Shifting the balance: closure of consultation period

<table>
<thead>
<tr>
<th>Purpose of paper</th>
<th>To provide Council with a high-level summary of the responses received to <em>Shifting the balance</em> during the discussion period.</th>
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<tbody>
<tr>
<td>Status</td>
<td>Public session</td>
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<tr>
<td>Action</td>
<td>For noting</td>
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<tr>
<td>Corporate Strategy 2016-19</td>
<td>Partners objective 2: To work with the NHS, regulators, and other stakeholders to improve the overall system of dental regulation</td>
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<td>Business Plan 2017</td>
<td>2017 Priority three: drive improvement in dental regulation</td>
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<td>Decision Trail</td>
<td>The discussion document was approved and published in January 2017. The 3-month discussion period closed on 26th April 2017.</td>
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<td>Recommendations</td>
<td>Council is asked to:</td>
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<td>• Note the summary set out in the paper</td>
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| Appendices        | Annex 1: List of organisations which submitted responses                                                          |
1. **Introduction**

1.1. The GDC set out its vision for a more proportionate and patient-focused system of regulation in *Shifting the balance*, which was published in January 2017. The paper sought to stimulate public debate on the future of professional regulation in dentistry and the GDC invited feedback on its proposals over a period of three months. In addition to a number of engagement events, held in each of the four nations of the UK, interested parties were able to submit comments online or via email.

1.2. The three-month discussion period has now come to a close, and we are beginning to analyse the responses and incorporate the views expressed in them into the plans we are developing for implementing our proposals.

1.3. The level and tone of much of the feedback received is encouraging and are grateful to the profession and our stakeholders and partners for their involvement in the debate.

1.4. This paper gives an early, high-level summary of the feedback received. Further analysis will follow and it is intended that a full report on the consultation and how we will use the responses to inform our future plans will be published in the late summer or early autumn. This paper seeks to provide an update to Council on the number of responses and to identify some of the emerging themes within them.

2. **Consultation responses: early summary**

2.1. There were 86 responses to the consultation. Fifty-three of the responses (61%) were submitted by private individuals, the majority of whom were dentists. Thirty-three were from organisations including the BDA, PSA and Royal Colleges. We engaged via meetings with the Chief Dental Officers in each of the four nations, and also received formal responses to the consultation from those in Wales and Scotland. A small number of organisations, including the Federational of London Local Dental Committees, Dental Protection Ltd and the Advisory Body for Specialist Training in Dentistry requested short extensions to the deadline, which we agreed to; we therefore anticipate receipt of further responses. While the formal discussion period has closed, we continue to engage with professionals via meetings and conferences, and are also using those discussions to inform, influence and develop our thinking.

2.2. Based on our initial analysis of the feedback received, both in writing and through our discussions, professionals and our stakeholders seem broadly supportive of the proposals, particularly in respect of the increased focus on a more preventative upstream model of regulation. There were positive comments on the change in the GDC’s tone and on its efforts to engage more effectively with stakeholders and with students in recent times. There was firm support for the proposals to refocus our approach to FtP and several of the organisations that responded expressed an interest in participating in this work. The CPD proposals attracted the most detailed comments and included suggestions for how to take the work forward.

2.3. The PSA welcomed the direction of travel and described the proposals as ‘ambitious’. They recognised the proposals in the document are at an early stage and requested further detail and information about prioritisation and more detailed implementation plans.

2.4. A number of professional associations representing dentists and dental care professionals submitted helpful feedback and comments, and many of them expressed a willingness to participate in policy development in future. This is a very welcome development and it will be important to involve professionals as we move forward with implementing our proposals. Caution was expressed by some in respect of costs, noting that the profession would bear that cost. It is, as ever, important that we ensure transparency while developing and costing our proposals.
2.5. There are a few areas, for example how we plan to use data to inform upstream activity, and our proposal to work with the profession and our partners to link the standards to performance management and appraisal, which could benefit from clarification as not all respondents appeared to have the same understanding of the proposals. We will provide this additional clarity to stakeholders on these areas as our work progresses and in the report on the consultation, which we plan to publish later this year.

2.6. In terms of the specific proposals, there appears to be strong support for the collection and analysis of data and for plans to develop a ‘State of the Nation Report’. Respondents cited the effectiveness of the GMC’s state of medical practice and considered that the report would provide critical data to support patient safety and improvements in quality of care provided. The Dental Defence Union (DDU) emphasised the importance of a report of this type for supporting registrants in a positive way to improve practice - and offered to assist with its development. The BDA recognised the utility of such a report but questioned whether such work necessarily lay within the remit of the GDC. They were also wary of the cost of developing a report and suggested that the data could be included in an extended annual report and accounts. The PSA considered that more detail on the benefits of a report would need to be provided but supported the importance of a data led approach to upstream interventions.

2.7. There seems to be broad support for linking the standards to performance management and appraisal, although as noted above, we will provide additional clarity on how we propose to achieve this. There was agreement in principle with the concept although a number of respondents raised questions about the practicalities of the proposal, including potential unintended consequences and resource requirements. Some concern over the terminology was expressed by some of the professional associations, questioning whether appraisal and performance management is the role of the GDC. This point may benefit from some clarification in our consultation report.

2.8. Again, there seems to be broad support for the professional ownership of CPD planning and development but concerns around the impact and practicalities for independent practitioners as well as for dental nurses. The PSA noted that care needs to be taken to strike the right balance between registrants controlling their own CPD and the need to target interventions in areas of higher risk. Some respondents considered that this approach, though laudable, was more readily applicable to managed secondary care settings, which a small number of respondents invited us to go further and reconsider the introduction of full revalidation. The peer review element appears to be particularly welcomed by professionals. This was also very much reflected in the discussions we have had at the events in London, Glasgow, Cardiff and Belfast, in which professionals took a very strong interest in the CPD proposals and expressed an interest in being involved in the further development of plans.

2.9. Initial indications on our proposals for first-tier complaints are largely positive, with respondents being keen for the GDC to make clear to patients and the public that it is not a body for resolving complaints. Support was also expressed for our proposal to encourage a culture within the dental team which is open and responsive to complaints. The PSA cautioned against a loss of intelligence, both in identifying general trends, and in identifying issues with individual registrants, and considered it essential that, in the implementation of the proposals, the GDC finds a way to gather information about complaints dealt with locally.

2.10. The responses to the section on clinical governance will benefit from more detailed analysis and consideration, particularly given the views of some, including the BDA and the PSA, that the GDC should focus on its core purpose, and should consider carefully the extent of its involvement in this area. There were varying views on the clinical governance structures that exist within dentistry. This was also reflected in the discussions held around the UK, with professionals agreeing that it was an important issue, but noting that there are differences in structures between the four nations of the UK.
2.11. There was strong support for the proposals on Refocussing Fitness to Practise and agreement that an effective self-triage mechanism was essential, as was educating the public and patients about GDC’s role. The BDA considered this work to be core GDC business and they along with other stakeholders expressed a strong interest in actively contributing to what the BDA described as ‘interesting and important’ work.

3. Next steps

3.1 We will undertake a full analysis of the responses, alongside the feedback from the various discussions we have been having with professionals, stakeholders and partners, and publish a report in the late summer/early autumn. The very useful and constructive feedback we have received from those who have engaged with the discussion will be used to inform the plans we are developing to implement our vision.

3.2 We will involve patients, professionals and stakeholders as our work develops, so as to ensure that our plans are informed by those whom they affect.

4. Recommendations

4.1. The Council is asked to:

- Note the contents of this paper

5. Appendices

List of organisations which have submitted responses. We are still awaiting responses from those who requested short extensions, and are expecting these soon.
Annex 1

List of organisations which formally responded to *Shifting the balance*

1. British Society of Dental Hygiene and Therapy
2. Faculty of Dental Surgery, Royal College of Surgeons of England
3. British Association of Clinical Dental Technology
4. Health Education England
5. Nursing and Midwifery Council
6. CDO Scotland – Scottish government
7. Competition and Markets Authority
8. BDA Benevolent Fund
9. British Dental Industry Association
10. Royal College of Physicians and Surgeons of Glasgow
11. Society of British Dental Nurses
12. Association of British Academic Oral and Maxillofacial surgery
13. NHS Education for Scotland
14. Dental Schools Council
15. PSA
16. DDU
17. Dental Mentors UK
18. Joint Committee for Postgraduate Training in Dentistry (JCPTD)
19. FGDP(UK)
20. Northern Ireland Medical and Dental Training Agency
21. British Association of Dental Nurses (BADN)
22. FDS UK
23. FDS Edinburgh
24. Dental Technologists Association
25. British Society of Dental Hygiene and Therapy
26. British Association of Dental Nurses
27. Association of Dental Hospitals (ADH)
28. Welsh government CDO
29. NHS Greater Glasgow & Clyde
30. BDA
31. British Association of Oral and Maxillofacial surgery
32. BLM