want to make a difference to the clients we work with, and we work with clients who share our ambition for positive change. We expect all IFF staff to take personal responsibility for everything they do at work, which should always be the best they can deliver.



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Communications and Engagement Plan

Scope of Practice Review: research findings

Project:	Scope of Practice Review
Communications team lead:	Lisa Bainbridge
Priority status:	High
Project folder:	Communications/Projects/Scope of Practice
Dated:	17 January 2020

1. Background

The GDC commissioned research in early 2019 to help understand:

- Awareness and understanding of the roles within the dental team.
- Use and perceptions of the Scope of Practice guidance document.
- Impacts of the Scope of Practice guidance, both intended and unintended.
- The future of the Scope of Practice guidance.

The research was commissioned from IFF Research and is now ready for publication.

The research forms part of the evidence base for the review of the Scope of Practice guidance. This review is included in the Costed Corporate Plan 2020 as a contributor to strategic aim 4: to maintain and develop the regulatory framework. It will begin in the first quarter of 2020 and is due to finish by the end of 2021.

2. Project objectives

The project objective is to:

- Ensure relevant audiences know and understand the key findings from the Scope of Practice research and how we intend to use this evidence.

3. Timetable

Date	Purpose	Outcome
April	Announce finding and signal next steps	Dental professionals and other key stakeholders understand the key findings of the research and the next steps for the Scope of practice review.

4. Audiences

Audience(s):	Dental professionals and their representative organisations, in particular dental care professionals, defence organisations and education and training providers.
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Think:	That the GDC has completed comprehensive research and analysis to ensure that the review of Scope of Practice guidance is evidence informed, of which this research forms a part.
Feel:	That there is a sound evidence base for the Scope of Practice guidance review, and there will be future opportunities to engage.
Do:	Become familiar with the key findings of the research and access the content that has been created online. Later, engage with the review.

5. Internal stakeholders

Strategy and policy plans:

Accountable:	Stefan Czerniawski, Executive Director, Strategy
Responsible:	David Teeman, Head of Regulatory Intelligence
Consult:	Policy and research leads, Jessica Rothnie and Guy Rubin
Inform:	Strategy, CAIT, Fitness to Practise (FTP) and Hearings
Sign off:	Stefan Czerniawski, Executive Director, Strategy

Communications and engagement plans:

Accountable:	Colin MacKenzie, Head of Communications and Engagement (interim)
Responsible:	Lisa Bainbridge, Stakeholder Engagement Manager
Consult:	Communications and engagement channel managers
Inform:	As above, plus internal communications
Sign off:	Colin MacKenzie, Head of Communications and Engagement (interim)

6. Key messages and communications schedule

Key messages (KMs)
<p>Messaging to provide context (where required) (notes for editor in the press release):</p> <ul style="list-style-type: none"> Our Scope of Practice guidance sets out the skills and abilities that every dental care professional should have, by title. The guidance was introduced in 2009 to support those dental care professionals who had joined the statutory Register a year earlier, following a two year transition period.

- The dental care professional titles added to the UK Register in 2009 were dental nurse, dental technician, clinical dental technician and orthodontic therapist.
- We reviewed the Scope of Practice guidance in 2013 and reissued the updated version on the introduction of direct access, for some dental care professional titles, doing selected tasks. Again, it was felt that this would help with the transition to new direct access arrangements for some titles.
- The Scope of Practice guidance asks dental professionals to ensure that they are trained, competent and indemnified before carrying out any clinical or other support to patients.
- Dentistry is the only area of healthcare where a clinical scope of practice is provided by the professional regulator.

Key messaging relating to research findings:

- The Scope of Practice guidance is not being used in the way that it was originally intended. The primary users of the guidance are education and training providers, employers and professional representative bodies, not dental care professionals.
- Dental professionals reported high levels of awareness and a good understanding of their own scope of practice, which has been gained through education, work and training and development, not through our guidance.
- Members of the public and patients are not aware of the Scope of Practice guidance and do not feel it is relevant or necessary for them to have access to this type of information.
- The research found some concerns among dental professional and stakeholders on the suggestion that there may be substantial changes or if the guidance no longer existed. The reason for this was a fear or concern that others may act out of scope.

Messaging relating to next steps:

- This research forms part of the evidence base being developed to support a review of our Scope of Practice guidance and we would like to thank all those involved for their active participation in the research. We will now be reviewing all of the evidence gathered in support of the review of Scope of Practice, which includes internal information and data sources.
- Our overall aim for the Scope of Practice review is to provide as much flexibility to dental professionals as possible, so they are using their own professional judgement about the provision of care and their own education, development and competencies. We believe that we need to put more trust in dental professionals and be less prescriptive, and that this will contribute to higher standards of care and professional conduct.

- We will be looking to clarify the purpose of the Scope of Practice guidance, particularly in light of the fact that it is no longer being used in the way it was intended, to clarify the support needs of dental professionals and what form this support should take. We will be asking dental professionals to engage with us on these issues as our proposals take shape.
- The research findings will also be shared with other competent authorities that are considering new career development pathways and the utilisation of the whole dental team e.g. Health Education England's Advancing Dental Care programme.
- The review is due to start early this year and complete by the end of 2021.

Messaging relating to a call to action:

- Please visit our website for further details on the findings of the research.
- If you would like further information about the research, or how the findings will be used for the review of Scope of Practice guidance, please get in touch.

7. Communications schedule

Channel	Audience	Comms owner	Timing of delivery (content)
Press release	Stakeholders	TC	On approval
Stakeholder email	Stakeholders	LB	On approval
GDC Newsletter	Section 4	LB	Estimated, May
Leadership network	Stakeholders	DK	On approval
Research page	Section 4	MN	On approval
Social media	Section 4	CC	1 x post for a week on approval
Face to face	DCP events	LB	Content approval from CE&R for NEBDN event in March. GR attending.

8. Stakeholders

Organisation	Contact
Internal	
Strategy Directorate	All
FTP and Hearings teams	Shugaftha Akram, Clare Callan, John Cullinane
Internal Communications	Helen Alexander

CAIT	Karen Bridgewater
External	
Chief Dental Officers	All nations, stakeholder list
PSA	Stakeholder list
Defence organisations	Stakeholder list
Dental Professionals	CRM download for newsletter
Professionals bodies	CRM/newsletter and stakeholder list
Education and training providers	List from Quality Assurance
Leadership network	LN membership list
Health Education England (HEE)	Stakeholder list
Health Education and Improvement Wales (HEIW)	Stakeholder list
NHS Education for Scotland (NES)	Stakeholder list

9. Budget

- Design work covered by the researchers, needs GDC logo added.
- Potential benefit in creating infographics, but the findings are largely qualitative. If needed, this can be done in-house.
- No budget required.

10. Products and/or outputs

- Slide deck for external presentations.
- Research report to be published on the website.

11. Success measures

- Stakeholders feel informed of progress with the Scope of Practice guidance review.

DCS Survey of Dental Professionals 2019

Executive Director	Stefan Czerniawski, Executive Director, Strategy
Author(s)	Susanne Gibson, Research Manager 0207 167 6136, sgibson@gdc-uk.org Michelle Williams, DCS Head of Operations 020 82530811, mwilliams@dentalcomplaints.org.uk
Type of business	For decision
For Council only:	Public session
Issue	The Council is asked to approve the publication of the Dental Complaints Service (DCS) Survey of Dental Professionals 2019.
Recommendation	Following the recommendation of the SLT and the PRB to publish this document in full, the Council are asked to approve plans for the publication in full of the DCS Survey of Dental Professionals 2019 (Appendix 1) and Slide pack (Appendix 2), according to the Communications and Engagement Plan (Appendix 3). The recommendation of the PRB is subject to the amendments highlighted in yellow in Appendix 3 .

1. Key considerations

- 1.1 This paper is submitted for the publication of the Dental Complaints Service (DCS) Dental Professionals Survey, in compliance with the Research Publication Protocol. The paper is accompanied by the full text/reports to be published and GDC's publication plan, which are presented in three appendices:
- Appendix 1. **DCS Dental Professionals Survey full report** which includes the questions used in the survey, response counts and frequencies for all questions, and responses to qualitative questions (Customer Satisfaction UK);
 - Appendix 2. **DCS Dental Professionals Survey slide pack** (Customer Satisfaction UK);
 - Appendix 3. **GDC Communications and Engagement Plan**.
- 1.2 In early 2019, the DCS commissioned Customer Satisfaction UK, an independent specialist consultancy, to undertake a telephone survey of dental professionals who have recently used its service. The objective of this survey was to understand dental professionals' experiences of the service, their overall perceptions of it and the value it provides. Dental professionals who had used the service between October 2017 and February 2019 were contacted about the survey and given the opportunity to opt out. For an eighteen-month period, starting on October 2017 and ending February 2019, facilitated resolution or panel was used 131 times, by a total of 120 registrants (i.e. some registrants had more one

complaint). Of these 120, 29 opted out of being contacted. The contact details for the remaining 91 registrants were provided to Customer Satisfaction UK, a total of **49** Dental Professionals responded to the survey which represented a response rate out of those contacted of 54%.

- 1.3 Overall, dental professional users of the DCS were satisfied with the service provided. Forty respondents (81%) were very or extremely satisfied that the process was managed efficiently. Thirty-eight respondents (77%) were very or extremely satisfied with the service provided by their Complaints Officer. Forty-two respondents (86%) were very or extremely satisfied that the service provided by the Dental Complaints Service was helpful in resolving their case.
- 1.4 Forty respondents (82%) were satisfied with the ultimate resolution of their case. Where respondents were dissatisfied, responses to open questions indicate that the principal reasons concern having to refund patients to close the case and the perception that the Dental Complaints Service is biased in favour of the patient.
- 1.5 Hence, the publication of the current survey is generally considered low risk, although the following risks have been identified:
 - a. That the findings from the survey are not fully exploited to inform GDC policy and workstreams. This risk is to be mitigated by our plan for disseminating the research to the policy leads for the relevant workstreams and ensuring that the key findings and their implications for policy are understood and influence policy making. The Communication and Engagement Plan outlines proposals to use GDC channels for internal communication and dissemination of the survey, including ensuring that the findings inform Phase 2 of the DCS Review.
 - b. Although the findings are overall very positive about the service, the report also provides evidence of a perception that the service is not always impartial and is biased towards the patient. This is mitigated by the positive feedback overall and can be mitigated further by the publication of dissemination material (e.g. press release, blogs etc.) that sets the report in the context of the Phase 2 review.
 - c. That where a percentage of less than 62% is reported, this represents fewer than 30 respondents and therefore caution should be exercised in interpreting results.
- 1.6 We ask that the Council approve the publication of Customer Satisfaction UK's DCS Dental Professionals Survey full report (**Appendix 1**) and DCS Dental Professionals Survey slide pack (**Appendix 2**), according to the publication plan (**Appendix 3**).

2. Introduction and Background

- 2.1 The DCS review, part of Shifting the balance, is in two phases. Phase one was completed in June 2018 and with improvements in current service delivery ensuring the DCS is working effectively by resolving identified operational issues. Phase two aims to deliver a fit-for-purpose, strategically aligned, service for patients and professionals, offering patients and professionals value for money whilst maintaining its values of independence and impartiality. Although the DCS collects feedback from dental professionals through its feedback survey, numbers responding to this survey are low. The GDC commissioned Customer Satisfaction UK to design, implement, analyse and report on the findings from a telephone survey designed to gather feedback on the experiences and views of dental professionals using the DCS within an 18-month period, between 1 October 2017 and February 2019.

3. Survey development and fieldwork

- 3.1 **Coproduction.** A steering group comprising representation from the dental profession, defence unions, the BDA, together with DCS and GDC staff provided initial input into the research questions and survey design. The survey design was further informed by the Council, in particular the inclusion of questions concerned with the role of an apology in the resolution of cases. The steering group also advised on the recruitment protocol and wording of the email used to inform dental professionals about the survey. The final report was presented to a further steering group meeting in August 2019 with members able to raise questions and provide feedback.
- 3.2 **Research instrument content.** The survey featured a series of questions asking respondents to rate their satisfaction with the different elements of the service provided (Handling of the case; Complaints officer; Handling of case by Panel; Resolution of case), using a six-point scale. They were also asked about their overall satisfaction with the service and about whether their perceptions of the service had changed as a result of their experience. Respondents were asked to provide additional feedback through qualitative questions
- 3.3 **Survey fieldwork.** The survey was implemented during May and June 2019. Because of the relatively small sample size respondents were not asked for demographic information and therefore no sub-group analysis was carried out. The analysis of the quantitative data used descriptive statistics with the qualitative data analysed thematically to provide further insight and learning. The approach to analysis is fully explained in Customer Satisfaction UK's report and presentation (**Appendices 1 and 2**).

4. Key findings and implications

Overall experience of the DCS

- 4.1 **Overall satisfaction with service.** Overall, forty-three respondents (87%) were satisfied with the way that the Dental Complaints Service handled their complaint. Respondents were asked how satisfied they were that the service provided by DCS was:
- Professional** – Forty-four respondents (89%) were satisfied;
 - Impartial** – Thirty-nine respondents (79%) were satisfied;
 - Fair and proportionate** – Thirty-eight respondents (77%) were satisfied;
 - Transparent** – Forty-five respondents (92%) were satisfied.
- 4.2 **Perceptions of the DCS before and after using the DCS.** Respondents were asked about their perceptions of the DCS before using the service and whether their perceptions had changed following their involvement:
- Perceptions before using the DCS.** Eleven respondents (23%) had not heard of the DCS prior to their complaint. Twenty respondents (41%), had heard of them, but did not have a clear perception about them. The remaining eighteen respondents (36%) gave comments which showed a diversity of perceptions of the DCS. Some perceived that the DCS was **one sided** towards the patient and that it served to **protect patients' interests**. In comparison, other respondents expected the DCS to provide a **valuable, helpful and innovative** service and act as an **impartial mediator**, helping clients to reach amicable resolutions.
 - Change in perceptions following use of the DCS.** Following the resolution of their complaint, thirty-six respondents (73%) said their perception of the DCS had changed. Of those whose perceptions had changed, all but one respondent said that

their **opinion had improved**, including that they found the service to be fair and impartial

Handling of case

4.3 Respondents were asked a series of questions about their satisfaction with the handling of their case. Their responses showed that although, overall, they were very satisfied with the way that the case was handled by the DCS, they were least satisfied that the resolution process was **clearly explained** to them from the beginning. They were most satisfied that the process was managed **speedily and efficiently**. They were asked about their satisfaction that:

- a. The DCS resolution process was **clearly explained** – Thirty-eight respondents (78%) were satisfied;
- b. They were kept **informed** about the progress with their case – Forty-four respondents (90%) were satisfied;
- c. The DCS was **easy to contact** – Forty-five respondents (91%) were satisfied;
- d. The process was **managed speedily** – Forty-eight respondents (97%) were satisfied;
- e. The process was **managed efficiently** – Forty-eight respondents (97%) were satisfied.

4.4 Respondents were asked to suggest at least one thing that the DCS could do to improve the handling of their case. Suggestions included:

- a. The DCS handling their case in **a fairer, more balanced way**.
- b. The resolution process and possible outcomes being **better explained** both to the dental professionals and to the patients.
- c. **Better communications** about the progress of the case.
- d. **More involvement** of dental professionals in the process.

Complaints officer

4.5 Thirty-eight respondents (77%) were either very or extremely satisfied with the service provided by their Complaints Officer. Respondents were asked how satisfied they were that their Complaints Officer:

- a. **Was impartial** – Forty-two respondents (85%) were satisfied;
- b. **Was easy to deal with** – Forty-nine respondents (100%) were satisfied;
- c. **Listened** to their point of view – Forty-five respondents (91%) were satisfied;
- d. **Was knowledgeable and skilled** – Forty respondents (82%) were satisfied;
- e. **Kept them informed** – Forty-nine respondents (100%) were satisfied.

4.6 Respondents were also asked how satisfied they were with the advice given by their Complaints Officer. Forty-five respondents (91%) were satisfied with the **advice** given by their Complaints Officer.

4.7 Suggestions for improvement included **increased clinical knowledge** or access to **clinical advice** on the part of the Complaints Officer, and **greater clarity** regarding the finality of the **resolution** for both the dental professionals and patients.

Handling the complaint via panel

4.8 Only two respondents' complaints went to a panel for resolution. One respondent was extremely satisfied overall; the other was very satisfied. The process followed by the Panel

was described as “**balanced**” and “**fair**”. Three respondents had been offered a panel meeting but had been able to resolve the complaint without the involvement of a panel.

Resolution of the case

- 4.9 Respondents were asked about how satisfied they were with the resolution of their case:
- Forty respondents (82%) were satisfied with the **ultimate resolution** of their case.
 - Those who were satisfied considered that their case was resolved **quickly, efficiently and in a professional way**.
 - Those who were dissatisfied gave reasons including that the resolution involved a **refund** which, although expedient, they considered to be **unfair or unjust**. This was also reflected in the suggestions made for improvement with some respondents suggesting that the DCS could be more impartial and more intent on finding a resolution which was fairer to the dental professional involved.
- 4.10 Respondents were asked how the case had been resolved and specifically whether the resolution involved: Explanation; Refund; Partial refund; Contribution towards remedial treatment; Apology; Other. Most respondents gave more than one answer. **Refunds, explanations and apologies** were the most frequent outcomes from the resolution process, comprising forty of the fifty-seven total responses¹.
- 4.11 Respondents were also asked to rank the items selected from the most useful to the least useful in the **resolution** of the case.
- Nineteen respondents (39%) considered a **refund** to be the most helpful resolution of their complaint, followed by an **explanation**, selected by just eleven respondents (22%).
 - Three respondents (6%) considered an **apology** to have been the most helpful, twenty-five respondents (50%) considered it to have been the second most helpful form of resolution.
 - An additional question was included in the survey, asking respondents for whom the resolution had **included an apology** to rank on a scale of 1-10 what difference they thought this had made to the complainant's satisfaction with the resolution of their complaint. Thirty-one respondents (63%) rated this question on the higher end of the scale, giving responses of 7-9 out of 10, indicating that they found **an apology can make a considerable difference** to the complainants' satisfaction with the resolution of their complaint. However, several respondents commented that an apology was only slightly helpful, as the complainant mainly wanted a refund.

Signposting and recommending the DCS

- 4.12 Forty-four respondents (90%) said that they were likely to **signpost patients** to the DCS, although some said that they would do so only after first referring to their internal complaints procedure. Of those who were less likely or unlikely to signpost, one gave dissatisfaction with the way the case was handled as the reason.
- 4.13 The 'Net Promoter Score' (NPS), used by market researchers to predict customer loyalty, was calculated based on responses to the question **On a scale from 0 to 10 how likely are you to recommend the services of the Dental Complaints Service to a fellow dental professional?** NPS scores can range from 100 to -100 so the NPS score of 19 can be considered good. A positive NPS score indicates there were more promoters than

¹ Respondents could select more than one answer. 34 respondents were asked this question the rest were Not Applicable or don't know.

detractors. **Promoters** – keen to recommend the DCS service to others. **Detractors** are less satisfied individuals who could potentially damage the reputation of the DCS through negative word-of-mouth.

- 4.14 Respondents were asked to explain their score. Those classified as 'Promoters' gave reasons including:
- A **supportive, professional and effective** service;
 - A good **medium for communication** between themselves and their patients;
 - Preferable to alternatives** they might face, in particular those involving the GDC
- 4.15 Some of those who were 'Detractors' considered that the DCS were **not impartial**, acting more on behalf of patients, pre-judging the situation and **not listening** to the dental professional.

Further developments

- 4.16 Respondents were asked directly to suggest any extension to the remit and services of the DCS that would be beneficial to the dental profession. Nineteen respondents provided suggestions of how the DCS could extend their remit and the service provided. These ranged from offering more **support and advice services to dental professionals** (such as learning courses and apps) to more **advertising** and **extending the service to NHS patients**. Final comments and suggestions included **involving more dental professionals** in the delivery of the service, and a role for the DCS in the **education of patients**.

Implications

- 4.17 Overall, respondents report **high levels of satisfaction** with the DCS. Many also report that their perceptions of the DCS **improved** as a result of their experience. However, the findings also suggest that there may be a **perception of bias towards the patient** among some dental professionals using the service. The remit of the DCS is to offer an impartial service and therefore it is important to consider the sources of this perception and how it might be addressed. This is particularly important insofar as impartiality is likely to form one of the criteria for assessing the DCS and alternative models under the Phase 2 DCS review. Consideration should be given to what impartiality means in practice and how it is understood by the GDC, dental professionals and patients and public
- 4.18 The Customer Satisfaction UK report originally included an action plan with five areas suggested for improvement, which has since been removed from the research report and presentation. Instead, it will be considered by the DCS. In the action plan, in addition to **improving perceptions of/satisfaction with impartiality**, it is suggested that the DCS focus on increasing satisfaction/decreasing dissatisfaction in the following areas:
- Knowledge and skills** of Complaints officer;
 - Advice** given by Complaints Officer;
 - Ultimate **resolution of case**;
 - Perceived **helpfulness** of service provided by the DCS.
- 4.19 The recommendation regarding the knowledge and skills of the Complaints Officer, and the advice given links to the suggestion made by some respondents regarding the involvement of dental professionals or those with clinical expertise in the service. Again, this should be considered as part of the Phase 2 review, with attention to what this might imply for the impartiality of the service.

5. Legal, policy and national considerations

- 5.1 **Legal.** The paper refers to research conducted as part of the DCS review which refers to the duty to maintain and promote public confidence which is specified in the Dentists Act 1984.
- 5.2 **Policy.** The survey was designed to generate robust data to enable an understanding of the experiences and perceptions of the DCS from the perspective of dental professionals engaging with the service. As such it is an important source of evidence informing the Phase 2 review of the DCS. Our plan to communicate the findings internally will ensure that this learning supports the review
- 5.3 **National.** The DCS offers its services to patients and dental professionals from all four nations. We did not collect information from respondents about their geographical location in order to protect anonymity.

6. Equality, diversity and privacy considerations

- 6.1 The relatively small sample size for this survey did not allow for sub-sample analysis. The decision was therefore made not to collect EDI in order to ensure that respondents were not identifiable and that they were not asked to give information that would not be used. No EIA has been carried out.

7. Risk considerations

- 7.1 All communications activity comes with a degree of risk in terms of impact on GDC reputation and our relationship with stakeholders.
- 7.2 About one in five registrants (n=8) expressed negative views about GDC, generally in relation to proportionality.
- 7.3 However, we consider the DCS survey analysis to be consistent with perceptions found in other research (i.e. the stakeholder perceptions research), which are being addressed positively through messaging developed for our ongoing work to communicate key aspects of the Costed Corporate Plan 2020-2022, the profession-wide complaint handling initiative, the End to End review of the Fitness to Practise process and the development of new guidance for tone of voice and engagement.
- 7.4 Therefore, we consider these research findings to represent a low risk, and we do not consider it necessary to address these negative perceptions specifically in our response.
- 7.5 Please refer to the communications and engagement plan (**Appendix 3**).

8. Resource considerations and CCP

- 8.1 The cost for the Survey is included in the DCS budget for 2019 and on into 2022.

9. Development, consultation and decision trail

- 9.1 The DCS Survey of Dental Professionals was included in the Policy and Research Plan approved by Policy and Research Board in November 2018.
- 9.2 As part of Shifting the Balance, Phase 2 of the DCS review commenced on 1 September 2018, following the initial project board meeting on 16 August 2018. This phase of the review aims to deliver a fit-for-purpose strategically aligned service for patients and professionals, offering patients and professionals value for money by utilising the capacity of DCS staff in the most effective and efficient manner. It will contain three key deliverables
- a. The optimisation of the current DCS model within its existing jurisdiction;

- b. A review and feasibility assessment of alternative models (i.e. who could fund and deliver the service), identifying a preferred model;
- c. A service rebrand and launch based on the selected alternative model (if appropriate).

9.3 Further updates will be provided as necessary going forwards.

9.4 It was agreed by the SLT on 9 October 2019 to recommend to PRB the publication of the report according to the Communications and Engagement Plan (**Appendix 3**).

9.5 In February 2020, the PRB (via email correspondence), agreed to recommend to the Council that it approve publication of the report in full, subject to additional detail about internal GDC communication being added to the communication plan (see **yellow** highlights in **Appendix 3**).

10. Next steps and communications

10.1 Subject to Council approval, it is hoped that the DCS report will be published in April.

10.2 See **Appendix 3** for the communications and engagement plan.

Appendices (attached separately)

- a. Appendix 1: DCS Dental Professionals Survey full report (Customer Satisfaction UK)
- b. Appendix 2: DCS Dental Professionals Survey slide pack (Customer Satisfaction UK)
- c. Appendix 3: Communications and Engagement Plan for the Patient and Public Survey report.

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Tel: 020 7167 6136

03 March 2020



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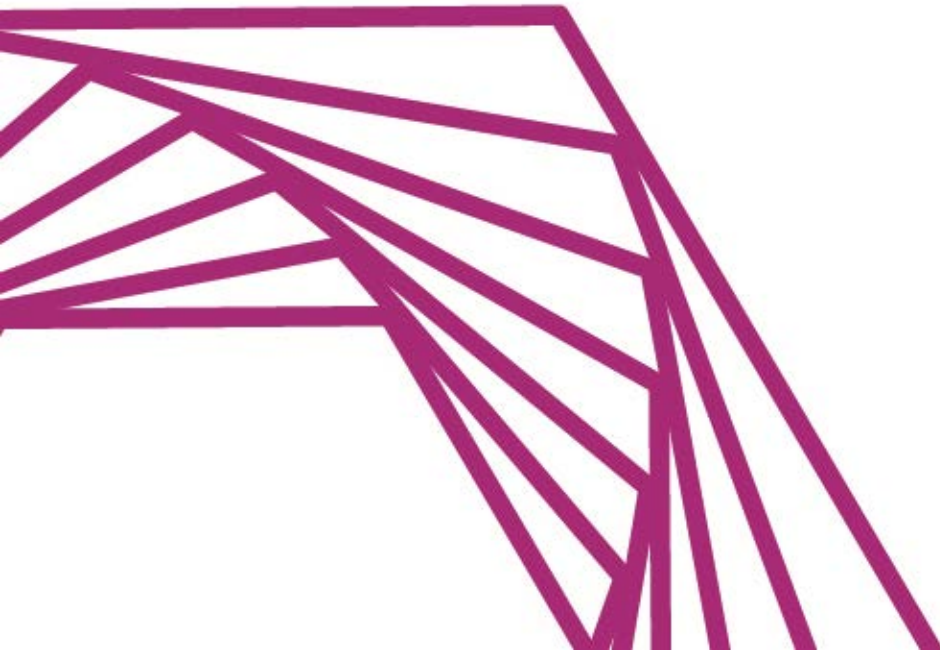
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Dental Complaints Service

“Settling complaints fairly, efficiently and quickly.”

Survey of Dental Professional users.

June 2019



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Introduction

Aims and Objectives.

The survey brief issued by the Dental Complaints Service summarised its purpose as follows:

“The DCS will be reviewing all cases from January 2017 to June 2018 at the facilitated resolution stage in its process and contacting the dental professionals who have used the service. We are seeking the views of the professionals to understand how helpful the service was and how they feel it can be improved.”

(This period was subsequently revised to be from October 2017 to February 2019.)

The specific aims and objectives were:

Aims

- To explore the perceptions of dental professionals who have experience of the DCS resolutions process who have contacted DCS within a 12 to 18-month period.

Objectives (research questions)

- What do dental professionals think about each aspect of the way DCS handled their complaint?
- To what extent do professionals think there is room for DCS to improve various parts of the process?
- What do professionals think about the role of their defence union during the process?
- What do professionals think about the fairness of their outcome?
- What difference if any has the process made to professionals' knowledge of and views towards DCS?
- How, if at all, and in what way has the outcome of the respondent's complaint influenced their responses to this research and their views of DCS?

The remit and operations of the Dental Complaints Service.

The Dental Complaints Service (DCS) provides a free and impartial mechanism for resolving patient complaints about private dental care that are not serious enough to raise questions about a professional's fitness to practise.

The service was launched following an Office of Fair Trading report published in 2002 which highlighted that, in contrast to the NHS, the only recourse for private patients who were unhappy with their treatment was to seek legal advice, which could be a costly and lengthy process. The DCS was set up in May 2006 to assist patients and dental professionals to resolve complaints about private dental treatment. The GDC currently funds the service and its staff are formally employed by the GDC.

The service is nevertheless run 'at arm's length' from the GDC, although the DCS is accountable to the GDC Council and provides regular updates on its performance. In 2017 the GDC published Shifting the balance, which includes a commitment to review the DCS. This includes a review of the relationship

between the DCS and GDC and proposals to widen the scope of DCS to cover patients treated under private dental plans as well as making operational improvements to the DCS's processes.

The DCS can look into private complaints that are raised with the service within 12 months of the treatment taking place or within 12 months of the patient becoming aware that they have something to complain about, and can assist in seeking:

- An explanation and/or apology for what has happened
- A full or partial refund of fees in relation to the failed treatment;
- Remedial treatment from the dental professional, if both the dental professional and patient are in agreement;
- A contribution towards remedial treatment so that the work can be completed by another dental professional at the same practice or at an alternative practice.

The DCS cannot assist with

- NHS treatment
- Staff matters - such as recruitment, pay and discipline
- Commercial or contractual issues
- Compensation
- Clinical advice
- Fitness to Practise issues
- Complaints more than 12 months old

The DCS operates a 3-step process. In Step 1 the patient is advised to contact their dental professional to give them the opportunity to resolve matters. If they are not satisfied with the response from the dental professional and are unable to resolve the matter, the case will progress to Step 2 where a DCS complaints officer will work with the patient and the dental professional to try to reach a resolution. A complaint will only progress to Step 3 if a resolution cannot be reached. If both the patient and the dental professional are in agreement, the DCS will arrange a panel meeting; this is the final stage of the complaints process. The panel consists of two lay members and a dental professional. They will hear both sides of the complaint and work towards facilitating an amicable resolution between the patient and the dental professional. If an agreement cannot be reached, the panel will make a recommendation in order to resolve the complaint.

Data Protection and GDPR

All those dental professionals for whom DCS had an email address were contacted about the survey. The email provided information about the study and about data protection and GDPR (Appendix 4). It was explained that taking part in the survey was voluntary and that the decision whether to take part would have no impact on their registration with the GDC. The Dental professionals were informed that Customer Satisfaction UK would be in contact by telephone to ask them to take part in the survey and they were given the opportunity to opt out at this stage by replying to the email to say that they did not want to be contacted.

Methodology

The Dental Complaints Service (DCS) has commissioned Customer Satisfaction UK, an independent specialist consultancy, to undertake a telephone survey of dental professionals who have recently used its service.

The objective of this survey is to understand dental professionals' experiences of this service, their overall perceptions of it and the value it provides.

The feedback obtained provides the DCS with an objective, comprehensive and up to date insight into its services. It identifies strengths and weaknesses and opportunities for improvement.

The questionnaire used, devised through close consultation with the DCS, covers the full sequence of dental professionals' dealings with the DCS.

Throughout the survey, respondents were asked a series of both qualitative and quantitative questions.

Where relevant, respondents were asked to rate their satisfaction with various elements of the service provided by the DCS using a 6-point verbal scale of satisfaction. These discrete verbal ratings were subsequently converted to their numerical equivalents.

In the summary charts which follow, the proportions of respondents who are fairly, very and extremely satisfied have been colour-coded in shades of green of increasing intensity. Similarly, the proportions of respondents who are fairly, very or extremely dissatisfied have been shown in shades of orange or red of increasing intensity.

Extremely dissatisfied
Very dissatisfied
Fairly dissatisfied
Fairly satisfied
Very satisfied
Extremely satisfied

Interviews were conducted during May and June 2019.

This report includes all the comments made by respondents – including explanatory and supplementary comments and suggestions for improvement. Where practical, these comments have been broadly categorised to identify the underlying issues.

Please note that throughout this report, for brevity, the Dental Complaints Service is referred to as the DCS.

Contacts

The Dental Complaints Service provided Customer Satisfaction UK with the contact details of 110 dental professionals who had recently used the DCS.

These comprised cases received during the period between October 17 to February 19.

For seven contacts the information was found to be incorrect, for two contacts the phone number was missing, and ten contacts were duplicates. This left a total of 91 useable contacts.

Customer Satisfaction UK interviewed 49 of these respondents; achieving a response rate of 54%.

- 40 respondents completed the full survey.
- 9 respondents declined to complete the full survey but either gave a partial response (which included a recommendation score and supplementary comments) or completed the shortened version of the survey.
- 2 respondents only gave a brief comment.
- 12 respondents declined to take part.

Of the 23 contacts who either only answered the shortened survey, made a brief comment, or declined to take part:

Number of respondents	Reasons for shortened responses and declining
9	Didn't wish to take part or preferred not to
8	Had no time
3	Couldn't remember details
1	Responded by email
1	Language issues
1	On maternity leave

Those with wrong information:

Number of respondents	Wrong information
3	Had not used the DCS
2	Left the practice
1	Number not recognised
1	Didn't know of the complaint

Executive Summary

Overall, users of the Dental Complaints Service are satisfied with the service provided.

They are highly satisfied with the Dental Complaints Service's management of the complaints process.

- The service was transparent – 71% very or extremely satisfied.
- The service was professional - 77% very or extremely satisfied.
- The process was managed efficiently - 81% very or extremely satisfied.
- The process was managed speedily - 76% very or extremely satisfied.

Similarly, respondents are highly satisfied with the Complaints Officer that they dealt with.

- The service provided by their Complaints Officer - 77% very or extremely satisfied.
- Their Complaints Officer was easy to deal with - 83% very or extremely satisfied.
- Their Complaints Officer kept them informed - 76% very or extremely satisfied.
- Their Complaints Officer listened to their point of view - 74% very or extremely satisfied.

However, although highly satisfied with the people they dealt with and with the management of the complaints process, respondents are less satisfied with their experience of the process and its value to them.

- The advice given by their Complaints Officer - 61% very or extremely satisfied.
- The service provided by the Dental Complaints Service was helpful in resolving your case – 61% very or extremely satisfied.
- The way DCS handled their complaint - 57% are very or extremely satisfied.

And, although remaining relatively high, satisfaction levels fall further with the ultimate resolution of the case – 52% very or extremely satisfied, 18% dissatisfied.

Comments made indicate that the principal reasons for respondents' dissatisfaction concern having to refund patients to close the case and the perception that the Dental Complaints Service is biased in favour of the patient.

Two satisfaction questions illustrate the dissatisfaction of some respondents with the impartiality and fairness of the DCS

- The service was impartial in resolving the complaint – 58% very or extremely satisfied, 21% dissatisfied.
- The service was fair and proportionate – 62% very or extremely satisfied, 23% dissatisfied.

Some respondents perceive that the DCS is inherently biased toward the complainant.

'They didn't listen to me and I was pre-judged even before the process started.'

'They should also take into account the views of the dentist and not just the patient.'

'Their approach was all geared to resolving the issue from the complainant's perspective. They didn't take any evidence into account. It was almost like they were negotiating on behalf of the patient and only took into account their perspective, rather than both sides.'

Some respondents perceive that some complainants are opportunistic, only seeking a refund, and therefore a judgement in their favour is unfair.

Patients lie to get refunds and this culture is being encouraged across the board. All she (the complainant) wanted was to get her money back.

'It was a blatant complaint to get a refund. The DCS were impartial. I would have liked it if someone had seen what was going on.'

Some respondents perceive that some complaints are without foundation and should be filtered out by a more effective DCS vetting process.

'The DCS tried to calm the situation down, but there didn't seem to be a 'vetting' stage to prevent unnecessary stress to the dentist.'

'They could have had a clinician look at the case, say that I had not done anything wrong, and suggest she come back to me to have the side effect of the treatment repaired.'

Possibly have more knowledge of a Clinical Technician's position. We are a new area in the industry and a bit more understanding of our position in the industry would be helpful.

Some respondents consider that the DCS and the Complaints Officers should be more empathetic to the circumstances of the dental professionals involved.

'They take no account whatsoever of the lengths we go to please the patient. At the end of extremely lengthy periods of treatment, patients can decide that the treatments are not fit for purpose.'

'Be impartial. Understand that dentistry can be complicated; we don't sell things off the shelf!'

Some respondents consider that the DCS lacks sufficient knowledge of dentistry and dental professionals to be able to make informed judgements.

'It would be better if they were clinicians, or were at least advised by clinicians.'

'There should be someone with the knowledge to look at it from a dentist's point of view and give an independent view of the case, before it gets drawn out and messy.'

'Professionals involved should be trained in dental knowledge and terminology.'

'I think the service should be staffed by dentists.'

But, these comments should be seen in context. It must be remembered that the majority of respondents are very satisfied with the service provided by the DCs and the resolution achieved.

Several value the service in helping to resolve an issue which may instead have become drawn out, stressful and time consuming.

Respondents also see the DCS as a useful alternative to the GDC; indeed, a valued protection against having to deal with the GDC. Comments made at stages throughout the survey indicate a considerable wariness and antipathy towards the GDC. Of the 40 respondents who completed the full interview, eight (20%) made such comments: These comments are reproduced here:

'I would rather they went to the DCS than the GDC, who are totally against dentists and cause a lot of stress.'

'Dealing with the DCS prevents things escalating to the GDC, which becomes a nightmare.'

'The perception is that you can end up in front of the GDC for fairly minor things, so it's nice to know that there is a middle ground and only the worst cases should go to the GDC. I was very encouraged by the process.'

'In my other role as a GDC Adviser, I see and report upon many cases where patients are directed to the GDC unnecessarily. The DCS has an important role and should be promoted more. As a dentist when you see the words 'GDC' and 'complaint' you get very stressed. If the DCS was promoted more I think a lot more dentists would stay in the profession.'

'And all the time, hanging over you is the fact that if you don't get it sorted out it will end up as a GDC hearing - and everyone wants to avoid that because they have a very anti-dentist stance, in the view of the profession.' **AND** *'Despite being dissatisfied with the outcome, I'm glad the DCS were there to prevent it going to the GDC. Overall I'd rather they were there, than weren't there.'*

'It worked very well without the heavy-handed approach of the GDC.' **AND** *'The NHS could use this service. All complaints (Dental) should be assessed by the DCS before going to GDC which can seem very threatening to dentists, as they, "Use a sledgehammer to crack a nut."'*

'The GDC should be kept away. They cause a great deal of trouble, misery and grief, are unnecessarily heavy handed and provide appalling treatment. The DCS is the best thing they have done and should be involved far more in resolutions between dentists and patients. The GDC is an appalling regulator.'

'My perception was poor, that the DCS was funded by the GDC and would be punitive, rather than engage.'

Regardless of the overall satisfaction with the DCS, about a quarter would be wary of recommending the services of the DCS to a fellow Dental Professional. The reasons for this relate mainly to concerns about the lack of impartiality addressed above, with explanatory comments such as *"The DCS assists the patient."*

Several suggested that dental professionals facing a complaint should speak to their indemnity provider as the first option. In fact, the majority (78%) of respondents sought information, advice or support from their indemnity organisation or equivalent and 90% of these were satisfied that this service was useful.

In general, compared with the DCS, indemnity providers are considered to be on the side of the dental professional, without the requirement of the DCS to be impartial.

Some respondents suggested that the DCS could build on its success, offering a wider range of services to dental professionals. For example, it was suggested that they could provide an advice line through which they can offer advice to dental professionals on how to respond to complaints. Also, they could provide training in how to avoid complaints and how to respond to them.

'In a similar way to indemnity, we could get clinical advice, get direction how to respond. The DCS could extend their services to include services similar to indemnity, like drafting letters.'

'Maybe provide a phone service, like an advice line, and even better, an app.'

Several respondents suggested that the service should be extended to include NHS patients.

'The DCS is set up for private complaints, but it is a very good organisation for all complaints (private or NHS). It should be the first port of call for complaints - it would save the GDC loads of time and money.'

'I think it is a very good 'Gold Star' service, which should be rolled out more widely throughout the NHS.'

Generally, before using it, respondents had little knowledge of the DCS as an organisation.

Prior to their complaint, almost a quarter of respondents, 23%, had not heard of the DCS. A further 41%, had heard of it, but did not have a clear perception about the services it provided.

The remaining 36% gave comments which showed a diversity of perceptions of the DCS.

Some perceived that the DCS was one sided towards the patient and that it served to protect patients' interests within the resolution process.

'I thought they'd be completely one-sided. The aim of the GDC is to protect the public. There is no remit to protect professionals.'

'I thought they looked after the patient first and dentists would not get a fair deal.'

However, there were contrasting views. In comparison, other respondents expected the DCS to provide a valuable, helpful and innovative service and act as an impartial mediator, helping clients to reach amicable resolutions.

Following the resolution of their complaint, 73% of respondents considered that their perceptions of the DCS had changed, mostly for the better.

'I was pleasantly surprised. They were impartial.'

'They did convince me that they were trying to resolve the complaint impartially.'

One of the lowest levels of satisfaction in the entire survey relates to the question 'how satisfied were you that from the beginning the dental complaints process was clearly explained to you?' with 22% of respondents being dissatisfied and a further 22% being only fairly satisfied. Clearly, if dental professionals do not have a clear understanding of the role of the DCS before their involvement with it, it is important to ensure that once engaged, they are fully informed about the process. Setting the correct expectations from the start will be beneficial in ensuring a successful outcome and, in the process, help to reverse preconceptions about any bias in the service.

Conclusion:

By and large, the service provided by the DCS is seen to be of good quality; professional, efficient and effective. Good quality Complaints Officers provide a valued service helping dental

professionals to resolve complaints more easily and promptly, without the need for involvement with the GDC.

Indeed, building on its success, some respondents suggest that the DCS could extend its services, providing more general advice and also support about preventing and dealing with complaints. They even suggest that the DCS service would be beneficial in the public sector.

Nevertheless, there is scope for improvement; approximately one fifth of respondents do not perceive the DCS to be fair and impartial in its approach, mainly because the resolutions are seen to be biased in favour of the patient.

Critically, dental professionals have a low awareness of the DCS, and a pre-conception that it would not represent their cases in an even-handed manner.

This may colour their subsequent attitudes in dealing with the DCS, being less willing to trust the fairness of any resolution and more willing to perceive that there is bias in the outcome.

Therefore, it is suggested that the DCS should work to build awareness - of its services and of the impartiality of those services. Ideally, this will create a virtuous circle, setting the correct expectations, building confidence, enhancing reputation and encouraging greater use.

Average Satisfaction

For various questions throughout the survey respondents were invited to indicate their level of satisfaction whether they were:

- Extremely satisfied
- Very satisfied
- Fairly satisfied
- Fairly dissatisfied
- Very dissatisfied
- Extremely dissatisfied

These discrete verbal responses were then converted to their numerical equivalents, where 1 equals extremely dissatisfied and 6 equals extremely satisfied. Average satisfaction scores can be calculated by dividing the sum of all responses for that question by the number of responses.

The table below ranks the average scores for all the satisfaction questions asked in the survey from highest to lowest average satisfaction.

Respondents are most satisfied with the process followed by the panel in resolving their complaint (however, only two respondents answered this question). Respondents are also highly satisfied that their Complaints Officer was easy to deal with and that the process was managed efficiently.

Respondents are less satisfied that the DCS was impartial, fair and proportionate in resolving the complaint and with the ultimate resolution of their case.

	Average Satisfaction
How satisfied are you with the process followed by the panel in resolving your complaint? <i>Note: Only two respondents answered this question.</i>	5.50
Complaints Officer was easy to deal with?	4.94
The process was managed efficiently?	4.92
How satisfied are you with the service provided by your Complaints Officer (the person you have been dealing with)?	4.89
The process was managed speedily?	4.87
Complaints Officer kept you informed?	4.85
Complaints Officer listened to your point of view?	4.74
Dental Complaints Service was professional?	4.68
How satisfied are you that this was useful to you?	4.66
Dental Complaints Service was easy to contact?	4.65
You were kept informed about the progress with your case?	4.59
Complaints Officer was impartial?	4.56
How satisfied are you with the advice given by your Complaints Officer?	4.55
How satisfied are you that the service provided by the Dental Complaints Service was helpful to you in resolving your case?	4.53
Complaints Officer was knowledgeable and skilled?	4.44
Dental Complaints Service was transparent?	4.44
From the beginning, the Dental Complaints Service resolution process was clearly explained to you?	4.38
Overall, how satisfied are you with the way that the Dental Complaints Service handled the complaint?	4.30
How satisfied are you with the ultimate resolution of your case?	4.26
Dental Complaints Service was fair and proportionate?	4.26
Dental Complaints Service was impartial in resolving the complaint?	4.22

Key

Satisfaction	Score
Extremely Satisfied	5.16 – 6.0
Very Satisfied	4.33 – 5.15
Fairly Satisfied	3.49 – 4.32
Fairly Dissatisfied	2.66 – 3.48
Very Dissatisfied	1.83 – 2.65
Extremely Dissatisfied	1.0 – 1.82

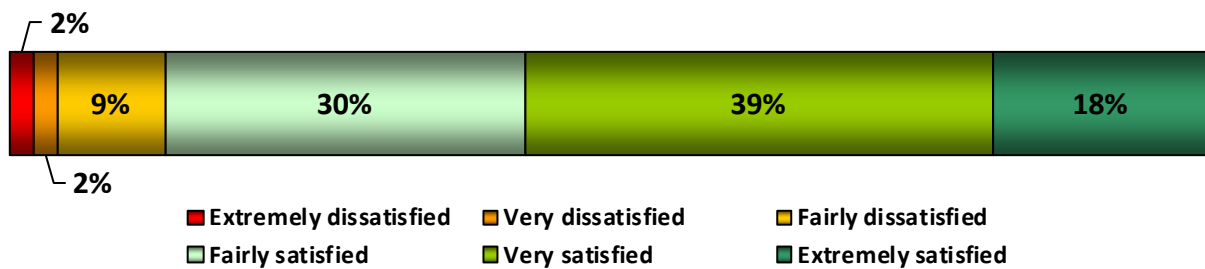
Detailed Analysis

Section 1: Overall experience

Overall, how satisfied are you with the way that the Dental Complaints Service handled the complaint?

Overall, 87% of the respondents were satisfied with the way that the Dental Complaints Service handled their complaint; 57% were either very or extremely satisfied.

Six respondents were dissatisfied.



How satisfied are you that the service provided by the Dental Complaints Service was...

- Professional?
- Impartial in resolving the complaint?
- Fair and proportionate?
- Transparent?

Large proportions of respondents were very or extremely satisfied with these elements of their dealings with the DCS. In particular, 71% were very or extremely satisfied that the service was transparent, and 77% that it was professional.

However, more than a fifth were dissatisfied that it was impartial in resolving the complaint and that the service was fair and proportionate, 21% and 23% respectively.

Professional?



Impartial in resolving the complaint?



Fair and proportionate?



Transparent?



■ Extremely Dissatisfied
■ Fairly Satisfied

■ Very Dissatisfied
■ Very Satisfied

■ Fairly Dissatisfied
■ Extremely Satisfied

If you are dissatisfied at all or are extremely satisfied in your responses to any of these questions, please explain why.

Dissatisfied:

Respondents who were dissatisfied believed the DCS to be biased in favour of the patient with little regard to the views of the dental professionals. They have an impression that they have little protection against unreasonable or dishonest patients and a general feeling of a broader culture, not restricted to the Dental Complaints Service, which is unsympathetic to the profession.

Dissatisfied responses
'I felt like the DCS acted more on the side of the patient.'
'There was no consideration regarding my views on this matter; they are over-protecting the patients.'
'I felt that the service was unreasonably biased against the dental practitioner; 'guilty until proven innocent' was their attitude.'
'The DCS seemed to take the patient's side, and resolved in the patient's favour, no matter what.'
'Their approach was all geared to resolving the issue from the complainant's perspective. They didn't take any evidence into account. It was almost like they were negotiating on behalf of the patient and only took into account their perspective, rather than both sides. The Officer I spoke to was not a dentist and had no dental knowledge; he just had an understanding of it.'
'I have only dealt with the committee once and I felt it was geared to the patient. The complaint was made years after the treatment and I was threatened by the patient. No one listened to my side; it was, "Pay her (the patient) and she'll be fine." I had offered the patient free treatment and I paid for her to go elsewhere. Dentists should not be threatened. There is no protection for the dentist. Payment is the bottom line.'
'I am a Clinician Dental Technician. My job is to make dentures. A patient can turn round after I've made them, and a dentist has approved them, and say they aren't fit for purpose. I then have to give them their money back and they can also keep the teeth. There is absolutely no protection for me.'
'They take no account whatsoever of the lengths we go to please the patient. At the end of extremely lengthy periods of treatment, patients can decide that the treatments are not fit for purpose.'
'I am not going to say 'very satisfied' because there is no one in this country on the side of the dentists. Patients lie to get refunds and this culture is being encouraged across the board. All she (the complainant) wanted was to get her money back. This is now so common that the DDU have changed their tactics to deal with complaints and insist that people go to another dentist and get the work done, rather than just giving a refund. The DCS should be more skewed on the side of the dentist. I feel there is no respect for dentists. I have been spat on, sworn at and I do not like the environment. Despite the lack of dentists in this country, people are regularly quitting to go to New Zealand or Australia.'

Three respondents considered that the DCS acted unprofessionally, by not following the correct procedures, by providing advice outside its remit, or by-passing complaints to the GDC without prior consultation.

Dissatisfied responses
'They requested things that may not comply with some regulations. I did not feel they were appropriate when dealing with sensitive materials and advice. They were not professionally prepared when requesting things that did not follow proper channels.'
'I thought they were impartial, but they passed the patient complaint onto the GDC without consulting me. I was not involved in any discussions regarding the complaint.'
'The DCS had been giving the complainant advice outside their remit, which is not equitable or fair.'

Extremely satisfied:

In contrast to the dissatisfied respondents, the extremely satisfied respondents considered that the service provided by the DCS was impartial, providing a resolution that was fair and reasonable to both the dental professional and the patient.

Extremely satisfied responses
'They always show impartiality and act in the best interests of both parties. Their main goal is to find a solution that is agreeable for everyone.'
'The negotiators/intermediaries are a really good stop point for both patients and clinicians. It's a half-way house, which allows you to gather your senses. It's really good, a great service.'
'The patient was unreasonable and would not engage in dialogue until the DCS were involved and brought about a reasonable, fair resolution.'
'I was delighted that this was the route the patient took, in comparison to other less pleasant ways it could have been dealt with.'

Extremely satisfied respondents also found the resolution process to be professional, straightforward and helpful.

Extremely satisfied responses
'I think it is a very good 'Gold Star' service, which should be rolled out more widely throughout the NHS.'
'They were very good, extremely helpful and this put me at ease.'
'They are very professional, and it was a straightforward process. I had no problems.'
'The Complaints Officer was excellent; it was handled professionally.'
'From what I remember, it was pretty straightforward. It was all sorted out. It was a while ago. The situation had been resolved, so the DCS made a courtesy call, checking to see if I was happy.'
'They listened to me and sorted the matter out. They made it simple. It felt like I was finally being listened to.'
'They were very informative; it was easy to come to a conclusion without any added stress.'

How would you describe the way the Dental Complaints Service handled the complaint?

Note: This question was only included in the shortened questionnaire asked of eight respondents.

Respondents who had a good experience with the DCS commented that they found the DCS to be professional, helpful, and straightforward. One commented that the service provided by the DCS was better than that of the GDC.

How would you describe the way the Dental Complaints Service handled the complaint?
'Professional. Everything went smoothly.'
'It was fine - better than the GDC.'
'The gentleman I dealt with was very good and helpful. It was a long time ago; I can't remember too much detail. I was contacted by email. I think the complaint was made with the NHS first and the DCS second. I had to check all the details and forward them. Because I had all the details, it was straightforward: just a case of me forwarding the details.'
'It's a while ago; I don't have much to say about it. It was fairly satisfactory.'
'It was ages ago. The DCS was thorough, friendly and helpful. The patient did not complain to me. They looked into how to complain and presumably found the GDC complaints service. They did not let me know there was an issue.'

Other respondents had a less positive experience with the DCS. One commented that the DCS was unhelpful in resolving their complaint as it was immediately passed on to the GDC. Another complained of confusion when the same complaint was being dealt with by both the DCS and the GDC. A third appeared to be confused between the DCS and the GDC.

How would you describe the way the Dental Complaints Service handled the complaint?
'I only had one call from the DCS and then the issue went to the GDC panel. The DCS said they were an intermediary company, but they did not attempt to resolve anything.'
'A patient maliciously filed complaints to both the GDC Fitness to Practice Panel and the DCS at the same time hoping to cause maximum damage. The DCS wasn't aware of the double filing (lack of internal communication and flagging). I informed the DCS about the letter from the FTTP I received, upon which the DCS stopped working on the case and let the FTTP conduct the process of complaint. It is a disgrace that this happened; it rendered the DCS useless. If the DCS had continued to investigate, it would have thrown out the case much sooner and more efficiently. Patients should be provided with only one point of complaint, as most cases are NOT a fitness to practice case.'
'The complaints are not fair. It is not defined why the patient has put in the complaint. We need more help from the GDC to reply to patients.'

Prior to using the Dental Complaints Service, what was your perception of the organisation and the service they provide?

It appears that the DCS has a low profile amongst dental professionals. Almost a quarter of respondents, 23%, had not heard of the DCS prior to their complaint. 41%, had heard of them, but did not have a clear perception about them.

The remaining 36% gave comments which showed a diversity of perceptions of the DCS.

Some perceived that the DCS was one sided towards the patient and that it served to protect patients' interests within the resolution process.

What was your perception of the DCS and the service they provide?
'I thought they'd be completely one-sided. The aim of the GDC is to protect the public. There is no remit to protect professionals.'
'I didn't know what to expect. I thought they were more to protect patients and take a stand against professionals.'
'I thought the service would be more lenient towards the patient. I thought it would not be impartial. This was my first formal, written complaint.'
'I thought they were biased towards the patient.'
'I thought they looked after the patient first and dentists would not get a fair deal.'

In comparison, other respondents expected the DCS to provide a valuable, helpful and innovative service and act as an impartial mediator, helping clients to reach amicable resolutions.

What was your perception of the DCS and the service they provide?
'I had not used them, but I had heard that they were helpful.'
'I considered that they were a much needed organisation providing a very valuable service.'
'I thought they were a quite innovative, arm's length service. They seemed sensible.'
'I thought they were impartial.'
'I understood they were an arbitration panel, handling private complaints. I presumed they liaised with the patient and with me. They were mediators.'
'My idea of the DCS was they were for both sides- dentist and patient.'
'I had no experience of them, but I believed that they were on the side of the patient, but also quite fair.'
'I thought that they would help us come to an amicable resolution of the problem, but that there would be a clinician involved and more help for me as a dentist, and with some learning outcomes.'

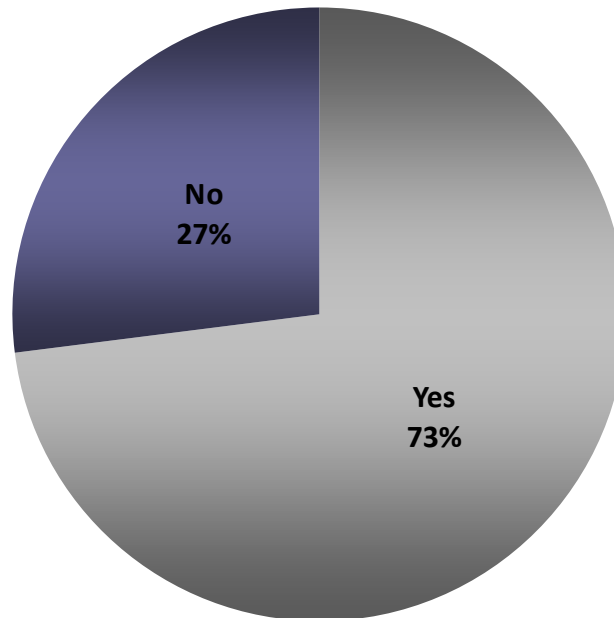
Additional comments:

One respondent commented:

'My perception was poor, that the DCS was funded by the GDC and would be punitive, rather than engage.'

Following the resolution of the complaint did your perception change?

Following the resolution of their complaint, 73% of the respondents' said their perception of the DCS had changed.



Additional comments:

Of those whose perceptions had changed, all but one respondent said that their opinion had improved and that they found the service to be fair and impartial.

Additional comments
'I was pleasantly surprised. They were impartial.'
'This wasn't the case; they support dentists as well. I thought they were more one-sided.'
'The DCS is not one-sided! Working with dentures is highly problematic, but there is a high chance of resolution with the DCS.'
'They were fair. In future, I would not be so apprehensive or anxious about the process or routine. I would have more peace of mind about the complaint.'
'They did convince me that they were trying to resolve the complaint impartially.'
'They seemed to gently mediate and solve the problem.'
'It was all to do with liaising with the patient to give her the refund she wanted.'
'The process was drawn out by the patient and it was not going anywhere until the DCS mediated and attempted to draw a line before the next stage, going to a panel, which was not in anyone's interest.'
'It proved to be a straightforward, sensible process.'
'They passed the complaint to the GDC without consulting me.'

Section 2: Handling of the case

How satisfied were you...

- That from the beginning, the Dental Complaints Service resolution process was clearly explained to you?
- That you were kept informed about the progress with your case?
- That the Dental Complaints Service was easy to contact?
- That the process was managed speedily?
- That the process was managed efficiently?

Most respondents were highly satisfied in their answers to each of these questions.

Respondents were least satisfied that the resolution process was clearly explained to them from the beginning; 22% were dissatisfied and a further 22% were only fairly satisfied.

Respondents were most satisfied that the process was managed speedily and efficiently. Only one respondent was dissatisfied.

Respondents were less satisfied with communication during the resolution process: 32% were dissatisfied or only fairly satisfied that they were kept informed about the progress with their case and 29% that the Dental Complaints Service was easy to contact.

That from the beginning, the Dental Complaints Service resolution process was clearly explained to you?



That you were kept informed about the progress with your case?



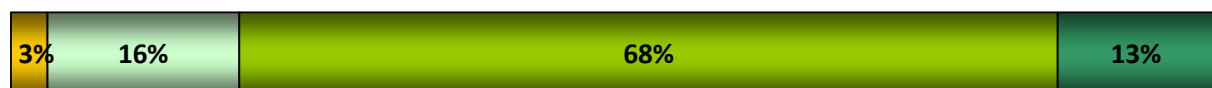
That the Dental Complaints Service were easy to contact?



That the process was managed speedily?



That the process was managed efficiently?



■ Extremely Dissatisfied
 ■ Very Dissatisfied
 ■ Fairly Dissatisfied
■ Fairly Satisfied
 ■ Very Satisfied
 ■ Extremely Satisfied

If you are dissatisfied at all or are extremely satisfied in your responses to any of these questions, please explain why.

Dissatisfied:

Comments emphasise respondents' dissatisfaction with the process of communication with the DCS and indicate some confusion about the actual procedures involved.

Dissatisfied responses
'The DCS always refuse to communicate in writing. There is no email communication, only verbal contact. It can be quite frustrating. You are also limited to three phone calls. If the DCS Adviser does not get anywhere with the three phone calls, then it goes to the next level.'
'There were times they went a bit silent. They weren't easy to contact - I could only correspond by email, and when it's a simple query, it would be easier to pick up the phone. The process took a long time, about nine months from recollection.'
'On occasions, I have emailed or phoned and got no response.'

Some respondents were dissatisfied that they weren't fully informed about the procedure and the progress with their complaint.

Dissatisfied responses
'They didn't fully explain everything to me.'
'The procedure and their remit was not explained to me.'
'It was not explained that there was no resolution as the patient can come back at any point. It was too impartial. If the patient is given a refund, that should be the end.'
'I remember not being quite sure of what was going on.'
'I was not kept informed.'

Other respondents echoed comments elsewhere in this survey that the process and its outcome was biased in favour of the patient.

Dissatisfied responses
'The process was explained, but I was under the impression that they would be more on my side. (I felt that they were slightly more on the side of the patient).'
'The patient only wanted money and the DCS were only interested in the outcome, not listening to my side.'

Extremely Satisfied:

In contrast to those who are dissatisfied, extremely satisfied respondents comment on the good communications during the resolution process and the speedy and straightforward outcome.

Extremely satisfied responses
'When I sent an email, they responded very quickly.'
'They were very easy to deal with and their communication is very good.'
'Phone calls were answered straight away, emails responded to within the hour.'
'The process was quick, I think.'
'It was resolved fairly quickly and straightforwardly.'
'They made sure they kept me informed throughout.'
'It was a confusing, unusual case but they made it clear regarding the process that would be followed.'

Please suggest at least one thing that the Dental Complaints Service could do to increase your satisfaction with its handling of your case.

Respondents suggested that they would like the DCS to handle their case in a fairer, more balanced way, taking their views more into account and acknowledging the efforts they have already made to resolve the issue.

Increasing satisfaction with the handling of your case
'Even though I felt it was balanced, they do always try to protect the patient more and try to avoid more conflict, rather than really deal with the situation 'how it was.'
'They should also take into account the views of the dentist and not just the patient.'
'They could weigh up the facts on both sides of the parties.'
'Take into consideration the efforts put in by dental professionals. They put a huge effort in, and there is real emotional turmoil.'
'They could try to have a slightly more balanced view of the situation. I don't know 100% what their remit is, but it just seemed to be to get what the patient wants. It would be better if they tried to explain what the issues are to the patient and help them along. In my particular case, there was a difficulty in that there was a problem of understanding from the patient's perspective of what the issues were. In the end, it was easier for me to concede because the DCS Officer was focused on getting what the patient wanted, as opposed to taking on board what I was trying to explain. Incidentally, the patient was super-happy and still wants to come back and be treated by me.'

Respondents suggested that, from the beginning, the resolution process and possible outcomes should be better explained both to the dental professionals and to the patients. They also suggested better communications about the progress of the case.

Increasing satisfaction with the handling of your case
'They could have kept me informed of the process and progress of the case.'
'They could explain the process and the stages of the process; who would do what, what legal powers they had, whether the resolution was an ultimate one or a recommendation, the extent of their authority.'
'The DCS should make it clear to the patient that if something is agreed upon, that is the end of the complaint. There should be a clear pathway to the end point of the complaint. I am still unsure if the case is closed, or whether the patient can keep coming back.'
'It seemed quite late in the process when I became aware of who it was that was dealing with it (i.e. the DCS). This may not have been their fault.'

One respondent would like the process to be completed more quickly with the DCS being more proactive.

Increasing satisfaction with the handling of your case
'Just speed up the whole process really.'
'When I first mentioned the case, they could have chased up for the information they needed.'
'There was nothing really to improve on; it was resolved in three or four days. The only thing was, I had to chase them up at the start.'

Respondents suggested that the DCS could employ more staff, especially qualified dentists. One suggested that it would be beneficial if the DCS dental professionals were to provide constructive advice once the case has been resolved.

Increasing satisfaction with the handling of your case
'I am not sure that they employ enough staff (that might be why I sometimes got no response).'
'They should have dentally-qualified people (i.e. dentists) running the service.'
'Have a few clinical members who can look at the complaint and make learning suggestions afterwards in a constructive manner.'

Other respondents commented that they would like the DCS to be more accessible, to be firmer with patients and to stick to their remit. One suggested that the DCS could promote itself more effectively to emphasise its impartiality.

Increasing satisfaction with the handling of your case
'They could be more accessible, given our work pattern. They are available 9am-5pm.'
'They should be firm with the patient and stop them threatening. The partner of the patient also wanted money, but backed off.'
'Stick to their remit.'
'Given that I had an in-built bias that the DCS were against me, they could do with some publicity or communication to point out that they arbitrate to reach common ground.'

Section 3: Complaints Officer

How satisfied are you with the service provided by your Complaints Officer (the person you have been dealing with)?

77% of the respondents were either very or extremely satisfied with the service provided by their Complaints Officer. Of these 14% were extremely satisfied. Only one respondent was dissatisfied.



■ Extremely dissatisfied
 ■ Very dissatisfied
 ■ Fairly dissatisfied
■ Fairly satisfied
 ■ Very satisfied
 ■ Extremely satisfied

Additional comments:

Some respondents reported that they weren't aware that they had a Complaints Officer. One dealt with more than one person.

Additional comments
'I didn't have one that I know of.'
'I'm not sure I had one; I remember speaking to a Scottish person, but it was only a short telephone conversation.'
'I did not deal with any particular person.'
'I dealt with two, but one left. Both were very good.'
'As far as I could tell.'
'The Complaints Officer was excellent.'
'She listened and was very good. Although she didn't understand my area (I am Clinical Technician, not a dentist). I made the appliance, and she acknowledged the hours, time and cost to me. Although she was unaware of this process, she put the case forward to the patient which helped us to come to a final agreement.'
'He was doing his job, but it was unbalanced. He made it clear how it could be resolved - essentially by conceding to the patient. The tone was, if you agree what she asks for, she'll be happy.'

How satisfied are you that your Complaints Officer...

- Was impartial?
- Was easy to deal with?
- Listened to your point of view?
- Was knowledgeable and skilled?
- Kept you informed?

Most respondents were highly satisfied in their responses to each of these questions, in particular that their Complaints Officer was easy to deal with and kept them informed. They were slightly less satisfied that their Complaints Officer listened to their point of view.

However, around one in six respondents were dissatisfied that their Complaints Officer was impartial and was knowledgeable and skilled.

How satisfied are you that your Complaints Officer was impartial?



How satisfied are you that your Complaints Officer was knowledgeable and skilled?



How satisfied are you that your Complaints Officer was easy to deal with?



How satisfied are you that your Complaints Officer kept you informed?



How satisfied are you that your Complaints Officer listened to your point of view?



■ Extremely Dissatisfied
 ■ Very Dissatisfied
 ■ Fairly Dissatisfied
■ Fairly Satisfied
 ■ Very Satisfied
 ■ Extremely Satisfied

How satisfied are you with the advice given by your Complaints Officer?

91% of the respondents were satisfied with the advice given by their Complaints Officer. 61% were very or extremely satisfied. However, a large proportion, 39%, were dissatisfied or only fairly satisfied.



If you are dissatisfied at all or are extremely satisfied in your responses to any of these questions, please explain why.

Dissatisfied:

Some dissatisfied respondents considered that there was a bias towards the patient in their cases and the resolution that was ultimately offered.

Dissatisfied responses
'I felt the set-up was not impartial (not that they were personally biased in any way).'
'I felt I was being pre-judged and my explanation on this matter was ignored.'
'Everything was geared towards the patient, and the patient only wanted money. The Officer did not look at our side, or tell the patient to back off when they threatened.'
'They made the decision and told me to go with the refund. I had no choice in the matter.'
'He was very polite, but the issue is, it wasn't a balanced approach. It was geared to the patient. If that's what the DCS' role is, to be an advocate for the patient, that's fine, but there was no deviation or attempt to explain the circumstances. There was also a lack of dental knowledge or background.'

Extremely Satisfied:

Respondents were extremely satisfied because their cases had been handled quickly, efficiently and impartially.

Extremely satisfied responses
'I had no issues with him at all. Everything went very well.'
'Everything was handled efficiently.'
'He was quick to look into the case. Others were slow, but he listened.'
'He was calmly innovative and a good mediator.'
'They were very good, fair and professional.'
'They opened up impartial communication, which was what was required.'
'They were great; very calming at a stressful time.'

Please suggest at least one thing that the Dental Complaints Service could do to increase your satisfaction with the service provided by your Complaints Officer.

In order to increase their satisfaction, respondents suggested that the DCS could be more knowledgeable about clinicians' circumstances and the way they work, and more sympathetic to their circumstances.

Increasing satisfaction with the service provided by your Complaints Officer
'They could be more knowledgeable about dentist's instructions.'
'It would be better if they were clinicians, or were at least advised by clinicians.'
'Take a slightly more balanced view of the clinical situation. They need either some independent dental support or to have some dental knowledge themselves. Essentially, my experience was that the Complaints Officer was acting as a spokesperson for the patient, rather than an intermediary.'
'Possibly have more knowledge of a Clinical Technician's position. We are a new area in the industry and a bit more understanding of our position in the industry would be helpful. Previously they have always dealt with patients and dentists, rather than Clinical Technicians and patients. The patient would come directly to us rather than the dentist. We have been a legal profession for nine years so are relatively new.'
'Be impartial. Understand that dentistry can be complicated; we don't sell things off the shelf!'

The DCS could be fairer in their resolutions, and less biased against the clinician.

Increasing satisfaction with the service provided by your Complaints Officer
'They could weigh up the evidence fairly. We paid for remedial treatment prior to the refund, and the patient did not wish to come in to see us to discuss things after that treatment, but reported us anyway.'
'Acknowledge when the dentist is right. They could see the rights and wrongs of a case, rather than avoiding conflict.'
'By not being so generous to the patient, but ultimately we all want the problem to go away. It can end up costing more if their advice isn't followed.'
'If a patient threatens, the committee should listen to the dentist, rather than take the easy way out (i.e. payment to the patient).'

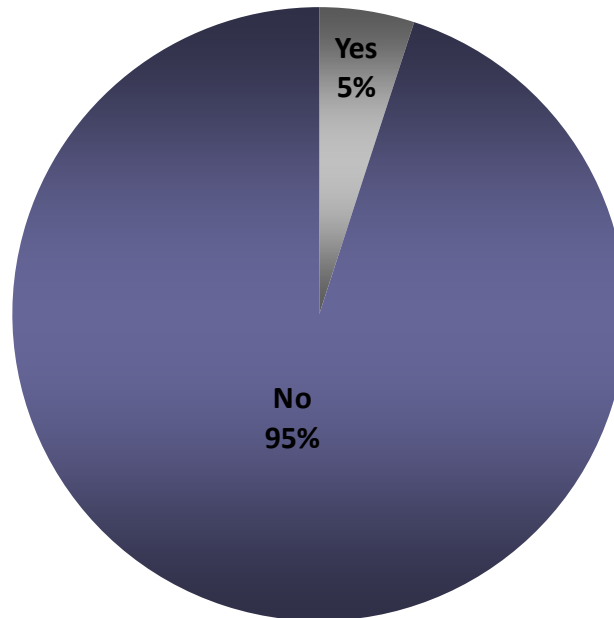
Other respondents suggested that they would have liked more personal contact with their Complaints Officer and also greater clarity regarding the finality of the resolution for both the dental professionals and patients.

Increasing satisfaction with the service provided by your Complaints Officer
'A conversation, personal contact, more talking, would have helped (rather than letters).'
'Inform me of an outcome that would be final, rather than suggesting something that might bring it to a close. (They are only able to advise, rather than impose).'
'They should make it clear to the patient that the outcome is fixed if any chosen outcome is agreed to.'

Section 4: Complaint by the Panel

Did your complaint go to a panel for resolution?

Only two respondents' complaints went to a panel for resolution. Most, 95%, did not.



If so, how satisfied are you with the process followed by the panel in resolving your complaint?

One respondent was extremely satisfied, the other was very satisfied.



- Extremely dissatisfied
 Very dissatisfied
 Fairly dissatisfied
- Fairly satisfied
 Very satisfied
 Extremely satisfied

Please explain your answer.

The panel gave a balanced consideration with a fair decision.

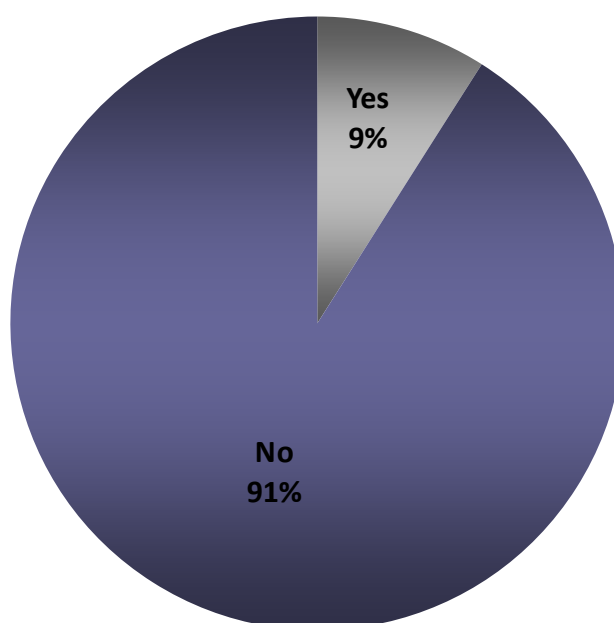
Satisfaction with the process followed by the panel in resolving your complaint.
'They always had a balanced view.'
'They listened to both sides, looked at the evidence and decided what was right and wrong. The decision was fair.'

Please suggest at least one thing that the Dental Complaints Service could do to increase your satisfaction with the process followed by the panel in resolving your complaint?

Neither respondent made a suggestion.

If you did not go to a panel meeting, were you offered one?

Of the respondents who did not go to a panel meeting, only three were offered one.



If you were offered a panel meeting and did not attend, what was your reason?

Respondents who were offered a panel meeting but did not attend, ultimately did not need it, having achieved a resolution in other ways.

Reasons for not attending a panel meeting
'It wasn't necessary.'
'We had the option of a refund, to avoid going to a panel. We preferred that.'
'If we had not agreed, it would have gone to this next stage. The resolution was the result of a specialist's opinion.'

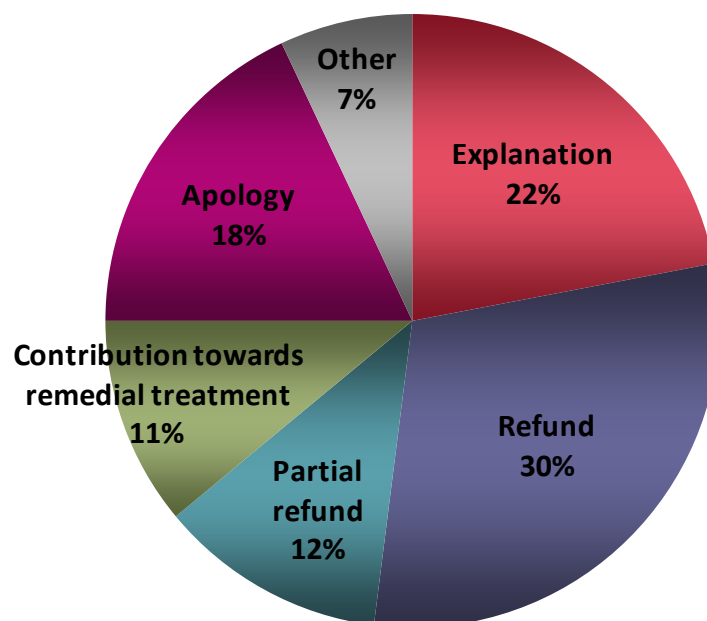
Section 5: Resolution of your case

Resolution of your case

Which of the following were involved in the resolution of the complaint? Please indicate all that apply. Explanation, Refund, Partial refund, Contribution towards remedial treatment, Apology, Other (please specify).

Most respondents gave more than one answer.

Refunds, explanations and apologies were the most frequent outcomes from the resolution process, comprising 70% of the total.



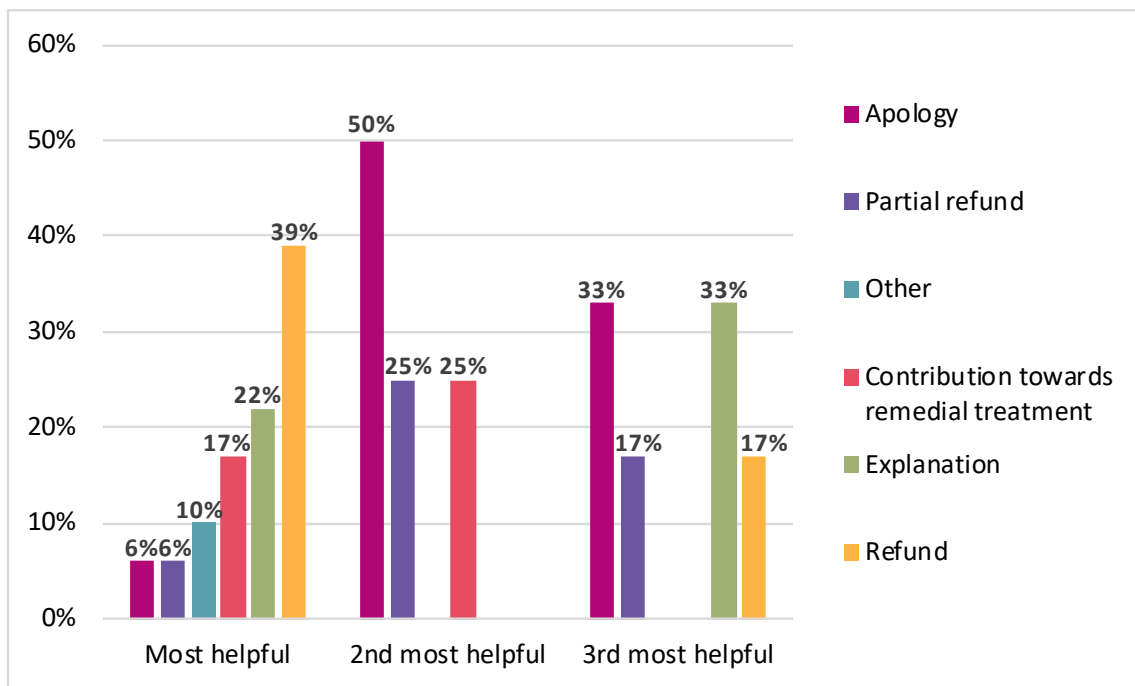
Please rank these from the most helpful to the least helpful towards the resolution of this complaint.

39% of respondents considered a refund to be the most helpful resolution of their complaint, followed by an explanation, chosen by 22% of respondents.

It is difficult to interpret responses to this question with confidence.

Whilst a refund or an explanation are considered to be the most helpful actions in resolving a complaint, providing an apology features significantly as a second choice.

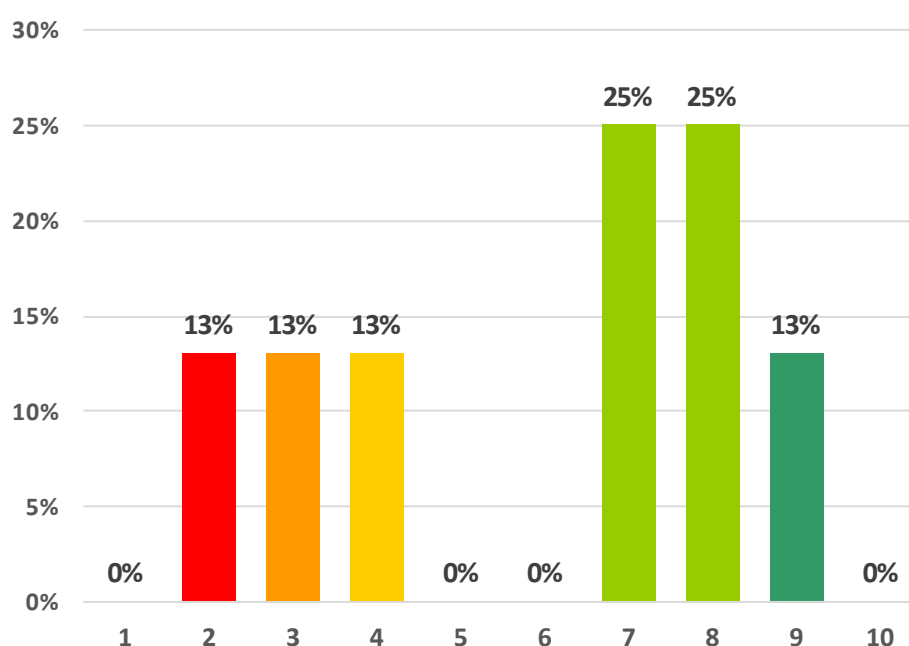
Can this be interpreted that the most helpful resolution is a refund or an explanation, together with an apology?



If the resolution of this complaint involved an apology, in your view, to what extent do you think that this made a difference in the complainant's satisfaction with the resolution of their complaint?

Respondents rated this question on a scale of 1-10, where a score of 10 indicates that an apology made the greatest difference (improvement) in the complainant's satisfaction

Most of the respondents (63%) rated this question on the higher end of the scale, giving responses of 7-9 out of 10, indicating that they found an apology can make a considerable difference to the complainants' satisfaction with the resolution of their complaint.



Additional comments:

Several respondents commented that an apology was only slightly helpful, as the complainant mainly wanted a refund.

Additional comments
'The apology helped a little.'
'Explanation and partial refund were equal. I wrote a letter and gave money.'
'The explanation and refund were equally helpful.'
'She did not accept the apology. Part of her dissatisfaction concerned her insistence that her appointment time was wrong. She disagreed with the time she had been given and wanted compensation for the time she had wasted attending at the wrong time.'
'For me the explanation was most helpful, but for the patient it would be the partial refund.'
'The patient was only 'gunning for' a refund. It seemed they were complaining prior to the denture being fitted. The apology made no difference.'

Overall, how satisfied are you with the ultimate resolution of your case?

82% of respondents were satisfied with the ultimate resolution of their case; 52% were very or extremely satisfied.

18% of respondents were dissatisfied, and a further 30% only fairly satisfied.



Please explain your answer.

Respondents considered that their case was resolved quickly, efficiently and in a professional way. The process relieved some of the pressure and stress otherwise experienced by the respondents.

Satisfaction with the ultimate resolution of your case
'It was handled efficiently.'
'It was resolved efficiently without too much stress and without involving me too much.'
'It relieved a lot of pressure.'
'It was resolved pretty quickly. Basically, the patient wanted implants via a check up, so it didn't need to be escalated if they had been transparent to the DCS. Once the DCS were given the information, it was soon resolved. The Complaints Officer was amazing.'
'I was satisfied because the patient was happy and that it was done and dusted.'
'It was resolved in a clear, professional way.'

Respondents appreciated the DCS intervention, helping them to manage and to resolve an issue more easily and promptly.

Satisfaction with the ultimate resolution of your case
'I was happy it didn't go further and with how the DCS helped me. Obviously, I wasn't completely happy that it hadn't been resolved before this.'
'It was what should have happened in the first place and should not have got so far.'
'When someone comes back and says they are not happy with their treatment, you are always disappointed, but I was pleased with the resolution.'
'It was not what I wanted, but I was reasonably satisfied.'

Some respondents were satisfied that the DCS helped them to achieve a fair and amicable resolution.

Satisfaction with the ultimate resolution of your case
'I was perfectly happy with the outcome.'
'It was resolved to both parties' satisfaction. They got rid of the conflict fairly and indiscriminately.'
'The decision was fair, based on what had happened.'
'It was a fair result. I did not think there was cause for complaint and neither did they.'
'It was sorted amicably and I still treat the patient.'

However, some respondents were less satisfied because the resolution involved a refund which they considered to be expedient but unfair or unjust.

Satisfaction with the ultimate resolution of your case
'I had to give a refund, but other than that, there were no issues.'
'I was the one who refunded the money, in part.'
'I was not happy at the beginning, but I did not want to go to a panel so paid the refund.'
'They resolved the case quickly, but as you can imagine, I didn't really want to give a refund.'
'I offered her a refund. She wouldn't co-operate and would not come back to the practice or go to another dentist. There was a disparity between her expectations and ours.'
'I would have preferred not to have given money back, as I didn't feel I'd done wrong.'
'I did everything in my power - explained everything and showed documentation - so I felt it was unfair to give a full refund. The facts were not weighed up by anybody.'
'I feel I wasn't in the wrong and had to give a (partial) refund that I shouldn't have had to. I had explained the risks. She had signed the agreement; when something that had been mentioned went wrong, she should have come back to me. The culture is 'give them a refund to shut them up.'
'Anyone can raise a complaint and there is no other resolution than a refund.'

Other respondents were less satisfied as they considered the process to be one-sided.

One respondent had to resolve a complaint directed against them personally whilst they considered that it should have been directed against the clinic they worked for.

Satisfaction with the ultimate resolution of your case
'I was glad to have it done, but didn't think the outcome was fair. The patient complained of work they hadn't paid for. I wasn't given a chance to put that right, before it went to the DCS, so the patient ended up with free work, they complained and I paid.'
'My clinical time to solve this issue in the first place was not compensated; they did not listen to me.'
'There was no longstanding damage, but no protection of myself from the threats.'
'I expected the complaint to be directed at the practice, where I then worked. I was not named as the clinician, and should not have had to resolve the issue, as the complaint should have been directed at the practice.'

For some respondents their complaints were dismissed, withdrawn or resolved internally.

Satisfaction with the ultimate resolution of your case
'The complaint was dismissed.'
'The GDC saw through it all and it was dismissed.'
'We sorted it out internally.'
'It was a while ago, so I'm finding it hard to remember exactly what it was about. I think the patient withdrew in the end. I was found not guilty. In these cases, the complainant thinks they are always correct and the professional is always wrong.'

Overall, how satisfied are you that the service provided by the Dental Complaints Service was helpful in resolving your case?

Whilst 61% of respondents were very or extremely satisfied that the service provided by the Dental Complaints Service was helpful in resolving their case, more than a third, 39% were dissatisfied or only fairly satisfied.



Please explain your answer.

Respondents' comments emphasise the helpful, valuable and impartial service provided by the DCS.

Why the service provided by the DCS was helpful
'They were very helpful.'
'It was very helpful.'
'It was pivotal to my case.'
'It was invaluable.'
'It was very helpful, but I hope it will not be necessary again. It was the only time this has happened.'
'They did not criticise me in any way and were very helpful.'
'They have been very helpful with everything so far.'
'It was helpful from the patient's point of view particularly.'
'They were very helpful and gave me good advice, as they knew I was newly graduated. It was definitely helpful.'
'If it had progressed and the patient had got a lawyer, it would be down to chance whether they found me troublesome or not. This is really an indictment on the rest of the system. It's the lesser of two evils.'
'They were very helpful. Obviously, it's difficult to tell what went on between the DCS and the complainant, but the suggestions they made were sensible, reasonable and proportionate. This may not have been the case, had they used a no-fee lawyer.'
'I felt in a bit of a dilemma as I realised the patient wasn't happy and I wasn't getting anywhere by speaking to them direct. The DCS helped me come to a decision and to know that sometimes things aren't worth pursuing. They have an intermediary role and give impartial advice - I realised I can't fix everything.'
'It contributed to the resolution. It was more of a formality.'
'They listened to both sides of the case and handled it professionally and fairly.'
'It was impartial; neither helpful nor unhelpful.'
'They act as mediator when a dentist cannot resolve issues with the patient. An independent, constructive approach is the best way forward, which was the input of the DCS.'

The complaint was dealt with quickly and efficiently by the DCS. The DCS's service and approach is better than that of the GDC.

Why the service provided by the DCS was helpful
'It was dealt with quickly and efficiently.'
'They were easy to contact, and I was pleasantly surprised by their tone and manner, but they should tell the patient they cannot threaten.'
'They were quite quick in dealing with the complaint. I did not have to wait for a response to emails. It was a quick resolution.'
'It worked very well without the heavy handed approach of the GDC.'
'I feel they dealt with the case better than the GDC would have done; they took the complaints through the stages. It is better for the GDC to deal with cases this way. They should use this mechanism for all patient cases (even for NHS).'

The DCS helped respondents to bring their complaint to a conclusion.

Why the service provided by the DCS was helpful

'They bring conflict to a close. The patient is well looked after.'
'Because it came to a conclusion without going to further investigation. This was the correct procedure.'
'Because it brought matters to a conclusion.'
'It got resolved and she couldn't take it further (her aim had been to get all her money back).'

Respondents commented that some complaints were deemed unnecessary and even eventually dismissed. To avoid the stress that is experienced from unnecessary complaints, the DCS could vet the complaints they receive.

Why the service provided by the DCS was helpful
'They agreed there was no cause for complaint.'
'It was ultimately dismissed.'
'The patient never intended to come back to the practice. We asked them to come in. The DCS could have been bypassed.'

Some respondents' comments can be interpreted that DCS could be biased towards the complainant/ or are not fully impartial and fair.

Why the service provided by the DCS was helpful
'They had decided the solution. It was my one and only option, to refund.'
'They are being over-protective towards patients.'
'There is no protection for people in my profession. If people have done their homework, they'll know that if they complain and say the dentures don't fit, they'll get a refund.'

One respondent comment that the communication with patient was done by email. Another respondent comment that DCS contacted him/her when their matter was resolved.

Why the service provided by the DCS was helpful
'The only help was communication with the patient. It was resolved via my indemnity. The only contact was by email. I did not want my contact details known.'
'They checked in once the matter was resolved.'

Please suggest at least one thing that the Dental Complaints Service could have done to increase your satisfaction with the resolution of your case.

Respondents suggest that in some cases the DCS could be more impartial and more intent on finding a resolution which was fairer to the dental professional involved.

Increasing satisfaction with the resolution of your case
'They could be more impartial and fair.'
'Take a more balanced view.'
'It was a blatant complaint to get a refund. The DCS were impartial. I would have liked it if someone had seen what was going on.'
'Listen and understand. Have a better insight into what has happened. Read the information and offer a fair resolution.'
'They could have looked for a reasonable outcome, rather than just resolving the complaint. For example, if you go to the doctor with a leg ulcer and he says, 'we'll take the leg off,' it's solved the problem, but maybe it's not the outcome you wanted. Or you go to your boss to say you're not happy, then he resolves it by sacking you, without offering you the chance to improve your working conditions. I feel the complaint was dealt with, but that it wasn't dealt with justly or fairly.'
'They could have chased it up and requested extra documents to give them more information.'

Respondents would like more protection, which could be achieved by the DCS vetting complaints before accepting them.

Increasing satisfaction with the resolution of your case
'There needs to be protection in place and a process for this type of complaint.'
'I was getting letters saying I was lying about having a family bereavement! An initial vetting of the patient's case would have made it clear that they had not got a genuine cause for complaint.'
'The DCS tried to calm the situation down, but there didn't seem to be a 'vetting' stage to prevent unnecessary stress to the dentist.'
'They could have had a clinician look at the case, say that I had not done anything wrong, and suggest she come back to me to have the side effect of the treatment repaired.'

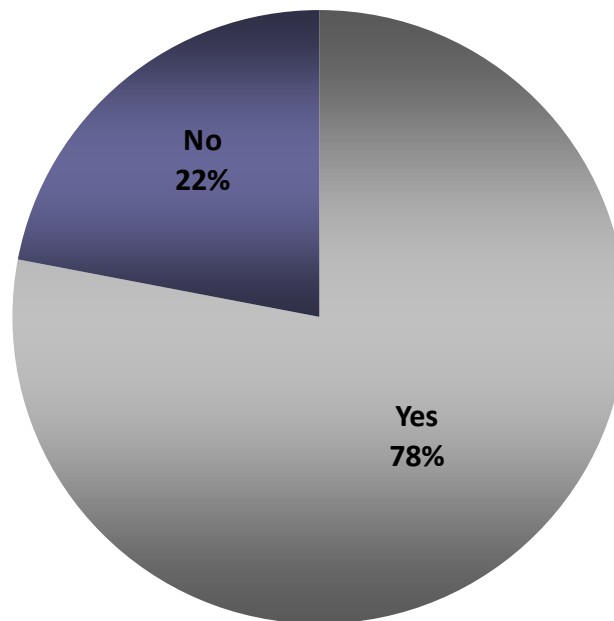
Respondents would like the DCS to have more contact with the parties involved and to discuss an overview of the decisions made.

Increasing satisfaction with the resolution of your case
'There should be more contact with all parties involved. The complaint involved other clinicians. The patient was barred from the practice and he got the refund from me, rather than from the practice.'
'They should answer my emails when I tell them I am being threatened.'
'I would have liked the facts to have been weighed up. There could have been a bit of an overview, explaining to the dentist what the decision was.'

Section 6: Further Case Details. Dental Complaints Service in General

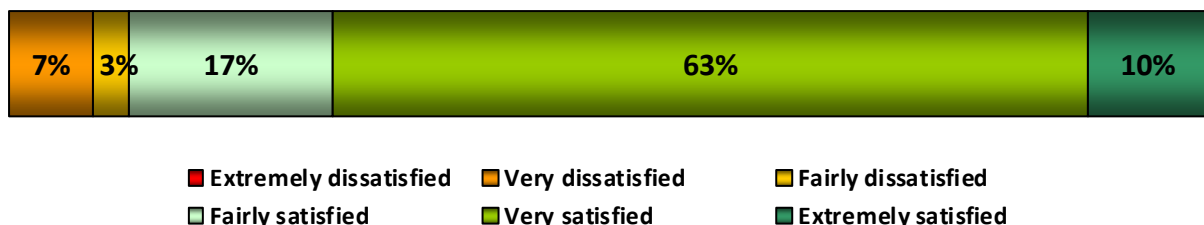
For this case, did you seek information, advice or support from your indemnity organisation or equivalent?

The majority (78%) of the respondents sought information, advice or support from their indemnity organisation or equivalent; eight respondents did not.



How satisfied are you that this was useful to you?

90% of the respondents were satisfied that this information, advice and support was useful; 73% were very or extremely satisfied. 10%, three respondents, were dissatisfied.



Additional comments:

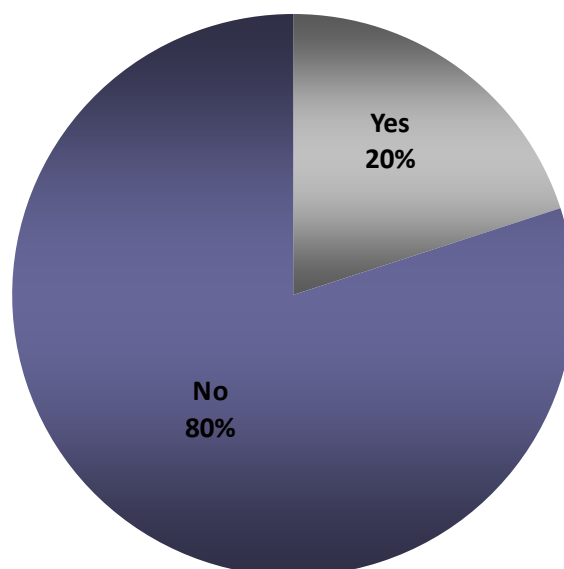
One respondent commented that it is compulsory to contact their indemnity organisation or equivalent about a complaint for insurance purposes. One respondent found the complaint was resolved through a letter drafted with the help of the indemnity organisation, rather than the DCS.

Other respondents found the information, advice or support from their indemnity organisation or equivalent to be of little value and that the advice from the DCS was more beneficial.

Additional comments
'It's a condition that they be informed of a complaint, otherwise your insurance is void.'
'A letter was drafted by myself and the indemnity organisation. In terms of resolving the case, it was the indemnity that got the resolution.'
'It was rubbish. They said it was best to agree to a satisfactory amount of payment as a goodwill gesture, which I did, but the patient was not satisfied with the amount. I said the patient could no longer use our practice, but was told I could not stop them using the services of our practice.'
'They just said to 'suck it up' really.'
'The advice from the DCS was more beneficial.'

Did the Dental Complaints Service signpost you to other sources of information, advice or support?

80% of respondents were not signposted by the DCS to other sources of information, advice or support; 20%, seven respondents, were.



Additional comments:

Two respondents were signposted to their indemnity organisation or to the FSB. Two others weren't signposted to other sources as the DCS advised them appropriately themselves.

Additional comments
'They signposted the indemnity organisation, which I had already contacted.'
'They may have suggested speaking to the FSB, if the complaint goes further, i.e. to a legal matter.'
'They did not need to.'
'Anything I had questions on, they advised appropriately. I was very happy with their service.'

If so, how valuable was that signposting?

Some respondents, about half, found the signposting to be very helpful, others not so much as they already had sought legal advice.

How valuable was that signposting?
'Very.'
'Very helpful.'
'I was happy with it.'
'I can't remember.'
'It was not very valuable, as I was just told to look at some general information.'
'It did not matter, as I had already gone to indemnity.'
'I would have done this anyway (taken legal advice).'

Following your experience of the Dental Complaints Service how likely are you to signpost patients to?

Almost all respondents, 90%, said that they were likely to signpost patients to the DCS. Some would do so after first following their internal complaints process.

How likely are you to signpost patients to the DCS?
'Yes, if applicable.'
'Yes, I would if need be.'
'Yes but I hope not to have to.'
'I would be very happy to.'
'It is likely, as it is the only place we can go. We can get a local resolution, rather than going to the GDC. I would seek support from the indemnity organisation, as my first port of call.'
'Fairly likely, but I hope I won't have to again!'
'More likely.'
'Pretty likely, if it needed to go that way.'
'Very likely.'
'Very likely.'
'Very likely.'
'Yes, very likely.'
'It is very likely that I would.'
'Very likely. They are up front. I am very happy to signpost them to the DCS.'
'Highly likely.'
'Extremely likely.'
'Definitely! I would rather they went to the DCS than the GDC, who are totally against dentists and cause a lot of stress.'
'If there is an issue, yes I would.'
'I will do if it is ever needed.'
'We do this anyway.'
'It is my duty to: part of my Complaints Procedure for patients.'
'We have to. We give patients the information routinely.'
'It is not something I have thought about. However, with regard to a disagreement between me and a patient, then yes, I would suggest this direction.'
'I've no problems with that. Patients can communicate with the DCS.'
'I might, if it helps people to resolve disputes.'
'If they needed advice, I would, but it is preferable to handle things in-house, if possible.'
'I still would; it is better than a 'no win, no fee' lawyer. It is good for the patient to sound off.'
'I would signpost patients because it is less scary than directing them to the GDC. The DCS keeps complaints more local. In terms of getting resolution, complaints should go directly to the practice. The first point of referral should be the Practice Manager.'
'Our website does, but personally I'd rather try and resolve any complaint myself. I accept that some patients are unable to tackle things without a third party.'
'I would signpost them to the DCS if a patient had a problem, but my complaint was simple - black and white.'
'I would, after going through the practice complaints process first.'

Five respondents were less likely or unlikely to signpost patients to the DCS. They gave a variety of reasons, although only one cited specific dissatisfaction with the services provided by the DCS.

How likely are you to signpost patients to the DCS?
'I am not.'
'I wouldn't. It's not something I would do.'
'Not very, because ultimately I ended up doing what the patient wanted to resolve it. It wasn't a balanced view and there was a lack of dental knowledge.'
'We do signpost to them, that's what we have to do after offering a local resolution first. We do it anyway - but how much more likely am I to signpost them as a result of this complaint? Not at all.'
'Very unlikely! It would involve complaints against a colleague and wouldn't be ethically right.'

On a scale from 0 to 10 how likely are you to recommend the services of the Dental Complaints Service to a fellow dental professional?

This question enables the calculation of the Net Promoter Score. This is commonly considered to be a predictor of customer loyalty.

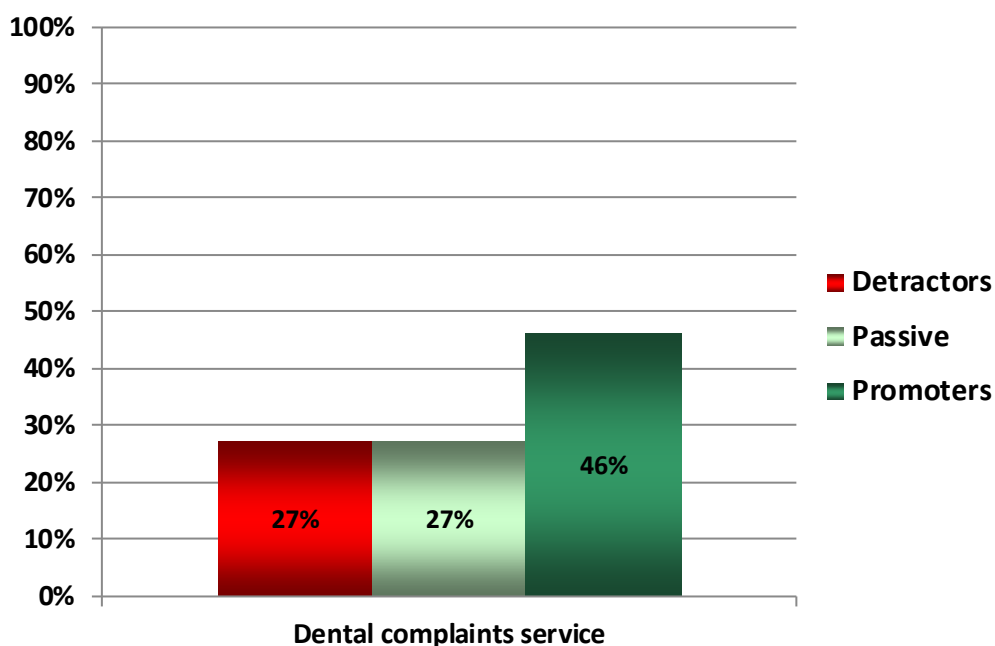
Obviously, 'customer loyalty' is not a literally relevant performance measure in this case. However, the Net Promoter Score is a useful indicator of the reputation of the DCS amongst dental professionals, and their willingness to recommend the service to others.

Respondents are grouped as follows:

- **Promoters** (score 9-10) are enthusiastic service users, who would strongly recommend the DCS to others in their profession.
- **Passives** (score 7-8) are considered to be generally satisfied with the service but limited in their enthusiasm to promote the DCS amongst their colleagues.
- **Detractors** (score 0-6) are those who may have some criticisms of the DCS or be reluctant to advocate its use to other dental professionals.

Subtracting the percentage of **Detractors** from the percentage of **Promoters** yields the Net Promoter Score, which can range from a low of -100 (if every respondent is a Detractor) to a high of 100 (if every respondent is a Promoter).

On this occasion, the total **Net Promoter Score is 19**. A score of 19 could be considered good as nearly half (46%) of the respondents are Promoters – keen to recommend the DCS service to others. 27% of respondents are Detractors – less satisfied individuals who could potentially damage the reputation of the DCS through negative word-of-mouth.



(An internet search has not been able to find credible figures to compare these results with similar organisations).

Please explain your answer.

Some of those who are likely to recommend the DCS (being classified as 'Promoters') were satisfied with the supportive, professional and effective service provided.

Recommendation score	Recommending the services of the DCS to a fellow dental professional
10	'It was very good.'
9	'Because it worked well.'
8	'I am satisfied with their work.'
10	'I have been most impressed with the service and feel it is the right approach in most cases.'
10	'Considering how this case was handled and resolved, I would definitely recommend them.'
10	'I was happy with the way they handled the complaint.'
7	'It would be quite likely.'
10	'They did provide a great service.'
10	'It was easy to solve, and quick.'
8	'It has been a quick process so far.'
8	'I would definitely recommend, as it gets things resolved quickly. They notify the patient and the dentist. The Complaints Officer was very helpful.'
10	'They were supportive and professional.'
8	'They are very useful in dealing with complaints.'
9	'They were very helpful, easy to deal with and they did not put the blame on me.'
10	'It is a great intermediary. You get advice and guidance from a smaller arm of the GDC. I feel confident with them; with the DCS, it's not so frightening.'
10	'The DCS has an important role and should be promoted more. As a dentist when you see the words 'GDC' and 'complaint' you get very stressed if the DCS was promoted more I think a lot more dentists would stay in the profession.'
9	'It's an interesting one. I'd never had a complaint until I helped another dentist's patient. Even though I felt that the evidence showed it to be an unjustified complaint, I wanted to get it out of the way and settle it. I wasn't going to be awkward with a patient who I felt was unreasonable. The guy from the DCS was pleasant, helpful and fairly efficient. He handled it really quite well. He was reasonable to deal with.'
10	'I have a high regard for the service. They are professional, and the process is very, very fair.'
10	'I think they act in the best interests of the patient. They try to evaluate both sides, and are very compassionate.'
10	'My case was handled fairly. They listened to me and looked at the papers.'

Furthermore, respondents found the DCS to be a good medium for communication between themselves and their patients, mediating a resolution and bringing the complaint to a conclusion.

Recommendation score	Recommending the services of the DCS to a fellow dental professional
10	'Most of the problems between dentists and patients are due to a lack of communication, and the DCS can open up the channels of communication.'
8	'I would highly recommend them. When communications with the patient broke down, the DCS acted as an intermediary between me and the patient. There was good communication.'
10	'They keep the lawyers out of it. In many cases mediation is all that is necessary.'
5	'Because it's brought matters to a conclusion.'

Some respondents would recommend the DCS as they found it to be better than the other alternatives they faced, in particular involving the GDC.

Recommendation score	Recommending the services of the DCS to a fellow dental professional
6	'It's better than the alternative.'
8	'The alternative (going to the GDC) is not good.'
10	'Out of 10? 100. It is better than going to the GDC.'
10	'Dealing with the DCS prevents things escalating to the GDC, which becomes a nightmare.'
10	'The DCS is set up for private complaints, but it is a very good organisation for all complaints (private or NHS). It should be the first port of call for complaints - it would save the GDC loads of time and money.'

Some respondents, mostly detractors, considered that the DCS were not impartial, acting more on behalf of patients. pre-judging the situation and not listening to the dental professional.

Recommendation score	Recommending the services of the DCS to a fellow dental professional
0	'I thought they only acted on behalf of the patient.'
8	'The DCS assists the patient.'
DK	'Why would I recommend the DCS to a fellow dental professional? It is a patient-centred approach. We dentists go to indemnity in the first instance, though I did not need to.'
7	'They could be more impartial.'
1	'They didn't listen to me and I was pre-judged even before the process started.'
4	'I feel I was not listened to in the way I should have been.'

Some detractors would rather advise the use of their own indemnity provider as a first port of call instead of recommending the DCS.

Recommendation score	Recommending the services of the DCS to a fellow dental professional
0	'I would seek indemnity, as the first port of call.'
6	'Where dentists have their own indemnity, I would not recommend the DCS.'
0	'I understand the patient contacts the DCS and they get in touch with the practitioners, but I only had one call. I would advise fellow professionals to call their indemnity organisation.'

Some respondents, who are mainly Detractors, were unsure about the function and operation of the DCS.

Recommendation score	Recommending the services of the DCS to a fellow dental professional
7	'It was okay, not exceptional. It's an average mark.'
DK	'I do not know whether I would recommend them.'
6	'I don't know; I don't know if there's a reason for a dentist to contact them.'
5	'There is some level of obscurity and 'unknowns.' I do not know if the process is optional or mandatory.'
1	'Due to the reasons I've outlined - the DCS served no useful purpose. The patient was trying everything simultaneously - legal and court action and conciliation. I can't give an accurate representation of their service from this case - it was bizarre.'

Other comments highlight that more awareness is needed of the DCS within the dental profession and that they did not have much interaction with the DCS.

Recommendation score	Recommending the services of the DCS to a fellow dental professional
7	'I didn't know that this was an option. You need to raise awareness in the dental profession.'
7	'I was satisfied; there wasn't much interaction.'

Please suggest at least one thing that the Dental Complaints Service could do to improve your overall satisfaction with its service.

Respondents suggest that there should be more information about the DCS available, building awareness of it and the nature of the service.

Improving overall satisfaction with the DCS.
'There should be a resource telling dentists more about the DCS and its function (or a helpline?).'
'Advertise themselves a bit more. There are still a lot of patients and dentists who don't know they're there.'
'By pointing out through advertisement or letter that they are not just working for the patient, and maybe give some statistics (e.g. 7/10 cases find against the patient).'
'They could provide a leaflet or pack to guide you, regarding what you are expected to do and information about the process.'

Respondents also suggest that satisfaction with the DCS could be improved by it being fairer, more impartial and listening more closely to both sides.

Improving overall satisfaction with the DCS.
'As I've already mentioned, it could be more balanced to both perspectives.'
'They could weigh up the facts on both sides.'
'They could be more impartial.'
'Listen to the dentist as well and not just automatically take the patient's side.'
'They need to listen to both sides and communicate back. They should keep transparency when there is contact with the patient.'
'It's a difficult one. I know they operate under constraints. They are limited in what they are able to do. But if I had a magic wand? They could listen to both sides and make an adjudication, rather than offer possibilities to both sides, that both sides have to agree on. You end up accepting a deal to get it out of the way. And all the time, hanging over you is the fact that if you don't get it sorted out it will end up as a GDC hearing - and everyone wants to avoid that because they have a very anti-dentist stance, in the view of the profession.'

More clinicians could be involved within the DCS in order to understand the dental professional's perspective and to provide guidance and learning.

Improving overall satisfaction with the DCS.
'There should be someone with the knowledge to look at it from a dentist's point of view and give an independent view of the case, before it gets drawn out and messy.'
'Have more clinicians involved, and give guidance, and have learning outcomes.'

Respondents suggest that there could be more personal contact from the DCS, particularly regarding the progress of their case.

Improving overall satisfaction with the DCS.
'A higher level of personal contact (i.e. phone calls instead of letters).'
'The contact situation could have been a bit better. I received a letter initially and I had to make a lot of calls to chase it up. I didn't get a proper explanation until the Complaints Officer was involved - then it was better.'
'They could keep me informed of the progress of the case.'
'Possibly a telephone call - it helps to have a conversation about things.'

Respondents also suggest that patients are given clearer understanding and expectations of the service and firmer deadlines.

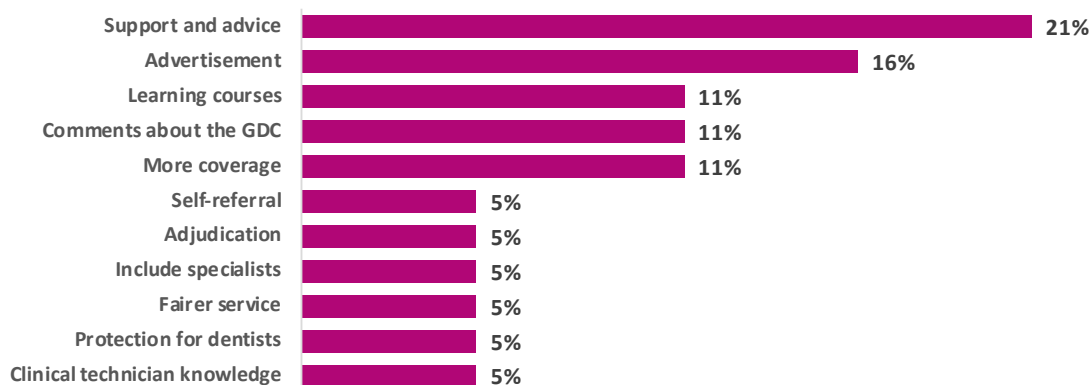
Improving overall satisfaction with the DCS.
'The DCS should change the patient's expectation of what the outcome is. The DCS is mainly for the patient, so there should be strict rules for them that if they do not respond in a certain time, the case is closed. My case got closed, reopened twice, there was no response to a letter, so it was closed, the patient given 14 days, but they responded 2½ months later.'
'Clarify their remit and what they've discussed with both sides, and clarify the procedure and how it's proceeding. Even if it is not resolved, there should be intermittent updates provided; even if there's nothing to say, it shouldn't be left open ended.'
'There could have been more follow up to resolve the issue. If I had been the patient I would have expected more attempts to resolve the issue.'

Section 7: Final Questions

Please could you suggest any extension to the remit of the Dental Complaints Service and the services it provides, which would be of benefit to you and your profession.

19 respondents provided suggestions of how the DCS could extend their remit and service provided.

These ranged from offering more support and advice services to dental professionals (such as learning courses and apps) to more advertising and extending the service to NHS patients.



Some respondents suggest that the DCS could advertise itself and its services more widely and effectively. This would help in differentiating it from the GDC, and dispel any negative preconceptions about the DCS and its service.

Suggestions of extensions to the remit of the DCS and the services it provides.
'I just think that the profession doesn't know enough about them. They are affiliated to the GDC and they should promote them more. It should be advertised that they are there for dentists as well as patients - I think newly qualified dentists in particular would benefit from knowing about the service.'
'They have no media presence. Their website is not very developed. I do not know if they are part of the GDC. There could be greater clarity, explanation of the process, the options available and whether things are set in stone.'
'The way complaints come through from patients, if they cannot be handled by the practice's own complaints policy, then I would strongly advertise the DCS on the GDC website.'
'There seems to be a bit of a disconnect between regulators and the profession, and feelings of fear, paranoia and defensiveness. This was not my experience of this service; I was very happy. The perception is that you can end up in front of the GDC for fairly minor things, so it's nice to know that there is a middle ground and only the worst cases should go to the GDC. I was very encouraged by the process.'

Respondents also suggest that the DCS could expand its services to the profession, advising them how to avoid complaints and to handle them once made. They could provide an advice line.

Suggestions of extensions to the remit of the DCS and the services it provides.
'Maybe do some CPD courses on how to avoid complaints?'
'Lectures on handling patient complaints, or providing information about how to handle patient complaints.'
'They could provide a support mechanism for dentists; in the way they do for patients. They could offer advice to the profession.'
'In a similar way to indemnity, we could get clinical advice, get direction how to respond. The DCS could extend their services to include services similar to indemnity, like drafting letters. The response could be quicker.'
'Maybe provide a phone service, like an advice line, and even better, an app.'
'It would be handy to have a breakdown or summary of the investigation and discussion leading to the advice the DCS were giving. Regarding transparency, the details and advice given to the patient could be relayed back to the dentist.'

Some respondents suggest that the DCS service could be improved if it had access to external, independent specialist expertise.

Suggestions of extensions to the remit of the DCS and the services it provides.
'To have the ability to achieve a balanced perspective by having access to independent dental advice or some dental knowledge.'
'Have specialist dental practitioners (or a panel) that they can use to refer complaints to. This would take that part of the problem out of the hands of the dentist or the complainant.'

There was a diversity of other suggestions.

Suggestions of extensions to the remit of the DCS and the services it provides.
'I'm not sure if they cover private and NHS patients - I did ask but no one could answer.'
'The NHS could use this service. All complaints (Dental) should be assessed by the DCS before going to the GDC, which can seem very threatening to dentists as they, "Use a sledgehammer to crack a nut."
'To get more information on the clinical technician area of the industry. It was a complete unknown when I spoke to them.'
'If there was a way to self-refer, it would be very helpful.'
'If the DCS were able to adjudicate, that would make the whole process simpler and more satisfactory.'
'The GDC should be kept away. They cause a great deal of trouble, misery and grief, are unnecessarily heavy handed and provide appalling treatment. The DCS is the best thing they have done and should be involved far more in resolutions between dentists and patients. The GDC is an appalling regulator.'

Please feel free to make any further comments or suggestions which may be of value or of interest to the Dental Complaints Service.

Despite already having spent some time being interviewed, a large proportion of respondents were still sufficiently engaged at the end of the process to volunteer further comments which they considered could be of value or interest to the DCS. Several made positive comments about the quality of the service provided by the DCS and the people there.

Respondents would like to see a form of patient education from the DCS and the hiring of (more) dentally qualified staff. They also suggest that the DCS could be a 'blue-print' for handling complaints and should take more cases from the GDC and even from the NHS. Two respondents comment about the DCS being a welcome intermediary, avoiding contact with the GDC.

One respondent commented that they would like to learn more about the process of panel meetings.

Further comments
'It would be a good thing if they could do something in patient education.'
'Sometimes, patients, especially if foreign, think they have the right to do what they want and dentists and doctors have no come back. The DCS can't really do anything about this view in general, it's really educating the whole country.'
'Professionals involved should be trained in dental knowledge and terminology.'
'I think the service should be staffed by dentists.'
'The DCS should be a blue print for how to handle all complaints - it would take pressure off the GDC and the NHS. Give them all to DCS.'
'I didn't know they existed, but I am happy that they do. DCS should work <u>with</u> the GDC and make sure all complaints about negligence <u>must, must, must</u> go through the DCS first. Then threatening behaviour from patients might stop. Indemnity organisations have advised dentists to tell patients to go straight to the NHS or DCS, rather than to the GDC with complaints. Dentists are treated like dirt in front of patients. Dentists who are taken to court by complainants should have the right to counter-claim for emotional stress, character defamation and loss of reputation. We should fight and be a powerful group of people!'
'It was a nice easy experience; not traumatic at all.'
'The Complaints Officer, was courteous and helped to direct the patient to be more realistic in her attitude.'
'Despite being dissatisfied with the outcome, I'm glad the DCS were there to prevent it going to the GDC. Overall I'd rather they were there, than weren't there.'
'In my situation, they dealt with a very awkward patient. I pity the 'poor sods' who had to talk to this person. It is a thankless task. The turnover of personnel is not surprising. The DCS personnel are invaluable.'
'I would like to understand more about the panel meetings and if these are offered only when complaints are escalated.'
'They try to make it as easy and friendly as possible between the two parties. I did not have any information. I did not know there was a complaint until the DCS said someone had sent a letter of complaint.'
'The DCS could make more contact with the practitioner. I got one call from them. I did not know who they were. They did not attempt to resolve anything.'
'I was fine with the scenario, but because it happened a while ago - last year - it would have been easier to give suggestions if the survey had been done sooner. There'd be more detail.'

Your responses here are dealt with with absolute anonymity, unless you would like someone from the Dental Complaints Service to contact you personally to discuss your dealings with them. If so, we will pass on your details and ask them to get in touch.

Five respondents would like someone from the DCS to contact them personally. This information has already been passed on to the DCS.

Appendices

Appendix 1 - Questionnaire

Overall experience
Overall, how satisfied are you with the way that the Dental Complaints Service handled the complaint?
How satisfied are you that the service provided by the Dental Complaints Service was:
<ul style="list-style-type: none"> Professional?
<ul style="list-style-type: none"> Impartial in resolving the complaint?
<ul style="list-style-type: none"> Fair and proportionate?
<ul style="list-style-type: none"> Transparent?
If you are dissatisfied at all or are extremely satisfied in your responses to any of these questions, please explain why.
How would you describe the way the Dental Complaints Service handled the complaint?
Prior to using the Dental Complaints Service, what was your perception of the organisation and the service they provide?
Following the resolution of the complaint did your perception change?
Handling of the case
How satisfied were you:
<ul style="list-style-type: none"> That from the beginning, the Dental Complaints Service resolution process was clearly explained to you?
<ul style="list-style-type: none"> That you were kept informed about the progress with your case?
<ul style="list-style-type: none"> That the Dental Complaints Service was easy to contact?
<ul style="list-style-type: none"> That the process was managed speedily?
<ul style="list-style-type: none"> That the process was managed efficiently?
If you are dissatisfied at all or are extremely satisfied in your responses to any of these questions, please explain why.
Please suggest at least one thing that the Dental Complaints Service could do to increase your satisfaction with their handing of your case.
Complaints Officer
How satisfied are you with the service provided by your Complaints Officer (the person you have been dealing with)?
How satisfied are you that your Complaints Officer:
<ul style="list-style-type: none"> Was impartial?
<ul style="list-style-type: none"> Was knowledgeable and skilled?
<ul style="list-style-type: none"> Was easy to deal with?
<ul style="list-style-type: none"> Kept you informed?
<ul style="list-style-type: none"> Listened to your point of view?
How satisfied are you with the advice given by your Complaints Officer?
If you are dissatisfied at all or are extremely satisfied in your responses to any of these questions, please explain why.
Please suggest at least one thing that the Dental Complaints Service could do to increase your satisfaction with the service provided by your Complaints Officer.

Complaint by Panel
Did your complaint go to a panel for resolution?
If so, how satisfied are you with the process followed by the panel in resolving your complaint?
Please explain your answer.
Please suggest at least one thing that the Dental Complaints Service could do to increase your satisfaction with the process followed by the panel in resolving your complaint?
If you did not go to a panel meeting, were you offered one?
If you were offered a panel meeting and did not attend, what was your reason?
Resolution of your case
Which of the following were involved in the resolution of the complaint? Please indicate all that apply. Explanation, Refund, Partial refund, Contribution towards remedial treatment, Apology, Other (please specify).
Please rank these from the most helpful to the least helpful towards the resolution of this complaint.
If the resolution of this complaint involved an apology, in your view, to what extent do you think that this made a difference in the complainant's satisfaction with the resolution of their complaint?
Overall, how satisfied are you with the ultimate resolution of your case?
Please explain your answer.
Overall, how satisfied are you that the service provided by the Dental Complaints Service was helpful to you in resolving your case?
Please explain your answer.
Please suggest at least one thing that the Dental Complaints Service could have done to increase your satisfaction with the resolution of your case.
Further Case Details. Dental Complaints Service in General
For this case, did you seek information, advice or support from your indemnity organisation or equivalent?
How satisfied are you that this was useful to you?
Did the Dental Complaints Service signpost you to other sources of information, advice or support?
If so, how valuable was that signposting?
Following your experience of the Dental Complaints Service how likely are you to signpost patients to the Dental Complaints Service?
On a scale from 0 to 10 how likely are you to recommend the services of the Dental Complaints Service to a fellow dental professional?
Please explain your answer.
Please suggest at least one thing that the Dental Complaints Service could do to improve your overall satisfaction with its service.
Final Questions
Please could you suggest any extension to the remit of the Dental Complaints Service and the services it provides, which would be of benefit to you and your profession.
Please feel free to make any further comments or suggestions which may be of value or of interest to the Dental Complaints Service.
Your responses here are dealt with with absolute anonymity unless you would like someone from the Dental Complaints Service to contact you personally to discuss your dealings with them. If so, we will pass on your details and ask them to get in touch.

Appendix 2 - Shortened Survey

Eight contacts answered the shortened survey questionnaire.

The question 'How would you describe the way the Dental Complaints Service handled the complaint?' was added and only used in the shortened survey questionnaire.

Overall experience
Overall, how satisfied are you with the way that the Dental Complaints Service handled the complaint?
How would you describe the way the Dental Complaints Service handled the complaint?
Please suggest at least one thing that the Dental Complaints Service could do to improve your overall satisfaction with its service.
On a scale from 0 to 10 how likely are you to recommend the services of the Dental Complaints Service to a fellow dental professional?
Please explain your answer.
Please could you suggest any extension to the remit of the Dental Complaints Service and the services it provides, which would be of benefit to you and your profession.
Please feel free to make any further comments or suggestions which may be of value or of interest to the Dental Complaints Service.
Your responses here are dealt with with absolute anonymity unless you would like someone from the Dental Complaints Service to contact you personally to discuss your dealings with them. If so, we will pass on your details and ask them to get in touch.

Appendix 3 - Heat Maps

Individual responses are summarised graphically on the next five pages as a heat map.

The proportions who are fairly, very and extremely satisfied have been colour coded in shades of green of increasing intensity. Similarly, the proportions of respondents who are fairly, very or extremely dissatisfied have been shown in shades of yellow, orange or red of increasing intensity.

Inspection of these heat maps shows the broad patterns of satisfaction, but also enables the identification of 'hot-spots' where individual respondents or particular elements of the service provided by the DCS stand out.

The following scales are used:

Extremely Dissatisfied	ED
Very Dissatisfied	VD
Fairly Dissatisfied	FD
Fairly Satisfied	FS
Very Satisfied	VS
Extremely Satisfied	ES
Don't Know	DK

Yes (positive)	Y
No (negative)	N
Not applicable	NA

Detractor	0 -6
Passive	7-8
Promotor	9-10

There are blank cells where the question has not been answered.

	Respondents									
	1	2	3	4	5	6	7	8	9	10
Overall experience										
Overall, how satisfied are you with the way that the Dental Complaints Service handled the complaint?	ES	FS	ES	FD	ED	ES	VS	VS	VS	VS
Professional?	ES	ES	ES	FD	FS	ES	VS	VS	VS	ES
Impartial in resolving the complaint?	ES	FS	ES	FD	ED	ES	VS	VS	VS	VS
Fair and proportionate?	ES	FD	VS	FD	ED	ES	VS	VS	VS	VS
Transparent?	ES	VS	ES	FD	FS	VS	VS	VS	VS	ES
Handling your case										
That from the beginning, the Dental Complaints Service resolution process was clearly explained to you?	VS	FD	VS	FD	FS	VS	VS	VS	VS	VS
That you were kept informed about the progress with your case?	VS	FD	ES	VS	FS	VS	VS	VS	VS	ES
That the Dental Complaints Service was easy to contact?	VS	FD	ES	VS	FS	VS	VS	VS	FS	VS
That the process was managed speedily?	ES	VS	ES	FS	FS	VS	VS	VS	VS	VS
That the process was managed efficiently?	ES	VS	ES	FS	FS	VS	VS	VS	VS	VS
Complaints Officer										
How satisfied are you with the service provided by your Complaints Officer (the person you have been dealing with)?	ES	VS	VS	FD	DK	ES	VS	VS	VS	VS
Was impartial?	VS	FS	ES	ED		VS	VS	VS	ES	VS
Was knowledgeable and skilled?	VS	VD	VS	FD		VS	VS	VS	VS	VS
Was easy to deal with?	VS	VS	ES	FS		VS	VS	VS	VS	ES
Kept you informed?	VS	FS	ES	FS		VS	VS	VS	VS	VS
Listened to your point of view?	VS	FD	ES	ED		VS	VS	VS	VS	ES
How satisfied are you with the advice given by your Complaints Officer?	VS	FS	VS	FD		VS	VS	VS	VS	ES
Panel										
How satisfied are you with the process followed by the panel in resolving your complaint?	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Resolution of your case										
Overall, how satisfied are you with the ultimate resolution of your case?	VS	FS	FS	ED	ED	VS	VS	VS	VS	FS
Overall, how satisfied are you that the service provided by the Dental Complaints Service was helpful to you in resolving your case?	VS	VS	ES	FD	ED	ES	VS	VS	VS	ES
About the case and Dental Complaints Service										
How satisfied are you that this was useful to you?	ES	VS	VS	FS				VS	VS	
On a scale from 0 to 10 how likely are you to recommend the services of the Dental Complaints Service to a fellow dental professional?	10	10	10	1	DK	10	9	8	10	10

	Respondents									
	11	12	13	14	15	16	17	18	19	20
Overall experience										
Overall, how satisfied are you with the way that the Dental Complaints Service handled the complaint?	ES	FS	FS	VS	ES			VS	VS	VS
Professional?	ES	VS	VS	VS	ES			VS	VS	VS
Impartial in resolving the complaint?	VS	FD	FS	FS	VS			VS	VS	VS
Fair and proportionate?	VS	FD	FD	VS	VS			VS	VS	VS
Transparent?	VS	FS	VS	VS	ES			VS	VS	VS
Handling your case										
That from the beginning, the Dental Complaints Service resolution process was clearly explained to you?	FS	FD	VS	VS	ES			VS	VS	VS
That you were kept informed about the progress with your case?	FS	VD	VS	VS	VS			VS	VS	FS
That the Dental Complaints Service was easy to contact?	FS	VS	VS	NA	VS			VS	NA	VS
That the process was managed speedily?	VS	VS	VS	VS	VS			VS	VS	VS
That the process was managed efficiently?	VS	VS	VS	VS	VS			VS	VS	VS
Complaints Officer										
How satisfied are you with the service provided by your Complaints Officer (the person you have been dealing with)?	DK	FS	VS	ES	VS			VS	VS	VS
Was impartial?		FD	VS	FS	VS			VS	VS	VS
Was knowledgeable and skilled?		FD	VS	ES	VS			VS	VS	FS
Was easy to deal with?		FS	VS	ES	VS			VS	VS	VS
Kept you informed?		FS	VS	ES	VS			VS	VS	VS
Listened to your point of view?		VS	FS	ES	VS			VS	VS	FS
How satisfied are you with the advice given by your Complaints Officer?		FD	FS	NA	VS			VS	VS	VS
Panel										
How satisfied are you with the process followed by the panel in resolving your complaint?	NA	NA	NA	NA	ES			NA	NA	NA
Resolution of your case										
Overall, how satisfied are you with the ultimate resolution of your case?	ES	FS	FD	FS	ES			FS	VS	FS
Overall, how satisfied are you that the service provided by the Dental Complaints Service was helpful to you in resolving your case?	VS	FS	FD	VS	ES			VS	VS	FS
About the case and Dental Complaints Service										
How satisfied are you that this was useful to you?		VD	VS	ES	FS			VS	VS	
On a scale from 0 to 10 how likely are you to recommend the services of the Dental Complaints Service to a fellow dental professional?	10	0	4	10	10	6	10	9	8	10

	Respondents									
	21	22	23	24	25	26	27	28	29	30
Overall experience										
Overall, how satisfied are you with the way that the Dental Complaints Service handled the complaint?	ES	FS	VS	FS	VS	VS	FD	FS	VS	V D
Professional?	VS	FD	VS	VS		VS	FS	FS	FS	V D
Impartial in resolving the complaint?	VS	DK	FS	FD		VS	FD	NA	FS	ED
Fair and proportionate?	VS	DK	VS	FD		VS	FD	FS	FS	ED
Transparent?	VS	DK	VS	VS		VS	DK	FS	FS	FD
Handling your case										
That from the beginning, the Dental Complaints Service resolution process was clearly explained to you?	FS	DK	FS	FS		FD		FS	FS	FD
That you were kept informed about the progress with your case?	NA	VS	VS	VS		FS		VS	FS	VS
That the Dental Complaints Service was easy to contact?	NA	VS	VS	VS		FS		FS	FD	VS
That the process was managed speedily?	VS	ES	ES	VS		ES		FS	FS	VS
That the process was managed efficiently?	VS	VS	ES	VS		ES		FS	FS	VS
Complaints Officer										
How satisfied are you with the service provided by your Complaints Officer (the person you have been dealing with)?	VS	FS	ES	FS		VS		VS	VS	FS
Was impartial?	VS	DK	VS	FD		VS		FS	FS	V D
Was knowledgeable and skilled?	VS	DK	VS	FD		VS		FS	FS	V D
Was easy to deal with?	VS	VS	VS	VS		VS		FS	FS	VS
Kept you informed?	NA	VS	VS	VS		VS		FS	FS	VS
Listened to your point of view?	VS	FS	VS	VS		VS		FS	FS	VS
How satisfied are you with the advice given by your Complaints Officer?	VS	DK	VS	FS		FS		FS	NA	VS
Panel										
How satisfied are you with the process followed by the panel in resolving your complaint?	NA	NA	NA	NA	NA	NA	NA	NA	NA	VS
Resolution of your case										
Overall, how satisfied are you with the ultimate resolution of your case?	VS	DK	NA	FS		FS		ES	FS	VS
Overall, how satisfied are you that the service provided by the Dental Complaints Service was helpful to you in resolving your case?	VS	FS	VS	FS		FS		VD	NA	VS
About the case and Dental Complaints Service										
How satisfied are you that this was useful to you?	VS	VS	VS			VS		VD	VS	VS
On a scale from 0 to 10 how likely are you to recommend the services of the	6	5	8	0	DK	6		7	8	7

Dental Complaints Service to a fellow dental professional?									
--	--	--	--	--	--	--	--	--	--

	Respondents									
	31	32	33	34	35	36	37	38	39	
Overall experience										
Overall, how satisfied are you with the way that the Dental Complaints Service handled the complaint?			FD	FS	VS	FS	FD	FS	FS	
Professional?			VS	VS	VS	FS	FD			
Impartial in resolving the complaint?			VS	FS	VS	FD	FD			
Fair and proportionate?			VS	FS	VS	FD	FS			
Transparent?			VS	VS	VS	FS	ED			
That from the beginning, the Dental Complaints Service resolution process was clearly explained to you?			FD	VS	VS	VS	VD			
That you were kept informed about the progress with your case?			VS	VS	VS	VS	VD			
That the Dental Complaints Service was easy to contact?			VS	VS	VS	VS	FS			
That the process was managed speedily?			VS	VS	VS	VS	FS			
That the process was managed efficiently?			VS	VS	VS	VS	FS			
Complaints Officer										
How satisfied are you with the service provided by your Complaints Officer (the person you have been dealing with)?			VS	VS	VS	FS	FS			
Was impartial?			VS	VS	VS	FD	FS			
Was knowledgeable and skilled?			FS	VS	VS	FD	FS			
Was easy to deal with?			VS	VS	VS	FS	FS			
Kept you informed?			VS	VS	VS	FS	FS			
Listened to your point of view?			VS	VS	VS	FD	FS			
How satisfied are you with the advice given by your Complaints Officer?			NA	FS	FS	VD	FS			
Panel										
How satisfied are you with the process followed by the panel in resolving your complaint?			NA	NA	NA	NA	NA			
Resolution of your case										
Overall, how satisfied are you with the ultimate resolution of your case?			VD	FS	VS	VD				
Overall, how satisfied are you that the service provided by the Dental Complaints Service was helpful to you in resolving your case?			VS	FS	VS	FD				
About the case and Dental Complaints Service										
How satisfied are you that this was useful to you?			VS		VS	FS	VS			
On a scale from 0 to 10 how likely are you to recommend the services of the Dental Complaints Service to a fellow dental professional?	9	8	10	6	8	7	1	7	0	

	Respondents									
	40	41	42	43	45	46	47	48	49	50
Overall experience										
Overall, how satisfied are you with the way that the Dental Complaints Service handled the complaint?	VS	ES	VS	ES	VS		VS	FS	FS	FS
Professional?	ES	ES	VS	ES	VS		VS		VS	VS
Impartial in resolving the complaint?	VS	ES	VS	ES	VS		VS		FS	FS
Fair and proportionate?	VS	ES	VS	ES	VS		VS		FS	FS
Transparent?	VS	ES	VS	ES	FS		VS		FS	FS
That from the beginning, the Dental Complaints Service resolution process was clearly explained to you?	FS	ES	VS	VS	FD		VS			VS
That you were kept informed about the progress with your case?	FS	ES	VS	VS	FD		FS			FS
That the Dental Complaints Service was easy to contact?	VS	FS	VS	VS	NA		VS			FD
That the process was managed speedily?	VS	FS	VS	VS	FS		FS			FD
That the process was managed efficiently?	VS	ES	VS	VS	FS		VS			FD
Complaints Officer										
How satisfied are you with the service provided by your Complaints Officer (the person you have been dealing with)?	VS	ES	VS	VS	NA		VS			FS
Was impartial?	VS	ES	VS	VS	NA		VS			VS
Was knowledgeable and skilled?	VS	ES	VS	VS	NA		FS			FS
Was easy to deal with?	VS	ES	VS	VS	NA		VS			VS
Kept you informed?	VS	ES	VS	VS	NA		VS			FS
Listened to your point of view?	ES	ES	VS	VS	NA		VS			VS
How satisfied are you with the advice given by your Complaints Officer?	VS	ES	VS	VS	NA		VS			FS
Panel										
How satisfied are you with the process followed by the panel in resolving your complaint?										
Resolution of your case										
Overall, how satisfied are you with the ultimate resolution of your case?	VS	VS	VS	VS	VS		VS			FD
Overall, how satisfied are you that the service provided by the Dental Complaints Service was helpful to you in resolving your case?	VS	ES	VS	VS	FS		FS			FS
About the case and Dental Complaints Service										
How satisfied are you that this was useful to you?	ES	VS	VS	FS			FS			FD
On a scale from 0 to 10 how likely are you to recommend the services of the Dental Complaints Service to a fellow dental professional?	8	10	10	10	DK	10	10	7		5

Appendix 4 - Data Protection and GDPR

The following statement was issued by the DCS specifying the data protection processes followed during this survey. These have been complied with in full.

What will we do with the data you give us?

The DCS is partnering with 'Customer Satisfaction UK', a market research organisation with which we have a contractual relationship, to complete this phase of the project. This will include telephone surveys taking place and a post-survey report. The DCS will share some participants' personal data with Customer Satisfaction UK solely for this purpose (the information requested above). Your feedback will be recorded anonymously, and notes taken by the facilitators, solely for the purpose of writing the report. This data will be destroyed by Customer Satisfaction UK on completion of the report by 31 May 2019.

The DCS will use any personal data gathered for or during this survey solely for the 'DCS Review' project; that includes a post-survey report. All data about participants who assisted in the survey in the report will be anonymised. The report will be published on the DCS and GDC website.

All personal data held by DCS/GDC relating to this phase of the project will be deleted on publication of the workshop report, unless requested otherwise by individual participants, e.g. if they wish to be updated on further phases of the project. All personal data will be disposed of by 31 May 2019. A copy of the anonymised report itself and anonymised data will be retained in line with the DCS/GDC's retention schedule.

Why we use your personal data

Under the General Data Protection Regulation and Data Protection Act 2018, the DCS/GDC has processed your personal data in order to contact you about this survey because the processing is necessary for the exercise of the GDC's statutory functions; and processing is in the public interest. This is also why we will process the personal data you give us, or is collected during the survey, if you agree to take part.

Please note: you are under no obligation to take part in this survey – participation is voluntary. For the avoidance of doubt, we can assure you that deciding not to take part will have no impact on your registration with the GDC.

Your rights and other helpful information

You have various rights in connection with any personal data about you that is held by the GDC or which you give us for the purposes of this project. These include the right to request a copy of that data; the right to object to it being processed; and the right to request its deletion. More about these

rights along with information about the GDC's Data Protection Officer, retention time frames, and about the complaints process may be found at <https://www.gdc-uk.org/footer/privacy>



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Customer Satisfaction UK:

Helping our clients to understand, measure, monitor and improve customer satisfaction.

But, also helping them to use this understanding to achieve specific objectives and greater commercial success.

Customer Satisfaction UK:

Since 1995.

Fifteen people.

Global reach with multilingual team.

Very strong client loyalty.

Current / recent well known clients:

Tarmac

Bupa

OFCOM

Sodexo

CAPITA

Hutchison Ports

Johnson Matthey

Other Sectors:

Logistics
Banking
Control systems
Hospitality
Medical devices
Training
Etc.....

Cases received October 17 to February 19.

110 individuals “opted-in”.

40 completed full interview.

9 gave a partial response or completed shortened survey.

2 gave a brief comment.

The Project Brief:

Aim: To explore the perceptions of dental professionals who have experience of the DCS resolutions process who have contacted DCS within a 12 to 18-month period.

- What do dental professionals think about each aspect of the way DCS handled their complaint?
- Room for DCS to improve various parts of the process?
- The role of their defence union during the process?
- The fairness of their outcome?
- What difference has the process made to knowledge of and views towards DCS?
- How has the outcome of the respondent's complaint influenced their responses to this research and their views of DCS?

**In accordance with Data Protection
standards and the GDPR.**

A six-point satisfaction scale

Extremely dissatisfied	= 1
Very dissatisfied	= 2
Fairly dissatisfied	= 3
Fairly satisfied	= 4
Very satisfied	= 5
Extremely satisfied	= 6

“If you are dissatisfied at all or are extremely satisfied in your response to this question, please explain why.”

“Please suggest at least one thing that the Dental Complaints Service could do to increase your satisfaction with”

Overall experience

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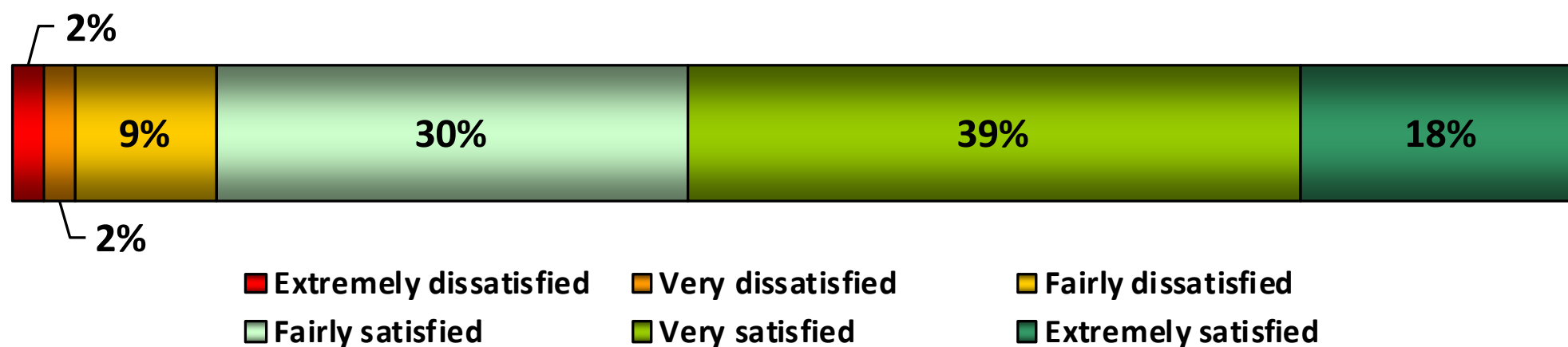
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Overall, how satisfied are you with the way that the Dental Complaints Service handled the complaint?

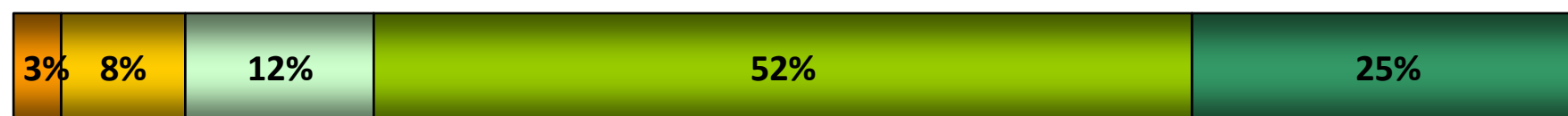


How satisfied are you that the service provided by the Dental Complaints Service was...

- **Professional?**
- **Impartial in resolving the complaint?**
- **Fair and proportionate?**
- **Transparent?**

How satisfied are you that the service provided by the Dental Complaints Service was professional, impartial, fair and proportionate, transparent?

Professional?



Impartial in resolving the complaint?



Fair and proportionate?



Transparent?



Extremely Dissatisfied

Very Dissatisfied

Fairly Dissatisfied

Fairly Satisfied

Very Satisfied

Extremely Satisfied

Service is generally considered to be professional and transparent.

Respondents are less satisfied that it is impartial, fair and proportionate.



Extremely Satisfied....

'They always show impartiality and act in the best interests of both parties. Their main goal is to find a solution that is agreeable for everyone.'

'The negotiators/intermediaries are a really good stop point for both patients and clinicians. It's a half-way house, which allows you to gather your senses. It's really good, a great service.'

*'They were very good, extremely helpful and this put **me at ease**.'*

'They are very professional, and it was a straightforward process. I had no problems.'

Dissatisfied....

'I felt like the DCS acted more on the side of the patient.'

'There was no consideration regarding my views on this matter; they are over-protecting the patients.'

'The DCS seemed to take the patient's side, and resolved in the patient's favour, no matter what.'

'Their approach was all geared to resolving the issue from the complainant's perspective.'

'I have only dealt with the committee once and I felt it was geared to the patient.'

Handling the case

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How satisfied were you...

- That from the beginning, the Dental Complaints Service resolution process was clearly explained to you?
- That you were kept informed about the progress with your case?
- That the Dental Complaints Service was easy to contact?
- That the process was managed speedily?
- That the process was managed efficiently?

Process explained?

That from the beginning, the Dental Complaints Service resolution process was clearly explained to you?



Kept informed?

That you were kept informed about the progress with your case?



Easy to contact?

That the Dental Complaints Service were easy to contact?



Managed speedily?

That the process was managed speedily?



Managed efficiently?

That the process was managed efficiently?



Extremely Dissatisfied
Fairly Satisfied

Very Dissatisfied
Very Satisfied

Fairly Dissatisfied
Extremely Satisfied

The resolution process is generally considered to be speedy and efficient.

Respondents are less satisfied with communication about/during the process.

‘They were very easy to deal with and their communication is very good.’

‘Phone calls were answered straight away, emails responded to within the hour.’

‘They made sure they kept me informed throughout.’

‘It was a confusing, unusual case but they made it clear regarding the process that would be followed.’

*‘There is no email communication, only verbal contact.
It can be quite frustrating.’*

‘I could only correspond by email.’

‘They didn't fully explain everything to me.’

*‘I remember not being quite sure of what was going on.’
‘The process was explained, but I was under the impression that they
would be more on my side.’*

*.....the DCS were only interested in the outcome,
not listening to my side.’*

Complaints officer

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How satisfied are you with the service provided by your Complaints Officer (the person you have been dealing with)?



■ Extremely dissatisfied ■ Very dissatisfied ■ Fairly dissatisfied
■ Fairly satisfied ■ Very satisfied ■ Extremely satisfied

‘They were great; very calming at a stressful time.’

‘The Complaints Officer was excellent; it was handled professionally.’

How satisfied are you that your Complaints Officer...

- . Was impartial?
- . Was easy to deal with?
- . Listened to your point of view?
- . Was knowledgeable and skilled?
- . Kept you informed?

How satisfied are you that your Complaints Officer...

Impartial

How satisfied are you that your Complaints Officer was impartial?



Easy to deal with

How satisfied are you that your Complaints Officer was easy to deal with?



Listened

How satisfied are you that your Complaints Officer listened to your point of view?



Knowledgeable & skilled

How satisfied are you that your Complaints Officer was knowledgeable and skilled?



Kept you informed

How satisfied are you that your Complaints Officer kept you informed?



Extremely Dissatisfied

Very Dissatisfied

Fairly Dissatisfied

Fairly Satisfied

Very Satisfied

Extremely Satisfied

How satisfied are you with the advice given by your Complaints Officer?



■ Extremely dissatisfied ■ Very dissatisfied ■ Fairly dissatisfied
■ Fairly satisfied ■ Very satisfied ■ Extremely satisfied

**Only two respondents' complaints went
to a panel for resolution.**

Both are satisfied with the process.

*'They listened to both sides, looked at the evidence and
decided what was right and wrong. The decision was fair.'*

'They always had a balanced view.'

Resolution of respondents' case

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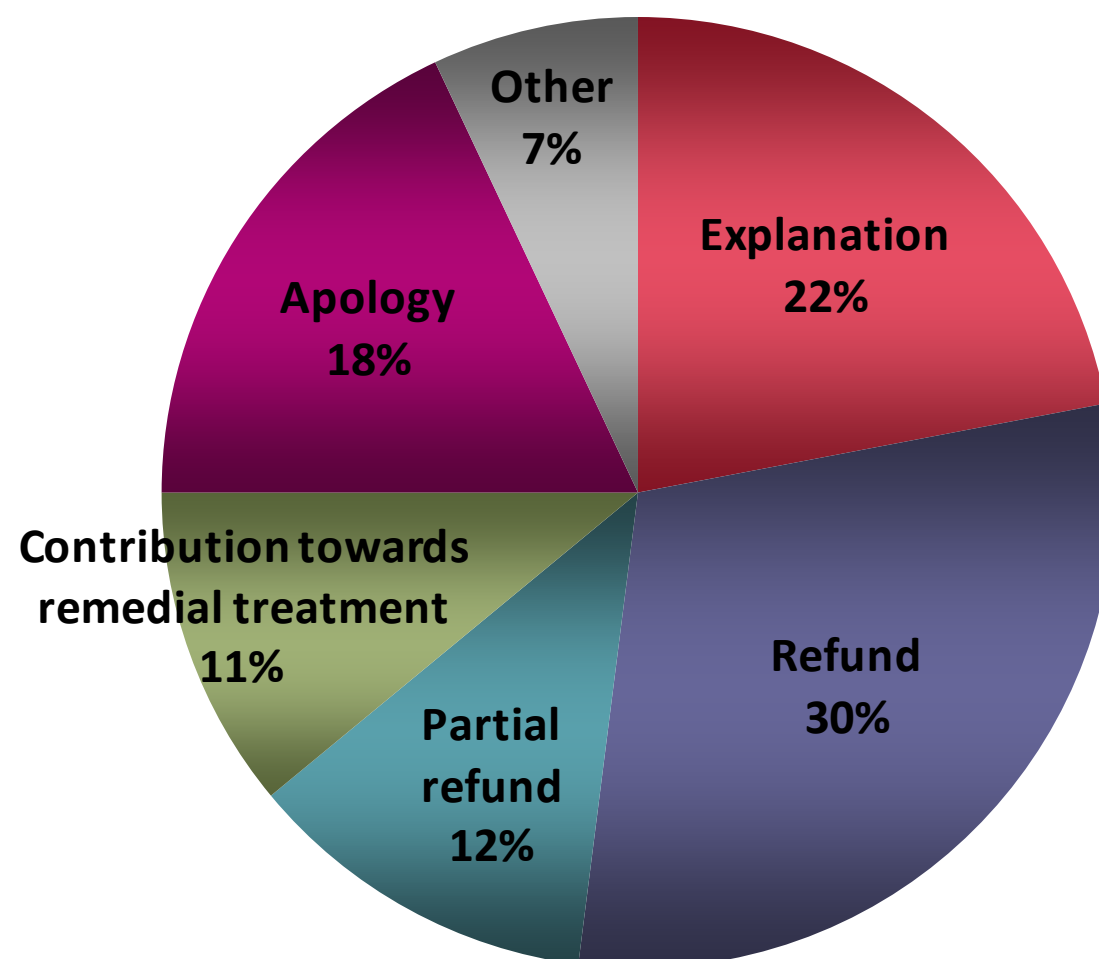
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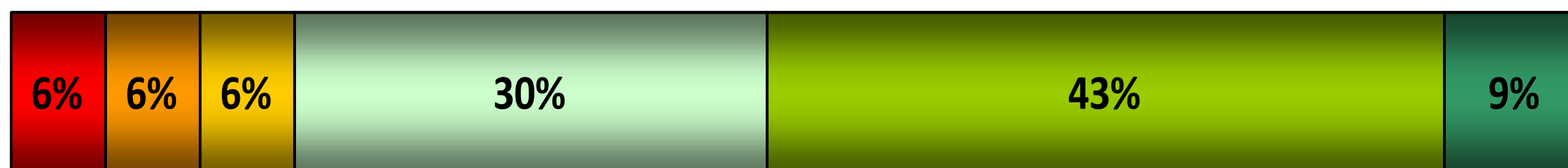
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Which of the following were involved in the resolution of the complaint? Please indicate all that apply.



The most helpful resolutions are refund, explanation, and apology.

Overall, how satisfied are you with the ultimate resolution of your case?



■ Extremely dissatisfied ■ Very dissatisfied ■ Fairly dissatisfied
■ Fairly satisfied ■ Very satisfied ■ Extremely satisfied

‘I was satisfied because the patient was happy and that it was done and dusted.’

Overall, how satisfied are you that the service provided by the Dental Complaints Service was helpful to you in resolving your case?



‘When someone comes back and says they are not happy with their treatment, you are always disappointed, but I was pleased with the resolution.’

Further case details – DCS in general

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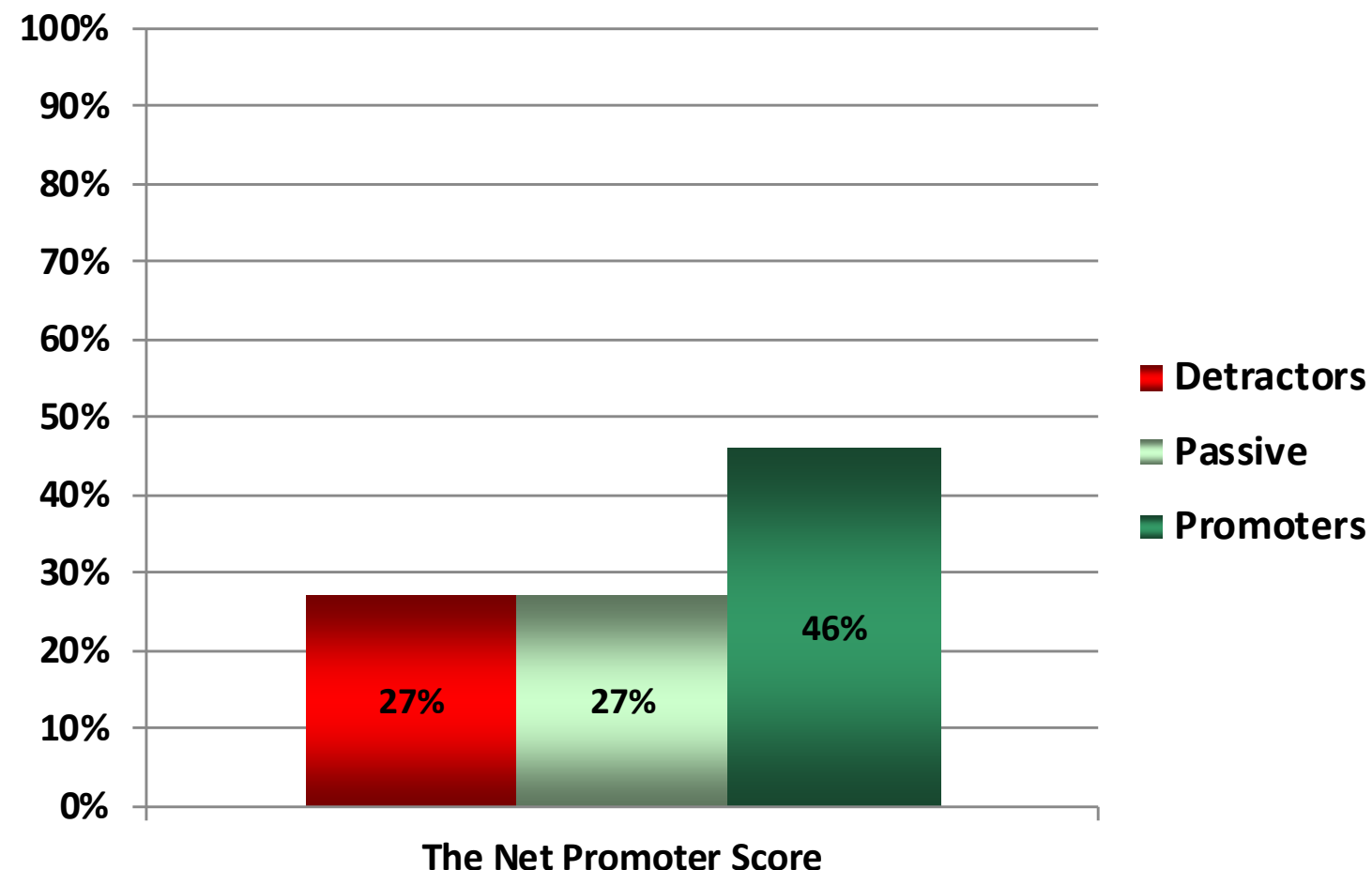


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- 78% of respondents state that they sought information, advice or support from their indemnity organisation or equivalent for their case; **90% of them found it useful.**
- 20% of respondents were signposted by the DCS to other sources of information, advice or support.
- 90% of respondents said that they were likely to signpost patients to the DCS. Some would do so after first trying to resolve the case internally.

On a scale from 0 to 10 how likely are you to recommend the services of the Dental Complaints Service to a fellow dental professional?



NPS: +19

‘Considering how this case was handled and resolved, I would definitely recommend them.’

Positive NPS comments:

- Supportive, professional and effective service.
- A good medium for communication, mediating a resolution and bringing the complaint to a conclusion.

Negative NPS comments:

- A handful of negative comments centre around DCS not being impartial and not listening to the dental professionals.
- Three respondents would advise their fellow professionals to use their own indemnity provider as a first port of call.

Suggestions for extension to the remit of the Dental Complaints Service and the services it provides, which would be of benefit to respondents and their profession.

- DCS could advertise itself and its services more widely and effectively.
- Advising dental professionals how to avoid complaints and to handle them once made; a helpline or lecture/course.

'I just think that the profession doesn't know enough about them. They are affiliated to the GDC and they should promote them more. It should be advertised that they are there for dentists as well as patients - I think newly qualified dentists in particular would benefit from knowing about the service.'

Please suggest at least one thing that the Dental Complaints Service could do to improve your overall satisfaction with its service.

- **Building awareness of DCS and the nature of the service.**
- **Being fairer, more impartial and listening more closely to both sides.**
- **Communication.**

Summary

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SUMMARY

ONE: A good quality; professional, efficient and effective service.

TWO: Good quality Complaints Officers provide a valued service.

THREE: Helping to resolve complaints easily and promptly, without involvement with the GDC.

FOUR: Respondents suggest that the DCS could extend its services, providing general advice and support, even in the public sector.

FIVE: Scope for improvement: approximately 1/5th of respondents do not perceive the DCS to be fair and impartial in its approach.

SIX: A low awareness of the DCS, and a pre-conception that it would not represent their cases in an even-handed manner.

SUGGESTION

Low awareness and misperceptions colour dental professionals' attitudes in dealing with the DCS.

Therefore, they may be less willing to trust the fairness of any resolution and more willing to perceive that there is bias in the outcome.

It is suggested that the DCS should work to build awareness - of its services and of the impartiality of those services.

Ideally, this will create a virtuous circle, setting the correct expectations, building confidence, enhancing reputation and encouraging greater use.



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Appendix 3

Communications and Engagement Plan

Publication of the Survey of dental professional users

Project:	Publication of the Survey of dental professional users
Communications team lead:	Daniel Knight
Project folder:	W:\Communications\2_Projects\DCS survey of dental professional users
Dated:	1 September 2019

1. Background

The Dental Complaints Service (DCS) reviewed all cases from October 2017 to February 2019 at the facilitated resolution stage, contacting the dental professionals who have used the service. The DCS also commissioned Customer Satisfaction UK, an independent specialist consultancy group, to seek the views of the professionals to understand how helpful the service was and how they felt it could be improved.

Customer Satisfaction UK developed a questionnaire through close consultation with the DCS, which covered the full sequence of dental professionals' dealings with the DCS. Throughout the survey, respondents were asked a series of both qualitative and quantitative questions.

Where relevant, respondents were asked to rate their satisfaction with various elements of the service provided by the DCS using a 6-point verbal scale of satisfaction. These discrete verbal ratings were subsequently converted to their numerical equivalents.

The summary report also included all the comments made by respondents, including explanatory and supplementary comments and suggestions for improvement. Where practical, these comments were broadly categorised to identify the underlying issues.

2. Project objective

The project objectives are:

- To promote the publication of the survey of dental professional users.
- To promote the key findings from the survey and our proposed next steps to address the findings.

3. Audiences

Audience(s):	Registrants, Defence Unions, employers and managers of dental professionals, patients, professional bodies and other regulators.
---------------------	--

Think:	The DCS has carried out research to gather feedback from dental professional users of the service to identify areas for improvement.
Feel:	Reassured that the DCS are seeking to improve their services and understand the proposals made.
Do:	Read the report of the survey or the summaries provided within our communication activity.

4. Internal stakeholders

Project stakeholders

Accountable:	Tom Scott, Executive Director, Fitness to Practise Transition
Responsible:	Michelle Williams, DCS Head of Operations
Consult:	SLT, PRB and Council
Inform:	FTP and Strategy Directorate
Sign off:	Tom Scott, Executive Director, Fitness to Practise Transition

Communications stakeholders (responsible for increasing engagement with stakeholders)

Accountable:	Colin MacKenzie, Head of Communication and Engagement
Responsible:	Daniel Knight, Stakeholder Engagement Manager
Consult:	Communications and engagement channel managers
Inform:	GDC staff members
Sign off:	Colin MacKenzie, Head of Nations & Engagement

5. Key messages and communications schedule

Key messages (KMs)

- The DCS have commissioned Customer Satisfaction UK to undertake research with dental professional users of the DCS into the service provided and how to improve it.
- The report found that overall, users of the DCS are satisfied with the service provided and are highly satisfied with the DCS's management of the complaints process and the Complaints Officers that they have dealt with.
- However, respondents were less satisfied with the overall resolution of the case with comments indicating that the DCS is biased in favour of the patient.
- The report found that there is scope for improvement in terms of awareness of the DCS and the preconception that it would not represent the case in an even-handed manner.
- The report recommends that the DCS should work to build awareness of its services and of its impartiality.

7. Communications schedule

Next Steps

- Publish and promote report
- Plan to incorporate the reports findings in future activity

Channel	Audience	Comms owner	Timing of delivery (content)
Stakeholder engagement	Registrants, Defence Unions, employers and managers of dental professionals, patients, professional bodies and other regulators.	Daniel Knight	Email to identified stakeholders promoting the publication of the report and the wider work of the project. Promote findings from the report and wider

			<p>project at relevant stakeholder meetings.</p> <p>Inclusion of article in registrant newsletter on publication.</p>
Website	Registrants, Defence Unions, employers and managers of dental professionals, patients, professional bodies and other regulators.	Matt Newell/ Caroline Conway	<p>Report added to the GDC and DCS websites.</p> <p>News item added to the DCS website to promote the launch of the report and its key findings.</p>
Social media	Registrants, Defence Unions, employers and managers of dental professionals, patients, professional bodies and other regulators.	Matt Newell/ Caroline Conway	Highlight publication of the report, its findings and wider project work.
Blog	Registrants, Defence Unions, employers and managers of dental professionals, patients, professional bodies and other regulators.	Matt Newell/ Caroline Conway	Highlight publication of the report and its findings through a blog piece written by Michelle Williams.
Media	Registrants, Defence Unions, employers and managers of dental professionals, patients, professional bodies and other regulators.	Tom Chappell	Press release to professional press, highlighting the findings from the report and wider work of the project.
Internal Communications	Executive Director FtP, FtP Management team,	Susanne Gibson and Michelle	Draft results shared and face to face briefing/discussion

	DCS Head of Operations, DCS officers; Head of Right Touch Regulation, SLT, PRB and Council	Williams	(complete)
		Susanne Gibson	Intranet news item (see below) Council update Learning used to inform FtP monitoring and evaluation, including updating FtP customer feedback survey (underway)
	GDC Employees	Susanne Gibson/Helen Alexander	Publication on intranet. Link to the report and supporting external comms (to coincide with external publication), support by intranet alert to staff.

8. Budget

Not applicable at this stage of the project.

9. Success measures

Success measures for this activity to be evaluated following the launch of the research brief and considered before next stages of the project.

- Number of downloads of the report.
- Number of impressions from the blog.
- Number of views of the blog piece and news item.
- Open rate and responses to mailing.
- Open and click through rate of the registrant newsletter.

Council Members and Associates Expenses Policy 2020

Executive Director	Gurvinder Soomal, Executive Director, Registration and Corporate Resources
Author(s)	Samantha Bache, Head of Finance and Procurement
Type of business	For decision
Issue	To present the update to the Council Members and Associate Expenses Policy for 2020.
Recommendation	Council is asked to discuss and approve the proposed policy.

1. Introduction and background.

- 1.1 The financial policies and procedures are reviewed annually to ensure that all related policy documentation reflect the GDC's latest requirements, arrangements and controls, including correct terminology. The Council Members and Associates' expenses policy was last considered by the Council in December 2018.

2. Benchmarking

- 2.1 As part of the review of the Council Members and Associates' expenses policy a benchmarking exercise of rates paid in the sector has been undertaken:

	GDC	GMC	GOC	HCPC	GOsC	NMC	GCC
Accommodation Costs (inc breakfast)							
- In London (some overseas)	£180	£165	£150	£180	£150	£200	£160
- Manchester	-	£100	-	-	-	£200	£140
- Outside London (& other cities)	£125	£130	£120	£150	£120	£200	£140
Breakfast	£10	£10	-	£10	-	£10	£10
Lunch	£10	£10	£13	£10	£15	£10	£10
Dinner							
- London	£30	£30	£28	£25	£30	£30	£30
- Outside London	£30	£30	£28		£25	£30	£30
- fastfood / supermarket / takeaway		£15					

- 2.2 As was the position in 2018, Council Members and Associates of the GDC do not appear to be disadvantaged relative to those of our healthcare sector peers. As such, no change to policy limits are recommended.

3. Royal Society of Medicine (RSM)

- 3.1 In December 2019, the Council approved a Corporate Membership for the RSM on the basis of:
- the RSM is used by the Chair and Council members in preference to any other London accommodation.
 - The accommodation to be booked should, wherever possible, be a double room, single occupancy at the Domus Medica. Rooms charge above the 'maximum cost' set out in our expenses policy (2019 - £180 per night), should not be booked.

- c. The 'free' to book private dining spaces at the RSM Wimpole Street premises should be used in preference to any other London site.
- d. The unallocated 'nominated staff' slots in the RSM membership should be allocated to 'frequent users' employees, kept regularly under review for usage and transferred between staff members as travel patterns change.
- e. the use of the RSM is monitored and reviewed and reported to Remuneration Committee (Remco) in good time before the GDC renews any arrangement for 2021. (This review will be included on their annual work programme.)

3.2 This arrangement has now been reflected in the draft Council Members and Associates Expenses policy.

4. Other amendments to the policy

4.1 The policy has been updated from the 2018 version to reflect the following:

- a. A small amount of alcohol can be provided for Council dinners (1-2 small glass of wine per person).
- b. Council members in the Home Counties can claim expenses for staying overnight where there is a specific Council function within the limits prescribed in the policy.

4.2 Other changes to the policy are purely presentational to improve the navigation of the document for our Council Members and Associates.

5. Development, consultation and decision trail

5.1 SLT considered the benchmarking of the rates and the recommendation to not change policy limits at their October 2019 meeting.

5.2 The Remco considered the proposals contained within this paper at its January 2020 meeting and recommended them to the Council.

5.3 Council approved the corporate membership for the Royal Society of Medicine at their December 2019 meeting.

5.4 Feedback provided by the Governance Team has been incorporated into the amendments for this policy in 2020, as set out in section 4.

6. Next steps and communications

6.1 If approved, the policy will be communicated via our intranet, Governance Team, Committee Secretaries and Associate newsletter. This communication requirement has been flagged to the Internal Communications team for incorporation within their 2020 work plan.

Appendices

- a. Appendix 1 – Council Members and Associates Expenses Policy 2020.

Samantha Bache, Head of Finance and Procurement
Sbache@gdc-uk.org
Tel: 0121 752 0049

04 March 2020

Council Members and Associates Expenses Policy 2020

Version number: 1.0	Approved by:
Effective from: 23 March 2020	Date of review:
Owner: Samantha Bache, Head of Finance and Procurement	

Summary of policy

The General Dental Council (GDC) will reimburse any reasonable costs that have been incurred wholly, exclusively and necessarily on GDC business with the aim of providing a reasonable standard of travel, accommodation and subsistence.

In running the GDC we spend registrant money and as such we have a responsibility to do so wisely. This principle drives how we use our resources, including the way we use travel as outlined in this policy.

Aim

This policy is designed to provide a framework within which to exercise appropriate judgement on the use of travel and hospitality arrangements, ensuring:

- all travel-related expenditure represents value for money and is valid and auditable.
- that Council Members and Associates are correctly reimbursed for their travel expenses.
- that we meet the requirements of HMRC.

Scope

This policy applies to all Council Members and Associates. A separate policy is maintained for GDC employees.

It is expected that Council Members and Associates will make their travel and accommodation arrangements via the most economical means possible. However, Council members and Associates may, if they wish, exceed the expenditure limits set out in this policy so long as they account personally for any excess cost over and above the approved expenditure limits.

The submission of fraudulent claims is a serious breach of the Code of Conduct and will lead to a complaint against you being considered under the relevant policy.

Further information

If you have any questions relating to this policy, please contact:

- Samantha Bache, Head of Finance and Procurement
- Gurvinder Soomal, Executive Director, Registration and Corporate Resources

Business travel

You are expected to make arrangements for travel that are in the best interests of the GDC. In most circumstances, this should be the most economic mode of transport, except where this would involve unreasonable journey times.

You must be prepared to justify your choice of travel arrangements if challenged.

Rail

You should travel standard class between the nearest station to your home and the station nearest to the location of the meeting or event. You should always book the ticket which represents the best value ticket, taking advantage of any discounts available. Where possible, tickets should be pre-booked for specific journey times. Fully flexible tickets are more expensive and should only be purchased where there is a demonstrable need.

First class travel

First class rail travel will only be reimbursed if you can demonstrate that a first-class ticket is cheaper than standard class. This evidence will need to be submitted with your claim. The ticket comparison must show the exact same journey type and the two class type prices (i.e. screenshot of standard class ticket price at the time of booking the first-class ticket).

Underground travel

For underground travel, Oyster cards and contactless payment cards should be registered online at tfl.gov.uk. A journey statement must be printed with annotations added that specify GDC expenses. Alternatively, if an individual ticket has been purchased, the ticket can be provided in place of a receipt

Air

For air travel within the UK, we will reimburse economy class or the equivalent fare, where appropriate. First class air travel can only be booked if it can be demonstrated that a first-class ticket is cheaper than standard class. The ticket comparison must show the exact same journey type and the two class type prices (i.e. screenshot of economy class ticket price at the time of booking the first-class ticket).

International air travel should be booked at economy class. With the prior agreement of the Executive Director, Registration and Corporate Resources, business class travel may be booked if there are exceptional circumstances that justify it.

Taxis

Taxis should only be used in exceptional circumstances and an explanation should be provided with the claim, such as reduced mobility or when travelling with heavy luggage. Where possible, taxis should be shared with others.

Costs may not be reimbursed should the explanation not be in-line with this policy. If in doubt, please obtain prior approval from committee secretary for the use of taxis to avoid non reimbursement.

Road

Mileage allowance will be paid for individuals using a private car on GDC business at a rate specified below:

	Description	Rate
Mileage allowance – Car	Standard rate – up to 10,000 miles	45p per mile
	Reduced standard rate – over 10,000 miles	25p per mile
Mileage allowance – Motorcycle	All motorcycles	24p per mile
Mileage allowance – Cycle	Pedal cycle	20p per mile

The rates above are linked to the approved amount for mileage allowance payments published by HM Revenue and Customs.

Any parking or road traffic fines or penalties incurred are your personal responsibility and will not be reimbursed by the GDC.

Insurance

The GDC will not accept liability for loss or damage to belongings on GDC business. Anyone claiming the mileage allowance should ensure that the car used is insured for business use prior to making the journey. Any additional premium paid to the insurance company is not a claimable expense.

Car parking and congestion charges

Car parking costs and congestion charges incurred while on GDC business will be reimbursed.

Hire cars

Hire cars may only be used in exceptional circumstances. The payment for hire of a car and associated costs for petrol and insurance will be made only when public transport is either not available, impractical or the total cost of hiring a car is less than the cost of using public transport or a taxi.

Accommodation, subsistence and miscellaneous expenses

Hotel accommodation

The GDC will reimburse the cost of overnight accommodation when the stay is necessary from a business perspective in line with the rates below:

	Description	Rate (Inc. VAT)
Accommodation*	London	£180, per night
	Other UK	£125, per night
	Staying with friends and family	£25, per night

Overnight stays for London-based meetings are not deemed necessary for anyone whose journey time from home to a London main line station is less than 2 hours, except where the timing of GDC meetings make it necessary.

Council Members in the Home Counties can claim expenses for staying overnight where there is a specific Council function within the policy limit.

Royal Society of Medicine (RSM)

A corporate membership has been purchased at the RSM for use by the Chair, Council Members and nominated GDC employees. To get best value from our membership, the RSM is to be used by the Chair and Council members in preference to any other London accommodation.

The accommodation to be booked should, wherever possible, be a double room, single occupancy at the Domus Medica. Rooms charged above the maximum rate set out in this policy should not be booked.

Staying with friends and family

Should you need to stay away from home on business travel and are able to stay with friends or relatives you may claim a fixed rate allowance as outlined in Appendix 2. This covers all costs including accommodation, evening meal and breakfast. No claim can be made by anyone staying in their own property.

Exceeding the rates set out in this policy

If you are unable to secure appropriate accommodation at a cost within the guide prices provided, you should seek agreement from the Executive Director, Registration and Corporate Resources **prior** to making any booking, and note the reasons on the expenses claim form.

Subsistence

Meal allowances as outlined below cover the cost of purchasing meals and non-alcoholic beverages whilst away from home on business travel. These rates include VAT, service charge and gratuities.

	Description	Rate (Inc. VAT)
Meals	Breakfast	£10
	Lunch	£10
	Dinner	£30

All claims will be paid on the basis of actual expenditure on production of fully itemised receipts.

Breakfast

Breakfast can only be claimed where there is no overnight stay involved and you leave home before 7.30 a.m. or breakfast was not included in your room rate.

Lunch

Lunch can only be reimbursed where not lunch was provided.

Dinner

Dinner-related expenses purchased should only be for that evening's consumption.

Alcohol

Alcoholic beverages can not be claimed as an expense and should be deducted from your receipt total before submitting your claim.

Spouses and Civil Partners

The GDC will only reimburse the costs incurred by a spouse or civil partner either if the GDC specifically requested that the spouse/civil partner attend an event, or the spouse/civil partner is performing a clear business function for the GDC.

Telephones

The GDC will reimburse the cost of any business calls made on a home or other private phone, provided that the calls were necessary for the GDC's business. Claims must be supported by itemised bills annotated with the nature of the call.

This reimbursement is for the cost of calls only, and not for any element of line rental, as this would result in an additional 'benefit in kind' tax liability.

Additional Allowances

Additional allowances and expenses necessarily and reasonably incurred, may be claimed as follows:

Childcare or baby-sitting expenses

When, as a direct result of GDC business, it is necessary for you to employ a childcare provider, when you would not normally need to, claims will be limited to reimbursing the actual cost of a registered childcare provider or a baby-sitter.

Please note that the reimbursement of such expenses will need agreement by the committee secretary **in advance** of the meeting, and an invoice showing the dates worked and amount paid will be needed as evidence of this expense.

Care arrangements for an elderly or dependent relative

These costs may be refunded in similar circumstances to childcare costs. Claims will be limited to reimbursing the actual amount paid out to arrange the care that you would have provided during your period of absence.

Members with a special need

To enable a Council member or Associate to communicate more effectively, for example, or to otherwise take part in the work of the GDC, we will make appropriate reasonable adjustments to accommodate any special needs. Please contact the Executive Director, Registration and Corporate Resources for assistance with this matter.

Should a Council member or Associate wish to use their own equipment, then claims will be limited to reimbursing the actual cost of, for example, provision of a signer, audiotapes, Braille documentation, or travelling and subsistence for a person providing support.

Entertaining

Entertaining external parties

Proposed entertaining of external parties on behalf of the GDC should be authorised in writing in advance (email is acceptable) by the Chair of the Council.

Claims will be reimbursed, subject to the following information being provided on the claim form:

- Name(s) of person
- Organisation they represent
- Purpose of entertainment
- A copy of the written consent of the Chair should also be provided.

Council dinners

Where the Council meet for a 'working dinner' in promotion of Board cohesiveness a small amount of alcohol may be served with the meal (equivalent of 1-2 small glasses of wine per person).

The 'free' to book private dining spaces at the RSM Wimpole Street premises should be used by the Chair and Council Members for entertaining in preference to any other London site.

Appendix 1 – Expense Claims

Claim forms

All claims for reimbursement of travel, accommodation and subsistence must be submitted on the relevant expenses claim form, copies of which are available on the extranet, intranet, from Committee Secretaries and from the Finance Team.

Claims should be submitted within one month of the meeting taking place to ensure the GDC's accounts accurately reflect all expenses incurred in the year to date. Unless agreement has been made with the Executive Director, Registration and Corporate Resources before the claim is submitted, the GDC will not pay expense claims that are more than 3 months old.

There is an email inbox (expenses@gdc-uk.org) dedicated to the receipt of expenses claim forms. If you submit your claim forms electronically, an automated receipt lets you know that your form has been received.

Claims made should clearly set out details of the meeting attended or visit undertaken and the reason why the expenditure was incurred.

Receipts

Itemised original receipts must support all claims [credit or debit card receipts are not acceptable].

Receipts should be securely attached to the relevant claim form. Claims without appropriate supporting documents will be invalid and unreceipted expenditure maybe deducted from the claim payable.

Claimants responsibilities

If you are claiming expenses, you are responsible for ensuring that all expenditure incurred was within the scope of this guidance and:

- Receipts have been collated and submitted with your claim for reimbursement.
- All relevant sections of the claim form have been correctly completed.
- All the amounts claimed relate to duties performed on behalf of the GDC.

Payment of claims

Claims will be paid directly into the Council Member's or Associates nominated bank account within two weeks of the claim being received by Finance.

Appendix 2 – Travel expenses rates

All rates include the cost of VAT, service charge and gratuities.

	Description	Rate (Inc. VAT)
Accommodation*	London	£180, per night
	Other UK	£125, per night
	Staying with friends and family	£25, per night
Meals	Breakfast	£10
	Lunch	£10
	Dinner	£30
Mileage allowance – Car	Standard rate – up to 10,000 miles	45p per mile
	Reduced standard rate – over 10,000 miles	25p per mile
Mileage allowance – Motor Cycle	All motorcycles	24p per mile
Mileage allowance – Cycle	Pedal cycle	20p per mile

*The above rates are not to be seen as expected rates, where possible you should seek accommodation at lower rates to minimise the costs to the GDC.

Refunds Policy 2020

Executive Director	Gurvinder Soomal, Executive Director, Registration and Corporate Resources
Author(s)	Samantha Bache, Head of Finance and Procurement
Type of business	For decision
Issue	To present the Refunds Policy 2020 to Council for approval.
Recommendation	The Council is asked to review and approve the Refunds Policy 2020.

1. Overview

- 1.1 The financial policies and procedures are reviewed annually to ensure that all related policy documentation reflect the GDC's latest requirements, arrangements and controls, including correct terminology. This is the first time we are presenting a consolidated refunds policy for approval.
- 1.2 The proposed policy encompasses the detailed operational area refund policies for ORE candidates and first registration applications. The ORE is a long-standing policy that, on review, we consider is still fit for purpose. The registration application refund policy is new for 2020, launched alongside the first-time implementation of registration fees; its development has been overseen by the Registration Fee Implementation Programme Board.
- 1.3 The FPC reviewed the appended Refunds Policy at its meeting in February 2020 and recommended it to the Council. The Council is asked to approve the policy.

2. Legal, policy and national considerations

- 2.1 The Legal team have been consulted, and their comments incorporated in respect of the detailed refunds policy for registration applications; being the new detailed operational area policy for 2020.

3. Equality, diversity and privacy considerations

- 3.1 An equality impact assessment has not been identified as being required as the impact of the policy proposed will not positively or negatively impact on any group or groups of people compared to others.

4. Monitoring and review

- 4.1 The refund policy will be reviewed annually.

5. Development, consultation and decision trail

- 5.1 The development of the registration application refund policy (being the new area for 2020) was part of the work overseen by the Registration Fee Implementation Programme Board. The detailed policy presented is consistent with the Programme Board decision taken, with a slight amendment to reflect operating practice. This amendment is in respect to

applications submitted where it has been identified that it is the incorrect application route ahead of any processing having taken place.

Appendices

a. Refunds Policy 2020

Samantha Bache, Head of Finance and Procurement

sbache@gdc-uk.org

Tel: 0121 752 0049

04 March 2020

Refunds Policy 2020

Version number: 1.0	Approved by:
Effective from: February 2020	Date of review:
Owner: Samantha Bache, Head of Finance and Procurement	

Summary of policy

The General Dental Council (GDC) will reimburse, in limited cases, fees paid in relation to:

- Overseas Registration Examination (ORE).
- Registration Application fees

Aim

This policy is designed to provide a refunds framework within which each operational area will operate. The detailed operational area refund policies are provided as appendices to this policy.

Scope

This policy applies to fees received from Candidates applying to sit the ORE and registration applicants. It is expected that each operational area will review its own detailed policy at least annually to ensure it remains appropriate.

Finance are responsible for the processing of any approved refunds in a timely manner.

Further information

If you have any questions relating to this policy, please contact:

- Jon Harris, Head of Registration Operations (ORE)
- Sidonie Francis, Head of Registration (Registration Application Fees)
- Samantha Bache, Head of Finance and Procurement (refund processing)
- Gurminder Soomal, Executive Director, Registration and Corporate Resources

Refunds

Refunds are expected to be processed in limited circumstances only. However, we do recognise that there will be circumstances where allowing a refund is the right thing to do.

Allowable circumstances

Every specific operational area's refund policy sets out the specific circumstances in which a refund will be considered admissible. Every refund policy includes an allowance for the occurrence of exceptional circumstances.

We define exceptional circumstances as circumstances that are severe, unforeseen and outside the control of the candidate/applicant.

Application for a refund

Applications for refunds should be made by the candidate/applicant in writing to the relevant operational area, setting out a statement of why they believe a refund should be allowable.

In the case of requesting a refund under exceptional circumstances, the candidate/applicant must also provide corroborating evidence to demonstrate their exceptional circumstance.

Applications for refunds are assessed on a case by case basis.

Authorisation of a refund

Authorisation of a refund is the responsibility of the relevant operational area. On approval of any refund request, the operational area should make a request to Finance to process the refund.

The Executive Director Registration and Corporate Resources has discretion to authorise a refund in exceptional circumstances, acting on behalf of the Registrar.

Processing of refund

Refund requests received in Finance will be processed according to the original payment route.

Payment made by credit/debit card	Refund processed to credit/debit card used in the original transaction
Payment made by cheque	Refund processed by issue of cheque
Payment made by Direct Debit/BACS	Refund processed by BACs

Wherever possible, we aim to process refunds within 7 days of receipt into the Finance Team.

Appendix 1 – Refund policy - Overseas Registration Examination (ORE)

Refunds are not normally offered to candidates. This is because once the GDC has submitted your name to the exam board the GDC is liable for your exam fee and does not consider it appropriate for that cost to be funded from the Annual Retention Fee paid by registrants. The cost of the place will remain the liability of the withdrawing candidate whatever stage they withdraw from the examination.

We only offer refunds in the two circumstances that are outlined below. There is no guarantee if you submit a request for refund in line with the below circumstance that you will be granted a refund.

The GDC only offers refunds in the following circumstances:

- (1)** when a candidate withdraws from the examination prior to their name being submitted to the exam board (circa 5 weeks before the exam date), and the GDC can replace them with another candidate. Please note, there is no guarantee that we will be able to find another candidate to take your place and if we cannot, for whatever reason, we will be unable to offer a refund.
- (2)** in exceptional circumstances. The GDC defines exceptional circumstances as circumstances that are severe, unforeseen and outside the control of the candidate e.g. serious illness, death of a close family member.

Being unable to obtain a visa does not constitute an exceptional circumstance. Candidates are responsible for ensuring that they are permitted to be in the UK to take the examination before they book a place.

Applications for a refund due to exceptional extenuating circumstances will be assessed on a case by case basis. A candidate can only apply once for a refund per examination.

Applying for Refunds

In circumstance (1), you should contact the GDC to see if they can replace you and submit the withdrawal and refund form by email on that day. If you delay and do not submit the forms your name may be submitted to the exam board and your fee will not be refunded. As soon as your name is submitted to the exam board, we are unable to refund any fees. In circumstance (1) you do not need to provide corroborating evidence. Please note, there is no guarantee that we will be able to replace you for the exam, in which case you will remain liable for the entire exam fee.

In circumstance (2), If the candidate believes they are eligible for a refund due to exceptional circumstances they will need to provide the GDC with the following documentation:

- A letter outlining the reason for their refund request.
- A completed ORE Refund Form (located at the end of this policy document).
- Corroborating evidence to demonstrate their extenuating circumstances. For example:

- Medical or Death Certificates. This must demonstrate why the candidate cannot sit on the days of the exam.
- Visa documentation or evidence demonstrating a valid visa could have been obtained.
- Evidence of travel (e.g. flight details) and accommodation arrangements for the duration of the examination.

Upon receipt of the documents, the examinations team will assess whether the candidate is eligible for a refund. The decision for a refund will be considered based on the evidence provided at the time of the request. You will not be given the opportunity to provide further evidence or to reapply for the refund. Therefore, you must make sure you provide all your corroborating evidence when you apply for a refund.

The ORE Refund Form, along with your evidence should be emailed to examinations@gdc-uk.org

Candidates should note that a decision will be made up to 10 working days of receipt of the request, and if granted, refunds can take up to 3 weeks to process. Refunds requests submitted after the exam has taken place may not be considered.

Contact details: Examinations Team, General Dental Council
 1 Colmore Square
 Birmingham B4 6AJ
 or Email: examinations@gdc-uk.org

Appendix 2 – Refund policy - Registration application fees

The application fee is made up of two elements: a processing fee and an assessment fee. Refunds are not normally provided for application fees. This is because the fee covers the cost of processing applications, which is incurred by the GDC even if your application is unsuccessful.

Processing Fee

As the Processing Fee covers the cost of basic application processing, a refund will only be issued in the following circumstance:

- (1) an applicant completes an incorrect application type submission, which is identified before any processing has commenced.

Assessment Fee

The GDC will only refund an assessment fee in limited circumstances. If you consider such circumstances apply to your case, you may submit a request as detailed below, which will be considered by the GDC on a case by case basis. For the avoidance of doubt, submission of a refund request does not guarantee that you will be granted a refund.

We only offer refunds in respect of the assessment fee, under the following circumstances:

- (1) in exceptional circumstances. The GDC defines exceptional circumstances as those that are severe, unforeseen and outside the control of the applicant; or
- (2) if it is immediately clear to the GDC Registration Casework Team that an application will not be successful prior to any assessment work having commenced; or
- (3) if an applicant requests a refund due to an incorrect application type submission, before any processing has commenced.

Applying for Refunds

If you consider that you fall into the above categories, you will need to provide the GDC with the following documentation:

- A statement outlining the reason for your refund request.
- Independent corroborating evidence to demonstrate your exceptional circumstances.

Upon receipt of your documentation, the registration team will assess if you are eligible for a refund. The decision for a refund will be considered based on the evidence provided at the time of the request. You will not be given the opportunity to provide further evidence or to reapply for the refund. Therefore, you must make sure you provide all your corroborating evidence when you apply for a refund.

Contact details: Registration Casework, General Dental Council
1 Colmore Square
Birmingham B4 6AJ
or Email: customerservices@gdc-uk.org

Professional Standards Authority review of GDC performance 2018/19

Executive Director	Tom Scott, Executive Director, Fitness to Practise Transition
Author(s)	Tom Scott Reviewed by Richard Drummond and Colin MacKenzie
Type of business	To note
Issue	To provide update on the Professional Standards Authority's review of our performance for 2018/19, which was published on 24 January 2020.
Recommendation	The Council is asked to note the report

1. PSA's assessment of our performance

- 1.1 This paper provides an update on the Professional Standards Authority's review of our performance for 2018/19, which was published on 24 January 2020.
- 1.2 Following an evaluation process, including the targeted review of our performance for nine Standards, the Professional Standards Authority (PSA) drew conclusions as to the number of Standards that, in its view, the GDC has met. The findings are that, in 2018/19, the GDC met 22 out of 24 Standards, specifically:
 - Education and training - 4 of 4
 - Registration - 6 of 6
 - Fitness to Practise - 8 of 10
- 1.3 The two FtP standards that the PSA found the GDC did not meet were:
 - a. Standard 6 – regarding timeliness in fitness to practise and
 - b. Standard 10 - regarding data.
- 1.4 This exactly matches our performance, in terms of Standards, for 2017/18.
- 1.5 During the evaluation process, the PSA undertook a targeted review of nine of the 24 Standards:
 - Standards 1, 2 and 3 of Regulation and Standards
 - Standard 2 of Registration
 - Standards 1, 3, 4, 6 and 10 of Fitness to Practise
- 1.6 The PSA's common concern within Regulation and Standards was the interval which had elapsed since the Standards and guidance had been updated. During the targeted review, we were able to demonstrate our on-going appraisal of the status of guidance, interaction

with the profession and a clear plan for action outlined within the Corporate Strategy for 2020-2022 resulting in our being awarded each standard.

- 1.7 The concern for standard 2 of Registration arose both from increased timescales contained within our quarterly data-set for non-UK applications to join the register, performance for registration appeals and feedback from potential applicants wanting to undertake the Oversees Registration Examination (ORE). We were able to demonstrate the transient nature of increased timescales that were associated with the relocation of Registration functions from London to Birmingham and explain the constraints we face, financial and in terms of accessing capacity, for the ORE. As a result, we were awarded the standard.
- 1.8 Within Fitness to Practise, the PSA wanted to satisfy itself that the self-triage webtool for potential informants and changes to the Dental Complaints Service (DCS) referral criteria were not introducing barriers to raising a concern. There were specific questions relating to the operation of the Initial Assessment Decision Group (IADG) and Case Examiners and, regarding a single quarter outlier, on the timeliness of Interim Order hearings being convened – all of which were fully addressed.

2. Decision timeliness

- 2.1 With regards to Standard 6, regarding timeliness, we recognise that our statistical dataset showed a mixed picture.

Measure	2015/16	2016/17	2017/18	2018/19
Number of open cases:				
52-103 weeks old	288	316	328	289
104-155 weeks old	95	84	102	121
156 weeks and older	40	46	38	55
Total over 52 weeks old	423	446	468	465
Median time taken from receipt of an initial complaint to a final decision by the IC/CE (weeks)	40	41	45	48
Median time taken from final IC to the final PC determination/or other final disposal of the case (weeks)	41	42	44	38
Median time from receipt of initial complaint to the final PC determination or other disposal (weeks)	94	90	99	94

- 2.2 We presented a narrative that accompanied the headline data explaining that, in parallel with this picture, we had made hundreds of additional decisions, reduced the total number of cases within FtP by over 20% and ensured that, on balance, more cases were further progressed compared to the previous year. We also demonstrated that on a like-for-like basis individual cases were experiencing less delay than previously.
- 2.3 The PSA acknowledged this, however, they appear to have based their decision largely on the increase in the median time taken from receipt to a final decision by IC/CE and the fact

that we had to restate our data-set within the reporting period as an issue that had existed since the launch of the Case Examiner function came to light.

- 2.4 We accept the PSA's assessment of our performance for the period 2018/19. However, we are not persuaded that the rationale for their decision fully reflects the progress that was made in the year or that the acknowledged and highly-trailed consequence of 'crystallising the loss' in performance indicator terms when large numbers of cases in progress are closed to reduce total caseload within the process.

3. Information security

- 3.1 In relation to Standard 10, we acknowledge that the decision not to award this standard is consistent with previous PSA evaluation and rationale. We strongly disagree, however, with the accompanying narrative that we have not adequately prioritised information governance, that a self-referral to ICO is indicative of poor information governance, or that any methodology to manage information securely would have produced a result that it is immune from human error.

4. Next steps and communications

- 4.1 We remain committed to achieving all PSA standards and being recognised as an effective regulator of dental professional groups. We recognise the challenging nature of this ambition for FtP Standard 10, particularly given the PSA's evaluation methodology that is in tension with our own drive for a fully GDPR compliant, learning and open approach, where we are likely to report data security incidents, irrespective of the likelihood of the Information Commissioner's Office (ICO) to take action.
- 4.2 We are planning the activity required to engage with PSA's 2019/20 performance review. This will incorporate feedback received from the most recent evaluation, learning and actions arising from the recent adoption of the NHS Toolkit to assist our information security and the revised performance criteria outlined by PSA for the upcoming assessment in order that our performance can be fully evidenced.

Tom Scott, Executive Director Fitness to Practise Transition

tscott@gdc-uk.org

Tel: 020 7167 6209

19 February 2020

Declarations of Interest – Annual Report 2019

Executive Director	Lisa Marie Williams, Executive Director, Legal & Governance
Author(s)	Katie Spears, Interim Head of Governance Polly Button, Governance Manager
Type of business	To note
Issue	<p>Section 2E of the Dentists Act 1984 places an obligation on the Council to establish and maintain a system for the declaration and registration of the private interests of its members and to publish entries recorded in relation to Council Members.</p> <p>The GDC also subscribes to the 'Seven Principles of Public Life' (the Nolan Principles) and expects that those who lead, work with and for the organisation to act with integrity and in a way that is open, transparent and accountable.</p> <p>This paper seeks to provide an overview of interests declared by Council Members, Independent Associates, members of staff and the wider Associate group and to provide an assurance that those affiliated with the GDC are acting in line with the requirements set out in the GDC's Managing Interests policies for their respective groups.</p>
Recommendation	The Council is asked to note the interests declared as at 31 December 2019.

1. Key considerations

- 1.1 As a regulator committed to transparency, openness and propriety, the General Dental Council (GDC) has established systems and processes to manage the relevant and material interests of its Council Members, all Associates and staff. In requiring regular and considered declarations of any conflicts, or perceived conflicts of interest, the GDC seeks to promote public confidence in the regulatory process.
- 1.2 Conflicts of interest are a normal and unavoidable part of decision-making and seeking to eliminate them is unlikely to be feasible or desirable. At the same time, for all public bodies, it is essential to maintain public trust and confidence in the organisation and individuals associated with it. Where a conflict of interest does arise, the principles of transparency and integrity apply, and the GDC requires disclosure of such conflicts to allow the organisation to manage the conflict accordingly.

2. Definitions

- 2.1 A 'conflict of interest' is defined by the International Standards for the Professional Practice of Internal Auditing as *'any relationship that is or appears to be not in the best interests of*

the organisation. A conflict of interest would prejudice an individual's ability to perform his or her duties and responsibilities objectively'. A conflict of interest could relate to any professional, personal or business activity.

- 2.2 In this paper, 'Independent Associates' are defined as Members of the Statutory Panellists Assurance Committee ('SPC') and Independent Members of the non-statutory Committees of the Council, such as the Audit and Risk Committee, Remuneration Committee or Finance and Performance Committee. The 'wider Associate group' will include all members of statutory Committees, such as Fitness to Practise panellists, QA inspectors, DCS Panellists, DCP Assessment Panellists, Members of the ORE Advisory Group and ORE External Examiners.

3. Pending Policies Review

- 3.1 The GDC has developed policies around Managing Interests for these various groups. These are currently under review by the Governance team and People Services team and will be brought back to this Board for discussion of any proposed variations in due course. Some gaps and areas of uncertainty around process have been discovered and the review will be designed to remedy these areas.
- 3.2 As part of the policy review, it will be proposed that changes are made as to how declared interests are reviewed to align with the area of business by which the various groups are managed. In line with the wider Board Effectiveness work, it will also be proposed that, in relation to Council Members, all Associates and EMT members, the annual report goes to the Audit and Risk Committee rather than to the Council. It will be proposed that, in relation to staff, this report goes to the SLT Board.

4. Requirements

- 4.1 On appointment, all Council Members, independent Associates, members of staff and wider Associates of the GDC must declare all conflicts of interest or potential conflicts of interest by completing a Register of Interest form.
- 4.2 Council Members and EMT members must update their declarations as soon as they are aware of any change in circumstance, or at least every three months.
- 4.3 Independent Associates, the wider Associates group and members of staff must update their declarations as soon as they are aware of any change in circumstance, or at least every 12 months.
- 4.4 For Council Members, Independent Associates and EMT members, declarations of interest should be submitted by email to the Governance Team to ensure that they are centrally captured and logged. The Governance team will maintain the registers of interests for these groups, ensure that declarations are published appropriately and report on them annually.
- 4.5 For members of staff and the wider Associates group, declarations of interest should be submitted by email to the People Services Team to ensure that they are centrally captured and logged. The People Services team will maintain the registers of interests for these groups, ensure that declarations are published appropriately and report on them annually.
- 4.6 Council Members and Independent Associates are required to act in line with the GDC's Standing Orders, the Nolan Principles and the Managing Interests Policy. They are expected to declare any conflicts of interest both periodically and as they become aware of them in Board meetings. Any non-compliance with this will be dealt with in line with the Code of Conduct for Council Members and Associates.

- 4.7 The wider Associates group are expected to act in line with the Nolan Principles and the Managing Interests Policy. They are expected to declare any conflicts of interest periodically and as they arise. Any non-compliance with this will be dealt with in line with the Code of Conduct for Council Members and Associates.
- 4.8 Staff and EMT Members are expected to declare any interests periodically and as they arise. Any staff of EMT members who do not comply with the Managing Interests Policy for Staff will be dealt with in line with GDC disciplinary procedures.

5. Data for 2019

- 5.1 The Governance team sought declarations of interest from all Council members, EMT members and Independent Associates in November 2019. These were reviewed in January 2020. The register of interests for Council members, Independent Associates and EMT members can be found at Appendices 1, 2 and 3, respectively.
- 5.2 The People Services team sought updates to the declarations of interest for the wider Associates group in October 2019. This is the first time that the People Services team have managed this exercise, which involves the collation of the declarations for several hundred individuals. Apart from a small group of Associates, attached the Hearings function, those declarations that have been returned have not yet been reviewed by GDC staff owners. This does raise an issue around ownership of this activity and the wider management of the Associates group that we aim to address within the policy review that will be brought back to the SLT in April 2020. The information we currently hold around the declarations returned for the Associates group can be found at **Appendix 4**.
- 5.3 The People Services team sought updates from staff in November 2019 and these were reviewed in December 2019 and January 2020. The relevant data captured in relation to those register of interests for staff can be found at **Appendix 5**.

6. Monitoring and review

- 6.1 The Governance team facilitates the managing interests process for the Council Members, Independent Associates and the EMT and the People Services team facilitates the process for staff and the wider Associates group.
- 6.2 For Council Members and Independent Associates:
- A register of interests is maintained.
 - A copy of the *Governance Manual for Council Members of the GDC*¹ is provided upon induction. This includes the 'Managing Interests Policy for Council Members and Associates' and practical guidance for managing interests.
 - Reminders are sent periodically to complete or update declarations of interest.
 - The Chair¹ reviews completed declarations from new members and those of existing members where changes have taken place.
 - Once reviewed by the Chair, new declarations and changes to existing declarations are published on the GDC website.
 - Council and Committee agendas include 'Declarations of Interest' as a standing item.

¹ The Chair of Council will review the quarterly declarations of interest of Council members and annual declarations of the independent members of the non-statutory Committees. The Chair of SPC will review the annual declarations of the SPC members.

6.3 For Associates:

- A register of interests is maintained.
- A copy of the *Governance Manual for Associates of the GDC* is provided upon induction. This includes the 'Managing Interests Policy for Council Members and Associates' and practical guidance for managing interests.
- Reminders are sent periodically to complete or update declarations of interest.
- It will be proposed that the GDC staff owners review the declarations of new Associates and those of existing Associates where changes have taken place. It is unclear how this review is currently taking place.
- It will also be proposed that GDC staff owners review the annual declarations of interest that are made by this group and produce a report for the appropriate Executive Director² to review. This review will be to scrutinise the process followed and will contain a selected review of any declarations received.

6.4 For Staff and EMT Members:

- A register of interests is maintained.
- A copy of the Managing Interests for Staff Policy is provided during the corporate induction and it is available on the intranet site.
- Reminders are sent periodically to complete or update declarations of interest.
- For staff, the People Services team will review the declarations received from new members or existing members, where there have been changes, and provide a report to the appropriate Executive Director³ for scrutiny of the process and any guidance around irreconcilable interests or complex issues.
- In relation to EMT Members, the Chief Executive will review declarations from new members, or existing members where there have been changes, scrutinise the interests declared and determine any irreconcilable interests.
- For EMT members, once reviewed by the Chief Executive, new declarations and changes to existing declarations are published on the GDC website.
- For EMT and staff members attending Board meetings, the Council, Committee and SLT agendas include 'Declarations of Interest' as a standing item.

6.5 The Council currently receives an annual report on declarations of interest for all groups. Following a review of the policies, it will be proposed that this report on declarations relating to Council Members, Independent Associates, EMT Members and the wider Associates group is presented to the Audit and Risk Committee (who can scrutinise the processes followed and, in turn, provide assurance to the Council) and the report in relation to staff is presented to the SLT Board.

² Currently the Executive Director, Legal and Governance but proposed to change to Executive Director, Organisational Development as Associates fall within the remit of the OD directorate.

³ For staff, currently the Executive Director, Legal and Governance but proposed to change to the Executive Director, Organisational Development as staff fall within the remit of the OD directorate. The Chief Executive will review declarations from members of the EMT and the Chair of the Council will review the declarations of the Chief Executive.

7. Legal, policy and national considerations

- 7.1 The managing interests process for organisation seeks to ensure that decision making by the GDC is pursuant to our legal obligations, statutory aims and in line with best practice across the public sector.
- 7.2 The Dentists Act 1984 requires the publication of Council members' declarations of interest and these are available on the GDC website.

Appendices

- a. Appendix 1 - Register of Interests for Council Members (as at 31 December 2019).
- b. Appendix 2 - Register of Interests for Independent Associates
- c. Appendix 3 - Register of Interests for EMT Members
- d. Appendix 4 - Data on the declarations of interest of the wider Associates Group
- e. Appendix 5 - Data on the declarations on interest of GDC staff.

Katie Spears, Interim Head of Governance

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05 March 2020

Appendix 1- Register of Interest for Council Members (as at 31 December 2019)

Name	Position	Declared Interest(s)
William Moyes	GDC Chair of Council Lay Member	<u>Employment</u> Chair of the Gambling Commission, part time, non-executive (remunerated) <u>Memberships/associations</u> Fellow, The Royal College of Medicine The Cockburn Association, Edinburgh Civic Trust <u>Connected Persons</u> None declared
Anne Heal	Council Member Lay Member	<u>Employment</u> Chair, Thames Water Customer Challenge Group (remunerated) Non-Executive Director, Office of Rail & Road (remunerated) Non-Executive Director, Elexon/Elexon Clear (remunerated) Independent Member, Bank of England EDMC (remunerated) Member, Regulatory Decisions Committee, Financial Conduct Authority Director, Anne Heal & Associates (remunerated) Chair, Volunteering Matters (non-remunerated) Chair, NCVO (non-remunerated) Non-trustee Chair, Governance and Nominations Committee. Diabetes UK (non-remunerated) Trustee, Balletboyz (non-remunerated) Trustee/Chair, London Design & Engineering UTC (non-remunerated) Director, 27/29 Church Road (non-remunerated) Trustee, Charities Aid Foundation CAF (non-remunerated) <u>Memberships/associations</u> Fellow, The Royal Society of Arts <u>Connected Persons</u> None declared
Caroline Logan	Council Member Registrant Member	<u>Employment</u> Internal Verifier, part time, Leeds Teaching Hospitals Trust, School of Dental Nursing and Technology at Leeds Dental Institute (remunerated)

Name	Position	Declared Interest(s)
		<u>Connected Persons</u> None declared
Catherine Brady	Council Member Registrant Member	<u>Employment</u> Director, Bloxdent Ltd (remunerated) Dental Performer, Bloxham Dental Practice (remunerated) Training Programme Director for Foundation Dentists, Health Education Thames Valley and Wessex (remunerated) Chief Clinical Officer, Rodericks Ltd (remunerated) <u>Memberships/associations</u> Dental Protection Society <u>Connected person(s)</u> Daughter - Dental Student at Newcastle Dental School
Crispin Passmore	Council Member, Lay Member and Audit and Risk Committee (ARC) Chair	<u>Employment</u> Board Member and ARC Chair, West Midlands Housing (registered Social Landlord) (remunerated) Founder and Principle Passmore Consulting Ltd (remunerated) <u>Memberships/associations</u> Labour Party <u>Connected Persons</u> None declared
Geraldine Campbell	Council Member, Lay Member and Remuneration Committee (Remco) Chair	<u>Employment</u> Lay Assessor for Northern Ireland Medical Dental Training Agency medical trainees only (remunerated) <u>Memberships/associations</u> None declared <u>Connected Persons</u> None declared
Jeyanthi John	Council Member Registrant Member	<u>Employment</u> Consultant in Dental Public Health, Public Health England (remunerated) Honorary Senior Lecturer, King's College London (non-remunerated)

Name	Position	Declared Interest(s)
		<p>Board Member/Governor, Southampton City College (non-remunerated)</p> <p><u>Memberships/associations</u> British Dental Association Faculty of Public Health British Association for the Study of Community Dentistry</p> <p><u>Connected Persons</u> None declared</p>
Kirstie Moons	Council Member, Registrant Member, Policy and Research Board (PRB) Chair	<p><u>Employment</u> Associate Director for Dental Team Workforce Planning & Development, Health Education & Improvement Wales (HEIW) (remunerated) Member of the Welsh Dental Committee (non-remunerated) School Governor for Islwyn High School (non-remunerated) Member of Healthcare Inspectorate Wales (HIW) Stakeholder Reference group (non-remunerated)</p> <p><u>Memberships/associations</u> Member of Unison</p> <p><u>Connected Persons</u> None declared</p>
Simon Morrow	Council Member Registrant Member	<p><u>Employment</u> Director – Scottish Sedation Training (remunerated) Dental Practice Advisor & Inspector, NHS Ayrshire and Arran, contract work (remunerated) Dental Practice Inspector, Healthcare Improvement Scotland (HIS), contract work (remunerated) Sedation Inspector, NHS Boards (various and including HIS), contract work (remunerated) Lecturer NHS Education for Scotland, contract work (remunerated) Committee member, National Dental Advisory Committee, Scotland (remunerated) Working group member, Oral Health Improvement Plan, SG (remunerated) Working group member, SDNAP, older adults (remunerated) Associate Dentist, Three Towns and Kilwinning Dental Care (remunerated) Advice and Support for Clyde Munro Dental Group, contract work (remunerated)</p> <p>Church Elder, St John's Church Largs, Church of Scotland (non-remunerated)</p>

Name	Position	Declared Interest(s)
		<u>Memberships/associations</u> Ayrshire & Arran Local Dental Committee <u>Connected Persons</u> None declared
Margaret Kellett	Council Member Registrant Member	<u>Employment</u> NHS pension payments (remunerated) GDC registrant member remunerated Occasional invitation to provide expert reports (remunerated) Honorary clinical contract to permit clinical voluntary work-based Leeds Dental School (non-remunerated) Trustee of Oral and Dental Research Charity (non-remunerated) Honorary Secretary of the Manchester Dental Alumni Society (SOMANDA) (non-remunerated) Honorary Secretary of the Elland and Greenland district RBL (non-remunerated) <u>Memberships/associations</u> British Dental Association Medical Defence Union British Society of Periodontology Royal College of Surgeons, England <u>Connected Persons</u> None declared
Sheila Kumar	Council Member Lay Member	<u>Employment</u> CEO, Council for Licensed Conveyors, regulatory body (remunerated) <u>Memberships/associations</u> None declared <u>Connected Persons</u> None declared

Name	Position	Declared Interest(s)
Terry Babbs	Council Member, Lay Member and Finance and Performance Committee (FPC) Chair	<u>Employment</u> Non-Executive Director, HMRC Valuation Office Agency and member of Audit and Risk Committee (remunerated) Vice Chair, Oxfam Enterprise Development Programme (non-remunerated) Trustee, Hertford County Yacht Club (non-remunerated) <u>Memberships/associations</u> None declared <u>Connected Persons</u> None declared

Appendix 2 - Register of Interest for Independent Associates (as at 31 December 2019)

Name	Position	Declared Interest(s)
Ann Brown	Independent Member of the Remuneration Committee (from October 2019)	<p><u>Employment</u> Hourly paid lecturer, Kingston University (Business School) (remunerated) Trustee and Chair of Remco – City & Guilds of London Institute (unremunerated)</p> <p><u>Memberships/associations</u> Fellow of Chartered Institute of Personnel and Development. Election support activities for Liberal Democrats. Not a member of any political party.</p> <p><u>Connected Persons</u> None declared</p>
Rajeev Arya	Independent Member of the Audit and Risk Committee	<p><u>Employment</u> Chief Finance Officer, Motor Insurers Bureau (remunerated)</p> <p><u>Memberships/associations</u> Fellow of the Institute of Chartered Accountants in England and Wales</p> <p><u>Connected Persons</u> Daughter's Father-in-law to be is a dentist</p>
Rosie Varley	Chair of the Statutory Panellists Assurance Committee	<p><u>Employment</u> Self-employed Independent Assessor for Public Appointments working across government departments in England and Wales as Senior Independent Panel Member on Ministerial Appointments to Public Bodies (remunerated)</p> <p>Chair of the Members of SENDAT – an Academy of Schools providing education to pupils with Special Needs in East Anglia (unremunerated)</p> <p><u>Memberships/associations</u> None declared</p> <p><u>Connected Persons</u> None declared</p>
Martyn Green	Member of the Statutory Panellists	<p><u>Employment</u> Non-executive Director of Dentists' Provident (remunerated)</p>

Name	Position	Declared Interest(s)
	Assurance Committee	<p>Lay member of the Probate Committee of the Institute of Chartered Accountants of England and Wales (ICAEW) (remunerated)</p> <p>Lay chair of Medical Practitioners Tribunal Service (remunerated)</p> <p>Professional member of the First-tier Tribunal Primary Health Lists (remunerated)</p> <p>Adviser to the charity Bridge2Aid (unremunerated)</p> <p><u>Memberships/associations</u></p> <p>Member of British Dental Association</p> <p>Member of Christian Dental Fellowship</p> <p>Fellow of Royal College of Physicians and Surgeons of Glasgow</p> <p>Member of the Faculty of General Dental Practice of the Royal College of Surgeons of England</p> <p><u>Connected Persons</u></p> <p>None declared</p>
Nigel Fisher	Member of the Statutory Panellists Assurance Committee	<p><u>Employment</u></p> <p>Part-time (6 sessions per week) Associate Postgraduate Dental Dean for London and Kent, Surrey and Sussex.</p> <p>Health Education England. NHS (remunerated)</p> <p>Member of the GDC Registration Panel (remunerated)</p> <p><u>Memberships/associations</u></p> <p>None declared</p> <p><u>Connected Persons</u></p> <p>None declared</p>
Tim Skelton	Member of the Statutory Panellists Assurance Committee	<p><u>Employment</u></p> <p>Member of NMC, RCVS, and Social Work England Fitness to Practice Committees (remunerated)</p> <p>Selection Exercise Chair for Judicial Appointments Committee (remunerated)</p> <p>Chair of Independent Review Panels for NHS England Continuing Healthcare (remunerated)</p> <p><u>Memberships/associations</u></p> <p>None declared</p> <p><u>Connected Persons</u></p> <p>None declared</p>

Appendix 3 - Register of Interest for EMT Members (as at 31 December 2019)

Name	Position	Declared Interest(s)
Ian Brack	Chief Executive, Registrar and Accounting Officer of the GDC	<u>Employment</u> None declared <u>Memberships/associations</u> Fellow of the Royal Geographical Society <u>Connected Persons</u> Clare Callan, Head of FtP Casework, is an acquaintance
Gurvinder Soomal	Executive Director, Registration and Corporate Resources	<u>Employment</u> None declared <u>Memberships/associations</u> None declared <u>Connected Persons</u> None declared
Lisa Marie Williams	Executive Director, Legal and Governance	<u>Employment</u> None declared <u>Memberships/associations</u> None declared <u>Connected Persons</u> None declared
Sarah Keyes	Executive Director, Organisational Development	<u>Employment</u> Trustee of the True Athlete Project - a charity (unremunerated) <u>Memberships/associations</u> Fellow of the CIPD and a chartered member of the Association of Chartered Secretaries <u>Connected Persons</u> None declared
Stefan Czerniawski	Executive Director, Strategy	<u>Employment</u> None declared <u>Memberships/associations</u> Fellow of the Royal Society of the Arts

Name	Position	Declared Interest(s)
		<u>Connected Persons</u> None declared
Tom Scott	Executive Director, Fitness to Practise Transition	<u>Employment</u> Member of the National Advisory Board of Human Factors in Dentistry (NABHFD). This is an informal, unincorporated body with an emerging terms of reference and position that is seeking to engage, influence and ultimately advise the various dental professional groups and dentistry in general regarding the potential applications and benefits of employing 'Human Factors' within the sector. (Unremunerated) <u>Memberships/associations</u> None declared <u>Connected Persons</u> None declared

Appendix 4 - Data on the declarations of interest of the wider Associates Group

Wider Associates Group				Declarations of Interest			
Total Associates Group ⁴	Total Number of Associates	% completed DOI forms by end 2019	Total number of Associates who declared no interests	Total number of Associates who declared interests	Number of Associates who declared secondary employment	Number of Associates who declared memberships or associations	Number of Associates who declared connected people
Total Group	464	87% (405/464)	Information not yet available	Information not yet available	Information not yet available	Information not yet available	Information not yet available

⁴ Due to the way in which data is collected and reported in Dynamics CRM, it has not been possible to provide a breakdown of Associates affiliated to each Directorate. The People Services team are working with the IT team to devise a solution to this issue.

Appendix 5 - Data on the declarations on interest of GDC staff.

Staff Data				Declarations of Interest			
Directorate	Total Number of Staff	% completed DOI forms by end 2019	Total number of staff who declared no interests	Total number of staff who declared interests	Number of staff who declared secondary employment	Number of staff who declared memberships or associations	Number of staff who declared connected people
Fitness to Practise	103	84% (83.5%)	65	21	15	11	2
Legal & Governance	74	93% (93.2%)	50	19	7	11	5
Organisational Development	18	100%	10	8	2	8	0
Registration & Corporate Resources	115	90% (90.4%)	84	20	8	10	6
Strategy	38	92% (92.1%)	25	10	5	8	0

Horizon scanning report – March 2020

Executive Director	Stefan Czerniawski, Executive Director, Strategy
Author(s)	Lisa Bainbridge, Head of Nations and Engagement (interim) Jessica Rothnie, Policy Manager Guy Rubin, Research Manager Patrick Kavanagh, Policy Manager Tom Chappell, Media Manager
Type of business	To note.
For Council only	Public session
Issue	This paper provides Council with an analysis of policy developments, providing an external context to support discussions and decision-making.
Recommendation	To note.

Contents

This report included the following sections:

1. [Professional regulation developments](#)
2. [Developments in dentistry](#)
3. [Summary of media issues and coverage achieved](#)
4. [Parliamentary updates](#)
5. [Updates from previous horizon scanning report](#)

1. Developments in professional regulation

First annual Ombudsman's Casework Report

- 1.1. On 5 March, the [Parliamentary and health Service Ombudsman published its first annual Ombudsman's Casework Report](#). The Report shows the wide range of cases the organisation concluded in 2019. As well as serious complaints about the NHS in England, the report includes cases involving UK government departments and other public services.
- 1.2. The variety of complaints in the report, from delays in receiving child maintenance payments to sea bass fishing licences, show that public service failures affect people from all walks of life. Yet complaints about government bodies account for a small proportion of the complaints brought to the Ombudsman. This is partly due to outdated legislation that prevents people from accessing the service directly, as they have to refer their complaint to an MP first.

Consultation on the Regulation of Non-Surgical Cosmetic Procedures in Scotland

- 1.3. The Scottish Government has issued a public consultation seeking views on the introduction of licensing for [non-healthcare professionals who carry out non-surgical cosmetic procedures](#), using products such as dermal fillers or lip enhancements. The consultation is open until 30 April.

NMC reports experiences of fitness to practise and launches new standards

- 1.4. In February 2020, the Nursing and Midwifery Council (NMC) published an independently commissioned research report; [The voice of people who use services, families and members of the public in fitness to practise proceedings](#).
- 1.5. It examined the NMC's proposal to introduce personal experience statements into their fitness to practise process. Service users, family and members of the public would be invited to tell the NMC how an incident has affected them. 125 members of the public and stakeholders from across the UK, took part in the research. The response to the proposals was largely positive from patient representatives, the public, NMC staff and registrants, although union and legal representative were more negative with concerns about its implications for nurses and midwives.
- 1.6. The NMC has also launched its new [Future Midwifery Standards in January](#). The standards set an evidence-based benchmark for the professions, creating a foundation for midwives of the future to receive a 'first-class' education and reflect the transforming environment in which midwives work.

GPhC consultation on fees

- 1.7. The [General Pharmaceutical Council \(GPhC\) has issued a consultation](#) proposing an increase in fees for pharmacy premises from £262 to £365. The fees for pharmacists and pharmacy technicians will not be increased this year. The increase is to close the gap between the fees paid and the cost of regulation. The consultation closes on 31 March.

Professional Standards Authority (PSA) contribution report

- 1.8. The PSA has issued a report entitled, [An overview of our work and its contribution to protecting the public](#). The report includes data summarising the work of the PSA, which states that 12,001 decisions have been scrutinised over the last three years, with 711 detailed case reviews, 111 case meetings and 31 appeals. The report also includes case studies to illustrate the PSA's function, including a GDC case that was subject to a PSA Section 29 appeal.

PSA publishes GDC performance review

- 1.9. The PSA has published its [annual performance review of the GDC](#). For the review period, the GDC has met 22 of the 24 Standards of Good Regulation.

Care Quality Commission (CQC) on digital triage in health services

- 1.10. The CQC has released a report entitled [Getting to the right care in the right way: digital triage in health](#). The CQC has worked with healthcare providers, service users, clinicians, technology suppliers and other statements to agree what care providers and technology suppliers need to do to ensure people receive high-quality care through these tools.

Independent inquiry following conviction of Ian Paterson

- 1.11. The [independent inquiry into surgeon Ian Paterson's malpractice](#) has provided recommendations following his criminal conviction, including the recall of his 11,000 patients, for their treatment to be assessed. The report also recommends a public register detailing which types of operations surgeons are able to perform, allowing patients time to reflect on diagnosis and treatment, and more effective communications.

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2. Developments in dentistry

GDC issues statement on providing dental care remotely

- 2.1. The GDC issued a statement on 24 February on the actions being taken with regard to [providing dental care remotely](#). Our statement notes that we are continuing to gather evidence about the potential risk of harm to patients from 'direct to consumer orthodontics' and other forms of dental care offered remotely. We have contacted providers of these services to seek clarification on the procedures they follow and how GDC registrants may be involved.
- 2.2. As part of this work, we have also reached out to competent authorities in [FEDCAR](#) (Federation of Dental Regulators) for their views on remote prescribing and to learn of action they may have taken.

Dental Protection calls for regulatory reform

- 2.3. Dental Protection has called on the Government to reform regulation to enable improvements to fitness to practise processes. In a [briefing aimed at the new government](#) they argued that while the GDC has made some positive changes to its fitness to

practise processes, it has been held back by the confines of its 35-year old legislation, which has not kept a pace with changes in the way dentistry is practised.

Dental Protection report: Breaking the burnout cycle

- 2.4. Dental Protection has issued a new report [Breaking the burnout cycle](#) and has called on the dental community to act to prevent burnout amongst dentists, so they stay in practice, rather than quit the profession. The report also quotes the findings of a survey of UK dentists, where half of all respondents indicated that they had considered leaving the profession for reasons of personal wellbeing.

Smiledirectclub in California

- 2.5. Online trade publication [dentistry.co.uk has reported that the Chief Clinical Officer at Simledirectclub is at risk of losing his license](#) after a two-year dental board investigation in California. According to the report, the 'state accuses him of violating state law, defrauding state dental regulators and acting with gross negligence toward patients.' The company issued a statement rejecting the claim that the dental board had acted, calling the report as 'unfounded and untrue.' And last month, on 21 January, [The New York Times published a feature article](#) on how the company has worked to 'limit information about customer dissatisfaction.'

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3. Summary of media issues and coverage achieved

BBC London Inside Out investigative piece on training for illegal tooth whitening

- 3.1. BBC London broadcast a piece in February exposing training companies which offer training for illegal tooth whitening. Background information and a comment was provided to the BBC in advance of the report. The piece, and its accompanying [BBC News Online report](#), led to wide-spread discussion on national and local radio across the country and coverage in a host of nationals/mainstream publications ([Independent](#), [HuffPost](#), [The Sun](#), [The Standard](#), [The Herald](#)), consumer outlets ([Grazia](#)) and trade publications ([Dentistry](#), [The Dentist](#), [Dental Review](#))

Further opinion on use of under guise investigations in FtP

- 3.2. Following criticism aimed at the GDC late last year relating to the use of under guise in fitness to practise investigations, The Dentist Editor, Eddie MacKenzie reflects on the debate in this [reasoned piece in the January issue \(p14/15\)](#).

Remote orthodontics statement

- 3.3. The GDC's updated statement on the remote provision of dental care and 'direct-to-consumer' orthodontics was reported in [Dentistry](#), [Dental Review](#) and [mddus.com](#). [The BOS](#) said they 'cautiously welcomed' the statement and the [BDA](#) welcomed the call for evidence on patient risk. We are likely to see further coverage as this develops further, and the press office has fielded enquires from national print and broadcast media.

- 3.4. In related news, The Oral Health Foundation and the British Orthodontic Society launched '[Safe Brace](#)' – a website highlighting the dangers of direct-to-consumer braces and the importance of seeing a dental professional for orthodontic treatment. This was covered in [The Times](#), [Mail Online](#) and [Dentistry](#).

Finest Dental closure

- 3.5. Reports about the closure of dental corporate Finest Dental, which has left many patients out of pocket and stranded part way through treatment, have been seen from [Channel 5 News](#), [Birmingham Mail](#), [This is Money](#) and a number of local publications. This is likely to attract further coverage as situation develops, and the press office has fielded enquiries from national print and broadcast media.

'Blue on blue' fitness to practise concerns

- 3.6. The BDA's Len D'Cruz penned [an opinion piece](#) in January's British Dental Journal calling on dental professionals to cease using inappropriate FtP referrals to 'weaponise' professional disputes.

GDC publishes Costed Corporate Plan

- 3.7. January's publication of the Costed Corporate Plan was covered by [mddus.com](#), [The Probe](#), Dental Review and Scottish Dental.

GDC Moving Upstream conference

- 3.8. The 2020 Moving Upstream conference saw coverage in [Dentistry](#), [Dental Review](#) and [Modern Dentist Magazine \(p56\)](#).

Health regulators' joint statement relating to Covid-19

- 3.9. The statement, signed by the chief executives of the UK's health regulators, was covered by [Dental Review](#) and [Dentistry](#).

GDC Appoints Head of Scottish Affairs

- 3.10. The arrival of Gordon Matheson as our new Head of Scottish Affairs was covered by [Dental Review](#) and Scottish Dental.

GDC report on Rule 4 consultation

- 3.11. The GDC's report on its consultation about proposed changes to its Rule 4 process was covered by [Dental Review](#), [mddus.com](#) and [Dentistry](#).

Fitness to practise coverage

- 3.12. While, in line with policy, the GDC did not confirm the existence of a fitness to practise concern or investigation, [Scottish Dental](#) reported that a referral had been made in relation to two dentists working for NHS NSS Practitioners Services Division, over claims that dentists had been forced to repay fees 'under duress'.

- 3.13. The outcome of an Interim Orders Committee hearing ([Michael Rylko](#)) was reported by [Shetland News](#) and local BBC radio.
- 3.14. A fitness to practise investigation into Jersey Orthodontist, [Bruce Skinner](#), which resulted in conditions was reported locally in [Bailiwick Express](#) and Jersey Evening Post.

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4. Parliamentary updates

Cabinet reshuffle

- 4.1. The Prime Minister reshuffled the Cabinet in mid-February. There are no changes to the ministerial team at the Department of Health and Care to report. The significant changes was the Chancellor of the Exchequer with the Rt. Hon. Rishi Sunak MP taking over from the Rt. Hon Sajid Javid MP. You can find the full list of new members and those with new positions [on the BBC website](#).

Stormont resumes

- 4.2. The devolved government of Northern Ireland has now resumed proceedings at Stormont. Upon the news, the [BDA has issued a statement, reported by The Dentist](#), calling on the newly appointed Minister of Health, [Robin Swann MLA](#), to address a number of key issues. These include addressing delays in pay uplifts, agreeing a new oral health strategy, reducing the regulatory burden by 'moving away' from annual RQIA inspections, and the need for some urgency around workforce planning for community dental services.

BDA presses for inquiry into dentistry to proceed

- 4.3. Upon the election of the Rt. Hon. Jeremy Hunt MP to the position of Chair of the Health and Social Care Committee, the [BDA has issued an open letter calling on the revival of the inquiry into dentistry](#). The inquiry was opened before the General Election 2019, with over 100 organisations and individuals submitting evidence, but fell from the agenda when the parliamentary session closed.

Number of children who have seen an NHS dentist in the last 12 months

- 4.4. The Shadow Secretary for Health and Social Care, the Rt. Hon. Jonathan Ashworth MP, asked a parliamentary question in January on the what proportion of children under the age of two, had visited an NHS dentist in the last 12 months. The response is below:

Age	Number of children seen by an NHS dentist	Population
0	22,485	653,467
1	162,724	674,807
2	272,151	675,045
Total	457,360	2,003,319

5. Updates from previous horizon scanning report

- 5.1. Social Work England launched (correction) (Horizon scanning report, January 2020, p.1.3.). Social Work England replaces the Health and Care Professions Council for the regulation of *social workers* in England. The Health Care Professions Council (HCPC) continues to regulate a number of healthcare professions, the [full list can be found here](#). There was a phrase omitted from this item, when it was reported in January.
- 5.2. Survey of antibiotic prescribing in dentistry (update) (Horizon scanning report, January 2020, p.2.1.). Council members asked who was conducting the survey on antimicrobial prescribing. The survey is being led by Dr Noha Seoudi, Queen Mary's University London. Further information about the survey can be found on the [FGDP \(UK\) website](#).

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05 March 2020

Stakeholder engagement report – March 2020

Executive Director	Stefan Czerniawski, Executive Director, Strategy
Author(s)	Daniel Knight, Policy Manager Serena Monaco, Stakeholder Engagement Officer Lisa Bainbridge, Head of Nations and Engagement
Type of business	To note.
For Council only	Public session.
Issue	This paper provides Council with a summary of stakeholder engagement activities and new appointments during the reference period. The aim is to be transparent as well as providing additional context to inform strategic discussions and decision making.
Recommendation	To note.

Contents

This report includes the following sections:

1. [Stakeholder appointments](#)
2. [Stakeholder engagement report](#)
3. [Student engagement report 2019/20](#)
4. [New starter in Wales](#)
5. [Stakeholder engagement calendar \(March and April\)](#)

[Appendix A – Results from engagement questionnaires](#)

1. Stakeholder appointments

- 1.1. The [Royal College of Physicians and Surgeons of Glasgow](#) has appointed Sarah Pollington as its new director of dental education. Sarah Pollington is on the GDC specialist list in restorative dentistry, prosthodontics, periodontics and endodontics.
- 1.2. The Rt. Hon. Jeremy Hunt MP was recently elected Chair of the House of Commons, Health and Social Care Committee. On his election, Mr Hunt said:

“Over nearly a decade in front line politics, the NHS has always been my greatest political passion, and I am honoured to have been elected Chair of the Health and Social Care Select Committee. I look forward to working with my committee to provide a strong, independent voice that supports health and social care services in a very pressured period.”
- 1.3. Dr Bill Gunnyeon CBE, the current Chair of the General Osteopathic Council's (GOsC) Policy Advisory Committee, has been appointed as the GOsC's next Chair of Council. He will take over from current Chair, Alison J White, on 1 April 2020.
- 1.4. Martin Woodrow has been appointed as Chief Executive of the British Dental Association (BDA) on a permanent basis. Martin Woodrow has been Acting Chief Executive since August 2018, having joined the BDA in 2013 as Director of Policy and Professional Services.
- 1.5. We have been notified that the General Medical Council (GMC) has appointed two new medical members for its Council. Miss Alison Wright, an obstetrics and gynaecology consultant, and Dr Raj Patel MBE, a medical director, will both start their tenure as Council members in February 2020 to help drive forward the GMC's work over the next four years.

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2. Stakeholder engagement report

UK-wide engagement

- 2.1. The Head of Adjudications presented on the fitness to practise process at the University of Bedfordshire at the post graduate session on Dental Law and Ethics on Tuesday 7 January.
- 2.2. The Head of Registration attended the Advisory Board for Specialty Training in Dentistry meeting at the Royal College of Surgeons of England on Tuesday 7 January.
- 2.3. The GDC attended the continuing fitness to practise inter-regulatory group meeting at the General Osteopathic Council on Friday 10 January, where discussion included CPD and revalidations requirements.
- 2.4. The GDC presented at the 'Dentists in difficulty mentor study day' on Thursday 16 January where we provided updates on improvements in the fitness to practise processes since Shifting the balance. It was felt that support for dentists in difficulty was needed at an earlier stage of the fitness to practise process.

- 2.5. The Head of Right Touch Regulation presented on the public and patient survey at the Local Dental Committee (LDC) meeting of Lambeth, Southwark and Lewisham on Thursday 16 January, focusing on patient expectations and complaints.
- 2.6. Members of the data and intelligence team attended the 'Research and Policy Forum' on Thursday 6 February, which was organised by the Professional Standards Authority (PSA). The agenda included an update from the NHS National Institute for Health Research and an update from the General Medical Council (GMC) on their report, [Caring for doctors, caring for patients](#), which looks at how to transform UK healthcare environments to support doctors and medical students to care for patients.
- 2.7. We attended the APPG on Artificial Intelligence (AI) in healthcare meeting on Monday 10 February, which considered how to build awareness of the impacts of AI on the daily lives of individuals and what it can mean for health and wellbeing.
- 2.8. One of our Senior Clinical Dental Advisers provided a presentation on record keeping, patient notes and GDC standards at the Restorative Dentistry Clinical Effectiveness Meeting on Tuesday 11 February at the Royal London Hospital.
- 2.9. We held our annual 'Moving upstream conference' on Wednesday 12 February which provided an opportunity for us to highlight some of the key messages from the [Moving upstream report 2020](#) and provide a forum for key stakeholders to discuss some of the key topics in dentistry. Panels of expert speakers, which include both members of the GDC and external stakeholders, discussed the topics including public and patient expectations of professionalism, demonstrating a commitment to right touch regulation and the future challenges of dentistry. A [short summary of the event has been published on our website](#) and we will be posting video of the event when finalised.
- 2.10. Members of the Strategy Directorate hosted a meeting with the British Association of Dental Therapists (BADT) and the British Society of Dental Hygiene and Therapy (BSDHT) on Tuesday 11 February to discuss the concerns of professionals in relation to the Section 36C route to registration for dental care professionals who qualify abroad. A full note of the meeting is being produced.
- 2.11. The Head of Right Touch Regulation and our Clinical Fellow provided a presentation on 'Moving upstream at the Wellbeing in dentistry' event on Thursday 20 February, which was organised by the British Dental Association (BDA) and Public Health England. Key discussions at the event included dentists' preparedness for practice and the challenges of transitioning from student to practitioner and the support needed.
- 2.12. We attended 'Westminster Insights: Improving complaints handling in the NHS' event on Thursday 27 February. The key note speech was from the [Parliamentary and Health Service Ombudsman](#), who provided details of their Complaints Standards Framework. The GDC has been on the framework working group to produce, which will be issued for consultation in March. There were also presentations on the role of advocacy in managing complaints, and a panel discussion featuring the GMC and the Medical and Dental Defence Union of Scotland (MDDUS).

England

- 2.13. We attended the National Data Guardianship workshop on Tuesday 4 February, where delegates discussed the steps that Dame Fiona Caldicott, the National Data Guardian for Health and Social Care (NDG), is considering taking to ensure that the patient and/or service user perspective is securely established as a guiding factor in decisions to share health and adult social care data. Key points included the proposal that the Caldicott Principles could be revised and/or augmented and issued as statutory guidance to foreground the importance of ensuring that where such data is shared, steps are taken to make sure that this aligns with what people would reasonably expect.
- 2.14. We attended the London LDC meeting on Thursday 13 February to disseminate our complaint handling posters and leaflets and to update delegates on the work of the profession-wide complaints handling initiative and the working group.

Scotland

- 2.15. We attended the Specialty Meeting at the Royal College of Surgeons of Edinburgh on Wednesday 15 January.
- 2.16. The Head of Adjudications attended 'The Sharing Intelligence for Health and Care Group' meeting with healthcare regulators in Glasgow on Wednesday 22 January. Discussions included concerns across the healthcare sector in Scotland, mainly looking at systemic issues which affect dentistry in a very limited way.
- 2.17. The Head of Scottish Affairs alongside the Head of Communications and Engagement met with the Scottish Government's regulation team represented by Jason Birch, Nigel Robinson and Donna O'Boyle on the Friday 24 January. The purpose of the meeting was to introduce the new Head of Scottish Affairs to these key stakeholders and to establish a positive tone for future working.
- 2.18. The Head of Scottish Affairs had an introductory meeting with Nicola Cotter, Head of Scottish Affairs at GMC, and Tom Ferris, Chief Dental Officer (CDO) Scotland on Friday 24 January. Tom Ferris, CDO Scotland, provided a breakdown of the priorities for dentistry in Scotland including supporting non-European dental professionals.
- 2.19. The Head of Scottish Affairs had an introductory meeting with Aubrey Craig, Head of Dental Division, MDDUS, on Tuesday 28 January.
- 2.20. We presented at the 'Postgraduate Dental Dean session for mentors' event on Friday 31 January. At the event, some delegates suggested that the GDC should inform dental professionals when a concern is received by GDC, even if it is disposed.
- 2.21. The Head of Scottish Affairs met with Alan Whittet, Senior Dental Advisor on Tuesday 4 February. Discussions included concerns around the capacity implications surrounding the repatriation of low-level concerns to NHS Scotland.
- 2.22. The Head of Scottish Affairs met with Alison Hardie, Head of Public Affairs and Strategic Communications at the MDUUS on Wednesday 12 February. Discussions included the anticipated UK Government plans to regulate indemnity providers, the GDCs' developments in lifelong learning and the public affairs forum operating in the health field in Scotland.

- 2.23. The Head of Communications and Engagement and the Head of Scottish Affairs met with Dr Phil Grigor, National Director, Scotland at the BDA on Thursday 13 February. Discussions included the repatriation to Scotland of low-level concerns, the reduction of the Annual Retention Fee (ARF) and the launch of the Moving Upstream Report 2020.
- 2.24. The Head of Scottish Affairs met with Tony Anderson, Director of Postgraduate GDP Education at NHS Education for Scotland on Tuesday 18 February. Discussions included innovations around e-learning, initiatives to reach high priority groups such as 'Caring for smiles' and challenges which include budget cuts and the reluctance among some dentists to embrace quality improvements.
- 2.25. The Head of Scottish Affairs met with Nigel Robinson, Team Leader in the Regulatory Unit for Scottish Government, on Tuesday 18 February. Discussions included the uncertainty created by Brexit and how the regulatory team have reacted to this, how the GDC can be involved with their regulatory event being held in Edinburgh on 2 November, and the potential regulation of NHS managers, physicians and anaesthetics associates.
- 2.26. The Head of Scottish Affairs met with Paul Cushley, Dental Director at NHS National Services Scotland on Thursday 27 February. Discussions included the three main functions of the National Dental Governance committee, which are the assume the residual oversight function for item-of-service and capital grant payments, to facilitate NES's desire to work with regulators and improve capital grant payments.
- 2.27. The Head of Scottish Affairs had an introductory meeting with David Felix, Dean of Post Graduate Dental Education at NHS Education for Scotland on Tuesday 3 March. Discussions included ensuring that there are sufficient numbers of vocational training posts each year and the Dental directorate's 2019 triennial review.

Student engagement

- 2.28. We attended the Dental Foundation undergraduate liaison group at Sheffield University on Monday 13 January and the Student Fitness to Practise Conference on Thursday 30 January.
- 2.29. On Thursday 27 February we provided our 'Introduction to the GDC presentation' to students in year one, two and three of the BSc Oral Health Science in Dumfries, Stornoway and Inverness at the Oral Health Science Student Conference.
- 2.30. Between 29 January and 14 February, we completed the following student engagement sessions where we detailed the role of the GDC and completed some interactive exercises on professionalism. The following sessions were delivered:
- 29 January– First year BDS students' induction, University of Birmingham.
 - 4 February – Foundation dentist induction, HEE South West University.
 - 14 February - Foundation dentist induction, University of Aberdeen.
- 2.31. The full report of our student engagement programme 2018/19 is below.

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3. Student Engagement report 2019/20

- 3.1. Following the student engagement pilot that we held in the 2018/19 academic year, where we introduced the GDC to first year students from seven dental schools, we have developed and undertaken a wider programme of engagement for the 2019/20 academic year. This involved presenting to first year students across all UK dental schools and at induction days for foundation/vocational dentists.
- 3.2. In total we provided 40 presentations to roughly 2,500 students (2,200 BDS, 150 dental hygienists, 50 dental therapists, 50 dental nurses, 25 clinical dental technicians and 25 orthodontic therapists) and 1,200 foundation/vocational dentists. At each event attendees were provided with a feedback form to rate each element of the presentation and to request additional topics for future presentations and to provide general comments.
- 3.3. The results from our evaluation questionnaires can be found at [Appendix A](#).
- 3.4. The results of the work are extremely encouraging, and we plan to repeat the programme in 2020/21. We will also further develop our presentation and messaging, particularly to tailor our messaging closely to our differing audiences. We will also be working with colleagues in the data and intelligence team to develop outcome measures for this upstream work programme.

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4. New starter in Wales

Head of Welsh Affairs

- 4.1. On Monday 2 March we welcomed our new Head of Welsh Affairs, Leighton Veale, to the GDC. Leighton will be based in Wales working as part of the communications and engagement team.

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5. Stakeholder engagement calendar (March and April 2020)

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
9 Mar 09:30 TG- JC Regulation of Dental Services Programme Board (RDSPB) 09:30 SPEAC Meeting; Meeting Room - WS (2.1F) 2nd Floor Meeting Room (SKYPE); Meeting Room - BH (CS01) - Medium Meeting Room (8) (SKYPE); st...	10 08:30 Comms: Check CMS Forms 10:00 SC Meeting with ADG	11 King's Health Partnership OT inspection; King's College Hospital; Kathryn Counsell 12:15 Laura Fraser, General Pharmaceutical Council (catch-up); Cafe Salmagundi, 1007 Cathcart Road. G42 9XJ; Gordon Matheson	12 SF: Inter-regulatory Registration Forum	13	14
16 09:30 SPEAC Meeting; Meeting Room - WS (2.1F) 2nd Floor Meeting Room (SKYPE); Meeting Room - BH (CS01) - Medium Meeting Room (8) (SKYPE); stakeholder	17 08:30 Comms: Check CMS Forms	18 Liverpool BDS inspection; Scott Wollaston Council Workshop JCPTD Meetings - England	19 Council 18:00 GDC rep TBC Whistleblowing panel debate ; House of Lords	20 09:00 SC-Preparing for a GDC/GMC Hearing: The Inaugural UK Conference; CCT Venues-Smithfield, East Poultry Avenue, London EC1A 9PT; stakeholder	21
23 09:30 SPEAC Meeting; Meeting Room... 11:00 PASS/NCPAS Regional Event: E... 12:00 TBC Head of Scottish Affairs: P... 14:15 BDS 5 year presentation - Kings...	24 Sheffield College DT Re-Inspection ; James Marshall 08:30 Comms: Check CMS Forms	25	26 00:00 TBC HEE winchester scheme - student visit to GDC offices	27	28 10:00 Orthodontic National Group-spring study day ; London ; Humaira Khanom
30 09:30 SPEAC Meeting; Meeting Room - WS (2.1F) 2nd Floor Meeting Room (SKYPE); Meeting Room - BH (CS01) - Medium Meeting Room (8) (SKYPE); stakeholder	31 08:30 Comms: Check CMS Forms 14:30 Alan Clamp/Ian Brack; Ian Brack office, GDC; Ian Brack	1 Apr 13:00 GM - Sharing Intelligence for Health and Care Group - Meeting of emerging concerns protocol short life working group, Wednesday 1 April 2020; GMC offices, The Tun, 4 Jacksons Entry, Holyrood Road, Edinburgh, EH...	2	3 11:00 CC-Regional BAOS Conference; TBC	4
6 09:30 SPEAC Meeting; Meeting Room - WS (2.1F) 2nd Floor Meeting Room (SKYPE); Meeting Room - BH (CS01) - Medium Meeting Room (8) (SKYPE); stakeholder	7	8	9	10	11
13 09:30 SPEAC Meeting; Meeting Room - WS (2.1F) 2nd Floor Meeting Room (SKYPE); Meeting Room - BH (CS01) - Medium Meeting Room (8) (SKYPE); stakeholder	14	15 14:00 RS - Dentalcare Group - FD induction; BDA office; stakeholder	16 09:00 Bupa/GDC Engagement Meeting; Room 5.1, Battle Bridge House, 300 Grays Inn Road, London WC1X 8DU; Sarah Ramage	17 Conference of Local Dental Committees; Stirling Court Hotel, University of Stirling	18

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
20 Apr 09:30 SPEAC Meeting; Meeting Room - WS (2.1F) 2nd Floor Meeting Room (SKYPE); Meeting Room - BH (CS01) - Medium Meeting Room (8) (SKYPE); stakeholder	21	22 CDO CLINICAL FELLOWS GDC VISIT; Meeting Room - BH (CS04) - Board Room (28) (SKYPE); Hannah Pugh	23	24	25
27 09:30 SPEAC Meeting; Meeting Room - WS (2.1F) 2nd Floor Meeting Room (SKYPE); Meeting Room - BH (CS01) - Medium Meeting Room (8) (SKYPE); stakeholder	28 10:00 **Save the Date***Credentialing Stakeholder Event; London Venue TBC; MERP	29 Bristol OT inspection; Bristol School for DCPs; Kathryn Counsell-Hubbard Restorative departmental clinical governance day; Eastman Dental Hospital; stakeholder 14:00 CC- GM : Scottish Dental Advisors event; DoubleTree Dunblan...	30 YOTC inspection (1.5 days); Martin McElvanna	1 May	2
4 09:30 SPEAC Meeting; Meeting Room - WS (2.1F) 2nd Floor Meeting Room (SKYPE); Meeting Room - BH (CS01) - Medium Meeting Room (8) (SKYPE); stakeholder	5 08:30 SG - Student Mental Health: Responding to the Crisis; stakeholder 09:00 HP -NHS Employee Wellbeing Conference; Central London; stakeholder	6	7	8	9
11 09:30 SPEAC Meeting; Meeting Room - WS (2.1F) 2nd Floor Meeting Room (SKYPE); Meeting Room - BH (CS01) - Medium Meeting Room (8) (SKYPE); stakeholder	12	13	14 10:00 National Dental Governance Committee; Cramond Room, Scottish Health Service Centre, Crewe Road South, Edinburgh, EH4 2LF.; Gordon Matheson	15 10:00 SC Meeting with ADG	16
18 09:30 SPEAC Meeting; Meeting Room - WS (2.1F) 2nd Floor Meeting Room (SKYPE); Meeting Room - BH (CS01) - Medium Meeting Room (8) (SKYPE); stakeholder	19 14:00 HOLD SA: Getting the balance right in Wales - National Committee; ... 14:00 FW: Getting the Balance Right in Wales National Committee; Welsh G... 15:00 RS - Dental Sedation Teachers ...	20	21	22	23
25 09:30 SPEAC Meeting; Meeting Room - WS (2.1F) 2nd Floor Meeting Room (SKYPE); Meeting Room - BH (CS01) - Medium Meeting Room (8) (SKYPE); stakeholder	26 Hold: Presentation at School of Dental Nursing (Bham Dental Hospital); Birmingham Dental Hospital; stakeh... 14:00 Dental nurse induction - School of Dental Nursing, Birmingham Community Healthcare NHS Trust; Ed...	27	28	29	30

Appendix A – Results from evaluation questionnaires

The role of the GDC

Excellent	Good	Average	Fair	Poor
41.2%	48.5%	8.8%	1.2%	0.3%

Promoting professionalism

Excellent	Good	Average	Fair	Poor
51.4%	36.8%	9.7%	2%	0.1%

Scenarios – including social media, data protection and relationships with colleagues

Excellent	Good	Average	Fair	Poor
55.9%	32.7%	7.3%	2.4%	1.7%

Social media guidance

Excellent	Good	Average	Fair	Poor
40.7%	45 %	10.8%	2.2%	0.5%

Responsibilities of registered healthcare professionals

Excellent	Good	Average	Fair	Poor
35.6%	47.8%	13.3%	2.8%	0.5%

Feedback and complaints

Excellent	Good	Average	Fair	Poor
28.8%	47.9%	18.6%	4.1%	0.6%

Continuing professional development (foundation dentists only)

Excellent	Good	Average	Fair	Poor
26.6%	48.7%	19.3%	4.5%	0.9%

Question and answer

Excellent	Good	Average	Fair	Poor
30.3%	44.9%	19.1%	3.7%	2%

Information prior to event

Excellent	Good	Average	Fair	Poor
13.4%	41.2%	29.6%	9%	6.8%

Overall event

Excellent	Good	Average	Fair	Poor
28.4%	53.4%	15%	2.5%	0.7%

Other topics to be covered:

Topic	Total number of requests
ARF (why new dentists pay for three months before practice begins)	15
FTP scenarios and trends	13
More on complaint handling	12
More on CPD, with examples of activities	6
Social media do's and don'ts	6
The registration process	3
The hearings process	3
More guidelines on professionalism	3
Whistleblowing	3
More information prior to the event	3
Examples of personal development plans	2
How the GDC help dentists	2
How to empower dental professionals	2
Discrimination from patients	1
Maintaining your physical and mental health	1
Record keeping	1
Dealing with special needs patients, children and anxious patients	1
Instagram dentistry	1
Relationship with patients	1
The 9 rules/standards the GDC set down	1
Foundation dentist specific scenarios	1
Handling situations that go wrong	1
More on the foundation year	1
Inclusion of more targeted content for wider DCP groups	1

Other comments:

Comment	Total number of comments
Good presentation/engaging speaker etc.	41
Positive feedback around the patient videos and interactive elements	22
Found the session hard to follow	5
Social media still feels a grey area	4
Make the session more interactive	4
Negative comment about the GDC	3
Lack of prior information about the event	3
Obvious information provided	3
Comment about reducing the ARF	3
Comment about paying the fee before practising	3
Negative feedback about the videos (unrepresentative, obvious, too many)	5
More on social media guidelines	3
Please provide the presentation following the event	2
Felt rushed	2
Did not fully answer our questions	2
Session should have been given earlier in the academic year	2
Could have been shorter	1
Don't pick on members of the audience that don't want to participate	1
Provide more in-depth information	1
Learning outcomes were unclear	1
How to maintain good contact between the profession and the GDC	1
Pay registration by instalments	1
Visit more dental technicians	1

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