

## **Appendix 1**

### **Moving upstream report 2020**

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## 1. Introduction from the Chair

- 1.1 In 2016 we started an open and serious debate about the future of dental regulation. This was based around the hypothesis that the system:
- did not deliver clear benefits for patients nor gave them the confidence that their concerns were being addressed within the appropriate timescales.
  - had encountered difficulty in maintaining the support of those regulated because it was often cumbersome and stressful for those subject to enforcement, and did not do enough to promote learning.
  - was insufficiently flexible enough to enable a proportionate and graduated approach, resulting in a reliance on expensive enforcement action.
- 1.2 It was clear that change was needed, but without the necessary regulatory reform, we had to focus our efforts on what was achievable. Working together with the groups and individuals who have a stake in dentistry, we identified how dental regulation could address the challenges of a system that was outdated and an approach that was overly reliant on intervention after things had gone wrong.
- 1.3 Our goal therefore was to 'shift the balance' of activity in dental regulation, making the system better for patients and fairer for dental professionals. Our focus was on leadership, shared purpose and partnership working to make dental professional regulation fit for purpose. We used the feedback we had received from our stakeholders to create proposals for action which we published in our Shifting the balance report.
- 1.4 Four years on and we have made extensive progress against those proposals. This was reported in last year's Moving upstream report and has continued this year, as this report will show.
- 1.5 But there is still much to do. The expectations of patients may not have changed since 2016, but we have experienced a changing environment and new challenges. These include the vote to exit the European Union with its associated implications for workforce and regulatory changes, the introduction of new technologies and innovations in how services are delivered and contract reform, to name but a few.
- 1.6 One of this year's biggest achievements was the production and launch of our new strategy: Right time, Right place, Right Touch. This formed the foundation for the Costed Corporate Plan, which gives a more comprehensive account of our planned activities and how we will address the challenges facing us. From next year we will be reporting against the plan and this therefore will be the final Moving Upstream Report.
- 1.7 We have received widespread support and positive feedback for the developments we made against Shifting the balance and now, as we commence work against our new strategy, we look forward to continuing to engage with our stakeholders to further develop dental regulation and utilise the opportunities ahead, as we look to apply right-touch principles to our regulatory framework.

**Dr William Moyes**

Chair  
General Dental Council

## 2. Highlighting the progress made against our Shifting the balance proposals

2.1 In Shifting the balance we committed to moving the system of regulation forward in the following areas.

- **Moving upstream:** putting a stronger emphasis on patient protection, learning within the system, engaging more effectively with registrants and future registrants, and developing alternative approaches to continuing professional development.
- **First tier complaints resolution:** building better partnerships to improve the handling of patient feedback, concerns and complaints within the practice, and expanding access to mediation and other forms of resolution.
- **Working with partners:** including other regulators and equivalents and the professions themselves.
- **Refocusing fitness to practise:** being clear about the serious nature of 'impaired fitness to practise' and taking action to ensure that anything short of that is dealt with using alternative tools with the right touch, and providing support to patients to find the best mechanism for resolving their issue.

2.2 In the following sections we provide detail of the progress that has been made to deliver on these commitments and where more needs to be done within our new strategy: Right time, Right place, Right touch.

## 3. Moving upstream

### 3.1 What we proposed

- Develop a data and intelligence strategy, to enable upstream regulation to be intelligence-led by sharing learning with the profession.
- Review the Standards for the Dental Team.
- Develop an engagement strategy.
- Develop an annual report on dentistry.
- Devise a process to ensure that the learning outcomes are agile and responsive, and continue to be based on appropriate evidence.
- Develop and adopt a risk-based quality assurance process for dental education.
- Develop materials for registrants who have trained outside the UK.
- Develop our approach to continuing professional development incorporating:
  - linking the standards to performance management and appraisals.
  - developing a model which encourages planning, development and innovation.
  - use available data and evidence to highlight potential areas of focus.
  - emphasise interactive CPD and explore the risks and benefits.
  - incorporate a significant peer review element into the developing model and explore the risks and benefits of this.

### 3.2 What have we delivered?

#### 3.3 Develop a data and intelligence strategy

3.3.1 We have created a dedicated data and intelligence strategy and team which is responsible for commissioning and managing our research programme. Key priorities include developing stronger research partnership opportunities and expanding approaches to engagement, involvement, co-design and co-production.

3.3.2 Key pieces of research have included:

- what constitutes serious misconduct for patients and registrants, working with the Nursing and Midwifery Council and other regulators to inform a proportionate regulatory model in which enforcement powers are used appropriately.
- a co-production and literature review of Scope of practice to see whether our current guidance and process enables or inhibits dental professionals from utilising their full scope of practice and considering what could work better.
- Developing, testing and promoting resources that encourage a values-based care approach to dentistry and support members of the dental team to deliver dental care in a way that embraces both clinical need and a patient's individual preferences.

### **3.4 Review the Standards for the dental team**

- 3.4.1 We have been working with the dental profession and the public to explore the effectiveness of our current approach to professionalism. We believe professionals should be using their ethical, moral and professional judgement to make decisions, rather than being bound by a set of rules that might not apply to a particular situation.
- 3.4.2 We have undertaken an assessment of the existing published material on professionalism in dentistry and are holding several events for the public and dental professionals to highlight our findings, and to gain greater understanding of what they think professional behaviour looks like and why it is important to them.
- 3.4.3 The first outcome of this work will be to report back on our findings and draft a set of Principles of Professionalism that outline our expectations of dental professionals. We will then consult on whether these principles could replace the current Standards for the Dental Team.

### **3.5 Develop an engagement strategy**

- 3.5.1 We have developed and implemented our engagement strategy which focuses on engagement with stakeholders across the UK and aims to improve our relationships with new registrants and students, as well as providing early input to our project work.
- 3.5.2 To improve UK-wide engagement, we held our May Council meeting in Cardiff, where we also attended a programme of visits to key stakeholders. In October, Council and Executive team members visited Belfast to meet with stakeholders and discuss key topics such as legislative reform. We also held our November meeting of the Dental Professional Forum in Edinburgh, where we updated stakeholders on topics including the Corporate Strategy 2020–22 and had the Chief Dental Officer, Tom Ferris, present on the priorities in Scotland.
- 3.5.3 Following our student engagement pilot, we have also introduced a programme of engagement with first-year students in their first term of study across all dental schools. In addition to this, we have attended and presented at the induction days organised by postgraduate education providers for foundation and vocational dentists. From August 2019 to February 2020 we presented at 34 different visits to roughly 2,500 students and new registrants.

### **3.6 Develop an annual report on dentistry**

- 3.6.1 Our intention had been for the Moving upstream report to form the basis of a 'state of dentistry' style report that set out a summary of the data that we hold on the dental sector, including workforce and developments in the dental service set against analysis of wider developments in healthcare regulation. But the Moving Upstream report has evolved more into a means of sharing the work we have completed against the proposals laid out in Shifting the balance, so this is an area we still need to develop. We intend to explore options for this from 2020.

### **3.7 Reviewing learning outcomes**

- 3.7.1 We have created a process for the regular review of the learning outcomes. The first review will commence in 2020 and take place every three to four years thereafter.
- 3.7.2 We will create an evidence-based approach to revising the outcomes and make it clear what minor, major and urgent changes will be made, so that education providers understand the urgency of the changes. We will evaluate the process on an ongoing basis to make sure it is appropriate and does not place unnecessary burdens on education providers or GDC registrants.

### **3.8 Risk-based quality assurance**

- 3.8.1 We have developed our risk-based quality assurance (QA) process, with a specific focus on monitoring, so that we can better identify the areas of greatest concern and create bespoke QA activity for the needs of individual education providers.
- 3.8.2 In the 2018–19 academic year we also piloted a risk-based inspection process of all dental schools, specifically investigating how they assess and monitor the progression of students to ensure that graduates

are safe and fit to practise independently.

### **3.9 Develop materials for registrants who have trained outside of the UK**

3.9.1 This project has been rescoped to include a wider programme of how we engage with all new registrants. This work will be delivered in 2020 and is included in our new costed corporate plan.

### **3.10 Develop our approach to continuing professional development**

3.10.1 In developing a model of lifelong learning, we carried out research in 2019 which included a literature review and workshops with key stakeholders to:

- Review and test research findings.
- Explore ideas and further develop our thinking.
- Assess lifelong learning models in more depth.

3.10.2 Our findings suggested that reform is needed, particularly in terms of a more flexible system, that allows for different types of learning (i.e. peer learning and reflection) and to help meet the differing needs of all members of the dental team and patients.

3.10.3 We used the research to produce proposals for reform that we consulted on in the summer of 2019. We have now analysed the responses to the consultation and are planning the next practical steps which we will take in 2020.

## 4. First tier-complaints resolution

### 4.1 What we proposed

- Develop tailored welcome packs for each of the individual registrant groups which include information and advice on the standards, guidance and sources of useful information, which could include the principles of good customer service and complaints handling.
- To continue to develop a profession-wide complaints handling initiative to strengthen first-tier complaint resolution.
- Promote, embed and encourage customer service and complaints handling in all stages of education, training and CPD, and encourage dental professionals to seek help and advice when appropriate.
- Explore ways to work with the profession to encourage the use of feedback and complaints for learning and improving services.
- Review the Dental Complaints Service

### 4.2 What has been delivered?

#### 4.3 Develop tailored welcome packs for each of the individual registrant groups

- 4.3.1 This project has been rescoped to include a wider programme of how we engage with all new registrants. This work will be delivered in 2020 and is included in our new costed corporate plan.

#### 4.4 Profession-wide complaints handling initiative

- 4.4.1 We committed to developing a profession-wide complaints handling initiative and have continued to chair the working group since its establishment. The working group has continued to grow, from 28 members to 37, demonstrating the commitment in dentistry to improve the local resolution of complaints.

- 4.4.2 In 2018, the working group developed a joint statement on handling patient feedback and concerns, followed by a leaflet and poster providing advice for dental patients on how to raise concerns. Over the last year, members of the working group have been focused on making the advice and materials available to patients and dental professionals in every clinical setting providing dental care.

#### 4.5 Promote, embed and encourage customer service, feedback and complaints handling in all stages of education, training and CPD, and encourage dental professionals to seek help and advice when appropriate for learning and improving services.

- 4.5.1 Whilst our annual survey results have indicated improvements with regards to patients knowing how and where to complain locally, we still have work to do to change the culture around complaints. We want to get to a position where complaints are viewed as valuable feedback, which can be used to support improved practice and that they are something to welcome, not fear.

- 4.5.2 We will therefore continue to work with the profession-wide complaints handling working group to improve signposting across the system so that concerns that can't be resolved locally, can be managed by the organisation that is best-placed to respond. We hope to see organisations from across dentistry continue to work together to this end, and for increasingly strong leadership to emerge.



#### **4.6 Review of the Dental Complaints Service**

- 4.6.1 In 2018 we made significant changes to the way in which the Dental Complaints Service (DCS) was structured, as a result of the first phase of the review in 2017. This included moving offices from Croydon to Wimpole Street, to cut the costs of renting accommodation. We also restructured our operations. As a result, costs fell by 40% whilst the service offered was expanded and service levels were maintained or improved.
- 4.6.2 There have been significant changes in both the way in which dentistry is practised and the nature of patient expectations. We need to ensure that the service provided reflects this. We also need to look more closely at how that service fits into the wider complaints handling structure, and who is best placed to operate it.
- 4.6.3 We are now undertaking a second, more strategic review of the DCS. This will build on the operational improvements delivered through Phase 1, considering how the service can be part of an effective system-wide approach to handling complaints. We anticipate that the recommendations from the review will be published in 2021.

## 5. Working with partners

### 5.1 What we proposed

- Explore the potential for effective clinical governance to play a more central role in learning and quality improvement and explore the development of indicators of patient protection.
- To further develop guidance for employers, reflecting the need for the employer to ensure that the Standards for the dental team are embedded within a professional's practise.

### 5.2 What has been delivered?

#### 5.3 Explore the development of indicators of patient protection

- 5.3.1 To support improvement in clinical governance and help practitioners learn and improve their practice, we have started publishing regular insights from fitness to practise concerns. These insights can help practitioners to learn from the experience of others.
- 5.3.2 Importantly, we are sharing information about what types of concerns lead to investigations being opened, as well as what types of things get closed at the earliest stage of our process. This feedback enables practitioners to reflect on their own practice, ensure quality and drive improvement.
- 5.3.3 We have also been working with organisations across the dental sector to help practitioners be better able to respond to, and learn from, feedback and complaints at the practice level. Helping practitioners manage and resolve complaints themselves can increase the opportunities they have for learning and improving practice.

#### 5.4 Development of guidance for management of dental professionals

- 5.4.1 We are developing guidance to address how managers and employers of dental professionals can take an active role in promoting professionalism within dentistry and support their staff to deliver high quality care.
- 5.4.2 We consider that any guidance should be reflective of expertise across the dental profession, not just from within the GDC. We therefore intend to collaborate closely with dental professionals and stakeholders on this work to ensure it is delivered effectively and is of benefit to the sector, and that any guidance complements existing resources or advice.

## 6. Refocusing fitness to practise

### 6.1 What we proposed

- Review all our public facing information, both digital and printed and including that hosted by partner organisations where possible.
- Implement online tools for 'self-filtering' of complaints, in line with other regulators.
- Develop and deploy an explanation of impaired fitness to practise that makes a clearer link to patient risk and public confidence in dental services.
- Ensure that the emphases in the tests applied at the triage and assessment stages enable the GDC to achieve our statutory objectives of protecting the health, safety and wellbeing of the public, promoting and maintaining public confidence in the regulated professions, and maintaining proper professional standards and conduct for members of those professions.
- Review all guidance material for fitness to practise decision makers to ensure that seriousness is properly and fully embedded within it.
- Carry out an end-to-end review of the fitness to practise process.
- Develop a comprehensive model for the resolution of complaints and concerns about dentistry in each of the four countries of the United Kingdom.

### 6.2 What has been delivered?

#### 6.3 Review all our public facing information

- 6.3.1 We have revised our written communications in order to make the language more neutral and the content easier to understand. We have simplified the letters sent when we receive a concern or complaint, removed much of the legal language and made it clear what the recipient needs to do next.
- 6.3.2 We sought feedback from registrants, patients and key stakeholders on the revised tone and content of some of our key letters which we knew, based on previous feedback, were both lengthy and confusing. We received positive feedback on the new versions, as well as helpful suggestions for change, many of which were incorporated in subsequent versions. We also benchmarked our original letters against Flesch Reading Ease scores to ensure that there was demonstrable improvement with the revised versions.
- 6.3.3 We also revised the content on our website and improved the navigation between pages to improve the user journey. We recognise that this is not the end of the process and we are committed to revising all our communications on a regular basis.

#### 6.4 'Self-filtering' of complaints

- 6.4.1 In addition to the signposting tool we introduced last year, we have made further improvements to our online form in order to encourage those raising concerns to provide us with as much information about their concern as possible from the outset. We direct those who are considering raising a concern to use this form wherever possible and we also encourage our partners to do the same.
- 6.4.2 Benefits of submitting information in this way include reducing unnecessary delays and preventing complaints that should not be dealt with by the GDC. Obtaining all the information that we need from the outset means we can make a decision quickly and it prevents the need to postpone our decision making until we receive further information.

## **6.5 Explanation of impaired fitness to practise**

6.6 We have begun developing a set of principles to guide our regulatory decision making, which will help the public and practitioners better understand our approach to fitness to practice issues. The principles will also support the work of internal decision makers.

## **6.7 Ensure that the emphases in the tests applied at the triage and assessment stages enable the GDC to achieve our statutory objectives**

- 6.7.1 Preventing and minimising risk of harm to patients or to public confidence in dentistry is central to our fitness to practice processes. Our threshold tests were reviewed as part of the End to End review of fitness to practice, which resulted in revision of the Initial Assessment Test, to include direct reference to patient harm and public confidence.
- 6.7.2 This work will be supported by cross regulatory research into the concept of seriousness in fitness to practise cases. This project is being led by the GDC in partnership with the Nursing and Midwifery Council and the work will involve a number of other healthcare regulators who are participating in the research. The objectives of the research include developing an understanding of how the concept of seriousness in relation to misconduct is defined and applied by professional regulators, and to identify the considerations that influence that application as well as to achieve a clearer understanding of the similarities and differences in approaches across regulation and reasons for these.
- 6.7.3 The research project will conclude next year and we will provide feedback on the learning from the research as the project progresses.

## **6.8 Review all guidance material**

- 6.8.1 The learning from the research into the concept of seriousness will inform a range of improvements to our fitness to practise process that are already underway, including the review of our decision-making guidance.

## **6.9 End-to-end review**

- 6.9.1 The first phase of the end to end review of our fitness to practise process, which was initiated in 2017, is now complete. We have made significant changes in order to improve both the efficiency and timeliness of our process. Whilst we have some early positive indicators emerging from the improvements we have made, we recognise that realising the full impact of the changes we have made will take time, in part because of the relocation of the work from London to Birmingham.
- 6.9.2 Seeking feedback from others during this undertaking has been a key part of reviewing our processes. We have listened to the views of our stakeholders, have engaged with them throughout the development of our initiatives and we have seen real benefits in adopting this collaborative approach to our work.
- 6.9.3 We commissioned further qualitative patient research in March 2019 to seek views on some of the improvements we have made, including the move from individual case worker to team-based case management and the revised language in our communications.

## **6.10 Comprehensive model for the resolution of complaints**

- 6.10.1 We have carried out our exercise to map the dental complaints landscape to help guide complainants to the right organisation to handle their complaint, and identify any gaps or barriers. This included the potential escalation routes and organisations who may be involved in different stages of the varied complaint journeys

across this complex system.

- 6.10.2 As we had discussions with partners and stakeholders, it became clear to us that there is consensus that the system is complex and confusing, and so we decided that there would be no benefit to producing a visual map of the system as it is, as that would not help people navigate the system.
- 6.10.3 Instead we decided that we need to focus on improving our existing triage tool to help people navigate this complex system. We are exploring the opportunity to improve the support for anyone in their journey through the system, be they patients, registrants, other organisations, students or whistle-blowers.
- 6.10.4 We also recognise the need to improve signposting to organisations which can provide support to those facing a complaint, to further enable registrants to handle complaints locally. As we work to improve this tool, we are liaising with stakeholders from across the dental sector to ensure the pathways are robust.

## 7. What's next?

- 7.1 As we bring our Shifting the balance work programme to a close and move into the next stage of our work to reform dental regulation, much progress has been made and we are in a much better place than we were. But we cannot rest on our success. We have delivered a lot in 2019, but there is always more to be done to ensure public protection.
- 7.2 Our costed corporate plan indicates how we intend to meet the proposals laid out in our strategy. Some of the main areas where work is continuing are:
- materials for new registrants
  - our process for continuing professional development
  - the work of the profession-wide complaints handling group to encourage feedback and
  - guidance for managers of dental professionals.
- 7.3 As well as continuing to develop these projects we must also turn our attention to the new challenges that are facing dentistry. Our 2018/19 Patient and public survey highlighted that two in five (39%) of respondents either strongly agreed or tended to agree that they expected more from dentists than other healthcare professionals because they pay for treatment. These findings highlight the increased pressure on the dental team. When also factoring in the ageing population, dental contract reform and the exit from the European Union with its associated challenges, there is much that we now need to focus on to ensure we maintain the high standards of care in dentistry.
- 7.4 These challenges, along with the environment that we now find ourselves in, are detailed in our [new corporate strategy: Right time, Right place Right touch](#). Our detailed work programme for the next three years is available in our costed corporate plan [\[link when available\]](#). This lays out not only what we intend to do, but the associated costs to do so.
- 7.5 To demonstrate progress and ensure transparency we will be reporting each year against the costed corporate plan and this will replace the Moving Upstream report.