

Patient and Public Survey – Action Plan

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Type of business	To note
For Council only:	Public session
Issue	The Council recently approved publication of this year’s patient and public (P&P) survey, which found some interesting correlations with ethnicity, equality and diversity measures. The Council requested sight of an action plan to follow up on the findings of the survey. This paper presents that action plan.
Recommendation	The Council is asked to note the action underway to improve our understanding of EDI issues.

1. Following up analysis of our patient and public annual survey

- 1.1 The Council recently approved publication of this year’s patient and public (P&P) survey, which provides us with a high-level annual view of patient perceptions and views. The survey is very effective at highlighting issues across a wide range, but it is has not been designed to provide a deep analysis of underlying causes on specific topics.
- 1.2 This year’s survey found that black and minority ethnic (BAME) respondents were less likely to be confident in regulation than their counterparts and more likely to think that the more they paid for treatment, the better the quality they could expect. It also found that younger people and those from the social economic groups D/E were less likely to provide negative feedback than their counterparts. This paper sets out our approach to developing a more detailed understanding of equality, diversity and inclusion (EDI) issues and, more broadly, describes our approach to creating a comprehensive EDI action plan. Over time that will give us a much richer picture of EDI in relation to all that GDC does.

2. Legal requirements and corporate strategy

- 2.1 Our EDI action plan, summarised in this paper, seeks to ensure that we are fulfilling our statutory requirements, corporate policy and our strategic ambitions. The GDC has EDI requirements under the Equalities Act 2010 and to ensure we are compliant with the Public Sector Equality Duty (PSED). The GDC’s EDI strategy states:

We believe that equality, diversity and inclusion are integral to our work as a regulator... The GDC believes that in addition to compliance with the general equality duty it also makes good business sense. An organisation that is able to provide services to meet the diverse needs of its users should find that it carries out its core business more efficiently.

- 2.2 Our EDI strategy outlines the importance of equality monitoring (monitoring our EDI data) and impact monitoring (the impact of decisions we make/policy changes). Furthermore, recently, the Professional Standards Authority (PSA) has required the GDC to report on FtP-related EDI.
- 2.3 EDI issues are a central part of the research agenda. EDI features in all of our internal and commissioned research, we support colleagues with analysis and have led EDI workshops and invited guest speakers to present on it. Research and intelligence work to enable GDC to meet our requirements and realise our EDI strategic ambitions.
- 2.4 Therefore, given the implications of EDI for GDC, this paper summarises our plans to address this wider cross-cutting EDI agenda.

3. What we want to know about EDI

- 3.1 Our questions are framed to address our requirements under the law and our remit around public confidence, public safety and professional standards and speak to our priorities of upstream prevention, comprehensive accessible complaints handling, co-production, proportionality and consistency in our FtP and transparency. Questions are framed around the following key stakeholder categories, with a focus on explaining any EDI differences/correlations observed:
- a. **Public:**
 - What are the public perceptions of dentistry (i.e. P&P survey findings)?
 - How confident are they in dentistry and in relation to their view of regulation and professionalism?
 - In relation to complaints and FtP, what if any subgroup correlations are there with the type of complaint, proportions of population groups making complaints, accessibility in the process and complainant experiences and views of the complaints and FtP processes?
 - How does complainant EDI relate to the EDI of those professionals they complain about?
 - b. **Registrants:**
 - What does our and others' upstream data tell us about subgroup representativeness in education, training and practice and correlations with assessments, training outcomes and career typology?
 - What EDI correlations are there with a range of complaint and FtP-related factors (likelihood of being complained about, type/seriousness of complaint, complaint or FtP progression and outcomes)? See also PSA reporting.
 - c. **GDC staff and others involved in all that we do** (e.g. FtP; including lay, advisors, legal, indemnifiers):
 - Are there any correlations between GDC staff and others' EDI with a range of complaint and FtP-related factors (case assessment/progression decisions and case outcomes and EDI of registrants?)

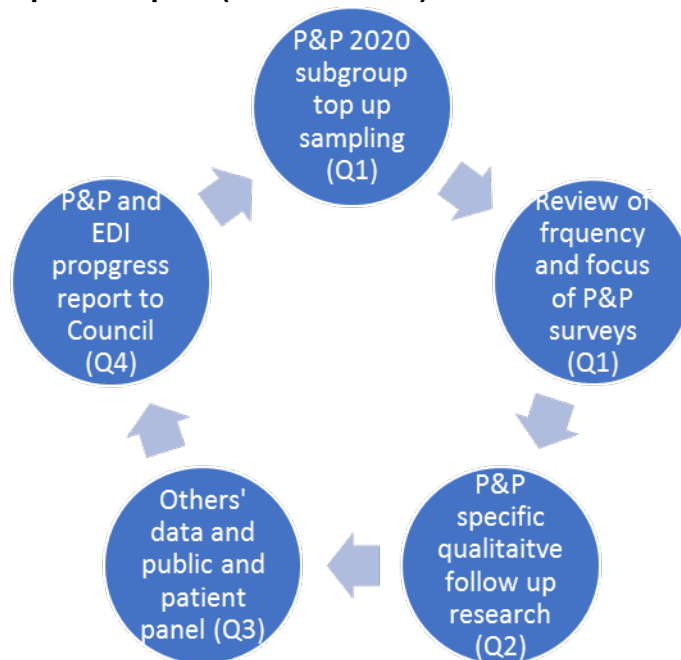
4. Current EDI data and analysis

- 4.1 GDC's in-house analytical capability has recently improved, we are now able to deploy inferential statistical analysis, allowing us to explore EDI-related correlations. The intelligence team in its enabling role is working with IT, People's Services, PMO and other colleagues to review and develop our approach to EDI data, which includes addressing:

- a. Missing data. EDI data is provided voluntarily, and we have some missing EDI data in registration and in relation to FtP. Research and intelligence are working with PMO and registration to assist with data cleaning. Research and intelligence are also commissioning a review of FtP data (cases); findings from this review will inform our use of EDI in analysis, our understanding of gaps in EDI and how we might make improvements.
- b. Capturing EDI data in consistent formats. It is advantageous that all areas of GDC use the same EDI monitoring terminology and variables so that effective analysis can be run across data sets. The research team have shared up to date EDI templates with colleagues.
- c. Data access. EDI is the most sensitive of personal data; GDC are rightly very careful about providing access data held on CRM. The research team are working with PMO, governance and IT to ensure timely and efficient access to data.

5. Research and intelligence’s EDI action plans

- 5.1 To ensure we are addressing EDI in all of our work, we are using a multi-perspective mixed methods approach. Specifically, in relation to commissioning and designing research we use sampling approaches that are representative of population groups and that ensures the number of responses achieved enables subgroup analysis. This work exemplifies our general approach, we use a virtuous cycle, ‘big’ data identifies issues/correlations (such as those from the P&P), then we use specific research to look at the reasons for these differences, so as to inform our responses or to evidence the case for others contribute.
- 5.2 Table 1 below, summarises our plans to follow the EDI-related findings from the P&P survey and Appendix 1 presents our broader EDI action plan.
- 5.3 **Table 1: P&P follow up action plan (all dates 2020)**



- 5.4 In summary, our EDI action plan includes:
 - a. Following up on P&P findings. We are using this year's P&P survey to follow up on EDI findings (via subgroup sampling top-ups and specific qualitative research). Further, we need to confirm this year’s P&P findings, to do this we will use alternative data sources to target follow up research and to ensure the research

results in learning which informs our response and potentially that of others. We are reviewing the frequency, focus and approach of our annual surveys. One option under consideration, is alternating the focus of the annual P&P survey so that in one year it samples at the general population level with booster subgroup samples, the following year we will focus on sampling subgroups to follow up on related findings. We will be submitting a paper to the Senior Leadership Team (SLT) in Q1.

- b. Dialogue and co-production. Informed by this year's follow P&P survey analysis, we plan to use our public and patient panel together with colleagues and Council to discuss findings and implications at an event focused on EDI. We expect to link this event, with our work on comprehensive complaints handling.
- c. GDC's FtP data. We are commissioning an FtP data review in 2020; this will include EDI data.
- d. GDC complaint/triage data. We will use these data in our analysis to understand correlations with EDI.
- e. Data development and improvement. Intelligence will continue to work with colleagues across GDC to improve our EDI data capture and analysis. The current EDI strategy ends this year, which provides a timely opportunity to reframe how we meet our EDI related obligations and our maximise the potential of EDI-related learning to inform our improvement agenda.
- f. Partnerships:
 - Complaints data partners. We are beginning our work to develop complaints data sharing partnerships; complaints data will provide an important perspective on how EDI correlates with complaints that GDC don't receive and an important comparator for our data, survey and FtP. We hope to be in a position to access data in 2020.
 - Research and evidence from other regulators. EDI is equally important for other regulators; research will conduct desk studies to mine learning and information about what works in conducting research. It is important that we build on and benefit from the work of others. We will use existing contacts, our membership of NMC's cross-regulatory analysts network and PSA cross-regulatory research forum to maximise opportunities to learn from others and partner in EDI-related research.
 - Heath Education England (HEE) Advancing Dental Care (ADC) intelligence forum. We are exploring with HEE whether others' research being conducted looking at patients' needs, will provide additional perspective on the issues our survey found.
 - Scoping patient representative group input. We plan to scope the potential of engaging with specific representative groups, that connect with subgroups we need to do more research with.

6. Progress

- 6.1 The EDI action plan presented in **Appendix 1** describes actions, timescales and colleagues and stakeholder involvement. Progress will also be reported by updates to the SLT and, as appropriate, to the Council.
- 6.2 The EDI action plan and our approach need room to develop, as we work with colleagues and external partners to make progress. Developing our project-specific and corporate risk management for this work is also under consideration.

7. Next steps and communications

- 7.1 Next steps for the P&P follow up are as presented. We look forward to the discussion around this paper and to reporting progress to the Council as our EDI work develops.
- 7.2 We work with communications on reporting all of our research and will continue to do so. It is important to note that the current research publication protocol is under review, with more of a focus on considering the implications of research findings for our work and that of others.

Appendices

- 1. EDI action plan

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Appendix 1

Appendix 1: EDI action plan (including P&P follow up)

Objective: To maximise the learning potential offered by EDI. The following overarching questions apply: <ul style="list-style-type: none"> - What are the public perceptions of dentistry at the subgroup level? - Are there differences at the subgroup level in relation to how protected people feel, how confident they are and in relation to their view of regulation? - Are there differences at the subgroup level in relation to preparedness to practise, complaints and ftP? 					
Action/step	Responsibilities	Start/finish	Resources/data sources	Desired outcome	Notes
Boost subgroup research samples in P&P 2020	Research team to lead	Started – Q2 2020	P&P survey 2020	Explain subgroup findings	na
Conduct P&P-related mixed method follow up research	Research team to lead	Started – Q3 2020	2020 P&P qualitative research Planned FtP research	Explain subgroup findings and help determine responses	Na:
Public and patient panel to discuss findings and responses	Research team to specify to contractors and lead on logistics	Started - Q4 2020	Public and patient panel Coms Council	Coproduce research approach and dialogue about implications and responses	Council and SLT involvement needed
Review of frequency of and sampling for P&P annual survey	Research team to lead	Started, report to SLT in Q1 2020	Analysis of previous surveys, review of priorities 'Purchase' of old data	Fit for purpose annual P&P and/or investment in alternative research	Proposals will be submitted to SLT
FtP data review	Research team to lead	Q1 2020 to Q3 2021	Commissioned research and FtP data and cooperation	Maximise EDI learning from the review and improve EDI data and analysis going forward	na
FTP process and participant research	Research team to lead in dialogue with FtP	Q1 2020, underway Q2 2020	Commissioned research and FtP cooperation	Triangulation of data. Explore EDI correlations in all part of FtP process	na
Analysis of GDC complaints and triage data	Research team to lead	Started – Q4 2020 (will continue)	GDC data and statistical analysis	EDI profile related to initial complaints Triangulate evidence	Challenge of EDI data capture

Improving the completeness, consistency and quality of GDC's EDI data	People Services leading, IT, PMO registration and FtP involved and enabling from research	Started – Q4 2021	Methods and formats for EDI data capture Data cleaning	Ensures we are able to run comparative analysis/multiple participant correlations	A revised EDI strategy should be considered with clearer shared roles and responsibilities
Analysis of others' complaints data	Research team to lead	Started – Q4 2020	Access to others' data, starting with one or two key partners	Able to take a much broader view of EDI correlations/triangulation	na
Accessing other relevant analysis	Research team to lead	Started – Q3 2020 (keep under review)	HEE ADC intelligence forum; analysis looking at subgroup dental needs	Provides opportunity to triangulate and test our findings and avoid unnecessary duplication	na