### Policy and Research Board’s Annual Report to Council

<table>
<thead>
<tr>
<th>Purpose of paper</th>
<th>To provide an overview of items considered by the Policy and Research Board in 2017.</th>
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<tbody>
<tr>
<td>Action</td>
<td>For noting</td>
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<tr>
<td>Status</td>
<td>Public session</td>
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<tr>
<td><strong>Corporate Strategy 2016-19</strong></td>
<td>Performance Objective 1: To improve our performance across all our functions so that we are highly effective as a regulator.</td>
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<tr>
<td><strong>Business Plan 2017</strong></td>
<td>Not applicable</td>
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<tr>
<td><strong>Decision Trail</strong></td>
<td>In accordance with the General Dental Council Standing Orders for the Non-Statutory Committees of Council 2016 the Policy and Research Board must report annually to the Council on its expenditure, its progress made against the work programme for that year and its planned work programme for the following year. At its meeting on 8 November 2017, the Policy and Research Board reviewed the 2017 Annual Report to Council and 2018 work programme.</td>
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<td><strong>Recommendations</strong></td>
<td>The Council is asked to note the annual report.</td>
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<tr>
<td><strong>Authorship of paper and further information</strong></td>
<td>Nicholas Preece, Governance Manager 0207 167 6328, <a href="mailto:npreece@gdc-uk.org">npreece@gdc-uk.org</a></td>
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<td><strong>Appendices</strong></td>
<td>Appendix 1 – Shifting the Balance Programme update</td>
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1. **Executive summary**

1.1. This paper reports on the work undertaken by the Policy and Research Board (the Board) throughout 2017. The Council is asked to note the 2017 annual report.

2. **Introduction and background**

2.1. The key purpose of the Board as defined in its terms of reference is to provide oversight of the development and implementation of strategy, policy and research initiatives and report on them to the Council.

2.2. In accordance with the General Dental Council Standing Orders for the Non-Statutory Committees of Council 2016, the Board must report annually to the Council on its expenditure, its progress made against the work programme for that year and its planned work programme for the following year.

2.3. The Board held meetings on 15 February, 5 April, 29 June, 6 September and 8 November 2017. The membership for 2017 was Rosemary Carter (Chair and board member until 30 September), Kirstie Moons (Chair from 26 October to present), Lawrence Mudford, Catherine Brady, Geraldine Campbell. Following the Council’s decision on 26 October 2017, Sheila Kumar, Caroline Logan and Jeyanthi John joined the Board.

2.4. At its meeting on 8 November 2017, the Policy and Research Board reviewed the 2017 Annual Report to Council and 2018 work programme.

3. **Engagement with external organisations**

3.1. The Board engaged with a number of the GDC’s key stakeholders on a range of issues including the development and dissemination of research, the development and implementation of current and future policy. The Board supported the formation of the Calibration Group, which provided input into developing methods for calibrating approaches of standards in key areas, and the Profession-wide Complaint-handling Initiative Working Group (PCIWP). In 2018, initiatives on co-production of guidance with professional organisations will be further explored.

3.2. The Board actively sought opportunities for stakeholders to attend workshops and discuss policy development and collaboration opportunities, which would continue into 2018. Workshops held in 2017 included:

3.2.1. **Defence organisations:** Dental Protection Ltd, the Dental Defence Union and the Medical and Dental Defence Union of Scotland were invited to discuss their role as one of the influencers of professional behaviour across the system of dental service provision, including initiatives for harnessing and utilising such influence, for example in relation to improving the quality of complaints and feedback handling in the practice. The discussion covered broad themes on influencing the behaviour of their members, risk management and engagement opportunities. Commercial sensitivities about data sharing was a concern. Development of data sharing would be explored outside of the Board’s meetings.

3.2.2. **Faculty of General Dental Practice:** The Board discussed their intention to become an independent organisation. The workshop explored the sustainability of the proposed independent organisation, the risks of separating from RCSEng, membership growth including dental care professional (DCP) offerings, the timing of the proposal, the timetable to establish the proposed organisation, stakeholder engagement, opportunities for joint work with the GDC, and how the proposed organisation would act as the objective voice of dentistry.

3.2.3. **National Voices:** The Board explored how National Voices could help the GDC to develop more knowledge and skills to engage with and involve patients more effectively, which would be factored into development of the patient engagement strategy. A
workshop with National Voices members would be held in 2018 to explore how to undertake meaningful engagement with patients and share insight and knowledge on how to do so as an organisation whose primary purpose was not patient advocacy.

4. Engagement strategies

4.1. Patient and public engagement strategy: The Board reviewed the early development stage of the strategy, which included identifying why we need to engage with patients, the types of patient groups and channels for engagement. It was important for the GDC to recognise that patients were not a homogenous group and understand the purpose of all patient engagement the GDC undertook. The Board were keen to explore how to communicate through registrants to patients and, following on from the discussion of the 4PI standards (principles, purpose, presence, process and impact), and how to make engagement with patients meaningful.

4.2. Stakeholder engagement strategy: The Board provided input into the stakeholder engagement strategy, which set out how the GDC would use stakeholder engagement as a regulatory tool. By improving the strength and depth of stakeholder engagement, the GDC could translate these relationships into workstreams that make meaningful improvements to benefit patients.

4.3. Communications and engagement strategy: At the half way point of the three-year strategy the Board reviewed on the progress, strengths, weaknesses, opportunities, threats, and how the GDC engaged across the four nations. The Board provided feedback with regards to how this might be improved.

4.4. Student and trainee registrant engagement strategy: The Board reviewed the 18-month progress update. The GDC had delivered on clarifying its role, delivering guidance on student professionalism and step-by-step registration guides, developing a case study on social media, and mass engagement activities (website, email, exploration of an app by a foundation student).

5. Shifting the balance

The Board received a programme update as a standing item at each meeting, which is included in its report to the Council. Following the consultation feedback and some early development of the programme, the Board reviewed the scope of some of the main workstreams in Shifting the balance:

5.1.1. FTP end-to-end review: A review of FTP policy to establish a framework of compliance and statement of principles for the process, and a review of the operations to establish the as-is and identify changes to be implemented. The Board explored the emerging themes from the review that had been identified by staff and stakeholders, and these would be presented to the Council on 12 December 2017.

5.1.2. Seriousness: Building on work by the Council, the GDC would work with stakeholders, particularly other regulators, to understand if seriousness was a relative concept and if there was a common approach to guidance. Research would be commissioned by the end of 2017 as well as opportunities for collaboration with stakeholders.

5.1.3. First-tier complaints handling: In 2016, the Board agreed to create a mechanism to direct complainants to the most appropriate organisation with their concerns, explain what the GDC could and could not do, provide guidance to complainants on how they may be able to deal with their concerns, and standardise messaging. This mechanism underwent significant internal and external testing before going live in September 2017. The Board would review analytics when available to monitor how people navigated the system and any barriers to making a complaint. The Board also provided input into the draft joint statement on principles of good complaint handling prepared by the PCIWP, which was expected to be published in early 2018.
5.1.4. Engagement: Communication initiatives spread across the other workstreams contained within the *Shifting the balance* consultation, for example, audience engagement.

5.1.5. Continuing professional development: Following the Council sealing the new Rules in 2017 and an overall need to update the GDC’s CPD guidance for registrants, the Board monitored the progress of the development of ECPD guidance throughout the year and gave input into the drafting of the guidance and forms. These documents were published in September 2018. The new scheme would begin in 2018. The Board have begun early discussions on the progression of ideas proposed in *Shifting the balance*, ways they could be implemented (for example, guidance and support as opposed to a Rule change). The GDC intended to engage with stakeholders through working groups and established stakeholder forums. The Board would receive regular updates throughout 2018.

5.1.6. Dental Complaints Service review: This would include a review of operating procedures, letters and document management; CRM functionality; enhanced performance and management reporting; support for private dental plan patients; enhanced signposting for NHS patients; the FTP referral criteria; and a review of customer feedback mechanisms. Aside from the FTP referral criteria, the workstreams were expected to be completed in 2017; the Board would receive an update on the completion of this at its first meeting in 2018 along with comparisons of the impact of the changes to the criteria.

5.1.7. Education quality assurance: The Board regularly discussed how to take forward quality assurance of education providers when the five-year cycle concluded in 2018. In particular, the Board considered a move to a risk based approach and discussed how this would be managed and assurances given with regards to risk management. The Board provided input into a draft consultation on the education initiatives as part of the upstream section of *Shifting the balance*, including potential sources of data on student training. They challenged the tight timeframe that staff were working to and the risk management approach, and were assured by staff that both were being managed accordingly. This would be presented to the Council on 1 February 2018.

The Board was kept up to date on wider work on strategic issues regarding the provision of specialty training and specialty workforce planning. The GDC agreed to convene a working group to discuss the various projects and initiatives planned or being undertaken regarding specialty training across the UK, with a view to establishing joint enterprise and alignment of projects. The GDC asked the Specialty Advisory Committees to examine the current curricula to check there were no risks to patient safety posed by the content that these curricula would be fit for purpose for the next 12 months. The Board highlighted the importance of the GDC being involved in all the workstreams of Health Education England’s review of undergraduate and postgraduate dental education provision across England.

The Board also received updates on provider workshops held (blueprinting against GDC learning outcomes, assessment and calibration of assessors in work placements, and the future of dental technology), and workshops that would be planned for 2018.

6. Research and data analysis

6.1. FTP data analysis: The Board reviewed the key findings of the fitness to practise data analysis carried out by Peninsula ahead of these being presented to the Council. As part of this review, the Board recommended that analysis be completed before publication to put the findings into a suitable context and directed at the most appropriate audience.

6.2. Overseas Registration Exam research report: The Board reviewed two research studies carried out about the Overseas Registration Examination (ORE): a survey carried out by the GDC research team and qualitative research by the Work Psychology Group. The Board
recommended to the Council that some of the findings should be discussed directly with respective organisations.

6.3. **Registrant and patient & public surveys:** The Board maintained visibility of the development and timetable of both surveys in 2017. These surveys had both quantitative and qualitative elements. Ipsos MORI attended a meeting to present the key findings of the patient & public survey, which highlighted figures including 97% patient satisfaction with their care and 5% of patients had complained about a dental professional, and reasons for putting patients off from complaining included concerns about impartiality of staff, complaining about someone with a good track record and worries about having to find a new dental practice after complaining. The Board felt it was important to be proportional about the good and bad aspects of the findings to provide a balanced picture. The results would be worked into upcoming engagement activities and communications.

6.4. **Embedding standards research:** The Board reviewed the joint research with the General Osteopathic Council that looked at practical ways to embed standards and how to contribute to the upstreaming within regulation by on providing health professionals with the information and tools they need to meet and maintain high professional standards. Emerging themes that were identified included first impressions, building rapport, knowing the patient’s history, a clean and professional environment, good communication during consultation, and understanding there was not a 'one size fits all' approach. This research had been shared with stakeholders and a second workshop was planned to pilot some of the tools that would be developed from the learning.

7. **Ways of working**

7.1. Following changes to its membership, the Board took the opportunity to reflect on the work it had undertaken throughout 2017. The Board explored its role in the development of strategies and policies, and levels of engagement with staff, external stakeholders and other members of the Council. The Board would revisit these topics in 2018.

8. **Expenditure**

8.1. The only costs associated with the Board in 2017 were the travel and subsistence of Council members for the five meetings.

9. **Recommendations**

9.1. The Council is asked to note the annual report.

10. **Appendices**

10.1. Appendix 1 - StB Programme update