# Report to the Council from the Policy and Research Board meeting on 27 July 2017

<table>
<thead>
<tr>
<th>Purpose of paper</th>
<th>To report on the key items considered by the Policy and Research Board at its meeting on 29 June 2017.</th>
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<tbody>
<tr>
<td>Action</td>
<td>For noting.</td>
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<td>Corporate Strategy 2016-19</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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<td>Business Plan 2017</td>
<td>Priority one: Continue to build a cost effective and efficient organisation.</td>
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<td>Decision Trail</td>
<td>In accordance with the General Dental Council Standing Orders for the Non-statutory Committees of Council 2016 the Policy and Research Board will report to the next Council meeting following its meeting.</td>
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<td>Recommendations</td>
<td>The Council is asked to note the report from the Policy and Research Board’s meeting on 29 June 2017.</td>
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<tr>
<td>Authorship of paper and further information</td>
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<td>Appendices</td>
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1. **Executive summary**

1.1. This paper reports on key issues considered by the Policy and Research Board (the Board) at its meeting on 29 June 2017. The Council is asked to note the update from the Board.

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 is required to report to the Council meeting following each meeting.

3. **Patient strategy**

3.1. The Board held a workshop to discuss the early development of a patient strategy, which would build patient engagement into GDC initiatives. The strategy needed to be further worked up before it went to Council and there would need to be a plan for regular reporting. The workshop reflected on the following points:

3.2. Patients were not a homogenous group. For example, patients took different views depending on whether they were in the chair receiving treatment or considering other peoples’ treatments; whether they were receiving cosmetic or non-cosmetic treatments; whether they had or had not engaged with Fitness to Practise.

3.3. It was essential to understand what patient engagement was for. The principles of the strategy should include strong leadership across the organisation, meaningful engagement, and embedding cultural change.

3.4. Barriers to developing the strategy included potential costs, lack of capacity, lack of access to and resource of patient groups, and lack of clarity of the purpose of any engagement.

4. **Shifting the balance**

4.1. **FTP E2E review**: The Board went through the planned engagement and overall approach for phase one, which included a series of workshops with patients, professionals and other stakeholders to look at issues in the current FTP process and potential solutions. There would also be a series of workshops with staff, associates, case examiners and panel members (on the basis they would not compromise their independence). A statement in principle would be produced in March 2018, including a co-production event with the Board and other stakeholders to test those principles. Phase two would also run concurrent with the engagement as there were issues that needed to be fixed now and process maps would be created and compared with workshop feedback.

4.2. **Seriousness**: Building on from the Council workshop on seriousness, there would be discussions with other regulators (including outside of healthcare) 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 and the aim was to make this a collaborative piece of work with stakeholders.

4.3. **Self-triage mechanism**: There had been significant engagement with stakeholders on the proposed webform including a workshop with patients, feedback from organisations across the four nations, and discussions with the Professional Standards Authority (PSA). Whilst the PSA could not provide direct input into the development of the webform, they were supportive of the overarching principles and the approach that the GDC had taken to its development.
The PSA emphasised the need for the mechanism to be transparent but not to inhibit individuals from raising concerns with the GDC. The webform was expected to be live before the end of September 2017.

4.4. **Engagement**: There had been work to identify and scope communication initiatives that were woven through other initiatives within Shifting the balance. The largest of the nine projects identified was the audience engagement project, with three objectives around patient and professional engagement, brand and tone of voice. It was noted that brand activities would be done through a cost effective and efficient approach, whilst maximising value.

4.5. **Dental Complaints Service (DCS) review**: The scope of the DCS review included a review of operating procedures/letters/document management; development of key DCS functionality in CRM; enhanced performance and management reporting; establish a process for assisting private dental plan patients; enhancing signposting for NHS patients; review of FTP referral criteria and the process of referring to FTP; review the current customer feedback process; establish a mechanism to capture feedback from NHS patients; and staff training.

4.6. **CPD**: Proposals to build on the enhanced CPD scheme included moving from an hours-based scheme to a quality-based framework, research and evidence pieces, and the creation of an advisory group with stakeholders that had an in-depth knowledge of CPD.

5. **Enhanced CPD guidance**

5.1. The Board reviewed the draft guidance, ahead of circulation to the Council and key stakeholders in July and August 2017. The Board was supportive of the work by staff to provide comprehensive guidance to registrants on these changes.

6. **Approach to co-production**

6.1. The Board discussed its involvement in future stakeholder events, expanding on its current workshop-style meetings to facilitating meetings with groups of stakeholders to engage in collaborative working. This concept would be developed further, including identifying training and support for the Board, as well as Council members that wanted to be involved.

7. **Communications and engagement strategy**

7.1. The Board reflected on the progress, strengths, weaknesses, opportunities and threats to the three-year strategy, which had now been in place for 18 months. The Council would be invited to discuss the strategy on 28 September 2017.

8. **Date of the next PRB meeting**

8.1. 6 September 2017.

9. **Recommendations**

9.1. The Council is asked to note the report from the Board’s meeting on 27 July 2017.