

## **GDC Council meeting 30 July 2020**

**Due to restrictions resulting from the COVID 19 pandemic, it was not possible to hold a public session of the Council meeting.**

**However, a number of papers considered by Council at the closed session have been published and are shown below.**

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## Fitness to Practise action plan

<b>Executive Director</b>	John Cullinane, Interim Executive Director Fitness to Practise Transition
<b>Author(s)</b>	John Cullinane Reviewed by Shugafta Akram, Clare Callan
<b>Type of business</b>	For discussion
<b>Issue</b>	Following the February FPC, further revisions to the action plan were requested to provide assurance on timeliness.
<b>Recommendation</b>	The Council is asked to discuss the action plan and the progress made.

### 1. Background

- 1.1 An updated FTP action plan was discussed and noted by the Finance and Performance Committee on 22 May 2020 and on 16 July 2020.
- 1.2 This paper provides a brief update on progress against the action plan. The paper was presented to FPC on 16 July 2020, although paragraphs 2.4 and 2.5 have been revised to account for up to date information.

### 2. Current position regarding work in progress (WIP) by team in FTP

- 2.1 The table below sets out the plan to reduce volumes in casework until the end of July 2020. This plan was based on a fall in the forecast for incoming cases, and a presumption that we will complete 40 more assessments per month than we receive new cases from IAT.

	<b>18 March 2020</b>	<b>31 March 2020</b>	<b>28 April 2020</b>	<b>30 April 2020</b>	<b>31 May 2020</b>	<b>30 June 2020</b>	<b>31 July 2020</b>	<b>Net Change Mar-Jul</b>
In progress	607	596	575	561	521	481	441	(166)
On hold	45	56	54	54	54	54	54	9
Rule 4	129	125	118	118	105	105	105	(24)
Total	781	777	747	733	680	640	600	(181)
R9 included above	22	23	7	7	7	7	7	

Note – due to an error, some totals quoted in the original table did not reflect the sum of the caseload – they were 4 higher. The correct figures are now quoted.

- 2.2 The total caseload for 1 June (reflecting the end of May figures) was 702, broken down as follows:

	31 May projection	1 June actual
In progress	521	528
On hold	54	40
Rule 4	105	134
Total	680	702

- 2.3 While we have exceeded the forecast target number by 22 cases, there were 29 more Rule 4 cases than forecast, and we believe that we underestimated the number of cases that would enter this queue from the “in progress” queue. We discuss the current position of the Rule 4 queue below. In contrast, we reduced the on hold queue by 14 cases. These are usually older cases, so it is a sign of progress that we have reduced this number. It should be noted that although we have assessed some of the on hold cases, some have come “off hold” but have moved to the “in progress” caseload as a result.

- 2.4 As of 16 July, the caseload had reduced further to 670, broken down as follows:

	30 June projection	29 June actual	16 July actual
In progress	481	509	474
On hold	54	40	53
Rule 4	105	117	108
Total	640	670	635

- 2.5 We expect to reduce the number of “in progress” cases further by the end of July although, in the last week, we have also seen a notable increase in the number of new concerns raised with the GDC. As set out in the table above, we had reduced the number of “on hold” cases, but these have now increased again as several of our newer cases are awaiting CQC input (these are mostly COVID-19 related) or trial dates. We are working closely with casework managers to ensure that they can deliver the anticipated number of assessments by the end of July. In terms of work actually undertaken, as opposed to assessments completed, performance has been good.

- 2.6 This is visible at task level, where a new report structure (see paragraph 2.8 below) means we can identify real progress which should set us up for a higher number of completed assessments in July than expected. There are currently 16 tasks in the CDA queue, compared to five at the end of May, and of these, only one task is over 10 days old. There are also 20% more tasks at assessment stage than at the end of May. (An increase in the number of tasks at this point of the process is a good sign as it shows that cases are progressing; in contrast, the numbers of open tasks at the initial stages have fallen by 33% in the same period.) These two figures give us great confidence that although we have not completed as many assessments as expected in June, we have progressed a significant number of cases to the point where they should be assessed in July.

- 2.7 We have improved the information we have on the case within the Rule 4 queue. For example, the number of cases waiting to be bundled at the start of the Rule 4 process has fallen from 26 at the start of the month to eight on 22 June; the number of bundles with overdue observations has fallen from 24 on 1 June to five; and the number of cases ready for bundling for Case Examiners (the final part of the process) has risen from eight to 25. This shows real progression in this area, and is a clear sign that the number of cases at Rule 4 stage is likely to fall quickly in the next month.
- 2.8 In casework, we have developed a new report (the “task heatmap”) which gives us information at task level within cases, showing the progress over time at each task. For example, since we implemented the report, the number of open “notify informant” tasks has fallen from 54 to 38 and, of these, the number that are recorded as “not started” has fallen from 26 to 8. Overall, we have reduced the number of open tasks from 544 to 460 in June, and while there have been reductions at all stages of the process, there has been a 33% reduction in the initial tasks (which are mostly notify informant/registrant). This shows that, while we might not have assessed as many cases as we had expected, we have made significant progress in a large number of cases. Perhaps as importantly, we now have the tools to see where tasks are building up so we can direct resources to make sure that no case stage is overlooked. This should enable us to deliver a better flow of cases to assessment.
- 2.9 We have also made progress in developing the action plan further in the last month. We will report on the development of the action plan further at the substantive FPC meeting in September 2020. We have identified the sources of information that will inform the feedback loops, and have established frameworks for those outside the team to provide the information in a manageable way.
- 2.10 We have delivered training to all those involved in the Initial Assessment Decision Groups, using feedback from the BWB audit and case studies for groups to use over several sessions. The Clinical Dental Advisers are delivering a further clinical training session for caseworkers at the end of June. Further training is scheduled for July – this will focus in interim orders and redaction.
- 2.11 We have started to codify the data and information we have available to us so that we can assess where there are gaps and duplications, and how we can best use the information we have available to us. As part of this exercise, we are revising the streaming report to take account of in progress cases. This information will be invaluable in the KPI development work which was discussed at FPC on 15 June 2020.
- 2.12 We have also decided to revise the EA role for the FTP Executive Director to provide more business support across the function. This will include central oversight for the health assessment contract (currently with Heales) and a role in the management of SOPs and guidance to ensure they are reviewed regularly.

### **3. Next steps**

- 3.1 The next update will be provided to FPC, and it will include further information on the streaming of cases.

### **Appendices**

1. None

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29 June 2020

## Remote Orthodontics - Update

<b>Executive Director</b>	Stefan Czerniawski, Executive Director, Strategy
<b>Author(s)</b>	Osama Ammar, Head of Public Policy Katherine McGirr, Policy Manager
<b>Type of business</b>	To note
<b>For Council only:</b>	Public session
<b>Issue</b>	To provide the Council with an update on work to develop a position on tele-dentistry and 'direct-to-consumer' orthodontics.
<b>Recommendation</b>	The Council is asked to note the contents of the paper.

### 1. Background

- 1.1 The GDC is aware of an increasing number of organisations offering 'teledentistry' services<sup>1</sup> and in particular, a growth in organisations providing direct-to-consumer or remote orthodontics using clear plastic aligners.
- 1.2 There are a number of key factors thought to be driving the growth of teledentistry and remote orthodontics, including more sophisticated 3D printing enabling companies to use digital scanning, and the fact that in 2017 Invisalign (Align Technology) lost its exclusivity on 40 patents that kept it as the leading clear-aligner brand, opening the door for newcomers.
- 1.3 In addition to these factors, the move to remote provision of healthcare has gained more momentum and urgency as a result of the current pandemic, which has forced society to rethink traditional patient/professional interactions.
- 1.4 The recent proliferation of organisations offering orthodontic treatment via remote platforms has sparked concern from members of the dental profession, with the British Orthodontic Society (BOS) and Oral Health Foundation launching the Safe Braces campaign and associated website in March 2020 to warn the public of the dangers of undertaking 'direct to consumer' teeth straightening. The GDC has also received at least one Fitness to Practise concern regarding GDC registered dentists providing remote orthodontic treatment.

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<sup>1</sup> Tele-dentistry can be defined as “.. the remote provision of dental care, advice, or treatment through the medium of information technology, rather than through direct personal contact with any patient(s) involved” (Telemed J E Health. 2013 Jul;19(7):565-7.)

- 1.5 As with any innovation in dentistry, the GDC needs to satisfy itself that patients are protected and that our registrants apply the Standards for the Dental Team to this emerging context of dental practice.
- 1.6 In February 2020, the GDC issued a statement on remote orthodontics emphasising the importance of face-to-face interactions with patients to support treatment planning and valid consent. The statement also made a commitment to continue to gather evidence about the potential risk of harm to patients from direct-to-consumer orthodontics and other forms of dental care offered remotely.
- 1.7 In December 2019, Council noted the emerging questions surrounding remote orthodontics in the horizon scanning item and requested subsequent updates in its March 2020 meeting. This paper provides Council with an update on progress made to date on the assessment of and development of an organisational position on remote orthodontics.

## **2. Summary of progress to date**

- 2.1 We have made contact with providers of remote orthodontic administrative platforms in the UK in order to make sure we have a full understanding of the services they are providing and their approaches to delivery.

### **Clinical input**

- 2.2 In order to gain a fuller understanding of the clinical considerations raised by remote orthodontics, we have sought internal clinical advice from the Senior Clinical Dental Advisor. Through discussions we have pinpointed the areas of particular risk in orthodontic treatment, and how those risks are mitigated in a traditional face-to-face treatment setting and developed our understanding of whether and how these risks can be mitigated in a remote setting.

### **Research and evidence**

- 2.3 To inform our thinking we are commissioning an expert to do a rapid scoping of remote dentistry/orthodontic literature, looking at what evidence/research currently exists, including international examples. In particular, the work will consider existing evidence of the risk of harm to patients posed, how remote dentistry can be effectively regulated to mitigate potential harm, how education and/or CPD can work to mitigate and or prevent risk of harm, and any benefits to dental health and patients.
- 2.4 We have issued a Request for Quotation for this work and anticipate the final report in October 2020.

### **Wider policy questions**

- 2.5 The question of remote healthcare is becoming increasingly prominent during the current pandemic crisis. Already we are seeing dental healthcare providers starting to make use of remote platforms in order to facilitate and maintain patient access to dental services. The GDC is considering the issue of direct-to-consumer orthodontics within this context to ensure the innovation and patient benefits being seen in other healthcare settings is also translated into dentistry, whilst maintaining patient protection.

### **The boundaries of the practice of dentistry**

- 2.6 Some of the questions that have emerged from our consideration of the remote orthodontic patient journey relate to whether certain parts of the process constitute the practice of dentistry (e.g. intra-oral scanning for the purposes of creating an aligner). We are also considering where the boundaries of the practice of dentistry lie in respect of other treatments/services (e.g. intra oral scanning for the purposes of making a custom-made

mouthguard). We anticipate that continued innovation in dentistry, and in particular cosmetic dentistry, will mean that we need a clear framework for determining what constitutes the practice of dentistry. We have begun to develop this framework, and intend to share it with Council in Q4.

### **3. Equality, diversity and privacy considerations**

- 3.1 Whilst ensuring the GDC's approach to teledentistry and remote orthodontics protects patients is the primary concern, our position must take into account the innovation happening in dentistry and in healthcare more widely, particularly the increasing use of remote platforms to facilitate access. With the pandemic continuing to impact traditional forms of interaction, we must be alive to the benefits of remote healthcare, particularly for those with a disability.

### **4. Resource considerations and CCP**

- 4.1 Funds to support our research efforts have been allocated from the research budget (c. £10,000) in this financial year. Further research, if required, will be commissioned as part of a comprehensive research activity in the 2021/22 budget included in planning for the reform programme (currently subject to approval).
- 4.2 Staff time has been allocated to this work within planned activities for this year in the CCP.

### **5. Monitoring and review**

- 5.1 This work forms part of the wider programme of regulatory reform and will be subject to monitoring and review through the PMO. It is intended Council will be involved in monitoring and review of progress and next steps in December 2020.

### **6. Next steps and communications**

- 6.1 We will continue to build our knowledge base on the potential impact of teledentistry and direct-to-consumer orthodontics, and particularly any risks it poses to patient safety.
- 6.2 We plan to bring an evidence-based proposed position to Council in Q4 2020, which does not preclude appropriate action prior to that, should evidence of a risk to patient safety emerge.
- 6.3 We are working with colleagues in the Communications team to develop a Communications plan which will include our engagement with stakeholders.
- 6.4 Further steps we will take to develop this position include:
- a. Continuing correspondence with providers of direct-to-consumer orthodontics;
  - b. Engagement with stakeholders, including systems regulators, representatives of the dental profession and patients;
  - c. Developing and refining the purposive matrix for defining the practice of dentistry;
  - d. Assessment of the outputs of the commissioned rapid evidence review;
  - e. Public consultation on any new guidance that is considered necessary.

### **Appendices**

- a. None

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23 July 2020

# CCP Quarterly Performance Report

## Quarter 1 2020

<b>Type of business:</b>	For discussion
<b>For Council only:</b>	<b>Public session</b>
<b>Issue:</b>	<p>To present the Council with the new prototype CCP Quarterly Council Report Q1 2020 for discussion. This is a new prototype design report which is intended to provide Council with a strategic view of GDC performance in relation to delivery of the CCP towards the Corporate Strategy.</p> <p><b>For noting: This report is populated with the Q1 2020 data to demonstrate the prototype containing a fuller narrative, in line with the Council's action when it scrutinised the Q1 data at its June meeting.</b></p>
<b>Recommendation:</b>	The Council is asked to approve the prototype format.
<b>Decision Trail:</b>	<p>SLT Board - 6 July 2020 – Prototype format recommended</p> <p>FPC - 16 July 2020 – Prototype format recommended to the Council.</p>

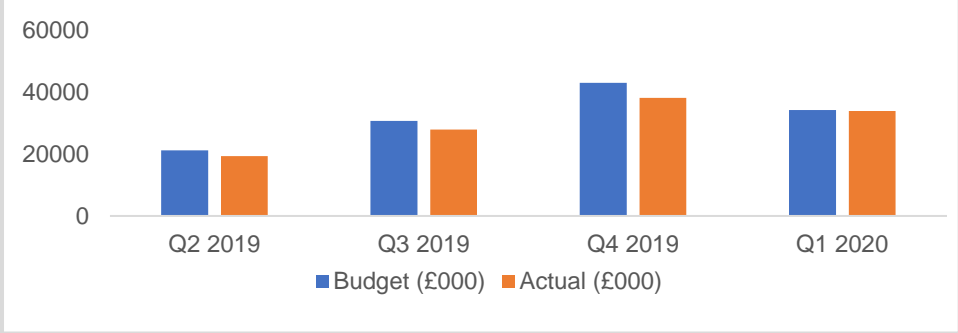
**The key performance insights in Q1 2020 are:**

- **CCP Performance Overview** - The CCP delivery has been impacted by the COVID-19 outbreak with progress impeded in quarter 1 on a number of projects due to the need for reactive work to be undertaken. A significant review and revision of the CCP 2020-2022 plan is being undertaken in Q2 to determine what work can and must continue in 2020. Each directorate are reviewing their priorities for must do activities, with EMT reviewing in detail the prioritisation and the effects on budget. Following EMT review, the revised CCP 2020-2022 plan resulting from the COVID-19 impacts are reviewed by FPC on June 1 and Council June 3.
- **Finance Overview** - At the end of March, the GDC's operating surplus was £1.32m higher than budgeted at £25.5m, and £0.96m higher than current forecast. Actual income is £0.39m higher than budgeted and expenditure is £0.93m lower than budgeted for the period. Income was £0.39m higher than budgeted due to the following reasons:
  - There was higher than budgeted dentist ARF income and initial DCP registrations over the period (£303K).
  - Bank interest received in Q1 (£43k).
  - Sale of assets reaching the end of their useful economic life (£46k)Expenditure was £0.93m lower than budgeted of which £0.50m is a result of recurring savings mainly from staff costs (£374k) and also lower than budgeted spend on Hearings, Research and Education QA, £0.36m are full year 'one-off' savings achieved in quarter 1 2020, and £0.07m are savings resulting from timing differences of spend.
- **Establishment Plan Overview** - Headcount levels remain stable at the end of the reporting period to those seen at end of December 2019. In March 2020, the total establishment is 16.9 FTE less than that budgeted. Overall turnover decreased from 9.1% in Q4 2019 to 2.5% in Q1 2020. In total, nine staff members left in the quarter, seven of which were voluntary leavers. The two remaining leavers were compulsory redundancies relating to the Birmingham estates relocation.

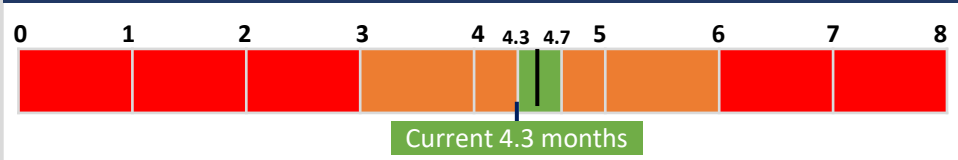
**Q1 2020 is the first prototype version of the new report. There is no focus on area in this quarter.**

PROTOTYPE

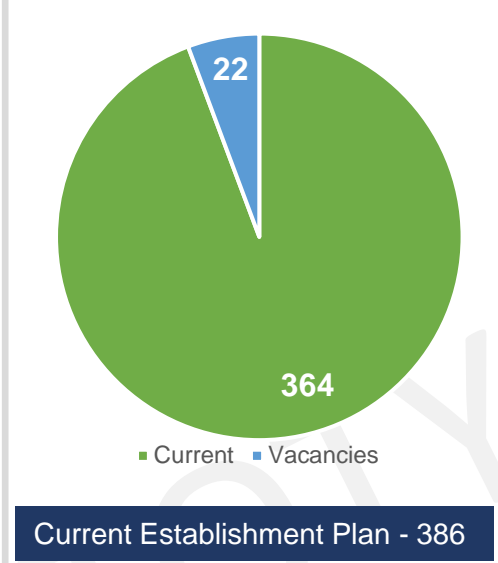
## Budget v's Actual Expenditure



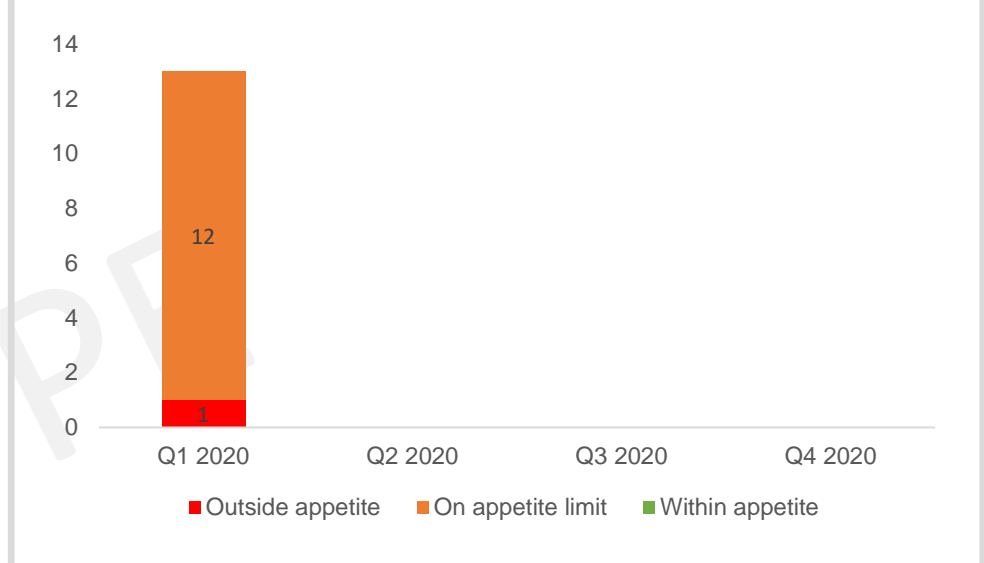
## Current Free Reserves (Target 4.5 months)



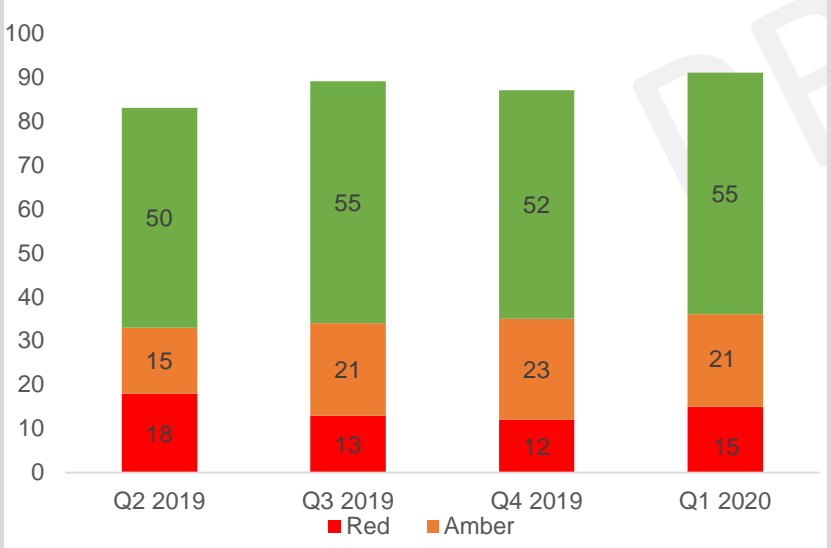
## Headcount v's Actual



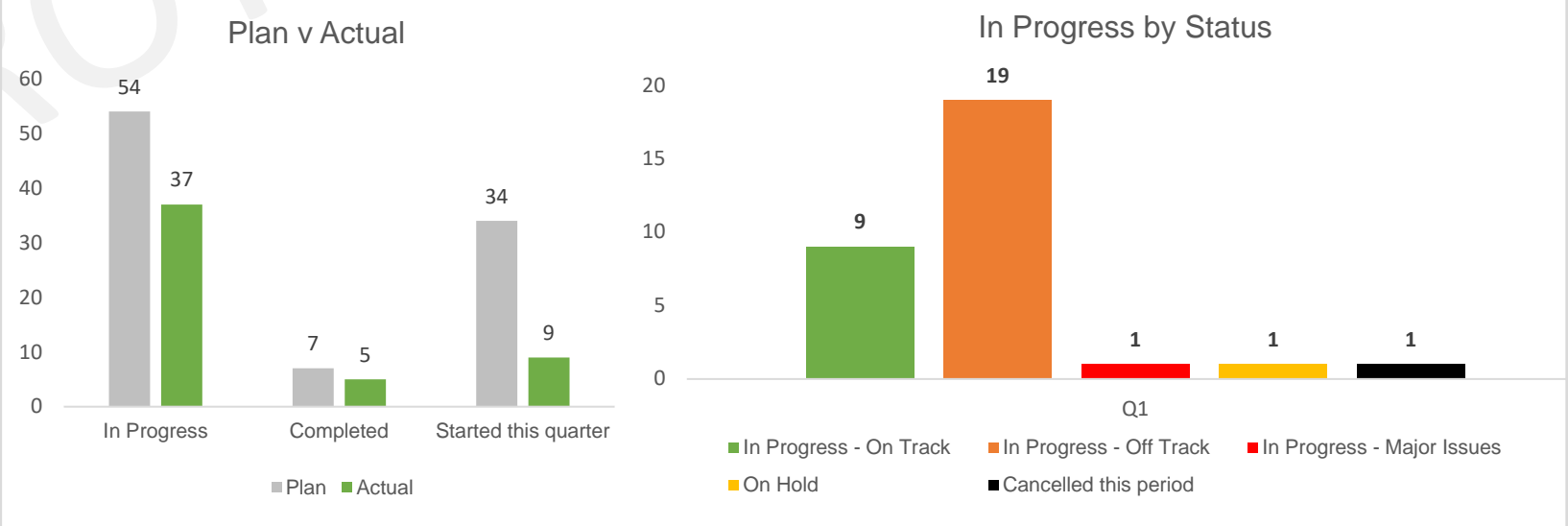
## Strategic Risks



## Key Performance Indicators



## CCP Delivery - Projects



# 3.1 Strategic Aim 1

**Strategic Aim 1: To operate a regulatory system which protects patients and is fair to registrants, while being cost-effective and proportionate; which begins with education, supports career-long learning, promotes high standards of care**

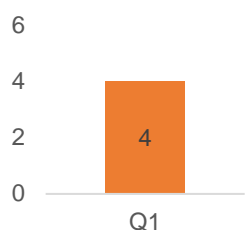
## Budget v's Actual

■ Budget (£000)  
■ Actual (£000)

- Note: Finance would require systems development of the Finance general ledger system to robustly deliver. A prototype calculation can be developed in interim by end 2020.

## Strategic Risks

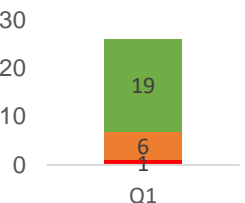
■ Within appetite  
■ On appetite limit  
■ Outside appetite



- There are 4 strategic risks rated amber in Q1 – SRR7, SRR14, SRR15, SRR 16 with details included within the Strategic Risk Register report in section 4.

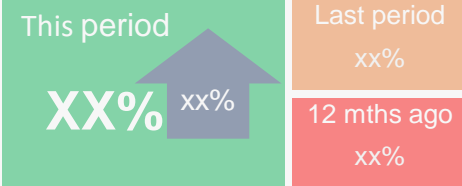
## KPIs

■ Green  
■ Amber  
■ Red



- External face-to-face engagement (PI/STR/005) was the 1 red indicator as due to COVID-19 stakeholder engagement activities considerably decreased.

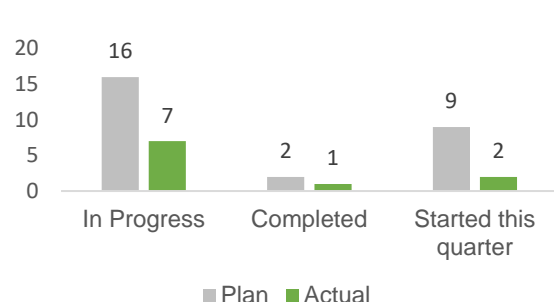
## SA/001 – name of new SA kpi



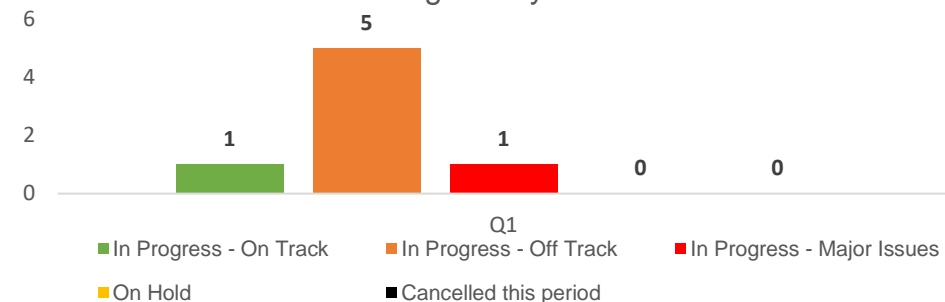
- Note: Strategic Aims KPIs are in development so not currently reportable

## CCP Delivery – Project Progress

### Plan v Actual



### In Progress by Status



## Progress Summary

- A number of projects face delays due to impacts from COVID19 preventing their ability to progress as planned:** The projects impacted by delays which map to Strategic Aim 1 are 'Develop an outcome-focused model for lifelong learning', 'Implement a framework to promote professionalism', 'Implement further digital improvements', 'Publish guidance for the managers of dental professionals', 'Revise the support provided to new registrants'. As part of the CCP 2020-2022 review, work is underway to review the schedules and priorities.
- External face-to-face engagement (PI/STR/005) was unable to complete the targeted number of engagements:** Due to COVID-19 stakeholder engagement activities have considerably decreased and ceased fully during initial lockdown. However, the Moving Upstream conference in February 2020 was a great success with attendance of around 130 delegates and we still managed to engage with 600 registrants over 7 events and 297 students over 4 events in quarter 1.
- The develop tools to support patient-centred care project** was due to start stakeholder engagement which will not be possible to continue as planned. With the Covid 19 situation it is not possible, safe or ethical to undertake face to face engagement at this time. The project will be rescheduled in order to undertake this work once distancing restrictions allow.

## 3.2 Strategic Aim 2

**Strategic Aim 2: work with the professions and our partners to ensure that patients and the public are able to raise concerns with the agency best placed to resolve them effectively and without unnecessary delay.**

Budget v's Actual

■ Budget (£000)  
■ Actual (£000)

- Note: Finance would require systems development of the Finance general ledger system to robustly deliver. A prototype calculation can be developed in interim by end 2020.

Strategic Risks

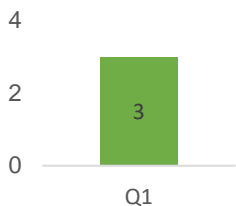
N/A

■ Within appetite  
■ On appetite limit  
■ Outside appetite

- There are no strategic risks mapped to strategic aim 2 at this time.
- See section 4.0 (page 9) for the full Strategic Risk Register report

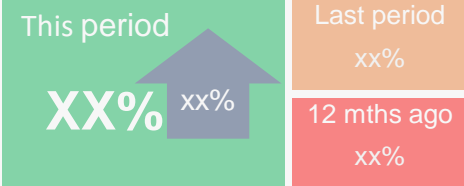
KPIs

■ Green  
■ Amber  
■ Red



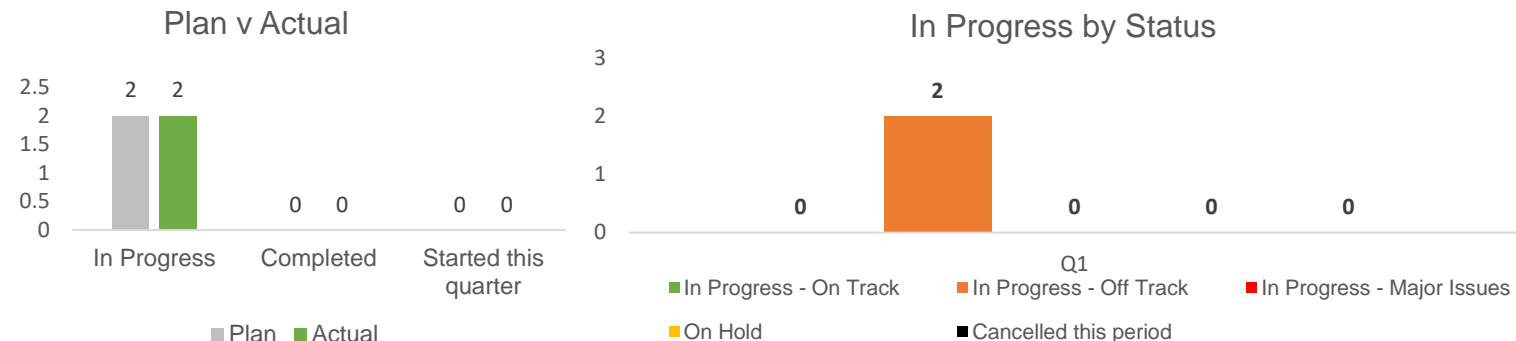
- There are no major issues pertaining to Strategic Aim 2 related performance indicators

SA/002 – name of new SA kpi



- Note: Strategic Aims KPIs are still in development so not currently reportable

### CCP Delivery – Project Progress



### Progress Summary

- Two projects face delays due to impacts from COVID19:** The projects for 'Develop a comprehensive complaints resolution model' and 'Review alternative models for private dentistry complaint handling' are both subject to delay due to Covid 19, with work underway to review and revise schedules in Q2.

### 3.3 Strategic Aim 3

**Strategic Aim 3: use evidence, research and evaluation to develop, deliver and embed a cost-effective and right-touch model for enforcement action.**

Budget  
v's Actual

■ Budget (£000)  
■ Actual (£000)

• *Note: Finance would require systems development of the Finance general ledger system to robustly deliver. A prototype calculation can be developed in interim by end 2020.*

Strategic  
Risks

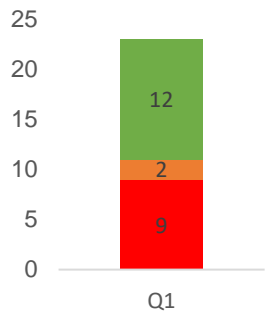
■ Within appetite  
■ On appetite limit  
■ Outside appetite

N/A

• There are no strategic risks mapped to strategic aim 3 at this time  
• See section 4.0 (page 9) for the full Strategic Risk Register report

KPIs

■ Green  
■ Amber  
■ Red

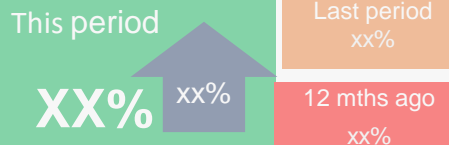


Red performance indicators are below with full details available in the Q1 2020 Balanced Scorecard:

- PI/FTP/002 – Assessment Timeliness: Receipt to Assessment Decision
- PI/FTP/003 – Case Examiner Timeliness: Assessment Referral to Case Examiner Stage Completion
- KPI/FTP/005 – Investigation Timeliness: Receipt to CE Decision
- KPI/FTP/008 – Full Case Timeliness: Overall Case Length (Receipt to Final Hearing Outcome)
- PI/FTP/009 – Prosecution Timeliness: Case Examiner Referral to Hearing
- PI/FTP/011 – Hearings Completed Without Adjournment
- KPI/FTP/014 – IOC Timeliness: Registrar and Case Examiner Referrals
- PI/FTP/015 – IOC Timeliness: IAT Referrals
- PI/FTP/029 – Cumulative Hearing Performance Against Budget Forecast

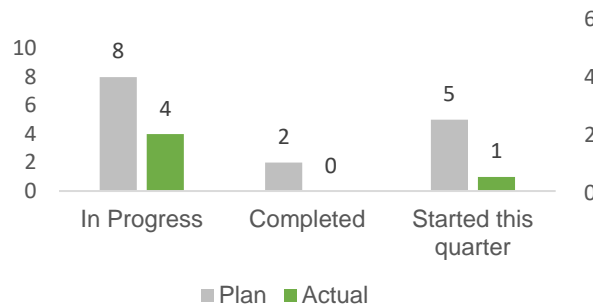
• *Note: Strategic Aims KPIs are still in development so not currently reportable*

SA/003 – name of new SA kpi

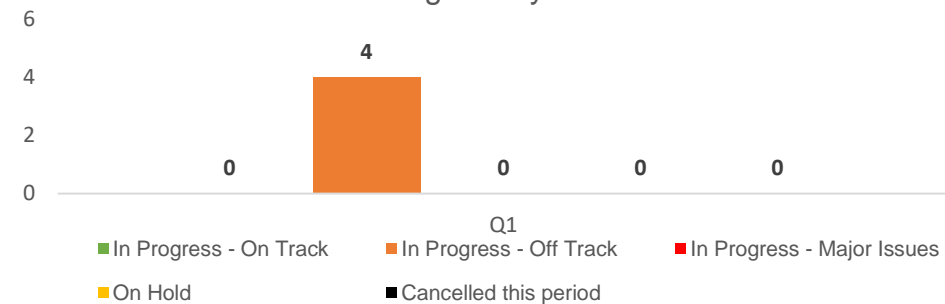


#### CCP Delivery – Project Progress

Plan v Actual



In Progress by Status



#### Progress Summary

- **Projects face delays due to impacts from COVID19.** The projects delayed relating to Strategic Aim 3 are 'Allegations Drafting', 'Principles of Regulatory Decision Making', 'Review approach to regulatory intervention' and 'Review internal fitness to practise guidance'. As part of the CCP 2020-2022 review, work is underway to review the schedules and priorities.
- **Fitness to Practise performance from Case Examiner referral to final hearing decision was at 68% meeting target of 9 months in Q1 2020** with 13 cases over the target. This performance was predicted due to the elimination of Rule 4 backlog in Q1-Q3 2019, where cases had passed the 26 week CE referral target prior to referring to PCC. Hence completion of the these cases within the 15 month overall case length target was made virtually impossible.
- **Timeliness for IOC decisions from IAT referrals achieved 77% which is 8% below the red threshold:** 3 cases out of 13 due to the application for IOC not being made at the point of referral to Case Work. IOC Timeliness for Registrar and Case Examiner referrals decreased from 90% in Q4 2019 to 80% in Q1 2020. with 2 cases having deferred dates and 4 cases were a result of having to stop hearings due to Covid-19.



# 3.4 Strategic Aim 4

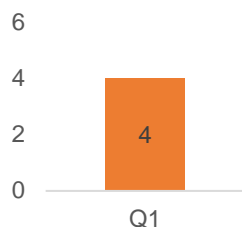
## Strategic Aim 4: maintain and develop the regulatory framework.

### Budget v's Actual

■ Budget (£000)  
■ Actual (£000)

- Note: Finance would require systems development of the Finance general ledger system to robustly deliver. A prototype calculation can be developed in interim by end 2020.

### Strategic Risks



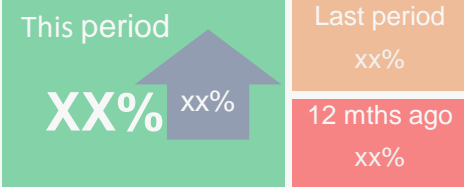
- There are 4 strategic risks rated amber in Q1 – SRR1, SRR2, SRR5, SRR 8
- See section 4.0 (page 9) for the full Strategic Risk Register report

### KPIs

N/A

- No KPIs are currently aligned to Strategic Aim 4

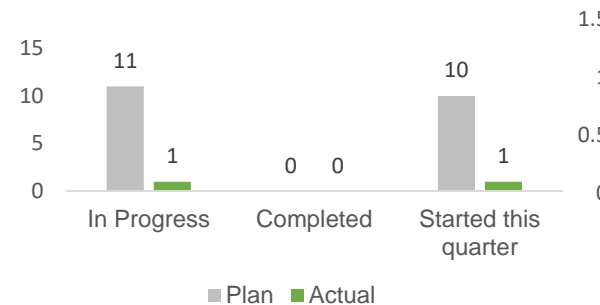
SA/004 – name of new SA kpi



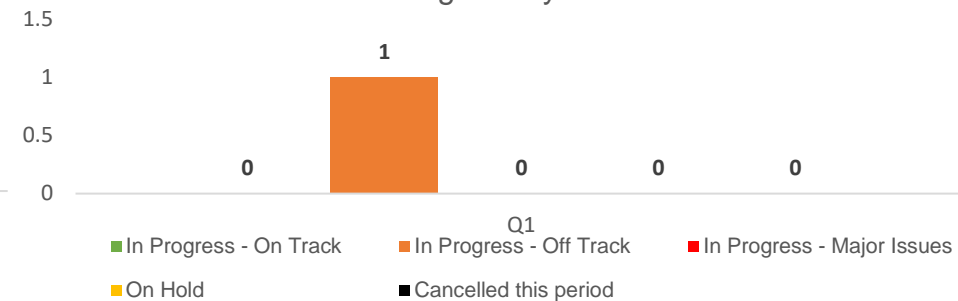
- Note: Strategic Aims KPIs are still in development so not currently reportable

## CCP Delivery – Project Progress

### Plan v Actual



### In Progress by Status



## Progress Summary

- Review scope of practice for all titles** is subject to delay due to Covid 19 situation with work underway to reprioritise the scope and timelines.

# 3.5 Strategic Aim 5

**Strategic Aim 5: continue to develop an outcome-focused, high-performing and sustainable organisation.**

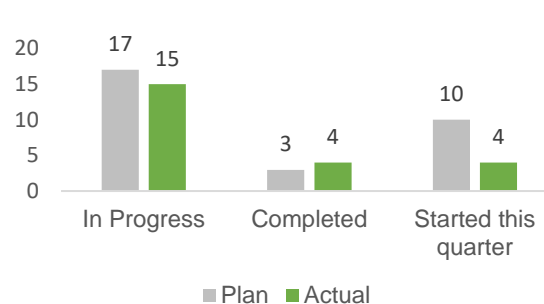
Budget v's Actual

■ Budget (£000)  
■ Actual (£000)

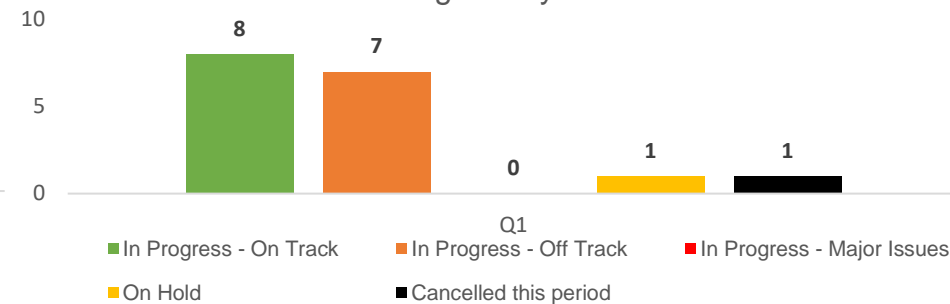
- Note: Finance would require systems development of the Finance general ledger system to robustly deliver. A prototype calculation can be developed in interim by end 2020.

## CCP Delivery – Project Progress

Plan v Actual

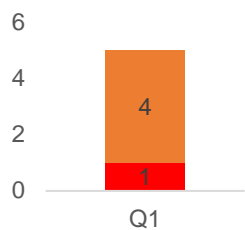


In Progress by Status



Strategic Risks

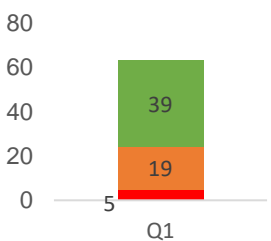
■ Within appetite  
■ On appetite limit  
■ Outside appetite



- There is one strategic risk rated red in Q1 – SRR12
- There are 4 strategic risks rated amber in Q1 – SRR3, SRR10, SRR11, SRR 13 with details included within the Strategic Risk Register report in section 4.

KPIs

■ Green  
■ Amber  
■ Red



Red performance indicators are below with full details available in the Q1 2020 Balanced Scorecard:

- PI/FCS/005 – Financial Reporting Timeliness
- PI/LEG/007 – Draft Agenda Delivery Timeliness (Council/Ctees)
- PI/HRG/001 – Recruitment Campaign Timeliness
- KPI/HRG/003 – Recruitment Right First Time
- PI/HRG/015 – Internal Opportunities

- Note: Strategic Aims KPIs are still in development so not currently reportable

## Progress Summary

- There were no Major ICO impacts in Q1 requiring reporting to the ICO.** There were also no DSIs which had a major GDC impact in Q1.
- Projects face delays due to impacts from COVID19.** The projects delayed relating to Strategic Aim 5 are due to impacts from COVID19. These are 'Costed Corporate Plan 2020-2022', 'GDPR - Contracts Review', 'Hearings Communications', 'MI Workstream Phase 2', 'People Systems', 'Rewarding Contribution.
- Grow our own strategy – POD** – project has been cancelled as the work will continue but is consider part of ongoing BAU People Services activity.
- The Strategic Risk 'Unable to progress Cases in a timely manner' (SSR12)** is rated outside our risk appetite due to the impacts of COVID19 on the ability to progress Fitness to Practise cases. See section 4.0 for the full Strategic Risk Register report

SA/005 – name of new SA kpi

This period

XX%



XX%

%

12 mths ago

XX%

Last period  
XX%



## 4.1 Strategic Risk – key updates

### Strategic Risk updates

CP8 - A significant change in Government policy could have adverse effects on the plans, risks and opportunities of the GDC.

- The residual risk impact score for this risk has reduced from four to two. Whilst it is felt that this is the current impact score, it was noted that with such a degree of changeable uncertainty about how this would impact us if it was realised, (largely dependent on who takes over the Conservative leadership) this risk must be kept under close review; as the risk scores, or the risk itself, could significantly change during the coming months.

CP13 - Loss of MRPQ mean GDC options for registering European Dentists are dependent on DHSC action.

- The residual impact of this risk has reduced from four to three. As the uncertainties regarding this risk, especially in the event of a no deal Brexit, have become clearer, it has highlighted that the impact, for now at least, has reduced. However, as with the above risk, this will be kept under review.

CP16 - Unknown live contracts are in place

- The risk title of this risk has slightly changed, which in turn has resulted in the residual risk score being amended. This risk previously read 'Unknown or unmanaged live contracts are in place'. The unmanaged aspect to this risk has been removed. Through various reviews of contracts (GDPR project and the Contract Management Internal Audit by Mazars) there is not anything to suggest that we may have unmanaged contracts in place. There is still a risk that we have unknown contracts, although this is now considerably less likely than it was. Therefore, the residual likelihood has reduced from 6 (almost certain or happening) to three (feasible).

### Strategic risk analysis

- There are 11 active risks on the SRR.
- Five risks (45%) are on risk appetite and three risks (27%) are outside of risk appetite. Three risks (27%) are within risk appetite.
- Three risks (27%) have a red residual risk rating. The remaining eight risks (73%) have been categorised as having an amber residual risk rating.

## Chief Executive and Chair's 2020 Mid-Year Reviews

<b>Executive Director</b>	Sarah Keyes, Executive Director, Organisational Development
<b>Author(s)</b>	Sarah Keyes, Executive Director, Organisational Development
<b>Type of business</b>	<i>To Note - by correspondence</i>
<b>Issue</b>	This paper sets out the arrangements for regular performance reviews for the Chair and Chief Executive
<b>Recommendation</b>	The Council is asked to note the finalised objectives for the Chair and Chief Executive and the arrangements for regular review of performance against them.

### 1. 2020 Objectives

- 1.1 For 2020, the objectives for the Chair and Chief Executive have been simplified to reflect the 2020-22 Corporate Strategy and Costed Corporate Plan delivery.
- 1.2 The Chair's objectives are set as follows:
  - a. Oversee the implementation of the Board Effectiveness review and the delivery of Deloitte's recommendations.
  - b. Ensure the Council is well-supported and operates effectively.
  - c. Ensure that the organisation continues to develop the policies and processes that will ensure it becomes a high-performing transparent regulator, which protects the public and is fair and is seen to be fair to registrants.
  - d. Ensure the organisation is well managed.
- 1.3 The Chief Executive's objectives have been agreed as follows These objectives need to be contextualised by the operating environment that has prevailed during Covid-19 and the additional challenges that this has presented.
  - a. To lead effectively and professionally the Council's management and staff, exemplifying open and accessible leadership Ensure that the organisation is fit for purpose; that the organisational design supports agility and effective working; and that the executive is appropriately skilled and operates in the most effective manner to support delivery of this objective and the wider strategic objectives in the strategy document.
  - b. Ensure the organisation has the information to manage performance regularly, that areas of under-performance are identified, and effective action is taken by management.
  - c. Ensure the organisation has clarity regarding its strategic objectives, is financially secure, and provides the best possible value for money in delivering its mission and the Council's strategic priorities.

- d. Ensure that the executive works effectively with stakeholders and partners to support delivery of this objective and the wider strategic objectives in Right Place Right Time Right Touch.
- e. Ensure that the organisation shows steady improvement in the number of PSA targets obtained, securing all possible standards by the close of 2020.

## **2. Arrangement for reviewing performance against objectives**

- 2.1 Both the Chair and the Chief Executive have defined activities, measures and timelines which underpin these objectives and will be reviewed throughout the year.
- 2.2 Historically, performance reviews had taken place at two fixed points.
- 2.3 In practice this will happen during frequent and regular one to one conversations rather than taking place in a separate event.
- 2.4 Covid-19 has brought about an increased focus on the need for agility and responsiveness in performance at all levels of the organisation. Coupled with this, we have introduced regular progress check ins with staff as a mechanism for more timely and effective management of performance. This happens on a regular basis of no more than monthly intervals.
- 2.5 This practice is being adopted at all levels of the organisation including for the Chief Executive and Chair. This replaces the need for a mid-year review as performance is part of regular conversations rather than only twice per year. We will retain an annual formal performance meeting, and this will be documented.
- 2.6 Additionally, the CEO will seek to incorporate an element around the provision of feedback on the advisory function of the AO as part of the annual appraisal.

## **3. Legal, policy and national considerations**

- 3.1 No implications.

## **4. Equality, diversity and privacy considerations**

- 4.1 The individuals have given consent for personal performance information to be included in this paper.

## **5. Risk considerations**

- 5.1 Not relevant.

## **6. Resource considerations and CCP**

- 6.1 Not applicable.

## **7. Monitoring and review**

- 7.1 There will be a formal end of year review of performance against these objectives.

## **Appendices**

- a. None

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15 July 2020

## Extension of the Chair’s Strategy Group

<b>Executive Director</b>	Lisa Marie Williams, Executive Director, Legal & Governance
<b>Author(s)</b>	Katie Spears, Head of Governance
<b>Type of business</b>	For decision
<b>For Council only:</b>	Public session
<b>Issue</b>	To seek approval of the continuation of the Chair’s Strategy Working Group (CSG) for a six-month period from 28 August 2020 to 28 February 2021.
<b>Recommendation</b>	The Council is asked to approve the continuation of the Chair’s Strategy Working Group and its terms of reference until 28 February 2021.

### 1. Introduction

- 1.1 The Chair’s Strategy Working Group (CSG) was established as a working group of the Council in accordance with Standing Order 13 of the GDC Standing Orders and Resolution for the Non-Statutory Committees of Council 2018.
- 1.2 The terms of reference were last approved by the Council on 3 June 2020 and are appended to this paper (**Appendix 1**). The CSG has no decision-making powers or delegated authority.
- 1.3 The CSG’s key purpose is to act as a hub of early strategic development of initiatives to further the organisation’s aims by:
  - Identifying strategic initiatives to reduce the GDC’s cost base.
  - Carrying out horizon scanning and stakeholder engagement
  - Acting as a catalyst for early policy initiatives.
- 1.4 The Group will assist the Executive to identify strategic initiatives to improve the efficiency and effectiveness of the GDC, through an examination of strategic opportunities. Once these strategic opportunities have been identified and their feasibility and relevance has been subject to initial scrutiny, they will be referred to the Executive team for development and/or to an appropriate Committee for oversight in advance of proposals being placed before the Council.
- 1.5 Previous work undertaken by the CSG include proposals relation to the plans to separate investigation and adjudication, most recently they have scrutinised the plans to review the GDC Corporate Strategy and the impact of Covid 19 on education quality assurance.
- 1.6 If approved, it is anticipated that the group will consider the following key areas over the next six months:
  - Continuing work in relation to the Corporate Strategy and accompanying strategic questions

- Addressing the public perception of the GDC, its presentational approach and engagement with stakeholders
- Board Development implementation plans and
- Acting as a ginger group for early policy development.

1.7 The CSG meets approximately every six weeks and the continuing need for the CSG is reviewed by the Council on a six-monthly basis.

1.8 The CSG considered the issue of whether or not the Group should be extended at its meeting on 8 July 2020 and recommended to the Council that its term be extended by six months.

## **2. Recommendation**

2.1 The Council is asked to **approve** the continuation of the CSG for a further six months, until 28 February 2021, and approve its appended Terms of Reference.

### **Appendices**

- a. CSG – Terms of Reference

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09 July 2020



## Appendix 1

**Terms of Reference Chair's Strategy Working Group**

1. Chair's Strategy Working Group (CSG)
  - 1.1 The CSG is established as a Working Group of the Council under Standing Order 13 of the GDC Standing Orders and Resolution for the Non-Statutory Committees of Council 2015.
2. Membership
  - 2.1 The CSG shall be chaired by the Chair of Council and the minimum membership will include two registrant and two lay members of the Council.
  - 2.2 The Chief Executive will attend meetings of the CSG but will not be a member of the working group.
  - 2.3 Directors and senior staff will be invited to attend meetings as and when required.
3. Quorum
  - 3.1 The quorum of the CSG shall be two Council members.<sup>1</sup>
4. Changes to the Terms of Reference
  - 4.1 Any proposed changes to the terms of reference of the CSG must be approved by the Council.
5. Co-opted members
  - 5.1 The working group may include co-opted members as required at the invitation of the Chair. Co-opted members will not count towards the quorum.
6. Key purpose
  - 6.1 To act as a hub of early strategic development of initiatives to further the organisation's aims by:
    - Identifying strategic initiatives to reduce the GDC's cost base.
    - Carrying out horizon scanning and stakeholder engagement
    - Acting as a catalyst for early policy initiatives.
7. Delegated Powers
  - 7.1 In accordance with the GDC Standing Orders and Resolution for the Non-Statutory Committees of the Council 2015, this working group does not have delegated authority to make decisions.
8. Functions and Duties
  - 8.1 To examine strategic opportunities that arise as a result of horizon scanning and stakeholder engagement and to generate and scrutinise policy initiatives to further the statutory purposes of the organisation.
  - 8.2 To identify options, assess relevance and feasibility and either refer to an appropriate committee/executive team for development or develop a proposal for the Council's decision.

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<sup>1</sup> In line with the GDC Standing Orders and Resolution regarding the Non-Statutory Committees of the Council 2018, part 14 and r5.1 of the Resolution.

9. Reporting

9.1 The working group shall report formally to each meeting of the Council with informal updates to Council members following each meeting.

9.2 The working group will report formally to Council on annual basis if required.

10. Frequency of Meetings

10.1 As required.

10.2 The working group is expected to be time limited. The continuing need for this working group will be reviewed by the Council on a 6-monthly basis.

11. The GDC Standing Orders and Resolution for the Non-Statutory Committees of the Council 2018 apply to this working group as if it were a Committee of the Council.

## Lifelong learning: outcome report response and action plan

<b>Executive Director</b>	Stefan Czerniawski, Executive Director, Strategy
<b>Author(s)</b>	Jessica Rothnie, Policy Manager
<b>Type of business</b>	To note
<b>Issue</b>	An update on the GDC's work on CPD and lifelong learning.
<b>Recommendation</b>	The Council is asked to note this update.

### 1. Background

- 1.1 The GDC signalled its intention in *Shifting the balance* to develop its approach to CPD, with a view to establishing a clearer link between CPD/lifelong learning, professionalism and improved practice. We have reiterated this commitment in our current strategy and the associated corporate plan.
- 1.2 In 2019 we published a discussion document to stimulate debate about developing a future model of lifelong learning for dental professionals. We asked for feedback on how to move towards a more meaningful system of lifelong learning, centred in a portfolio model, in which professionals take ownership and shift away from the current hours-based model which does little to promote beneficial behaviours and activities.
- 1.3 Plans to implement what is now our CPD scheme (formerly known as Enhanced CPD) had been developed prior to the publication of *Shifting the balance*, and we went ahead and implemented those plans in 2018, seeing them as the first step towards a more outcome focused model. This means that we have now seen over two full CPD years for dentists and over one and a half years for dental care professionals (DCPs) on the revised scheme.

### 2. Outline summary of report

- 2.1 We launched a discussion document, *Shaping the direction of lifelong learning for dental professionals*, and invited comments from July to October last year. The discussion document outcome report is due to be published in August. A summary of the content of the report is provided below for information.
- 2.2 The discussion document was informed by a systematic literature review completed by the Association of Dental Educators Europe, the GDC's CPD advisory group, two stakeholder workshops, and feedback to the initial CPD proposals set out in *Shifting the balance* in 2017.
- 2.3 The discussion document received 117 responses in total, 102 from individuals and 15 from organisations. The responses have now been analysed and incorporated into a draft report.
- 2.4 [Aims and model](#)

- There was general agreement with GDC's proposed direction and activities, but there were familiar concerns raised about practicalities, such as associated costs, access to certain activities, time off work and how compliance would be achieved.
- In reference to the proposed portfolio model, there was a general positive consensus, although there were concerns raised about how this kind of model would be monitored, and some felt that more detail from the GDC was required.
- There was a degree of scepticism raised from both registrants and stakeholders about their colleagues. A significant number of respondents raised concerns that a system with more freedom and flexibility means that some professionals will inevitably "cheat the system" or do the bare minimum.

#### 2.5 Elements of the portfolio model

- There was a divided opinion about removal of the minimum hourly requirements in a future system. Some felt this was important to ensure individuals were doing a basic minimum of development, whilst others felt that it should be left to individual's own judgment. There was a concern raised by an association that removal of hours might dissuade employers from further supporting staff to do their CPD.
- Incentives such as time off, free CPD from the GDC, or a discounted ARF were common responses for how to motivate professionals to adopt positive but non-compulsory changes into their practice.

#### 2.6 Recommended topics

- Opinion was divided on the removal of the recommended topics, amongst both individuals and stakeholders. When asked where the responsibility lay for driving CPD activities and recommended topics for dental professionals, individuals and stakeholders all felt that a wide range of organisations had a role to play and this should not be solely within the GDC's domain.

### 3. **Future plans**

3.1 Following discussion of the issue, the senior leadership team (SLT) decided that:

- a. The report on the responses to the discussion document should be published as factual summary of the responses received.
- b. We should carry out an evaluation of the 2018 CPD scheme in order to inform our policy response.
- c. Further work to develop the scheme for CPD/lifelong learning should be undertaken following that evaluation, and that the focus on Council engagement on the topic should come when developing that policy response.

3.2 This decision was taken not only to enable the evaluation to take place, but also to enable the appropriate and effective use of staff time and focus within the relevant teams and to enable the right alignment between the CPD work and other parts of the upstream portfolio (e.g. professionalism). However, we envisage that an evaluation of the current scheme will need to take place before any reforms can or should be proposed.

3.3 We will also be giving some consideration to how the current scheme can be made more flexible and include a broader range of learning activities, within the current legislative framework e.g. reflective practice and peer learning.

**4. Legal, policy and national considerations**

- 4.1 We are considering several ways in which we might gather the required information from professionals to undertake an evaluation. We will collaborate with registration and legal colleagues to establish the various options available in accordance with the legislation. The cost-benefit of these options will be weighed up as the evaluation is designed.

**5. Equality, diversity, inclusion and GDPR considerations**

- 5.1 Equality, diversity, inclusion and GDPR will be considered when devising the evaluation. For any published material from a research standpoint, routine measures will be taken to ensure all registrant information is anonymised.

**6. Resource considerations and CCP**

- 6.1 We are proposing to externally commission the evaluation of the Enhanced CPD scheme. This will be financed from the research budget.
- 6.2 This decision has been reflected in the corporate planning round, with the work on the development of the CPD scheme being resumed in 2021.

**7. Development, consultation and decision trail**

- 7.1 The relevant decision was taken by the SLT in March 2020.

**8. Next steps and communications**

- 8.1 A communications strategy and engagement plan has been developed to share the outcomes of the discussion document, and the report will be published in August 2020.

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21 July 2020

## **Stakeholder engagement report – July 2020**

<b>Executive Director</b>	Stefan Czerniawski, Executive Director, Strategy
<b>Author(s)</b>	Daniel Knight, Stakeholder Engagement Manager Serena Monaco, Stakeholder Engagement Officer Lisa Bainbridge, Interim Head of Nations and Engagement
<b>Type of business</b>	To note.
<b>For Council only</b>	Public session
<b>Issue</b>	This paper provides Council with a summary of stakeholder engagement activities and new appointments during the reference period. The aim is to be transparent as well as providing additional context to inform strategic discussions and decision making.
<b>Recommendation</b>	To note.

### **Contents**

This report includes the following sections:

1. [Stakeholder appointments](#)
2. [Stakeholder engagement report](#)
3. [External webinars](#)

NB: the calendar has not been included, as all face to face engagements have been cancelled.

## 1. Stakeholder appointments

- 1.1. The [College of General Dentistry has appointed its first ambassadors](#). They are the Rt. Hon. Sir Mike Penning MP, Professor Dame Parveen Kumar DBE and Dr Shelagh Farrell FFGDP(UK). They will support engagement of the College in society, and promote its influence in the interests of patients, building trust and confidence in the dental professions.
- 1.2. On 17 June, the [Faculty of General Dental Practice UK announced](#) the inauguration of two new vice deans, Susan Nelson MFGDP(UK) and Onkar Dhanoya FFGDP(UK). The new vice deans were elected by the Board for one-year terms, and they succeed Abhi Pal FFGDP(UK) and Roshni Karia MJDF RCS(Eng).
- 1.3. [MDDUS has appointed Stephen Henderson](#) as their new Head of Dental Division.
- 1.4. The [General Osteopathic Council has announced the permanent appointment of Matthew Redford](#) as its permanent Chief Executive and Registrar, who has been in the post in an acting role since September 2019.
- 1.5. The Home Secretary Priti Patel announced on 23 June the appointment of Professor Brian Bell as the new chair of the Migration Advisory Committee (MAC). Professor Bell was appointed as interim chair in March this year, and has been a member since February 2018.
- 1.6. The [government has appointed Clive Dix as the Deputy Chair of the UK's Vaccine Taskforce](#) to help lead efforts to find and manufacturer a coronavirus vaccine. The vaccine taskforce was established in March 2020 and reports to Business Secretary Alok Sharma.
- 1.7. Micheál Martin is the [new Irish Taoiseach](#) after Fianna Fáil, Fine Gael and the Green Party brokered a deal to form a government after the inconclusive elections in February.

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## 2. Stakeholder engagement report

### External engagement cancellations

- 2.1. Following government guidance, all external stakeholder engagements involving GDC staff members were cancelled up to 30 June 2020. During this time, we continued to undertake some engagement, using online or teleconference facilities.

### UK-wide engagement

- 2.2. The Interim Head of Communications and Engagement had a catch-up meeting with Julie Deverick, President, and Diane Rochford, incoming President of the British Society of Dental Hygiene and Therapy on 26 May to discuss the ARF and Council's decision not to implement payment by instalments.
- 2.3. The Interim Head of Communications and Engagement held separate catch-up meetings with Debbie Hemington, Chair of the British Association of Dental Therapists, Fiona

Ellwood, Patron of the Society of British Dental Nurses, and Pam Swain, Chief Executive of the British Association of Dental Nurses on 27 May to discuss the ARF and Council's decision not to implement payment by instalments.

- 2.4. The Interim Head of Communications and Engagement had a catch-up meeting with Amanda Borthwick from the Orthodontic Therapist Society on 29 May to discuss the ARF and Council's decision not to implement payment by instalments.
- 2.5. The Chair of Council and Executive Director, Strategy, had an introductory meeting with Alan Bowkett, Chairman, and Tom Riall, Chief Executive at IDH Group/MyDentist on 10 June.
- 2.6. The Head of Education Policy and Quality Assurance and the Head of Registration attended a meeting chaired by Fiona Ellwood, Patron of the Society of British Dental Nurses on 12 June to discuss developments in dental care professional education. The meeting was also attended by Jennifer Lowe, Head of the Dental School at Coatbridge College, Clare Faulkner, Lead Dental Nursing Lecturer at Walsall College, student representative Amy Rawsthorne and Tracy Wallis, Senior Dental Care Professional Teaching Fellow at Portsmouth University.
- 2.7. The Head of Education Policy and Quality Assurance met with Professor Mark Hector, President of the Association of Science Educators in Dentistry on 23 June to discuss the review of the specialty curricular.
- 2.8. The Head of Education Policy and Quality Assurance met with Sarah Murray, Chair of the Director's Group of Dental Hygiene and Therapy on 26 June to seek a wider meeting with all those who head hygiene and therapy programmes. This has been arranged for 16 July to discuss the impact of COVID-19 on training in 2020 and the expected impact from 2021.
- 2.9. The Head of Education Policy and Quality Assurance attended a meeting of the Dental Foundation training undergraduate liaison group on 29 June to provide an update on GDC's research activities that relate to the transition to dental foundation/vocational training and dental training in general, including the preparedness for practice rapid evidence assessment and thematic review.
- 2.10. The Interim Executive Director, FTP Transition and the Head of Right Touch Regulation met with Len D'Cruz, Head of Indemnity and Ulrike Matthesius, Head of Regulation, Education and International Advice from the British Dental Association and Dr Alfie Chan on 29 June to discuss the management of 'blue on blue' cases.
- 2.11. The Head of Education Policy and Quality Assurance attended the Joint Committee for Postgraduate Training in Dentistry (JCPTD) for their monthly meeting on 1 July. This was a regular monthly meeting to discuss issues affecting training in dentistry. Discussions included the memoranda of understanding the GDC has with JCPTD/JMDF for specialty assessments and updating the publication of the joint education statement, produced in March.
- 2.12. The Head of FTP Case Progression attended the Secure settings and prison managed clinical network meeting on 4 July providing an overview of the FTP process.



- 2.13. The Head of Education Policy and Quality Assurance attended the Dental Teachers of Professionalism Council Meeting on 6 July providing an update on the GDC's research around professionalism and preparedness for practice, and held a general discussion around education and training in the 2020/21 academic year.
- 2.14. The Acting Executive Director, FTP Transition, met with Stephen Henderson, Head of Dental Division and Dental Adviser at the Medical and Dental Defence Union of Scotland (MDDUS) on 7 July. Discussions included FTP issues including case progression, clinical reviews, Rule 4 observations and the use of remote hearings.

## England

- 2.15. Our Interim Head of Upstream Regulation attended the Health Education England Credentials Roundtable on 25 June, where discussions included the definition principles and prioritisation of healthcare credentials and the proposed structure of credential development.

## Scotland

- 2.16. The Head of Scottish Affairs had an introductory meeting with Professor Jeremy Bagg, Head of Dental School at the University of Glasgow on 27 May. Discussions included issues with regards to the next academic year, in light of the COVID-19 pandemic. Online teaching had gone remarkably smoothly, but the lack of clinical practice for students was a major concern because it was so fundamental to the development of dental students.
- 2.17. The Head of Scottish Affairs met with Andrew Edwards, Dental Dean at the Royal College of Physicians and Surgeons of Glasgow on 28 May. Discussions included how the RCPSG has paused its core business of education and assessment and were actively looking at novel ways to resume activities online by the Autumn, focussing initially on UK Members and Fellows and then on their international membership.
- 2.18. The Head of Scottish Affairs continued his fortnightly COVID-19 catch up meetings with the Scottish heads of the General Medical Council (GMC), Nursing and Midwifery Council (NMC) and General Pharmaceutical Council (GPhC) from 28 May to 1 July. Topics under discussion included the restrictions that were being put in place as hearings reopened at the NMC, the deferral of revalidation by one year for doctors and the production of a summary report of issues from across the four regulators.
- 2.19. The Head of Scottish Affairs met with Professor Mark Hector, Dean of Dental School, University of Dundee on 9 June. Discussions included how all theoretical teaching would be online throughout the next semester, how it was not envisaged that any clinical practice will restart for students until January 2021 and the concerns around their ability to qualify any students next year.
- 2.20. The Head of Scottish Affairs met with Anne Boyd, Qualifications Manager, and Laura Kincaid, Qualifications Development Officer, of the Scottish Qualifications Authority (SQA) on 30 June. Discussions included the impact of COVID-19 and how the SQA had been 'firefighting' to ensure that assessment and certification could proceed. Successful arrangements have been developed for the 2020 cohort of dental nurses.

- 2.21. The Head of Scottish Affairs met with Paul Cushley, Director of Dentistry at NHS National Services Scotland on 6 July. Discussions included how some practices in Scotland (in particular small practices owned by corporates) had not opened because they had concluded that it was financially more attractive for them to remain closed, and to continue to furlough staff whilst not incurring labour costs etc. There was, therefore, some concern that there may be limited access to patient care.
- 2.22. The Head of Scottish Affairs met with Phil Grigor, National Director in Scotland, British Dental Association, on 7 July. Discussions included how routine, non-AGP dental care in Scotland would resume on 13 July, and the BDA's concerns that practices would start to incur unsustainable costs, such as un-furloughing staff, whilst being unable to undertake AGP work.
- 2.23. The Head of Scottish Affairs attended the Academic Board for Dentistry in Scotland on 9 July which was attended by 20 senior participants, including the heads of Scotland's dental and hygiene and therapy schools, the Scottish Funding Council, the Scottish Dental Clinical Effectiveness Programme (SDCEP), and the Scottish Government's workforce planning unit. Discussions included the communication strategy for all current dental students, including details of how the messages may vary between years, and the strategy for graduating the 2021 cohort, including the possibility of an extended year, or a transitional year.

## Wales

- 2.24. The Head of Welsh Affairs met with Chris Woods, Project Manager, All Wales Faculty of Dental Care Professionals on 2 June.
- 2.25. The Head of Welsh Affairs met with Caroline Seddon, Director of the British Dental Association in Wales, on 9 June. Discussions included the financial issues facing practices reiterating their member survey which found that 50% of practices couldn't survive more than three months. Members were also particularly unhappy regarding the situation with the ARF and felt that the GDC was 'out of touch' and 'squandering' its improved relationship with the profession, which had been built over the last few years.
- 2.26. The Head of Welsh Affairs continued the biweekly regulation catch ups with the Welsh representatives from the GMC, NMC and GPhC from 9-23 June.
- 2.27. The Head of Welsh Affairs had an introductory meeting with Professor Barbara Chadwick, Clinical Lead for South Wales on 10 June.
- 2.28. The Head of Welsh Affairs met with Professor Ivor Chestnutt, Joint Acting Head of School, Cardiff University on 16 June. Discussions included key concerns for the dental school around how fourth-year students would be going into their final year in September, with very limited clinical time due to COVID-19. Potential solutions discussed included increasing the amount of teaching time, extending the academic year into July and August with graduation in September/October. Dental School were seeking national guidelines, with possible GDC involvement.

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### 3. External webinars

3.1. Members of the Strategy Directorate participated in the following webinars:

- LDC Confederation 'Resuming Dentistry' on 26 June, which included presentations on the challenges facing the profession from Sara Hurley, Chief Dental Officer for England, Dr Sandra White, Director of Dental Public Health at Public Health England and John Milne, Senior National Dental Advisor at the Care Quality Commission.
- Royal Society of Medicine, In Conversation Live with Jeremy Hunt MP (Chair of the Health and Social Care Committee) on 8 July.

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## Public affairs, policy and media update – July 2020

<b>Executive Director</b>	Stefan Czerniawski, Executive Director, Strategy
<b>Author(s)</b>	Lisa Bainbridge, Interim Head of Nations and Engagement Jessica Rothnie, Policy Manager Mark Platt, Policy Manager Guy Rubin, Research Manager Tom Chappell, Media Manager
<b>Type of business</b>	To note.
<b>For Council only</b>	Public session
<b>Issue</b>	<p>This paper provides Council with an analysis of public affairs, public policy and media developments, providing an external context to support discussions and decision-making by Council.</p> <p>This report has been previously called 'Horizon Scanning', but has been updated to reflect the content of the report. We are currently giving consideration to how we might produce a regular forecast or analysis of the external environment.</p>
<b>Recommendation</b>	To note.

### Contents

This report included the following sections:

1. [COVID-19 research and policy developments in dentistry](#)
2. [Policy developments in dentistry](#)
3. [Developments in health and care professional regulation](#)
4. [Summary of media issues and coverage achieved](#)
5. [Public affairs updates and developments](#)

## 1. COVID-19 research and policy developments in dentistry

### COVID-19 guidance for dental practices

- 1.1. Signposting to guidance from Chief Dental Officers across the UK, Public Health England and other sources on the [reopening of dental care services continues to be available from our website](#). We also continue to provide [COVID-19 related guidance on GDC policies and processes](#) that have changed or been augmented during the pandemic and [information for members of the public](#).

### Guidance issued by FGDP(UK)

- 1.2. The guidelines entitled [Implications of COVID-19 for the safe management of general dental practice](#) were launched by the Faculty of General Dental Practice [FGDP(UK)] and the College of General Dentistry. The guidance adopts a risk-based approach, aiming to provide flexibility of application across different working environments, geographical location, scopes of practice and individual circumstances.

### Joint statement on to clarify and contextualise COVID-19 guidance

- 1.3. FGDP(UK), the British Society of Periodontology and Implant Dentistry (BSP) and College of General Dentistry (CGDent), working with the Office of the Chief Dental Officer for England, have issued a [joint statement](#) to clarify and contextualise the differences in guidance issued relating to the provision of a dental prophylaxis under Level 4/3 COVID-19 alert status.

### Rapid evidence review of opening dental services during the COVID-19 pandemic

- 1.4. On 13 May, NHS Education for Scotland (NES) [published a rapid evidence review of guidance for re-opening dental services](#). The review was carried out by a research consortium including the Scottish Dental Clinical Effectiveness Programme (SDCEP), NHS Education for Scotland (NES), the Universities of Aberdeen, Dundee and Manchester, and the Cochrane Oral Health.
- 1.5. The rapid evidence review considered internationally produced guidance to support decision-making for re-opening dental services closed or reduced across the world as a result of the COVID-19 pandemic. It identified sources from eleven countries and focused on five areas:
  - practice preparation
  - personal protective equipment
  - management of the clinical area
  - dental procedures, and
  - cleaning and disinfection.
- 1.6. The key messages from the review include:
  - Most guidance sources recommend patient triage by telephone; some recommend temperature screening at reception.
  - Most sources recommend avoiding aerosol generating procedures (AGPs), if possible.

- Sources include recommendations on how to reduce the risk of transmission (e.g. use of pre-operative mouthwashes, high volume suction, rubber dam, and PPE).

1.7. All sources emphasise the need to focus on activities that minimise risk (to staff, patients, and the public) but still support high quality clinical care.

### **Treating patients during the COVID-19 pandemic**

1.8. On the 29 May, the [British Association of Private Dentists \(BAPD\) published a survey of around 1,000 dental practitioners](#). Their survey revealed key barriers to optimal provision of care for dental patients. The BAPD reported:

- Reduced number of patient interactions per day and thus reduced access for patients.
- Reduced average appointment time per patient: directly related to operator discomfort.
- Reduced dental treatment completed per patient visit due to reduced appointment length.
- Reduced dental staff availability for patient facing roles as a consequence of fit test issues.
- Increased direct costs to practices which is passed on to patients.
- Reduced perceived quality and scope of treatment availability due to workflows compromised by PPE.
- Markedly reduced communication with patients due to PPE issues, which would obviously affect informed consent.
- Lack of availability of fit-testing.
- Challenges with regard to quantitative/qualitative specificity and rationale for fit-testing.

1.9. One question revealed that 80% of dentists could not envisage tolerating FFP3/FFP2 masks for the next six months, whilst 45% felt their ability to communicate was 'markedly reduced' by wearing PPE.

### **DDU membership survey about stress and anxiety during the pandemic**

1.10. On the 30 June, the Dental Defence Union (DDU) [published a survey of 224 of their members about stress and anxiety levels](#). The survey found that:

- 68% of dental professionals surveyed felt that their stress and anxiety levels had increased since the pandemic.
- 67% felt stressed/anxious on a weekly basis.
- 52% felt they were unable to spend adequate time with patients.
- 47% often went to work when they didn't feel well.
- 49% felt they were unable to do their jobs effectively.

### **Disparities in the risk and outcomes of COVID-19**

1.11. In June 2020, Public Health England published [Disparities in the risk and outcomes of COVID-19](#). This provides a descriptive review of data on disparities in the risk and

outcomes from COVID-19. The review including through linkage to broader health data sets.

- 1.12. It confirmed that the impact of COVID-19 has replicated existing health inequalities and, in some cases, has increased them. These results improve our understanding of the pandemic and will help in formulating the future public health response to it.
- 1.13. The largest disparity found was by age. Among people already diagnosed with COVID-19, people who were 80 or older were seventy times more likely to die than those under 40. Risk of dying among those diagnosed with COVID-19 was also:
  - higher in males than females
  - higher in those living in the more deprived areas than those living in the least deprived, and
  - higher in those in Black, Asian and Minority Ethnic (BAME) groups than in White ethnic groups.
- 1.14. These inequalities largely replicate existing inequalities in mortality rates in previous years, except for BAME groups, as mortality was previously higher in White ethnic groups. These analyses take into account age, sex, deprivation, region and ethnicity, but they do not take into account the existence of comorbidities, which are strongly associated with the risk of death from COVID-19 and are likely to explain some of the differences.
- 1.15. When compared to previous years, researchers also found a particularly high increase in all cause deaths among:
  - those born outside the UK and Ireland
  - those in a range of caring occupations including social care and nursing auxiliaries and assistants
  - those who drive passengers in road vehicles for a living including taxi and minicab drivers and chauffeurs
  - those working as security guards and related occupations, and
  - those in care homes.
- 1.16. These analyses do not take into account the existence of comorbidities, which are strongly associated with the risk of death from COVID-19 and could explain some of these differences.
- 1.17. When this data was analysed, the majority of testing had been offered to those in hospital with a medical need. Confirmed cases therefore represent the population of people with severe disease, rather than all of those who get infected. This is important because disparities between diagnoses rates may reflect differences in the risk of getting the infection, in presenting to hospital with a medical need and in the likelihood of being tested.

#### **CQC data on COVID-19 deaths in care settings broken down by ethnicity**

- 1.18. On the 17 June, CQC, supported by the Office of National Statistics (ONS), published ONS data that analyses [the impact of coronavirus \(COVID-19\) on different ethnic groups](#)

[in care settings](#). This data indicates a disproportionate number of deaths among people from BAME groups.

- 1.19. The data published includes death notifications in adult social care settings from 10 April to 15 May 2020 (and the equivalent period in 2019). While the vast majority of all reported deaths from adult social care settings were White people, the proportion of deaths in all adult social care services, due to confirmed or suspected COVID-19, was higher for Black (49%) and Asian (42%) people compared to White people (41%) and people from mixed or multiple ethnic groups (41%). This difference increases when looking at care home settings only, where 54% of deaths amongst Black people and 49% of deaths amongst Asian people are related to COVID-19 compared to 44% of deaths of White people and 41% for mixed or multiple ethnic groups.
- 1.20. The CQC cautioned that there were limitations on the quality of the data.
- 1.21. Providers are required by law to notify us of the death of a person accessing their service. The CQC ask for a range of demographic information about the person who died using a structured notification form. The ethnicity of the person who died is asked for, but it is not mandatory for the service to provide it (this information is also not available from a death certificate).
- 1.22. The ethnicity reported on the notification form reflects the ethnicity that the provider selects – the CQC cannot be sure that this would be the same as that which the person who died would self-report.
- 1.23. The percentage of forms where ethnicity was unknown, not stated, missing or which could not be analysed (due to factors including illegibility of handwritten forms) was 13.8% in 2020 and 13.4% in 2019. It is possible that the death notifications where ethnicity is not recorded include a higher proportion of people from BAME groups, but the CQC are not able to determine this. Despite removing a large number of duplicates from this data, the CQC cannot guarantee that every duplicate has been removed.
- 1.24. These figures cannot be contextualised due to the lack of data on ethnicity across the adult social care sector population as a whole - this data is not consistently collected on admission by care homes or by other adult social care providers. The data is also unadjusted, that means it does not take into account any other factors such as age structure, socio-economic status or geographical factors.

### **COVID-19 Outbreak in North Italy: An overview on dentistry**

- 1.25. Researchers have published the paper [COVID-19 Outbreak in north Italy: an overview on dentistry](#) in the International Journal of Environmental Research and Public Health on 28 May 2020. The study published the results from a survey that assessed the:
  - symptoms/signs
  - protective measures
  - awareness, and
  - perception levels regarding COVID-19.



- 1.26. The survey was issued to dentists in Lombardy, Italy, and includes areas with different levels of prevalence of the disease. There were 3,599 responses to the online survey. The key findings from the survey were:
- 502 (14.43%) participants had suffered one or more symptoms referable to COVID-19
  - 31 subjects were positive to the virus SARS-CoV-2, and
  - 16 subjects developed the disease.
- 1.27. Only a small number of dentists (n = 72) (2%) were confident of avoiding infection; dentists working in low COVID-19 prevalence areas were more confident than those working in the Milan area and high prevalence area (61.24%, 61.23%, and 64.29%,  $p < 0.01$  respectively). The level of awareness was statistically significantly higher ( $p < 0.01$ ) in the Milan area (71.82%) than in the other areas. This survey demonstrated that dentists in the COVID-19 highest prevalence area, albeit reported to have more symptoms/signs than the rest of the sample, were the ones who adopted several precautionary measures less frequently and were the more confident of avoiding infection.

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## 2. Policy developments in dentistry

### Black Lives Matter movement and dentistry

- 2.1. On 29 June, the FGDP(UK) [published a statement of support of the Black Lives Matter movement and anti-racism](#). The statement provides a list of immediate actions they will be taking to address discrimination.
- 2.2. The BDA issued a release on 7 July entitled, [Black Lives Matter: Our commitment, our plan](#), setting out its plans to tackle racism and discrimination. The BDA has set out a major programme of work. It will engage with BAME dentists, as part of a research project to establish the views of those involved both in its ranks and the wider profession, to identify clearly those areas where racial disparities and racism exist within dentistry and on the basis of this develop an evidence-based action plan to address them.

### Oral public health resources from Public Health England

- 2.3. Public Health England has [released a report providing oral cancer data for England held by the National Cancer Registration and Analysis Service \(NCRAS\)](#) and includes incidence, survival and mortality rates. It covers the period from 2012 to 2016, and the data is presented at national, regional, upper-tier and lower-tier local authority level.
- 2.4. Public Health England has also provided [information and resources for dental public health practitioners](#) to improve oral health and reduce inequalities in England.

### The Safe Brace campaign

- 2.5. The [Safe Brace Campaign](#) was launched in May, a collaboration of the British Orthodontic Society and the Oral Health Foundation. The campaign aims to provide independent and impartial advice about orthodontics, and has a section dedicated to highlighting the risks of ‘DIY braces’ i.e. those which can be obtained online without visiting a dental surgery.

### Publication of Family Practitioner Services General Dental Statistics for Northern Ireland 2019/20

- 2.6. The Health and Social Care’s Business Services Organisation (BSO) has published the following report: [Family Practitioner Services General \(FPS\) Dental Statistics for Northern Ireland 2019/20](#).
- 2.7. The report contains high level summary information on activity and payments in relation to General Dental Services. Information is provided at Northern Ireland level with further breakdowns presented at both Local Commissioning Group and Local Government District (LGD) level.
- 2.8. In Northern Ireland, there were 372 dental practices with 1,147 dentists registered to carry out health service treatments at the end of March 2020. Whilst this represented a small decrease of 2% in practice numbers since 2014, the number of dentists had increased by 9% over the same period, resulting in 60 dentists per 100,000 residents.

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## 3. Developments in health and care professional regulation

### GMC responds to the Cumberlege Review

- 3.1. GMC Chief Executive, Charlie Massey, responded to the Independent Medicines and Medical Devices Safety Review on Tuesday, saying the regulator will use the report’s findings in its ongoing work to ensure that processes are in place so patients and clinicians feel confident raising concerns and the system works seamlessly together to handle them.

### GMC member recruitment

- 3.2. The GMC is recruiting four new members to its Council. Three lay members and one registrant member will be recruited over the next few months, with one position reserved for a person living or working predominately in Northern Ireland.

### GMC PLAB restarting

- 3.3. [PLAB 2 tests for overseas doctors will be restarting in August](#), although changes have been made to the evidence required to sit the tests.

### **New NMC Register data report highlights record high**

- 3.4. The latest data report, published on 9 July, shows the NMC Register at a record high, with around 18,000 more nurses, midwives and nursing associates registered to work in the UK compared to a year ago. The growth has come from mainly from a combination of people joining and staying from the UK and from countries outside the European Economic Area (EEA).
- 3.5. The figures highlight an increase to the permanent register of 9,012 (1.5%) nurses and midwives from the UK, and in England only, nursing associates. The number of people leaving the register from the UK has also fallen to a five-year low of 21,306 compared with a peak of 29,434 in 2016/17.
- 3.6. There has also been a big increase in the number of people from outside the EEA on the permanent Register, rising by 11,008 (15%). This was driven by a 955 surge in the number of people joining for the first time (6,157 to 12,033). The number of nursing and midwifery professionals from the EEA has continued to decline, with a reduction to 31,385, a 5% drop on the previous year.
- 3.7. The increase has also been recorded in the COVID-19 temporary Register, which has doubled in size from its starting number of 7,658, to more than 14,000 in July.

### **GPhC responds to the Cumberlege Review**

- 3.8. Responding to the independent Medicines and Medical Devices Safety Review, led by Baroness Cumberlege, Duncan Rudkin, Chief Executive of the General Pharmaceutical Council (GPhC) noted that the report identified how medicines and medical devices could harm as well as help, and stated that GPhC would carefully review the report and its strategic recommendations and look at what actions they could take in response, including increasing the involvement of patients and the public in GPhC's work to improve pharmacy care.

### **Consultation begins on proposed changes to the HCPC Standards of proficiency for all professions on the Register**

- 3.9. On 17 June, the HCPC launched a consultation on proposals for changes to the Standards of proficiency for each of the 15 professions regulated. The proposals follow engagement with stakeholders in 2019 and encompass changes to the generic standards that relate to all professions on the Register. They aim to strengthen the role of equality, diversity and inclusion in the standards and the importance of ensuring that practice is inclusive for all.
- 3.10. A key focus is the central role of the service-user, including about the importance of informed consent and effective communication in providing good quality care. The proposals also address the need to be able to keep up-to-date with digital skills and new technologies, and the role of leadership at all levels of practice. There are also some changes proposed to profession-specific standards, which apply to a specific profession.

### **The HCPC makes a Black Lives Matter statement**

- 3.11. The HCPC has issued a statement in response to recent Black Lives Matter movement, and the health inequalities that COVID-19 has exposed. The statement notes that striving for equality, diversity and inclusion is a key focus for the organisation, particularly in their patient protection role, recognising that the UK population is culturally rich and diverse. The [full statement is available on the HCPC website](#).

### **HCPC: Call to registrants and researchers to contribute to Advanced Practice project**

- 3.12. HCPC are beginning a policy project to identify any regulatory challenges and any risks presented by registrants' advancing their practice, and how the HCPC should respond to these to ensure public protection and to support registrants' professionalism/good practice.

### **GOsC meets PSA's Standards of Good Regulation**

- 3.13. The [General Osteopathic Council has met all of the PSA's Standards of Good Regulation](#) for the tenth year in succession; the only health and care regulator with that record.

### **General Chiropractors Council (GCC) to fund PRT Programme for 2020 registrants**

- 3.14. The UK's Post-registration Training (PRT) programme is a structured education and mentorship programme for recently qualified chiropractors. It is administered by the Royal College of Chiropractors (RCC). From 2020, the GCC will provide an educational grant to graduates via the RCC to enable those who successfully complete the PRT programme to receive a full reimbursement of their PRT fees. This initiative will remove the main financial barrier to PRT participation, helping to enable all new registrants to take part.
- 3.15. All recent graduates registering with the GCC for the first time from 1 January 2020 onwards will be eligible to receive this reimbursement from the RCC once they complete the PRT programme according to the RCC's usual requirements.

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## **4. Summary of media issues and coverage achieved**

### **Remote orthodontics**

- 4.1. [The Mail on Sunday](#) ran an investigative piece about 'direct-to-consumer' orthodontics, in which it declined to name the company on which the article was focused due to a threat of legal action. The GDC provided comment which essentially maintained the position set out in [the February statement on the provision of remote dental care](#).

### **Critical commentary of GDC decision on the DCP ARF, payment by instalments and furlough (particular relating to salary top ups)**

- 4.2. The GDC has seen wide-spread criticism, on social media and dental trade media, in relation to its decisions to not alter DCP ARF arrangements and to top up the salaries of a small number of employees who were placed on furlough. This piece in [Dentistry](#) provides a representative example. Another report in Scottish Dental Magazine said the profession had reacted with ‘astonishment and anger’ at the GDC’s refusal to modify the ARF either through a reduction or an instalment scheme.

#### **Dental Care Professional (DCP) annual renewal commencement and GDC approach to CPD shortfalls relating to COVID-19**

- 4.3. Several of the [dental trades](#) reported on the commencement of the DCP renewal period. Indemnifier, [MDDUS](#) also highlighted the that professionals with COVID-19 related CPD shortfalls would not be penalised.

#### **GDC publishes Scope of Practice review**

- 4.4. The publication of the first step of the Scope of Practice review was reported widely in Dental trade media, including in [this positive Dentistry piece](#) authored by Head of the DDU, John Makin.

#### **Calls from indemnity providers relating to fitness to practise investigation**

- 4.5. [Dental Protection](#) says it has written to the Professional Standards Authority (PSA) to say that guidance is needed for the GDC (and other healthcare regulators) that would provide reassurance to registrants about when an investigation would and would not be conducted. In their release they called for ‘leniency’ from the GDC in this regard.
- 4.6. [The GDC](#) was clear about the approach it will take with regards to concerns received, in the context of COVID-19, and [the DDU](#) said that it was “working with those responsible for regulating and investigating complaints to ensure their procedures continue to take account of the extraordinary circumstances of the pandemic and the fact it’s still not business as usual.”

#### **Fitness to practise coverage**

- 4.7. Two dentists raised a fitness to practise concern with the GDC in relation to Sara Hurley, the Chief Dental Officer for England’s use of an honorary professorial title in a recent letter to MPs. The letter which raised the concern was also passed to [Dentistry](#), which led to reporting of the concern.
- 4.8. After admitting to falsely claiming over £12k in tax credit at the Edinburgh Sherriff Court, Dental Nurse, Claire Gillan, was erased and immediately suspended by a [PCC in June](#). This was reported by [The Herald](#).

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## **5. Public affairs updates and developments**

#### **PHSO consultation a Complaints Standards Framework opened**

- 5.1. The Parliamentary and Health Service Ombudsman (PHSO) (England) has announced that it is opening a [consultation exercise on a new Complaint Standards Framework](#).

The consultation, issued on 15 July, was opened alongside a report presented to Parliament painting a raw picture of an NHS complaints system in urgent need of reform and investment.

- 5.2. The findings of the report are drawn from the experiences of members of the public, NHS staff, advocacy groups, regulators and the PHSO's investigations, and states that:
- there is inconsistency in complaint handling across the NHS, leading to variable outcomes for people who complain
  - investigations are often carried out by staff who have limited or no training, or who lack appropriate support - putting them under significant pressure
  - organisations too often see complaints negatively, which leaves complaints staff feeling they are not valued or supported and lacking the resources to carry out their role effectively.
- 5.3. These weaknesses can lead to poor experiences for those who raise concerns and to vital learning on patient safety being missed.
- 5.4. The PHSO notes widespread support in the health sector for tackling this through a Complaint Standards Framework. The Government has so far failed to give PHSO the statutory powers to deliver this for the UK wide public services, or the NHS in England, despite the Ombudsman calling for it. This means that patients and their families in England lack the certainty offered by the statutory standards that are in place in Scotland and elsewhere.
- 5.5. Recognising the urgency of the current situation, a number of key organisations have now joined with PHSO to develop a voluntary approach - a draft non-statutory framework to promote consistent, high quality complaint handling in the NHS. These bodies have now launched a consultation to develop a final version.

#### **PHSO calls for a 'lessons-learned' exercise**

- 5.6. On 1 July, Parliamentary and Health Service Ombudsman (PHSO), the [UK's national Ombudsman called on the government to learn from COVID-19 mistakes](#). The PHSO paused its work on NHS complaints on 26 March to enable the NHS to focus on tackling the pandemic. The Ombudsman announced he is reopening this part of his service on 1 July for new health complaints.

#### **Migration Advisory Committee (MAC)**

- 5.7. On 24 June, the new chair of the MAC Professor Brian Bell gave oral evidence to the Home Affairs Committee on [the government's proposals for the UK's new immigration system](#).
- 5.8. In May, the MAC called for evidence in relation to the [Shortage Occupation List](#). Submissions have been published by [NHS Employers](#), the [Welsh Government](#) and the [Northern Ireland Executive](#) (includes dental nurses). This review is primarily focused on occupations at RQF Level 3-5 (medium skill) and is due to report in September 2020.

## Medicines and Medical Devices Bill amendments

- 5.9. Amendments to the [Medicines and Medical Devices Bill](#) have been tabled by the Public Bill Committee. There are potential new implications for dental technicians, beyond what was expected to be introduced by the EU Regulations, which were due to come into force in May, before implementation was extended due to COVID-19.

## Health and Social Care Committee, House of Commons

- 5.10. The Health and Social Care Committee has invited evidence for their investigation into delivering core NHS and care services during the pandemic and beyond. [On 14 May the Committee heard from Nigel Edwards](#), Chief Executive, Nuffield Trust, who raised concerns of long-term dental morbidity, if ways of controlling infection risk in dental practices, were not urgently found.
- 5.11. [Evidence was also provided by Mick Armstrong](#), Chair, BDA on 16 June, who stated: “Dentistry was not in a great place when we started. We have access problems, which had been raised in both Houses and at the previous Health Select Committee. We have widening inequalities, rock-bottom morale and recruitment and retention problems. The pandemic has made that much worse. The effect on general practice, NHS and private, has been devastating and is probably existential. The effect on oral health has been catastrophic.”
- 5.12. The Chair of the Health and Social Care Committee, Jeremy Hunt MP, responded in the session: “You have given very powerful evidence, Mick Armstrong. The thing that is particularly striking and slightly depressing is that both Professor Alderson and Dr Henderson had a solution for the problems in their fields, but you are struggling with even an outline of a plan. We will take that away.
- 5.13. “As you know, we are in the middle of an inquiry into dentistry anyway, which we are going to come back to at some stage, but this makes it even more urgent.”

## Unions collaborate on safety opening up of the NHS

- 5.14. The BDA joined 15 other health unions, including UNISON, Unite and the GMB, to publish a [nine-point blueprint for the safe opening up of the NHS](#), as the UK began to ease the lockdown in May. The plan also called for salaried staff, including hospital and community dentists, to be paid properly for every hour worked.

## House of Commons

- 5.15. Lord Colwyn MP asked when the NHS (Dental Charges) Regulations 2005 would be amended to set out any revised NHS dental charges in England for the year commencing April 2020. In May, [the government responded stating that in light of the current COVID-19 pandemic](#) and associated economic climate a decision was made to freeze dental patient charges at 2019/20 levels. This was a temporary freeze being kept under review. No changes had been made to current dental exemption arrangements.
- 5.16. On 9 June, Alex Cunningham MP asked the if the Secretary of State would increase the tariff for dentists to allow them to meet the increased costs of personal protective equipment, and what estimate he had made of the increase in cost of personal protective equipment for dentists. Jo Churchill, Parliamentary Under-Secretary of State

(DHSC), responded to both questions that [it would be for the Doctors' and Dentists' Review Body \(DDRB\) to consider expenses created by the additional personal protective equipment \(PPE\) required due to COVID-19. DDRB recommendations applied to dentists' NHS remuneration. Any private earnings and costs were a matter for the individual dentist.](#)

### Scottish Government

- 5.17. On 19 May, Lewis Macdonald MSP asked the Scottish Government whether it would provide rates relief to general dental practitioners that were unable to see patients due to the COVID-19 crisis. The Cabinet Secretary for Finance, responded that [dentists working wholly or partially in the public sector already had their non-domestic rates \(and rent\) reimbursed pro rata on the amount of work undertaken for NHS Scotland.](#)
- 5.18. On 4 June, Monica Lennon MSP asked the Scottish Government what specific funding the Cabinet Secretary for Finance was providing to ensure that dental practices remained viable during the COVID-19 pandemic, and able to meet any increase in demand when the outbreak was over. The Cabinet Secretary stated that the Scottish Government was providing additional emergency funding to the NHS general dental services budget to support NHS dental practices for the temporary loss of patient contributions, and that they were confident that Scotland had the capacity within the NHS to meet any additional demand for dental services. [This question led to a short debate, which starts on page 13.](#)

### Senedd

- 5.19. 24 June, Caroline Jones MS asked the First Minister [how is the Welsh Government was supporting the dental professions in Wales during the coronavirus pandemic?](#) The First Minister for Wales, Mark Drakeford MS, stated that the government was supporting the professions through the implementation of safe, phased, risk-based reestablishment of dental services, noting that all of the actions taken were to reduce the risk of community transmission and to help protect dental teams and patients from coronavirus in Wales. A short debate followed.
- 5.20. The BDA gave evidence to the Senedd, Health, Social Care and Sport Committee in July, in its release it stated that without fundamental ongoing reform, dental services in Wales could be fatally compromised by the COVID-19 pandemic. In the session the BDA stated that there had been some inertia from health boards, since the Committee's recommendation for contract reforms in 2018, and called for an end to UDAs. The [full transcript of the session is available online, from 11.10am.](#)

### Northern Ireland Assembly

- 5.21. In June, the BDA gave oral evidence to the Northern Ireland Assembly Executive Committee for Health on 25 June, and were joined by the BAPD. The BDA stated reported to the Committee that about 75% of dental practices with low or no NHS commitment had said that they would face imminent difficulties in the next three months. Those three months have now passed. If they did not get help with PPE, practices would go bust. The [full evidence session can be found here.](#)



- 5.22. The [BDA also released a press statement](#) stating that the future of dental services in Northern Ireland was now hanging in the balance. The [BDA also met with Northern Ireland's Health Minister Robin Swann](#) on 1 July, to discuss a number of issues facing the dental professions following the impact of COVID-19.

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17 July 2020