

## **A meeting of the Council of the General Dental Council**

**10:00am** on Friday 23 September 2022 at the General Dental Council,

37 Wimpole Street, London

### **Members:**

Lord Harris (Chair)

Terry Babbs

Ilona Blue

Donald Burden

Anne Heal

Angie Heilmann MBE

Jeyanthi John

Sheila Kumar

Mike Lewis

Caroline Logan

Simon Morrow

Laura Simons

The meeting will be held in public. Items of business may be held in private where items are of a confidential nature.<sup>1</sup>

**If you require further information or if you are unable to attend, please contact Lee Bird (Board Secretary) as soon as possible:**

Lee Bird, Interim Head of Governance and Board Secretary, General Dental Council

Email: [Lee.Bird@gdc-uk.org](mailto:Lee.Bird@gdc-uk.org)

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<sup>1</sup> Section 5.2 of the General Dental Council Standing Orders for the Conduct of Business of Council and Committees 2022

## Public Council Meeting

Questions from members of the public relating to matters on this agenda should be submitted using the form on the Council meeting page of the GDC website. When received at least three working days prior to the date of the meeting, they will usually be answered orally at the meeting. When received within three days of the date of the meeting, or in exceptional circumstances, answers will be provided in writing within seven to 15 working days. In any event, the question and answer will be appended to the relevant meeting minute and published on the GDC website.

Confidential items are outlined in a separate confidential agenda; confidential items will be considered in a closed private session.

### PART ONE - PRELIMINARY ITEMS

1.	<b>Welcome and apologies for absence</b>	Toby Harris, Chair of the Council	10.00 – 10.05am (5 mins)	Oral
2.	<b>Declarations of Interest</b>	Toby Harris, Chair of the Council		
3.	<b>Questions Submitted by Members of the Public</b>	Toby Harris, Chair of the Council		Oral
4.	<b>Minutes of Previous Meetings</b> To note approval of the full minutes of the public meeting and the abbreviated minutes of the closed session held on 24 June 2022	Toby Harris, Chair of the Council		Paper
5.	<b>Matters Arising and Rolling Actions List</b> To note any matters arising from the public meeting held on 24 June 2022 and review the rolling actions list	Toby Harris, Chair of the Council		Paper
6.	<b>Decisions Log</b> To note decisions taken between meetings under delegation	Toby Harris, Chair of the Council		Paper

### PART TWO - ITEMS FOR DECISION AND DISCUSSION

No	Item & Presenter	Tabled for?	Time	Status
7.	<b>Assurance Reports from Committee Chairs</b>  a. Audit and Risk Committee b. Finance and Performance Committee c. Remuneration and Nomination Committee d. Statutory Panellists Assurance Committee	<i>For noting</i>	10.05 – 10.25am  (20 mins)	Paper

No	Item & Presenter	Tabled for?	Time	Status
8.	<b>Boundaries of Regulation</b> Os Ammar, Interim Associate Director, Policy and Research	<i>Approval</i>	10.25 – 10.40am  (15 mins)	Paper
9.	<b>Oral and Maxillofacial Surgeons Registration Review</b> Os Ammar, Interim Associate Director, Policy and Research	<i>Approval</i>	10.40 – 10.55am  (15 mins)	Paper
10.	<b>Expectations of New Registrants Review</b> Ross Scales, Head of Upstream Regulation	<i>Approval to consult</i>	10.55 – 11.10am  (15 mins)	Paper
<b>Comfort Break 11.10 – 11.25am</b>				
11.	<b>Equality, Diversity and Inclusion Strategy and Action Plan Update</b> Dawn Bettridge, Interim Executive Director, Organisational Development John Middleton, Head of Organisational Development and Inclusion	<i>Approval</i>	11.25 – 11.45am  (20 mins)	Paper
12.	<b>Committee Appointments</b> Lord Toby Harris, Chair of Council Lee Bird, Interim Deputy Head of Governance	<i>Approval</i>	11.45 – 11.55am  (10 mins)	Paper

### PART THREE - CONCLUSION OF BUSINESS

13.	<b>Any Other Business</b>	Toby Harris, Chair of the Council	11.55am – 12.00pm  (5 mins)	Oral
14.	<b>Date of Next Meeting</b> Friday 21 October 2022			

**LUNCH BREAK – 12.00 – 1.00pm**  
**Followed by the Closed Session of Council**

**Minutes of the Meeting of the  
General Dental Council  
held at 10.30am on Friday 24 June 2022  
in Open Session via MS Teams**

**Council Members present:**

Lord Harris	Chair
Terry Babbs	
Ilona Blue	
Donald Burden	
Anne Heal	
Angie Heilmann MBE	
Jeyanthi John	
Sheila Kumar	
Mike Lewis	
Simon Morrow	
Laura Simons	

**Executive Directors in attendance:**

Ian Brack	Chief Executive and Registrar
Gurvinder Soomal	Chief Operating Officer
Dawn Bettridge	Interim Executive Director, Organisational Development
John Cullinane	Executive Director, Fitness to Practise
Lisa Marie Williams	Executive Director, Legal and Governance
Stefan Czerniawski	Executive Director, Strategy

**Staff and Others in attendance:**

Osama Ammar	Interim Head of Policy and Research (item 10 only)
Lee Bird	Interim Head of Governance
Carla Marie Clough	Trainee Solicitor
Rebecca Ledwidge	Deputy Head of Governance
John Middleton	Head of Organisational Development and Inclusion (item 8 only)
Agatha O'Donoghue	Governance Manager

**Others in Attendance:**

Members of the public attended as observers.

**Apologies**

Caroline Logan	Council Member
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## 1. Welcome and apologies for absence

- 1.1 The Chair welcomed everyone to the meeting, including members of the public who had joined to observe.
- 1.2 The Council noted apologies from Caroline Logan.
- 1.3 The Chair noted that the Council was meeting remotely rather than in Wimpole Street because of the national rail strikes. The Chair also provided a short update on his recent stakeholder engagements.

## 2. Declaration of interests

- 2.1 In relation to the substantive meeting agenda, all registrant Council Members and all EMT declared an interest in Regulatory Reform (item 8).

## 3. Questions Submitted by Members of the Public

- 3.1 The Council **noted** that no questions had been received.

## 4. Approval of Minutes of Previous Meeting

- 4.1 The full minutes of the public meeting and the abbreviated minutes of the closed meeting held on 1 April 2022 had been **approved via correspondence**. One additional amendment was noted - removing the word 'full' from paragraph 7.1 c of the minutes for the public meeting.

## 5. Matters Arising and Rolling Actions List

- 5.1 The Council **agreed** that the action marked as '*suggested complete*' could be considered completed. The EDI strategy was tabled for discussion later in the meeting and it was noted that a new action would likely arise from that item.

## 6. Decision Log

- 6.1 The Council **noted** that no decisions had been taken by correspondence since the last meeting.

## 7. Assurance Reports from Committee Chairs

- 7.1 The Chair of the Audit and Risk Committee was able to provide the Council with the necessary assurances on work that the Committee had undertaken since the last meeting, with the exception of the Equality, Diversity and Inclusion (EDI) Strategy. The Council was informed that a deep dive into the EDI action plan did not provide the Committee with assurance that this was an effective mitigation to the operational EDI risk. The Committee had provided feedback on the plan.
- 7.2 The Council **noted** the updates from the other Committee Chairs.

## 8. Equality, Diversity and Inclusion Strategy Update

- The Head of Organisational Development and Inclusion joined the meeting.
- 8.1 The Interim Executive Director, Organisational Development told the Council that the EDI strategy was accompanied by an action plan which was monitored via quarterly progress reviews by the internal audit team. The April review confirmed that 39 of the 104 actions had been implemented.

- 8.2 However, on review it was noted that the action plan needed major revisions as there were too many actions, making prioritisation difficult, and it was too complicated, causing confusion around ownership of actions. The proposal was to bring the new EDI action plan back to the Council in September for further scrutiny and approval.
- 8.3 The Chair of the ARC indicated that the Committee remained very concerned about EDI. It was suggested that the strategy and action plan should act as a mitigation to the operational EDI risk but had been delayed to the extent that the plan itself was probably now an independent risk.
- 8.4 The Council raised concerns that the proposal would result in a further four or five months when there was no workable EDI action plan. It was suggested that the EMT select a few key priorities and report back on those, rather than spending time and resource revising the plan. The Interim Executive Director, Organisational Development indicated that 'best in class' action plans from other organisations would be used to inform a new plan and an update could be provided on some current activities / campaigns at the same time.
- 8.5 In relation to the question regarding risk caused by the failure to deliver the plan, the Council heard that the OD team were monitoring the external environment, as well as trends and themes within the organisation. There was a recognition that more needed to be done around workforce development, however it did not appear that the risk was now an issue.
- 8.6 The Council stated that internal risks were not necessarily apparent until they 'exploded into view'. The action plan needed root and branch work to get it right but in the meantime, action should be taken where it could be.
- 8.7 The Council **noted** the issues that had arisen in relation to the implementation of the EDI strategy and **approved** the suggested amendments to the delivery of the Strategy with an additional requirement that an update be provided on current activities. The Council **agreed** that it would be helpful for the revised action plan to be scrutinised by the ARC prior to returning to the Council in September.

**ACTION: The Interim Executive Director, Organisational Development to produce a revised EDI action plan and an update on current activities.**

The Head of Organisational Development and Inclusion left the meeting.

## 9. Approach to Publishing Research Findings

- 9.1 The Executive Director, Strategy introduced the proposed publication protocol. The approach to publication should be timely and straightforward, starting with the principle that when the GDC commission research, it is expected that the results will be published. It was highlighted that there was a strong assumption of publication and reasons for not going ahead would need to be clear.
- 9.2 The Council discussed the protocol and agreed the approach but added some additional dimensions on the way in which that would operate, namely:
- a. any decision not to publish should be monitored and logged with exceptions reported back to the Council so they could be assured.
  - b. feedback on publications should be facilitated and there should be a process by which a response is published.
  - c. in the interests of transparency, it would be important to explain why any research that commenced was discontinued.
- 9.3 The Council **approved** the Approach to Publishing Research Findings.

## 10. Regulatory Reform Update

The Interim Head of Policy and Research joined the meeting.

10.1 The Interim Head of Policy and Research introduced the paper and updated the Council that:

- a. the Professional Qualifications Act had received Royal Assent. This legislation was primarily targeted towards professional regulators for professions outside of the health sector, which do not already have legal powers and duties to consider applications from internationally qualified applicants. The timetable and scope for the preparation and making of regulations that would impact the GDC was not yet known. The team were engaging with the Department of Health and Social Care (DHSC) and the Department of Business, Energy and Industrial Strategy (BEIS) to find out more about when and how those powers would come into effect.
- b. the DHSC consultation on high level proposals and wider legislative reform of the regulators closed in June 2021. The team were still awaiting an update from the DHSC on the outcomes of this consultation. The consultation on draft amendments to the General Medical Council's legislation had been delayed again and was now expected to launch in Autumn 2022. The timetable for reform of the GDC was unclear but it was unlikely that the Dentists Act would be considered by the DHSC before the end of 2023 or more likely 2024, with any resulting change taking effect in 2025 at the earliest.
- c. The Health and Care Act received Royal Assent in April 2022. This Act would bring significant reform to the organisation of health and social care in England and provided powers for the Secretary of State to make changes to professional regulation through secondary legislation that would previously have required primary legislation. In addition, the Act would permit regulators to delegate statutory functions, e.g., FtP or education quality assurance functions, to another regulator (consent of both parties would be required).
- d. The GDC regulatory reform programme board was monitoring information from the DHSC on the likely timetable and scope of reform to the GDC to manage impacts on the Costed Corporate Plan. In light of the delays to legislative reform, the programme board was looking at mechanisms that could be achievable without amendments to legislation.

10.2 It was noted that devolution could result in potential divergence in the regulation of the DCP professions.

10.3 The Council noted the need to be mindful of 'planning blight' whilst waiting for legislative reform.

10.4 The Council **noted** the update.

## 11. Professional Standards Authority (PSA) Annual Report

11.1 The Executive Director, Fitness to Practise introduced the paper outlining the Professional Standards Authority's (PSA) annual performance review of the GDC for 2020/21. The PSA had concluded that the GDC met 17 of the 18 standards. This was an improvement from the previous review cycle, when the GDC met 16 standards. Standard 17, which concerns risk assessments and the interim order process in FtP, was regained. Standard 15: *investigating cases in a fair, proportionate and timely manner* was not met. The PSA did not find any concerns about the GDC's processes for examining and

investigating cases, however they highlighted three areas of concern: undercover investigations, timeliness in FtP and the number of older cases.

- 11.2 The Council was informed that the FtP action plan was a regular feature of the FPC agenda. This provided updates on what the team were doing to address issues, including those flagged by the PSA, thereby closing off the assurance loop.
- 11.3 The Council **noted** the PSA Annual Report.

## 12. Review of the Governance Framework

- 12.1 The Executive Director, Legal and Governance introduced the paper outlining the proposed revisions to the Standing Orders and the Terms of Reference for the Non-Statutory Committees. The suggested new approach for board effectiveness review was also set out. This would involve a discussion every year to decide what was the most appropriate course of action, rather than a rigid three-year cycle. An external facilitator element was also proposed.
- 12.2 The Council indicated that at 4.4 of the Standing Orders, it would be helpful to set out that the five-day notice period for meetings was the minimum notice required for an additional or special meeting (except in cases of an emergency or where circumstances made it impractical to do so).
- 12.3 The Council **agreed** that if the EMT felt it was appropriate to seek the advice of a committee prior to an item being tabled for a Council meeting, that it could do so with the permission of the Chair.
- 12.4 The Council:
- a. **Approved** the revised standing orders (subject to the amendment around the minimum notice period for meetings detailed above).
  - b. **Approved** the revised Terms of Reference for the Non-Statutory Committees to the Council.
  - c. **Approved** the revised Board Effectiveness review cycle.
  - d. **Noted** the revisions to the governance process.

## 13. Any Other Business

- 13.1 There was no other business.

The meeting was closed at 12:23pm.



**Minutes of the Meeting of the  
General Dental Council  
held at 1.00pm on Friday 24 June 2022  
in Closed Session via MS Teams**

**Council Members present:**

Lord Harris	Chair
Terry Babbs	
Ilona Blue	
Donald Burden	
Anne Heal	
Angie Heilmann MBE	
Jeyanthi John	
Sheila Kumar	
Mike Lewis	
Simon Morrow	
Laura Simons	

**Executive Directors in attendance:**

Ian Brack	Chief Executive and Registrar
Gurvinder Soomal	Chief Operating Officer
Dawn Bettridge	Interim Executive Director, Organisational Development
John Cullinane	Executive Director, Fitness to Practise
Stefan Czerniawski	Executive Director, Strategy
Lisa Marie Williams	Executive Director, Legal and Governance

**Staff and Others in attendance:**

Osama Ammar	Head of Public Policy (item 9 only)
Sam Bache	Head of Finance and Procurement (item 8 only)
Lee Bird	Interim Head of Governance
Rebecca Ledwidge	Deputy Head of Governance
Colin Mackenzie	Head of Nations and Engagement (item 8 only)

**Apologies**

Caroline Logan	Council Member
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**1. Welcome and apologies for absence**

- 1.1 The Chair welcomed everyone to the meeting and noted apologies from Caroline Logan.

- 1.2 The Chair noted that the Council was meeting remotely rather than in Wimpole Street because of the national rail strikes.

## 2. Declaration of interests

- 2.1 All Council Members and members of the Executive Management Team (EMT) declared an interest in the Annual Report and Accounts (item 8).
- 2.2 All registrant Members of Council declared a further interest in relation to the text relating to the Annual Retention Fee as part of the Corporate Strategy Consultation (item 9).

## 3. Approval of Minutes of Previous Meeting

- 3.1 The full minutes of the closed meeting held on 1 April 2022 had been **approved via correspondence**.

## 4. Matters Arising and Rolling Actions List

- 4.1 The Council **agreed** that the action marked as 'suggested complete' could be considered completed.

## 5. Decision Log

- 5.1 The Council **noted** that no decisions had been taken by correspondence since the last meeting.

## 6. Minutes of the meetings of the Non-Statutory Committees

- 6.1 The Council **noted** the updates.

## 7. Chief Executive's Report

- 7.1 The Chief Executive provided an update to the Council on the following topics:

### Legislative reform

- 7.2 The planned order under Section 60 of the Heath Act 1999 (Section 60) modifying the existing international registration regulations would not go through Parliament until Autumn 2022.

### Timetabling of Budget and CCP planning

- 7.3 The Chief Executive drew the Council's attention to the timing of planning and decision taking of the CCP and Budget.

## 8. Annual Report and Accounts 2021

The Head of Finance and Procurement and the Head of Nations and Engagement joined the meeting.

- 8.1 The Council **approved** the Annual Report and Accounts subject to minor amends.

## 9. Corporate Strategy 2023-25 - Consultation

The Interim Head of Policy and Research joined the meeting.

- 9.1 The Executive Director, Strategy outlined that the intention was to consult on the corporate strategy alongside the provisional budget. In light of current economic uncertainty and difficulty anticipating expenditure there was an important question about how to fix income for the three-year period.

- 9.2 With the endorsement of the Finance and Performance Committee (FPC), the executive was recommending that some (but not a substantial) provision be made for price changes but that the GDC highlighted that it may have to increase the ARF in response to inflation in the second and third years.
- 9.3 It was highlighted that the Council was not being asked to approve the level of the ARF at this meeting. Approval was being sought for the consultation document and the factors that underpinned it.
- 9.4 The Accounting Officer set out the challenges of predicting both income and expenditure for the 2023 – 2025 period. It was noted that there was a real risk that inflation could be both high and sustained. The impact of persistently high inflation over the three-year period would cause cumulative cost increases resulting in the expenditure budget for year three outstripping the GDC's income.
- 9.5 The Accounting Officer advised that the GDC was also vulnerable to shorter term, in-year, inflation risks as the ARF was set and collected once a year.
- 9.6 The Accounting Officer confirmed that he was satisfied that the proposed approach to dealing with inflation was in accord with the existing funding policy and would provide appropriate capacity and resilience to deliver the Council's Strategic Objectives.
- 9.7 The Chair of the FPC outlined that the FPC's recommended approach would guard against significant over recovery as well as significant under recovery.
- 9.8 It was noted that there had been a rapid worsening of expectations on inflation and that savings alone would not meet the associated increase in costs.
- 9.9 The Council **approved** the amendments to the section of the Corporate Strategy consultation document and noted that further work would be required on the communications around this.

The Interim Head of Policy and Research left the meeting.

## 10. Any Other Business

- 10.1 The team were congratulated on the successful launch of the Dental Professionals Hearing Service website.

The meeting was closed at 14:20pm.

Public Council Actions Log								
Action No.	Date of Meeting	Minute no.	Subject	Action	Due date	Owner	Update	Status
27	24/06/2022	8.7	EDI Strategy Update	The Interim Executive Director, Organisational Development to produce a revised EDI action plan and an update on current activities	23/09/2022	Dawn Betttridge John Middleton	The revised action plan has been developed and is included on the agenda for the Council meeting on 23 September.	Suggest complete

**Decisions Log - Public Council – 23 September 2022**

<b>Date decision taken (confirmed)</b>	<b>Decision taken by</b>	<b>Agenda Item</b>	<b>Purpose</b>	<b>Outcome</b>
25/07/2022	Council - by correspondence	<b>Statutory Panellists Assurance Committee Appointments Process</b>	To present the proposed approach to recruitment of one member of the Strategy Panellists Assurance Committee.	The Council approved the process.

## Audit and Risk Committee (ARC) Assurance Report

Since the last Council meeting, the ARC has met once on 1 September 2022.

At this meeting the Committee:

- Discussed in detail the Equality, Diversity and Inclusion Action plan and the new framework designed to focus on four essential priorities for delivery. The Committee discussed the need for measurable, timed objectives that would lead to the successful delivery of the plan. Due to improvements made and despite the development still needed, the Committee is able to recommend to the Council that it approves the revised action plan and suggests to Council that the ARC will continue to monitor the development and delivery of the objectives.
- **Approved**, and is able to provide the Council with assurances on, the Strategic Risk Register and Board Assurance Framework. The Committee scrutinised the presentation of narrative and requested that further work be undertaken in relation to certain risks. It has also requested some streamlining of the reporting in the Board Assurance Framework.
- **Considerable time was spent of the setting of risk appetite with this now to come back to ARC in November before going to Council.**
- Discussed the risks associated to the GDC's estates and determined that it would expect to see an estates-related risk on the Strategic Risk Register.
- **Approved** the timetable for the production and delivery of the Annual Report and Accounts 2022 but noted that the shortened timetable may be challenging particularly with the change of internal and external auditors and have asked for immediate notification of any difficulties being encountered. The Governance team will also look again at the meeting schedule to ensure that we have meetings in the right places to meet the timetable.
- **Noted** the Internal Audit Progress Reports.
- **Reviewed** the Internal Audit Recommendation tracker and requested that further work be undertaken on the actions to be implemented with a review of how any timetable slippage is reported to ARC.
- **Noted** the update on the External Auditor procurement process.
- **Approved**, and is able to provide assurance to the Council on, the Council Delegation Framework. The Committee noted that the Framework had been reviewed and no changes were required, but that it would be kept under review.
- Discussed and **noted** two deep dives, one being Procurement and Contracts and the other IT and Cyber Security. In respect of the Procurement and Contracts, the Committee were assured that the areas of most concern had targeted mitigations in

place but will wish to return to this and keep it on the risk register. The difficulties with financial planning within the current economic climate were noted and the planned session on going concern was welcomed. In respects of IT and Cyber Security, the Committee were assured that the processes in place along with the enhanced cyber certification provided strong mitigation against cyber risks. Given the ever changing nature of cyber related risk this will be something that the Committee come back to.

Sheila Kumar, Chair of Audit and Risk Committee

12 September 2022

## **Finance and Performance Committee Assurance Report**

The Council is asked to note that the Finance and Performance Committee (FPC) gives assurance that the items noted in this report have been scrutinised by FPC and that committee is content with current and planned actions by the executive.

FPC met three times since the last meeting of the Council. The Committee held two, single-issue meetings on 18 July and 18 August to discuss and scrutinise the Costed Corporate Plan (CCP) 2023-25 and Budget 2023.

At these meetings, the Committee provided feedback on the development of the CCP and Budget, providing challenge to the Executive on the assumptions, risks and opportunities that had been included.

The Committee held a further review of the CCP and Budget by correspondence in September.

The Committee held a substantive meeting, in person, on 7 September, to discuss:

- Organisational performance reporting suite
- Pensions Update
- Fitness to practise (FtP) action plan update
- Costed Corporate Plan 2023-25 and Budget 2023
- New Ways of Working Pilot
- Separation of Adjudications programme update
- Learning and Development update

The discussions and actions are summarised below:

### **1. Organisational Performance Reporting Suite**

- The Committee discussed the impact of the high turnover of staff and the difficulty in attracting applicants due to the high demand of specialist positions in the market on the organisation's performance across a number of areas. Further reporting and analysis on this area was requested by the Committee.
- The Committee discussed the volatile financial market and the impact this had on the performance of the GDC's investment position.
- The Committee discussed the organisation's approach to exit interviews and the data that had been collected as a result. The Committee asked for greater clarity on the data relating to the number of colleagues that would recommend the GDC as an employer.

### **2. Fitness to practise action plan update**

- The Committee discussed the performance of the FTP Casework function, specifically the attention that was being given to progressing a significant number of older cases.
- The Committee took assurance on that the handling of cases had improved and that further training was being undertaken with the team.
- The Committee requested further information on the impact of additional resource that had been invested to address the backlog in Casework.

### **3. Costed Corporate Plan 2023-25 and Budget 2023**

- The Committee provided further scrutiny on the CCP and Budget development process ahead of the Council's meeting in September.



4. New Ways of Working Pilot

- The Committee received an update on the New Ways of Working pilot and the impact on the organisation. The Committee requested further analysis of the impact of the pilot on the performance of the organisation, which would return to the Committee in due course.

5. Separations of Adjudications

- The Committee received an update on the launch of the Dental Professionals Hearing Services and received assurances that feedback from stakeholders had been positive and that the phased transition of functions to the service was proceeding as planned.

6. Learning and Development Update

- The Committee received an update on the organisation's approach to Learning and Development for its staff. It heard of work that had been incorporated into the budget for 2023 and how this work would be achieved and scrutinised.

Terry Babbs

Chair of the Finance and Performance Committee

# Remuneration and Nomination Committee Assurance Report

Since the last Council meeting, the Committee has met once, on 21 July 2022. At the meeting:

The Committee **discussed** the:

- Council Member Recruitment Forward Plan and Review

The Committee discussed the review of the most recent Council Member recruitment plan and the proposals for the future Council recruitment plan, including the impact that the forward plan has on the appointments to the Committees of the Council due to the need to set out specific search criteria in order to meet particular requirements. The Committee discussed the approach in detail and is able to support the proposals set out in the Committee Appointments paper to be discussed by the Council.

The Committee **approved**, and is able to provide assurance to the Council on the:

- Council Member Appointment Process

The Committee scrutinised the approach for the Council Member recruitment process to be undertaken in 2023. The Committee recommended that the recruitment material be reviewed for accessibility and to consider trialling the role with registrant organisations early in the process.

- Council Member Reappointment Process

The Committee reviewed the Council Member Reappointment Process at its meeting and requested that the details of those due to be reappointed be removed from the process paper. This was undertaken and circulated to the Committee, which approved the process by correspondence.

- Council Member (and Independent Governance Associates), Chair and Chief Executive Appraisal Process

The Committee reviewed the Appraisal Processes and approved the revised process.

The Committee is able to provide assurance to the Council on the:

- Staff Remuneration Framework

The Committee received a presentation on the Staff Reward Framework in line with its role to provide the Council with the assurance that there is a framework in place. The Committee heard that work was in progress to review the reward framework for staff and will receive further updates when appropriate.

The Committee will be meeting next on 27 October 2022.

Anne Heal, Chair of the Remuneration and Nomination Committee.

## **GDC: SPC REPORT for Council at its 23 September 2022 meeting**

1. SPC met on 8 September 2022.
2. In addition to committee meetings there continue to be informal conversations between SPC members and between the chair and the Executive about implementation of the committee's priorities. The chair also attended morning sessions of an away day for the Hearings team.

### *Adjudication separation*

3. The SPC was pleased to hear about the launch of the Dental Practitioner Hearings Service (DPHS) and the positive feedback from stakeholders.
4. It was also pleased to hear of the transition of that the issuance of notices of hearings to the DPHS. This step is the corollary of separation.

### *Case management improvements*

5. As reported to Council on previous occasions, the appointment of additional case managers is at the heart of SPC's vision for greater efficiency in the operation of the panels.
6. SPC was therefore delighted to learn that there is now a new case management team of four persons.
7. The chair of SPC was able to arrange visits by the interim head of hearings and the head of the case management team to the Financial Conduct Authority and the Royal Courts of Justice, Administrative Court, to exchange views about how case management is undertaken.
8. SPC was also pleased to note that work on reviewing the arrangement of panel chairs or at least having some chairs sit for longer periods than at present so they can take a lead in case management and the adoption of good practice.
9. SPC will receive a report at its December meeting on the rollout of its suggestions regarding Specimen Charging Guidance and Admissions Guidance.

### *Information for SPC/Council*

10. To provide greater assurance to Council, SPC has requested that it receive information on three additional topics on a regular basis and the CE and Executive have kindly agreed to facilitate this:
  - (i) statistical information on cases once they arrive at Hearings (e.g., time taken);
  - (ii) breakdown of background of panellists (e.g., ethnicity).
11. SPC also has been concerned that it cannot provide assurance on individual panellists. The Hearings team will provide SPC a report on how SPC (and in turn Council) can be assured as regards this matter.

### *Training and recruitment of panellists*

12. Legal advisers. SPC noted the proposed recruitment exercise for legal advisers now that there is a proposal for fixed number of terms rather than indefinite appointments for advisers.

13. Panellists. SPC also noted the plans for what will be a major exercise in replenishing panellists over the coming years.

Ross Cranston

9 September 2022

## Boundaries of Regulation

<b>Executive Director</b>	Stefan Czerniawski, Executive Director Strategy
<b>Author(s)</b>	Osama Ammar, Head of Policy and Research Programme
<b>Type of business</b>	For approval
<b>Purpose</b>	<p>In December 2021, Council approved a framework to ensure that consistent and proportionate interventions are developed and implemented for cases at the boundary of the current regulatory model.</p> <p>Following analysis using the boundaries of regulation framework, each boundary case may require a different response. In some cases, existing legislation, standards and policy are sufficient. In other cases, changes to standards and policy are required under the existing legal framework. In other cases still, the most appropriate remedy is to seek an amendment to the GDC's legislation. To support effective decision-making this paper proposes a protocol for governing decisions arising from assessment of boundary cases.</p>
<b>Issue</b>	<p>To note the ongoing work related to the boundaries of regulation cases and how they have been integrated into routine policy development activity and the regulatory reform programme.</p> <p>To discuss the proposal to introduce a protocol to govern responses arising from analysis of boundary cases.</p>
<b>Recommendation</b>	<p>The Council is asked to approve the protocol for decision-making on boundaries of regulation responses.</p> <p>.</p>

### 1. Introduction

- 1.1 The GDC undertakes its statutory duties in a changing environment. The optimal regulatory approach in this environment would be sufficiently flexible to respond to a whole range of developments including the advent of new models of care, innovative clinical practice, complex and emerging business structures, and technological advances, as well as changes in expectations, structures or capabilities of regulators.
- 1.2 Many of those issues raise questions about the boundaries of GDC's role, both in terms of what does and does not constitute the practice of dentistry and of the limits of GDC's powers and influence. We need to be confident as we develop responses to the changing environment that we are:
  - a. ensuring public protection
  - b. not acting beyond our powers
  - c. meeting the other requirements placed on us by our legislation
  - d. aligning our approach to our strategic aims
  - e. using evidence to balance the risks and benefits of innovative approaches appropriately.

- 1.3 Therefore, we needed to develop a clear framework for recognising the boundaries of our role, and to have a mechanism for identifying areas of activity where the nature and extent of our regulatory intervention require clarification.
- 1.4 We also needed to ensure that we were taking account of other forms of regulation and oversight, including systems regulators, clinical and contractual governance, medicine and device regulation, health and safety at work requirements, data protection and information security requirements. There is a complex network of interacting controls over dentistry and there will inevitably be some overlap in overall aims and areas of interest, so we need to be able to determine which body is best placed to act to ensure proportionate and consistent regulatory action. We already work with a range of other organisations to ensure appropriate action, remaining mindful of potential gaps or overlap but we do not currently exploit the full potential of other forms of regulation.
- 1.5 It is in this context that the Council approved the boundaries of regulation framework at its meeting in December 2021. The framework, in combination with other policy analysis tools, ensures consistent assessment of boundary cases and proportionate regulatory interventions. It is designed to be open to innovation and to ensure that benefits and risks are carefully balanced.

## **2. About the boundaries of regulation framework**

- 2.1 The framework is intended to be one of a range of tools we can use to support effective policy making, and is designed to enable systematic consideration of issues and the development of policy positions which address the specific issues in each case whilst being consistent. It seeks in particular to facilitate proportionate regulation, by balancing risks against benefits, and is aimed at resulting in the minimum necessary intervention that is required for the purposes of protecting the public.
- 2.2 Three key types of change give rise to questions or challenges about our regulatory response or approach:
  - a. a change to dental practice and business, (e.g. intra-oral scanning, new tasks for roles in the dental team, remote orthodontics, changes in corporate structures surrounding dental practice)
  - b. a change in public behaviours as they engage with dental professionals (e.g. engaging with services remotely, seeking aesthetic treatment that is not the practice of dentistry from dental professionals),
  - c. a proposal for change to how GDC operates (e.g. recording of additional qualifications on the register, ending dual registration of maxillofacial surgeons)
- 2.3 For each of these three categories, there is a set of framework questions which ensure that issues are addressed appropriately, systematically and consistently.
- 2.4 The framework was tested against a number of different cases, including the position on direct-to-consumer orthodontics, and is now being used to reach settled positions on:
  - a. dual registration of oral and maxillofacial surgeons (OMFS),
  - b. intra-oral scanning for the production of sports mouthguards,
  - c. prescribing guidance for aesthetic practice.
- 2.5 There is also a log of further boundary cases awaiting consideration, including on subjects ranging from the impact of machine learning and artificial intelligence on dental practice and its regulation to recording of qualifications on the GDC's registers.

### 3. Update on the boundaries of regulation project

- 3.1 The boundaries of regulation project is part of the wider regulatory reform programme. The project intended to:
- incorporate work to improve our routine horizon scanning and capture indicators of future changes to dental practice and businesses.
  - develop a framework for considering matters that may require regulatory responses to consistently and proportionately protect the public and enable development of safe and effective innovation in dental practice and businesses.
  - consider specific regulatory matters that are currently in need of review to reach consistent and proportionate regulatory responses.
  - Identify and document evidence for areas which require legislative change and to ensure they are included in the programme for legislative reform.
- 3.2 Horizon scanning activity has now moved into development and maintenance of the corporate strategy and is supported by joint routine activity of the policy and communications team to assess and respond to changes in the external context affecting the GDC, dentistry and members of the public. A log of emerging policy questions has been developed and will be updated continuously. The log will then be reviewed annually and triennially as part of the strategy development and corporate planning processes.
- 3.3 The boundaries of regulation framework was approved by the Council in December 2021 and is now one of the policy analysis tools available to the policy team. The framework is actively used in the assessment of boundary cases to support consistent and proportionate development of policy.
- 3.4 Some individual boundary cases have been addressed under current legislation (direct-to-consumer orthodontics) or are in progress currently (dual registration of OMFS, intra-oral scanning for mouthguards). Others have been overtaken by wider sectoral developments (licensing scheme for cosmetic practice, proposals to change the requirements for indemnity cover).
- 3.5 Where boundaries cases require legislative change, information and evidence is being collected as part of the regulatory reform programme. Even though organisational planning is based on the assumption that amendments to the GDC's primary will not occur in 2023-2025 because of delays to the Department of Health and Social Care's reform agenda, there are categories of boundary case that that can be resolved or addressed on an interim basis through other means. Work is currently taking place to develop the overall policy ambition for the GDC's reform. Included in this work is the consolidation of the boundary cases requiring legislative change into the appropriate project of the programme (registration, international registration, governance and operating framework, education and training, and fitness to practise). Where it is possible to address boundaries cases without amendments to primary legislation, this work will prepare options and action plans for interim changes to GDC's regulatory model. In respect of amendments to primary legislation over the longer term, the intention is to have prepared positions to discuss when the GDC's legal framework is subject to review, and to influence the discussion on the common legal framework for all professional regulators.
- 3.6 The boundaries of regulation project is now planned for closure in 2022 following achievement of its objectives, but prior to this some form of assurance is required to ensure each case is responded to appropriately and that the response is well-governed.
- 3.7 As some boundary cases have been assessed it has become clear that the existing legal, standards and policy framework has been suitable to manage the impact of changes to risk as

well as foster safe innovation. This was the case for direct-to-consumer orthodontics, where existing standards were the basis for more tailored information to be produced for patients and the public and dental professionals. In other cases, it is probable that the most effective intervention will be through more formal changes to our standards, rules, or legislation. These will be incorporated into the plans for regulatory reform.

- 3.8 In order to promote effective decision-making, this paper proposes that the outcomes of boundaries of regulation cases are assessed using a protocol to determine the right route for resolution and governance of decisions. The purpose of this protocol is to accelerate, where possible, the GDC's responses to cases that do not affect the current legal or standards framework while also ensuring that where more substantial change is required that the Council is involved. In all cases, the protocol seeks to provide assurance to the Council of effective governance of decisions.

#### 4. Protocol for decision-making on boundaries cases

- 4.1 To support effective decision-making, a draft protocol has been developed (appendix a). The protocol guides policy staff to the most suitable route for decision-making on resolving boundaries cases.
- 4.2 The principles underpinning the design of the protocol are:
- a. **Governing responses effectively** to ensure that GDC's positions are appropriately scrutinised, particularly when they lead to changes in the standards and policy framework.
  - b. **Engaging proportionately** to gather the perspectives of stakeholders in a way that correlates with the impact of the boundary case itself and any decisions that the GDC makes.
  - c. **Responding expeditiously when necessary and possible** to provide clarity and certainty to professionals and members of the public at the fastest possible pace that does not compromise public protection.
  - d. **Identifying issues where responses require legislative reform** to lead to more effective resolution of boundary cases in future, even if an interim response is possible under the current legal, standards and policy framework.
- 4.3 In brief, there are three options available in the protocol:
- a. Where the response is consistent with the current legal, standards and policy framework the EMT will consider the matter before any action is taken. Where the level of innovation is significant or where there is a high level of public or professional interest, Council's approval will also be sought (as happened, for example, with direct-to-consumer orthodontics).
  - b. Where the response is a change to the standards and policy framework the Council will consider the matter before any action is taken. In some cases, public consultation will be required, or may be desirable.
  - c. Where the response is to propose a change to legislation, the matter will be referred to the regulatory reform programme board for consideration for inclusion and the Council will be made aware.
- 4.4 The options are not mutually exclusive. A boundary case may require the GDC to communicate the effect of the current legal and policy framework to the public and dental professionals, while simultaneously considering changes to the legal framework or changes to the standards framework that would require public consultation and the Council's approval.



- 4.5 In all cases, proportionate internal and external stakeholder engagement will be necessary. For example, the In-house Legal Advisory Service (ILAS) is a key internal stakeholder when considering boundary cases and we may seek professional and public perspectives through focused engagement or wide public consultation.

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

- 5.1 There are no direct impacts as a result of the draft protocol. Each boundary case attracts its own considerations for legal, policy and national impact. This framework and the protocol seek to recognise the diversity of issues so that each may be considered individually.

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

- 6.1 There are no direct impacts as a result of the draft protocol. Each boundaries case will have varying equality, diversity and inclusion and privacy considerations. The framework and the protocol seek to recognise and assess each case individually.

## **7. Risk considerations**

- 7.1 The risks being mitigated by the draft protocol are:
- a. Ineffective scrutiny of boundary cases which require a change to the legal, standards and policy framework.
  - a. Slow decision-making for cases where the existing legal, standards and policy framework are suitable for management of risks to the public.

## **8. Resource considerations and CCP**

- 8.1 The resources allocated to consideration of boundaries cases are accounted for within the CCP.
- 8.2 The draft protocol is intended to have a positive effect on increasing efficiency in decision-making.

## **9. Monitoring and review**

- 9.1 Each boundary case will be subject to different forms of monitoring and review depending on how it is addressed through the protocol. The routes for monitoring are:
- a. Incorporation into the monitoring and review for the regulatory reform programme
  - b. Incorporation into monitoring and review of the standards and guidance framework (subject to review currently under the principles of professionalism project).
  - c. Routine monitoring of GDC standards, guidance and policy through enquiries and stakeholder engagement
- 9.2 All decisions will be channelled through the EMT, providing the opportunity for scrutiny of the effectiveness of the protocol and onward referral to the Council if necessary.

## **10. Development, consultation and decision trail**

- 10.1 The boundaries of regulation framework was developed in consultation with the Council. The Council considered the framework at a workshop in June 2021 and approved the framework in December 2021. The protocol has been developed as a result of the operation of the framework during the period of time that it was being tested and since its approval.

## **11. Next steps and communications**

- 11.1 Subject to Council's approval, the protocol for decision-making on boundaries of regulation responses will be incorporated in the boundaries of regulation framework to ensure that decisions are appropriately governed.

**Appendices**

- a. Protocol for decision-making on boundaries of regulation responses

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24 May 2022

## Protocol for decision-making on boundaries of regulation responses

### 1. Introduction

- 1.1 Following analysis using the boundaries of regulation framework, the GDC will make a decision about the most appropriate response. GDC's decisions must be effectively governed to support transparency and scrutiny. This protocol supports policy makers in determining the most appropriate route to secure decisions, depending on the boundary case and the GDC's options to respond.
- 1.2 The principles underpinning the good decision-making in this protocol are:
  - a. **Governing responses effectively** to ensure that GDC's positions are appropriately scrutinised, particularly when they lead to changes in the standards and policy framework.
  - b. **Engaging proportionately** to gather the perspectives of stakeholders in a way that correlates with the impact of the boundary case itself and any decisions that the GDC makes.
  - c. **Responding promptly when necessary and possible** to provide clarity and certainty to professionals and members of the public at the fastest possible pace that does not compromise public protection.
  - d. **Identifying issues where responses require legislative reform** to lead to more effective resolution of boundary cases in future, even if an interim response is possible under the current legal, standards and policy framework.
- 1.3 Upon completion of analysis, there are three over-arching types of responses that the GDC can make. These are:
  - a. **Respond in line with the existing legal, standards and policy framework.** This may mean that existing parts of the regulatory model are reinforced in communications, or tailored information is produced to support professional, sectoral, or public understanding.
  - b. **Propose a change to the current standards and policy framework.** This will mean that the Council will need to approve the change, and may require a public consultation.
  - c. **Propose a change to the legal framework.** This will mean that the regulatory reform programme will take ownership of the proposal for further consideration and development as the Department for Health and Social Care progresses with its plans to amend the Dentists Act, which in turn will permit the GDC to make and amend its own rules. Inclusion within the regulatory reform programme will also support moving forward with changes to specific provisions in the event that the wider DHSC-led reform is delayed, stalls or takes another form.
- 1.4 Each one of these responses requires a different governance route. The table overleaf sets out a summary to guide policy makers through the appropriate governance route.
- 1.5 In all cases, effective and proportionate stakeholder engagement is required. For issues that affect only particular groups of dental professionals, it may be appropriate to undertake focused stakeholder engagement through tools such as meetings, events, surveys, correspondence. For issues that have broader effects, particularly on members of the public, a full public consultation may be required.

## 2. The protocol

Actions	Respond in line with legal, standards and policy framework	Respond with a change to the standards and policy framework	Respond with a change to legal framework
What	Reinforce existing law, standards or policy with communications or tailored information to the context	Develop, propose, consult and engage and agree a change to standards or policy framework prior to communication and engagement	Prepare a proposal for amendments to rules or legislation
Who	<ul style="list-style-type: none"> <li>• Strategy directorate</li> <li>• ILAS</li> <li>• Operational teams</li> <li>• EMT</li> </ul>	<ul style="list-style-type: none"> <li>• Strategy directorate</li> <li>• ILAS</li> <li>• Operational teams</li> <li>• EMT</li> <li>• Council</li> </ul>	<ul style="list-style-type: none"> <li>• Strategy Directorate</li> <li>• ILAS</li> <li>• Operational teams</li> <li>• Regulatory Reform Programme Board</li> <li>• EMT</li> <li>• Council</li> </ul>
Decision	Approval of communications and further explanation of existing law, standards and policy	Approval of: <ul style="list-style-type: none"> <li>• Proposal</li> <li>• Consultation and / or engagement</li> <li>• Changes to standards and policy</li> </ul>	Approval for inclusion in regulatory reform policy ambition
Sign off	EMT or Council where the issue is significant in the scale of innovation or the level of public or professional interest	Council (with prior review by EMT)	<ul style="list-style-type: none"> <li>• *Regulatory Reform Programme Board</li> <li>• EMT</li> <li>• Council</li> </ul>

**\*Note:** The governance of regulatory reform is likely to change when its prospect and form becomes clearer. If reform of any kind realises, the Council will play a more direct role in governance of changes to the legal framework and this protocol will be updated.

## GDC registration requirements for oral and maxillofacial surgeons and other healthcare professionals regulated by statute

<b>Executive Director</b>	Stefan Czerniawski, ED Strategy
<b>Author(s)</b>	Alina Grossman, Head of Public Policy Os Ammar, Associate Director of Policy & Research Programme
<b>Type of business</b>	For approval
<b>Purpose</b>	Approval of draft position statement:  Our legal framework allows for oral and maxillofacial surgeons (OMFS) and other professionals regulated by statute to undertake “medical tasks” without GDC registration, which may otherwise constitute the practice of dentistry. However, there is a lack of clarity around the circumstances in which this exemption applies.  We aim to provide further clarity by revising our published policy position on this matter.
<b>Issue</b>	To present a draft of our revised policy position statement, alongside the key considerations in its development.
<b>Recommendation</b>	Council is asked to approve the proposed policy position and next steps.

### 1. Introduction

- 1.1 For the purpose of public protection, under the Dentists Act 1984 (the Act) the practice of dentistry is reserved to GDC registered dentists, except under some specific exemptions.
- 1.2 Since 2005, the Act has provided a medical task exemption, at Section 37(1A), whereby suitably qualified and regulated professionals may undertake the practice of dentistry without GDC registration if that activity is performed as a “medical task”. The Act is, however, silent on what constitutes a medical task, and thus provides no guidance on the scope of the exemption. As a result, there have been longstanding questions about the circumstances in which the exemption can apply for other regulated professions.
- 1.3 Oral and maxillofacial surgery (OMFS) is a recognised medical specialty, whose practice involves aspects of dentistry. Oral and maxillofacial surgeons (OMFSs) are qualified in both medicine and dentistry and are regulated by the General Medical Council (GMC).
- 1.4 We recognise that OMFSs may need to undertake tasks that constitute the practice of dentistry as an integral part of their specialist medical practice, and that the Act may allow for OMFSs to perform such tasks without GDC registration via the medical task exemption. Outside of the medical task context, though an OMFS may be trained and competent to perform dentistry, they are legally restricted from doing so unless they have GDC registration. They therefore need to understand the scope of the exemption and thus what does and does not fall within the definition of a “medical task”.

- 1.5 It is important that the situations where OMFSs require dual registration are clear. This is to prevent any misunderstanding causing disruption to the delivery of OMFS care to patients; and to limit inadvertent illegal practice, which in the case of regulated professionals has limited risk to the public, but would require the GDC to investigate. Furthermore, it would not be proportionate to overburden OMFSs with registration requirements where they are legally unnecessary and confer no associated benefit to patient safety in order to limit their risk of illegal practice prosecution.
- 1.6 For several years, the GDC has been in intermittent discussion with the British Association of Oral and Maxillofacial Surgeons (BAOMS) as the GDC's policy position on dual registration requirements (originally set in 2008, then restated in 2014 and 2019 for clarification purposes) has resulted in an ongoing level of confusion and dissatisfaction amongst some OMFSs. This result may be partly because our past position statements have used terms which were not directly linked to what the Act stated. For example, linking dual registration requirements to the venue of care delivery in 2014 – which aligned with what had then been a BAOMS position.
- 1.7 We have therefore redeveloped our position with the intention of providing an enhanced level of understanding and clarity around what our legislation requires, with a focus on the medical task context. The draft policy position statement is at Appendix A for the Council's consideration.
- 1.8 The remainder of this paper sets out key policy and legal considerations in development of the draft to inform the Council's decision on whether or not to approve the position statement.

## **2. Interpretation of the “medical task” exemption**

- 2.1 In the interest of public protection and the safe, effective delivery of OMFS care, we consider it appropriate to interpret the medical task exemption as flexibly as possible within the confines of the legal framework. This is because the medical task exemption only applies to suitably qualified professionals who are regulated by statute, and are therefore subject to similar regulatory controls to the ones the GDC operates.
- 2.2 The definition of “medical task”, as provided in an Explanatory Memorandum to the amending legislation, is *“a task carried out as a part of the delivery of clinical care for example assisting in an operating theatre or making a prosthesis”*. This implies that medical tasks require broader clinical context than the ‘usual’ practice of dentistry.
- 2.3 We have explored the pragmatic approach of using the OMFS specialty curriculum as a proxy for interpretation, whereby anything on the curriculum could be deemed a medical task. But since the exemption is expressed in terms of ‘tasks’, it cannot extend to the whole practice of a particular profession or specialty, or allow OMFSs to perform dentistry in all conceivable contexts.
- 2.4 Given the complexity of OMFS practice and the range in nature and complexity of patients’ care needs, our position on dual registration requirements is instead centred around an approach where OMFSs use their professional judgement to determine what is properly to be regarded as a medical task. This critically enables assessment of the broader clinical context and patient safety on a case-by-case basis; and is consistent with a regulatory approach that promotes professional judgement, rather than prescribing a list of tasks and situations in which the exemption applies.
- 2.5 We have clarified that the care setting should not form part of this assessment, as the location in which a task is performed is not relevant to the terms of the exemption. For the

benefit of patient access, neither would we wish to unnecessarily restrict where OMFS practice can take place.

### **3. Public protection and the GMC's regulatory approach**

- 3.1 As a medical specialty, oral and maxillofacial surgery is principally regulated by the GMC. The GMC sets entry requirements to the OMFS specialist list, including dental education requirements. Their position is that GMC registration offers adequate protection and oversight for OMFSs, for all activity on the oral and maxillofacial surgery curriculum.
- 3.2 There is minimal risk to patient safety if an OMFS performs any dental skill taught under the oral and maxillofacial surgery curriculum within their competence. If there were fitness to practise concerns, the GMC's regulatory scope covers the full range of OMFS practice, including dental tasks. There is no regulatory gap which needs to be filled, meaning we do not hold public protection concerns around the specialist practice of OMFSs.
- 3.3 Nonetheless, legally, the requirement for GDC registration is contingent on whether activity is the practice of dentistry, as opposed to whether it is in the scope of a professional's practice. We therefore recognise that though our proposed position does not conflict with the GMC's approach, there is potential regulatory overlap.

### **4. Training context**

- 4.1 With OMFSs regularly involved in teaching, the policy also aims to address the eligibility of OMFSs without GDC registration to teach dental students. In this context, we are concerned with protecting unregistered dental students, rather than OMFSs, from an inadvertent illegal practice offence.
- 4.2 If unregistered students are undertaking the practice of dentistry whilst on approved training, they must be supervised by an appropriate GDC registrant. However, if their training activity does not involve them performing dentistry, they do not need to be supervised by a GDC registrant. This means OMFSs involved in teaching may or may not require GDC registration depending on the nature of training activity.
- 4.3 We realise that OMFSs may also have teaching roles associated with dental training posts and programmes for qualified dentists (e.g. Dental Core Training). However, if a dental trainee is already a registrant, there is no legal requirement for supervision when practising dentistry as part of their training.

### **5. Consideration of other regulated professionals**

- 5.1 Though the policy development process has been tailored to the case of OMFSs due to the unique nature of their specialty practice and scope of practice, any qualified person registered with one of the eight other healthcare professional regulators may rely on the medical task exemption in the Act.
- 5.2 As well as feedback via the BAOMS highlighting the impact of our position on OMFSs, the Institute of Maxillofacial Prosthetists and Technologists (IMPT) have also raised that our position may be relevant to the professional practice of some maxillofacial prosthetists and reconstructive scientists who may be registered as Clinical Scientists with the Health and Care Professions Council (HCPC). This is because maxillofacial prosthetists and reconstructive scientists may first qualify as dental technicians, before undertaking further training to register as clinical scientists.
- 5.3 Beyond this feedback, there are no reports or evidence to suggest that any other professional groups are particularly affected by GDC registration requirements in the course of their practice. Therefore, the proposed statement is predominantly focussed on OMFSs,



provides examples for both OMFSs and clinical scientists, but indicates that our approach would be consistent across other professions regulated by statute.

## **6. Stakeholder engagement**

- 6.1 Given the marked professional relevance of these matters for OMFS care, during policy development we have engaged with the BAOMS and GMC to consider their views on the wider context of oral and maxillofacial surgery practice, commissioning and regulation. We have also engaged with the IMPT to consider the training and practice of maxillofacial prosthetists and reconstructive scientists.

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

- 7.1 The approach taken in the position applies consistently to all healthcare professionals regulated by statute. Its flexibility is intended to be as fair as possible to professionals whose practice necessarily comprises elements of dentistry.

## **8. Risk considerations associated with final draft**

### **Compliance with the Act**

- 8.1 We have endeavoured to ensure that our position does not read in way which could imply that any dentistry within the scope of practice of oral and maxillofacial surgery (or any other type of regulated professional practice) is, by default, a medical task. Rather, as per the intention of the Act, we aim to draw attention to core features of the exemption, namely that the dentistry performed is a medical task that is part of clinical care undertaken by an appropriately qualified professional regulated by statute.
- 8.2 There is nothing in the Act which prevents adopting an approach where the GDC suggests OMFSs (or other regulated professionals) may rely on their professional judgement to determine when the medical task exemption applies. Despite the benefits of such an approach as outlined in section 2.4, we acknowledge that professional judgement is subjective and there may be instances where a professional's assessment of appropriate application of the exemption differs from the GDC's. To mitigate this, we have provided practical examples within the policy statement, which demonstrate how a professional may apply their judgement in line with the legislative requirement.

### **Stakeholder acceptance**

- 8.3 To reduce the risks associated with a lack of acceptance of the position by stakeholders, we consulted the BAOMS and IMPT during the drafting process. Both provided written comments which have informed articulation of the position and the practical examples provided. Based on the latest feedback received, the BAOMS and IMPT appear reasonably satisfied with our position and the flexibility within the approach.
- 8.4 A meeting was also held with BAOMS representatives to discuss their feedback in more detail, explain the reasoning behind our approach, and demonstrate the effect of the position on OMFS care scenarios. Though the BAOMS did understand our explanation of the legal barriers which prevent it, they would ultimately have preferred a curriculum-based approach; therefore, we may still expect some level of dissatisfaction amongst a subset of the OMFS profession.
- 8.5 We have confirmed with the GMC and HCPC that our proposed position does not create tensions with their regulatory models.



## **9. Resource considerations and CCP**

- 9.1 To date, staff time and resource have been allocated to this work via the Boundaries of Regulation project under the Regulatory Reform Programme. In a separate process, approvals are being sought to close the Boundaries of Regulation project and transfer activity into policy team routine activity and other Regulatory Reform projects. Subject to the necessary approvals, it is expected that follow up work related to this matter will be carried out predominantly as policy team routine activity, with information fed into the Registration project under the Regulatory Reform Programme where required.
- 9.2 Resolution of this matter will release staff time that has been deployed to managing an issue that predominantly affects OMFSs rather than dental professionals more generally. This will mean more policy staff time can be directed at subjects that directly affect broader groups of dental professionals.
- 9.3 There are potential impacts on the GDC's income derived from registration and retention fees as a result of the changes to this position, however, these are estimated to be limited. There are approximately 600 OMFSs registered with the GMC (there were 599 registrants with OMFS specialty status in 2021), though the proportion of that group registered with the GDC is unknown, and both the GDC's and GMC's current positions do not require dual registration for OMFSs to practise. There may be some limited change to the number of dentist registrants, but this is not anticipated to materially affect income or operations.

## **10. Monitoring and review**

- 10.1 On publication, the effects of the position statement would be monitored via ongoing dialogue with the relevant professional bodies. The statement would be reviewed within policy team routine activity as required.
- 10.2 As part of policy ambition work under the Regulatory Reform Programme, we have already captured the policy challenge around our legal framework restricting the circumstances in which other regulated healthcare professionals may undertake reasonable overlaps with the practice of dentistry without GDC registration. We will continue to consider any opportunities that may be afforded by legislative reform to provide legislative clarity where there is potential for regulatory overlap.

## **11. Development, consultation and decision trail**

- 11.1 The GDC does not have a statutory duty to consult upon the proposed statement. However, as part of the policy development process, we have undertaken targeted consultation activity with the BAOMS, IMPT, GMC and HCPC, as outlined in sections 8.3-8.5.
- 11.2 The Council considered and approved the boundaries of regulation framework, which has framed the policy analysis that informed this position statement, at its meeting in December 2021.
- 11.3 EMT considered the position statement at its meeting on 13 September 2022.

## **12. Next steps and communications**

- 12.1 Subject to approval by Council, the position statement will be published on the GDC website and supersede any previous position or statement on this matter. Consideration has been given to how we can make this content as accessible and easily understandable as possible for those professionals affected, while not undermining the necessary precision in describing the legal framework.

- 12.2 Given the narrow application of this position statement, and therefore the limited interest and relevance for our broader audience, targeted dissemination will be sought in partnership with stakeholder organisations such as BAOMS and IMPT.
- 12.3 The position statement will be shared with the GMC and HCPC with accompanying explanation of how it may affect particular groups of their registrants.
- 12.4 We plan to manage subsequent stakeholder enquiries between Policy, Communications and CAIT teams.

## **Appendices**

- A. Draft Policy position on GDC registration requirements for oral and maxillofacial surgeons and other healthcare professionals regulated by statute

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30 August 2022

## Appendix A

### Draft Policy position on GDC registration requirements for oral and maxillofacial surgeons and other healthcare professionals regulated by statute

#### Introduction

1. This policy position explains when registration with both the General Dental Council (GDC) and General Medical Council (GMC) is required for oral and maxillofacial surgeons. It is also relevant to other professions regulated by statute where dual registration may be required. Its purpose is to ensure that the appropriate regulatory safeguards are in place to protect patient safety, support effective patient care, and reduce the risk of harm.
2. To lawfully undertake the practice of dentistry<sup>1</sup> in the UK, a person must be registered with the GDC or be exempted from the requirement under the circumstances set out at Section 37 of the Dentists Act 1984.
3. Oral and maxillofacial surgery (OMFS) is a complex and specialised branch of medicine and includes tasks that fall under the legal definition of dentistry. While OMFS contains aspects of oral surgery, oral medicine, orthodontics, and prosthodontics (amongst others), it is recognised as its own specific and uniquely constituted field, and not a specialised area within dentistry. Therefore, the GDC recognises that oral and maxillofacial surgeons may need to undertake tasks that would constitute the practice of dentistry. This raises the question of whether oral and maxillofacial surgeons need to be registered with the GDC before they can undertake certain aspects of their work.
4. This policy position explains the legal framework around this matter, supported by practical examples to demonstrate how requirements may apply to a professional's practice.

#### Exemption from the requirement for registration with the GDC

5. The Medical Act 1983 has the effect that oral and maxillofacial surgeons must be registered with a licence to practise by the GMC before they can attend to patients' medical needs.
6. In order to register and achieve specialist status with the GMC, oral and maxillofacial surgeons must qualify as both a dentist and doctor and complete specialist training.
7. The Dentists Act 1984 specifies that the practice of dentistry shall not include a "medical task" performed by qualified people who are registered with one of the eight other statutory healthcare professional regulators<sup>2</sup>. Therefore, professionals who are qualified and

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<sup>1</sup> The practice of dentistry is defined in section 37 of the Dentists Act 1984 where it states: *"the practice of dentistry shall be deemed to include the performance of any such operation and the giving of any such treatment, advice or attendance as is usually performed or given by dentists; and any person who performs any operation or gives any treatment, advice or attendance on or to any person as preparatory to or for the purpose of or in connection with the fitting, insertion or fixing of dentures, artificial teeth or other dental appliances shall be deemed to have practised dentistry"*

<sup>2</sup> The nine statutory health regulators are: General Dental Council, General Medical Council, Nursing and Midwifery Council, General Optical Council, General Pharmaceutical Council, General Osteopathic Council, General Chiropractic Council, Health and Care Professions Council, Pharmaceutical Society of Northern Ireland. Collectively they register

registered can perform medical tasks without GDC registration that would otherwise be the practice of dentistry.

8. The Act does not define “medical task”. However, the Explanatory Memorandum to the legislation<sup>3</sup> that inserted Section 37 (1A) into the Act does state the following:

**“Restriction on the Practise [sic] of Dentistry:** A medical task under new sub-section 1A of Section 37 means *a task carried out as part of the delivery of clinical care for example assisting in an operating theatre or making a prosthesis.*”

9. The GDC considers that a qualified person who is registered with one of the other statutory healthcare regulators should use their professional judgement to determine whether it is appropriate for them to practise dentistry using the medical task exemption outlined in Section 37(1A) of the Act when not registered with the GDC. This should involve assessment of whether the dentistry to be delivered is a necessary part of wider clinical care. The GDC’s expectation is that patient safety remains paramount.
10. For clarity:
- the setting in which an activity is undertaken (e.g hospital department, private clinic) **does not** matter when considering whether it is a medical task.
  - the inclusion of an activity within a non-dental professional’s curriculum or scope of practice **does not in itself** determine whether that activity is a medical task.
11. Whilst an oral and maxillofacial surgeon may be able to rely on the medical task exemption for activities within their OMFS work, **the exemption does not apply to everything that an oral and maxillofacial surgeon may choose to do outside of their medical practice.** Oral and maxillofacial surgeons are trained in a wide variety of dental techniques and may choose to practise certain dental techniques outside of their role as an oral and maxillofacial surgeon. If that activity is not undertaken as part of a medical task, it is legally dentistry and GDC registration is required.

## Education and training of dental students

12. Oral and maxillofacial surgeons may need to have GDC registration if they are involved in the education and training of dental students. This is because unregistered dental students must be both recognised by a dental authority and supervised by a GDC registered dental professional if they are to lawfully perform dentistry as part of their training. Therefore, the requirement for an oral and maxillofacial surgeon to be registered with the GDC will depend on their training role and the training activity the unregistered dental student is engaged in (see practical examples below).

## Designated supervisor for dentists with temporary registration

13. Dentists with temporary registration will have a designated supervising consultant, who must be a GDC registrant, attached to their post. Therefore, any oral and maxillofacial surgeon in this specific supervisory role will require GDC registration.

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many professions who may be involved in surgery and emergency care related to the mouth such as doctors, nurses, paramedics, and clinical scientists.

<sup>3</sup> Dentists Act 1984 (Amendment) Order 2005 (SI 2005 No. 2011)

## **CPD and revalidation requirements**

14. Professionals must meet the CPD and/or revalidation requirements of each regulator they are registered with. The GDC's CPD requirements do not vary for its registrants if they are also registered with another regulator.

## **Practical examples**

The following examples are designed to support professionals consider how they may apply their judgement to determine whether they could rely on the medical task exemption. In practice this will always depend on the particular scenario and case specific circumstances.

Please note that because care settings are not relevant to the requirement for dual registration, they have not been specified. The examples apply in any care setting and for any type of care (e.g.. NHS or private care).

- As part of a wider course of medical clinical care, an oral and maxillofacial surgeon carries out an extraction on a patient. They do not need GDC registration as the extraction has been undertaken as a medical task.
- Unexpected medical complications arise whilst a dentist is undertaking an extraction on a patient, so the dentist hands over care to an oral and maxillofacial surgeon mid-procedure. The oral and maxillofacial surgeon does not need GDC registration as the ongoing clinical care is delivered as a medical task.
- An oral and maxillofacial surgeon operates an implant clinic. Dual registration will be required if implant procedures are not undertaken as part of wider medical clinical care.
- A dentist refers a patient to an oral and maxillofacial surgeon when specialist OMFS practice is needed for their care. The oral and maxillofacial surgeon does not require dual registration to manage the referred patient.
- An oral and maxillofacial surgeon performs restorative dental procedures which are not part of wider medical clinical care. GDC registration is required.
- An unregistered dental student is observing an oral and maxillofacial surgeon as part of their training. The student does not need to be supervised in that setting by a registered dental professional, as they are not providing dental treatment to patients.
- An unregistered dental student is undertaking dental practice under the joint supervision of a GDC registered dental professional and a GMC registered oral and maxillofacial surgeon. The oral and maxillofacial surgeon does not need dual registration because the legal supervision requirement for the unregistered student has been met by the GDC registered supervisor.
- An appropriately qualified clinical scientist, who is registered with HCPC (such as some maxillofacial prosthetists or some reconstructive scientists), plans a surgical procedure, assists with a surgical device in theatre, and makes or fits a facial prosthesis or obturator that may include artificial teeth. They do not need GDC registration as these activities are delivered as medical tasks.

- An appropriately qualified clinical scientist, who is registered with HCPC (such as some maxillofacial prosthetists or some reconstructive scientists), makes dentures for a patient. If these dentures are not delivered as part of wider clinical care (e.g. as part of a multidisciplinary care plan), GDC registration will be required.
- An appropriately qualified clinical scientist, who is registered with HCPC (such as some maxillofacial prosthetists or some reconstructive scientists), is directed by an oral and maxillofacial surgeon to take an intra-oral impression for a maxillary obturator. They do not require GDC registration as the impression is delivered as part of wider medical clinical care.

When deciding if you can rely on the medical task exemption or if you require dual registration, consider:

- Am I registered with a statutory regulator?
- Am I appropriately qualified?
- Does the specific dental activity take place **as part of** the delivery of wider clinical care?

## The Safe Practitioner: A framework of behaviours and outcomes for dental professional education

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<b>Author(s)</b>	Jessica Rothnie, Policy Manager Ross Scales, Head of Upstream Regulation
<b>Type of business</b>	For approval
<b>Purpose</b>	To seek Council approval on the proposed draft of <i>The Safe Practitioner Framework</i> following the scheduled review.
<b>Recommendation</b>	Council is asked <b>to approve</b> the proposed consultation document and associated drafts for each professional title.

### 1. Background

- 1.1 Under section 1(2)(a) of the Dentists Act, the GDC has a general concern to promote high standards of education in all aspects of dentistry and, under sections 8-12A and 36D of the Act, a statutory role in assuring the standard of pre-registration education and training.
- 1.2 Our requirements for pre-registration training of dental professionals are articulated as learning outcomes in the document *Preparing for Practice*. These learning outcomes set out the knowledge, skills and behaviours that must be held or demonstrated for registration.
- 1.3 The first version of *Preparing for Practice* was published in 2012 and updated in 2015. In 2019 we completed a thematic review of the preparedness to practise of new dentists. The Corporate Strategy 2020-22 contains an undertaking that we would use its findings to inform our policy and quality assurance activity in relation to education and training. The current review addresses those findings and discharges that commitment.
- 1.4 This paper sets out the engagement and development activity undertaken to develop the revised draft, now titled *The Safe Practitioner: A framework of behaviours and outcomes for dental professional education*. It also provides an overview of the changes proposed and plans for engagement during the consultation period and beyond.
- 1.5 There is no specific obligation within the Dentists Act to consult on these proposals, however, the GDC has consulted on similar reviews in the past. Consulting has an additional benefit because the proposals include changes that could have a significant impact delivery and assessment of dental education and it is in our interests to gain high level agreement to our approach. It is therefore recommended that the GDC holds a 12 week consultation with additional focused engagement activities with education providers and other groups.
- 1.6 The consultation document forms are attached as **Appendix A** and the draft safe practitioner documents for each profession are attached as **Appendices B1 – B7**.
- 1.7 The remainder of this paper sets out:
  - a. engagement activities that informed the Safe Practitioner Framework (section 2)
  - b. a summary of the main changes that are subject to consultation (section 3)



- c. how quality assurance standards and processes will embed and monitor the new framework (section 4)
- d. the timeline for consultation, decisions, and implementation (section 5)
- e. communications and engagement activities to support the consultation (section 6)

## 2. Engagement to date

- 2.1 In July 2021, a survey was sent out to all UK dental training providers and relevant stakeholders, asking for feedback on the current learning outcomes. We received and analysed 41 responses.
- 2.2 In October 2021 a reference group was formed comprising dentists, a dental hygienist, dental therapists, a dental technician, and a dental nurse, with a regulatory education expert from outside the sector. Group members have experience in areas including primary/undergraduate and post-graduate education provision, foundation training, and equality and diversity matters. The eight steering group meetings have helped us inform the shape of the review by exploring feedback and research, identifying issues, and establishing assumptions. Two group members with educational expertise have been instrumental in drafting the core framework.
- 2.2 Across Spring and early Summer 2022, we held meetings with stakeholders to introduce the review and seek expert input. This has included the College of General Dentistry, the Diversity in Dentistry Action Group, the Dental Schools' Council and other experts, including in environmental sustainability. In June 2022, we requested and received feedback on each of the drafts from 17 stakeholders across the dental professions.
- 2.3 On 10 August we utilised a stakeholder event held to discuss the Principles of Professionalism to introduce the *Preparing for Practice* review, highlighting key areas of change, and inviting stakeholders to engage with the consultation upon publication.

## 3. Main changes proposed

There are three key changes proposed in the revised draft:

- 3.1 *Change to terminology: Adopting the term "safe practitioner"*
  - a. Feedback from our engagement indicates that the terms "safe beginner" and "independent practitioner" have been problematic for both education providers and employers since their introduction in 2012. We are routinely asked to provide granular detail about what is expected of a professional who embodies these terms and when the transition from one to the other is expected to occur. Additionally, stakeholders fed back that some newly qualified professionals, for example dental nurses and clinical dental technicians, are considered to be relatively accomplished at the point of registration. This means that our current position that all dental professionals transition from a beginner after registration is not consistently held across the professions.
  - b. Instead, the term "safe practitioner" is proposed to describe the newly qualified dental professional. This term is proposed because safety is paramount to any kind of treatment or care provided to patients, regardless of title, training, or experience. Secondly, "practitioner" implies a level of competence upon programme completion, whereas "beginner" does not necessarily instil confidence in individuals or their employers regarding their abilities. Safe practitioner was considered by members of the reference group to be the most accurate and appropriate term that fits across all newly qualified dental professionals. Through informal engagement with employers, educators, and education providers who have fed back on the drafting, we have heard support for the term "safe practitioner".
  - c. The College of General Dentistry (CGDent) had already adopted "safe practitioner" for their Career Pathways framework, as a means of describing their entry level membership for the



dental team. To avoid confusion, we discussed the the use of terms with CGDent. Both organisations are satisfied that there is a shared definition and that the term is appropriate to describe a dental professional on day one of their registration. Consistent terminology will help new dental professionals appreciate the progression from the skills needed at the point of registration, which we define, to continuing development within their professional role, where the CGDent framework is one source of useful guidance.

### 3.2 *Introduction of “behaviours”*

Preparing for Practice describes all expectations in terms of knowledge and skill outcomes. Feedback from stakeholders indicated that describing certain professional attributes as learning outcomes is unhelpful for assessment design and can result in tokenistic assessments. We are therefore proposing to introduce “behaviours”, within the framework to complement the learning outcomes. These relate to critical aspects of professional practice that are difficult or impossible to meaningfully assess in a single examination, for example, treating patients with dignity, respect and without discrimination. Providers will be expected to develop assessment methodologies that include continuous assessment to form a judgement about whether a learner demonstrates a behaviour over time, and to identify when a behaviour has not been demonstrated.

### 3.3 *Areas of new and updated content*

We reviewed the feedback from both the 2021 stakeholder survey and our reference group considered wider external factors, and evidence gathered since the last update in 2015. Highlights are as follows:

- a. Changing landscape for dental professionals
  - The revised draft recognises the importance of mental health and wellbeing, and builds skills in insight, reflection and understanding of contextual factors that may impact patient safety.
  - The proposals to introduce Principles of Professionalism would also impact the content in pre-registration training. The content of the revised Safe Practitioner draft reflects the approach in the Principles but it does not directly replicate the current draft principles. One reason for this is education providers require more detailed expectations of safe practitioners in order to design appropriate education and training programmes. To be assured that the Safe Practitioner framework and Principles of Professionalism are aligned, we undertook a mapping exercise based on the current draft versions. The development of the Principles for Professionalism may influence the final Safe Practitioner framework, but the content is not inextricably linked.
- b. Changing societal landscape
  - Equality, Diversity and Inclusion (EDI) is increasingly recognised as a major consideration for patient care and successful teamwork, and the revised draft embeds our expectations across the framework.
  - Patient expectations have been increasing over the years, and the pandemic has seen professionals deal with more demands and complaints. More content has been introduced around complaints handling, alongside insight and reflection skills.
  - Environmental sustainability and climate change have emerged as increasingly important issues for healthcare professionals. Expectations from members of the public, employers and contracting bodies are changing and likely to change further in the next decade. There is increasingly a link being made between ethical practice and environmental sustainability. The UK Government also recognises the link between environmental

sustainability and healthcare in recently published resources. As a result, we have introduced the concept of environmental sustainability as a consideration in providing healthcare. There may be legitimate arguments that environmental sustainability is not a of professional competence for the regulator, so we want to test its inclusion with the professions and our stakeholders through consultation.

c. Updating current content

- Feedback from the 2021 stakeholder survey highlighted overlap and duplication of content across and within the domains of *Preparing for Practice*, and that some learning outcomes were too broad or opaque for providers to deliver and assess. The revised draft addresses these issues by reducing duplication and overlap and refines the language to ensure a consistent and clear approach.
- The survey feedback and other stakeholder comments indicated that *Preparing for Practice* does not accurately reflect dental care professionals' scopes of practice, nor does it reflect direct access. The outcomes have been thoroughly examined to accurately reflect scopes and ensure the content does not present a barrier to direct access.

We have asked questions about these areas of new and updated content within the draft consultation.

A detailed spreadsheet mapping the changes from *Preparing to Practice* to the *Safe Practitioner framework* is available.

#### 4. Quality assuring against the new framework

- 4.1 The key regulatory tool which we use to quality assure education and training programmes is the *Standards for Education*. These outline the requirements placed on providers in three broad areas – patient safety; quality evaluation and review; and assessment.
- 4.2 We seek assurance of the delivery and assessment of required learning outcomes through these standards. Requirement 13 of the standards requires that providers can evidence that learners have demonstrated attainment across the full range of learning outcomes.
- 4.3 These standards are scheduled to be reviewed in 2023 - 2024. Changes in structure from *Preparing to Practice* to the *Safe Practitioner* document will influence elements of the review process, particularly because of the introduction of behaviours as new category of outcome to be evidenced for Requirement 13.
- 4.4 The Education QA (EQA) Team has identified a list of documentary evidence that providers may use to show that they are supporting learners to develop the expected behaviours and employing appropriate assessment methods. The current QA processes can continue to be used with evidence triangulated with programme leads, teaching staff and learners.

#### 5. Timeline

- 5.1 While there is no specific requirement in the Dentists Act for the GDC to consult on these proposals, the changes set out here and within the consultation draft and appendices are significant and would impact on all UK training programmes leading to registration. Seeking feedback from a range of stakeholders, including education providers, is important so that we can draw on a wider range of perspectives to identify issues and make improvements, as well as build stakeholders' understanding. In addition, if the proposals would require education providers to make significant changes to their programmes and there would be an expectation from these providers that they can respond to these. The GDC has previously consulted on similar reviews,

so there is likely to be a reasonable expectation that we would consult on similar changes in future.

- 5.2 Subject to Council approval, the consultation and associated documents will be published in October 2022. The consultation will run for 12 weeks. During this period, the Policy, Communications, and EQA team would work together to deliver engagement activities with key audiences, see section 6.
- 5.3 Following the consultation period, and after revisions have been made to the drafts based on consultation feedback, we intend to provide final drafts in Q2 of 2023 for Council approval and publication.
- 5.4 Two dates for implementation need to be determined.
  - a. The first of these is when the revised outcomes will be embedded into curricula, which we expect to be the beginning of the 2024/25 academic year for most providers. Some providers may take longer because of the nature of the design of education programmes or institutional cycles of review and change. The proposed date will take into account these factors and be confirmed by the EQA team following the consultation feedback and engagement with education providers, and these dates will be reported to Council alongside the final draft framework in Q2 2022.
  - b. The second date is when we can expect learners to complete programmes delivering the new framework. We cannot yet confirm the second implementation date as we cannot be certain of the scale of the change until the consultation responses have been analysed and Council has approved publication. The implementation schedule is further complicated by the duration of programmes and variation in providers' resource, agility, and internal change processes. Individual implementation dates for each education provider will be confirmed by the EQA team and approved by the Registrar and reported to Council. We will continue the discussion with providers in our engagement activities during the consultation period.
- 5.5 When *Preparing for Practice* was introduced, providers were given flexibility to adopt the changes leading to disparity across programmes for some years. Regardless of the feedback on implementation, we intend to set a hard deadline by which all new dental professionals trained in the UK must meet the new expectations and will report this to Council in Q3 2023 following discussion with providers, and approval by EMT/the Registrar.

## 6. Communications and engagement

- 6.1 Education providers are the primary audience for the Safe Practitioner Framework and this consultation. We plan to engage with them during the consultation period, and during the implementation phase. This will include:
  - A series of education provider events to engage with providers according to their discipline
  - Dental Schools' Council and COPDEND event
- 6.2 Other audiences include:
  - a. Patients and the public: We will be using our Public and Patient panel to engage with the public as we progress the consultation. These engagements will allow us to validate any assumptions we have about the relevance of the proposals to the public, and their perception of how they affect patient safety and public confidence in dentistry. We will include the GDC's proposals on both the new framework for professionalism and standards and safe practitioner in the same Public and Patient panel.
  - Students and newly qualified professionals: We will share the approach with students and newly qualified professionals through our annual student engagement programme. In

addition, we will hold discussion group sessions with students and newly qualified dental professionals to understand what they think about the proposals.

- Professional associations: We will use consistent key messages and slide packs to engage stakeholders across the four nations in our established stakeholder meetings in England, Scotland, Wales and Northern Ireland.
- We will hold a Dental Professionals Forum in November 2022. This will be an in person event, in London, where we will share information about this and other priorities.

6.3 In addition:

- We will launch the consultation with a dedicated area on our website which will act as a landing page to direct users to the proposals and the online consultation.
- We will embed the key messages through the Chair's monthly blog post, and our monthly newsletter to dental professionals and stakeholders.

6.4 An engagement programme will be developed for the consultation period in which key stakeholders will be approached for feedback. The Communications, Policy, and EQA teams will work together to deliver this engagement and will seek efficiencies by combining engagement activities for this and the future Principles for Professionalism consultation, where it is practical to do so, and by exploiting existing engagement opportunities already planned.

6.5 The project team will work with the EQA team to establish and monitor the implementation plans of providers.

## 7. Legal, policy and national considerations

7.1 The Dentists Act 1984 requires the Council to 'promote high standards of education at all its stages' and sets out a range of obligations and powers to enable the GDC to pursue this aim.

7.2 We set the outcomes for education and training programmes, which education providers must include in the design of programmes leading to registration. The Standards for Education are the tool used to monitor training programmes' compliance with these outcomes through the quality assurance process. We do not expect the government's regulatory reform proposals to materially change the way this responsibility is discharged.

7.3 There will be implications for international registration processes which also rely upon the UK standard for dental training as the basis for assessment of the knowledge and skill required for registration. Most directly, the registration assessment processes for overseas qualified dental professionals and the Overseas Registration Examination (ORE) will need to be revised to account for the new learning outcomes set a consistent standard for entry to the registers across all application routes. Any future routes to registration that arise from the UK Government's plans to amend the Dentists Act will also use the Safe Practitioner Framework as a basis.

7.4 The impacts on international registration have been foreseen and incorporated into the international registration project that is a component of the wider regulatory reform programme. It is planned that future routes will be developed using the Safe Practitioner Framework and that existing routes will be adapted for implementation in 2024, subject to the approval of the Council.

However, the exact timetable for changes to our international registration processes is dependent on the passage of legislation over which the GDC does not have control.

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

- 8.1 No privacy issues have been identified outside the routine processing of data as part of consultation activities, which is accounted for in the GDC's privacy statement.
- 8.2 An Equality Impact Assessment has been carried out in the lead up to consultation. There are no detected negative impacts, and a range of positive impacts hoped to be achieved for both patients and professionals as the revised range of EDI expectations for new professionals are realised.
- 8.3 The consultation proposes that equality, diversity, and inclusion should be embedded within the revised framework, requiring a stronger focus on new dental professionals developing cultural competency, including:
- An understanding of the depth and breadth of the terms equality, diversity and inclusion
  - Using that insight to consider how to tailor interactions with their patients, the public and their colleagues, their clinical approach and treatment
  - Understanding how oral health and disease may present across a diverse population: being able to identify and treat conditions in different skin tones, ages and sex
- 8.4 EDI has been a key area of focus in the review, and we have made considerable efforts to engage with and seek input from educational experts in this area.
- 8.5 We will continue to keep EDI at front of mind when carrying out internal and external engagement in the consultation period.

## **9. Risk considerations**

- 9.1 The change in approach to *Preparing for Practice* would have an impact on education providers, requiring some resource to plan and implement. While there would be some work required to review curricula and processes for education providers, the changes should introduce benefits related to clarity in teaching and assessment. Furthermore, the consultation process should bring out the concerns of providers, which can be addressed before finalising and setting deadlines for implementation.
- 9.2 We will need assurance that the revised expectations can be met and demonstrated through the GDC's education quality assurance processes. This is a key consideration for the reference group, particularly members who are education providers themselves who have a particular interest in ensuring that the changes will aid improvements in programme design, delivery and assessment, and compliance with our QA process. As outlined in Section 6, an engagement

programme will be developed to work with education providers to ensure that there is clarity of expectations prior to implementation, regarding how the revised requirements will be met.

## **10. Resource considerations and CCP**

10.1 This programme of work is part of the CCP.

## **11. Appendices**

11.1 Appendix A: Consultation on the review of *Preparing for Practice*

11.2 Appendix B: Draft safe practitioner frameworks for each dental profession

## **12. Next steps**

12.1 Subject to approval, the consultation will be open for a minimum period of 12 weeks. The final draft and consultation response will be presented to Council on 21 April 2023 for approval to implement.

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31 August 2022



## **Consultation on the review of *Preparing for Practice***

### **1. The Role of the GDC in education**

- 1.1 The GDC is the regulator of dental professionals in the UK. Our role in education and training is one of our four statutory functions, as set out in the Dentists Act 1984.
- 1.2 Our expectations for pre-registration training of dental professionals are currently articulated as learning outcomes in the document [Preparing for Practice](#). These learning outcomes set out the knowledge, skills and behaviours that must be demonstrated for registration.
- 1.3 We also set the [Standards for education](#), which outline expectations for courses that lead to registration. Course providers are required to demonstrate they have met the standards, including how they deliver the learning outcomes, through our quality assurance processes.
- 1.4 The first version of the learning outcomes was published in 2012 and updated in 2015. There have been significant shifts in society and in dentistry since 2015, which now need to be considered.
- 1.5 Our commitment to reviewing the learning outcomes forms an important part of our upstream agenda and is closely linked to other projects including the Scope of Practice review, developing the Principles of Professionalism, reviewing the Standards for Education and legislative reform.

### **2. *Preparing for Practice***

- 2.1 The learning outcomes in *Preparing for Practice* were developed in 2011 following a strategic review of our approach to education. The introduction of learning outcomes was a major shift in approach away from the GDC stipulating inputs and setting curricula, towards a model in which the outcomes of education are defined.
- 2.2 The current learning outcomes were designed to give pre-registration education providers flexibility in designing their own training courses and curricula whilst putting patient protection, patient expectations and oral health needs at their centre.
- 2.3 *Preparing for Practice* centres around the concepts of “safe beginner” and “Independent Practice”. These terms refer to the period following successful completion of a UK dental qualification. The terms aim to describe the expectations surrounding the professional’s individual skills and autonomy at these points, but we do not specify timeframes for when the transition is expected as this is likely to be variable across individuals and titles.
- 2.4 The learning outcomes are divided into four domains- Clinical, Communication, Professionalism and Management and Leadership. There is some repetition of skills and attributes across the domains due to the overlapping nature of skills relevant to each domain. While the clinical domain is necessarily unique for each professional group, there is significant commonality across the other three domains.
- 2.5 There is also a taxonomy of the learning outcomes which divides them into three groups: knowledge, skills and attitudes/behaviours. These groups reflect the common descriptive language used in the associated learning outcomes and how they might be applied. For example, “describe” versus “apply” versus “act”.

### **3. Considerations**

3.1 In approaching the review, we first considered whether a light touch or more fundamental review would be required. To determine this, we carried out a stakeholder survey<sup>1</sup> and formed a reference group<sup>2</sup> whilst considering the wider external factors, evidence and intelligence gathered since the last update in 2015. We have concluded there are significant considerations that have necessitated a wider review of the content and structure of *Preparing for Practice*. Key considerations and our corresponding actions are as follows:

### 3.2 Changing landscape for professionals

- a. Since 2015 the pressure has been building on dental professionals to manage their daily work in an increasingly complex environment. Alongside patient care, professionals must manage business and contractual demands, workforce shortages, high patient expectations, increasing complaints and the potential and feared consequences of these, amongst many other factors. The pandemic has further exacerbated these issues and caused significantly more stress to professionals and dental teams, evidenced by research we commissioned in 2020 and 2021, [investigating the impact of the pandemic](#).

- b. The mental health and wellbeing of dental professionals has suffered as a result of the pandemic, and the findings indicate that this is the most frequent factor influencing career decisions, referenced by 95% of those professionals surveyed.

**Action:** *The revised draft formally recognises the importance of mental health as a core facet of professional working life, to equip those coming into the profession with the skills and insight to manage and acknowledge their wellbeing.*

- c. Even before the pandemic, concerns were being highlighted to us about newly registered professionals' preparedness for the workplace, particularly dentists. The [GDC's preparedness for practice report 2019](#), which assessed a wide range of evidence and sources, confirmed that newly qualified dentists are safe to practise, but that there are some areas needing more attention:

*"...there are some areas in which they are less prepared, including managing complaints, recognising their own limitations, working with the wider dental team and working with wider health and social care professionals. Dental schools and foundation training providers should continue to help students and new graduates develop insight into their current level of expertise, their strengths, and their continuing educational, technical, and professional needs".*

- d. The regulatory landscape has also seen some considerable shifts since 2015. Following [the Williams review in 2018](#), healthcare regulators have made efforts to understand and recognise the wide range of contextual factors that may influence professionals' ability to carry out their jobs safely and to the expected standard.

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<sup>1</sup> The survey was conducted in quarter 3 of 2021, targeting education providers and other relevant organisations such as postgraduate training, representative and expert bodies. The survey asked for detailed feedback on the current learning outcomes. 41 responses were received, 35 of which were from training providers.

<sup>2</sup> In October 2021 a steering group was formed to provide education, assessment and sector expertise. The group comprises dentists, a hygiene-therapist, therapist, dental technician, and a dental nurse, with a regulatory education expert from outside the sector. Group members have experience in areas including primary/undergraduate and post-graduate education provision, foundation training, and equality and diversity matters. The terms of reference are explicit in defining the group as advisory only, and not a decision-making body.



**Action:** *We have set expectations for insight skills in pre-registration training to help newly qualified professionals understand their strengths, limitations and learning needs, and the role and impact of wider contextual factors on patient safety.*

- e. [The GDC is also proposing to change how we provide guidance to communicate the standards of conduct, performance, and practice expected of dental professionals](#), away from a rules-based directive model towards a principles-based model which encourages and empowers professionals to make their own judgements<sup>3</sup>. Our guidance and more importantly, this underlying shift in mindset, will need to be reflected in dental education. Our [research on professionalism](#) in 2020 reported that professional behaviours continue to be important to patients, and may impact the patient's perception of the quality of the treatment, with experienced dental professionals reporting they wished they had been taught more non-clinical aspects, such as complaints handling.

**Action:** *We continue to recognise the central role professionalism must play in education and training, in relationships with patients and colleagues, and in building a career. The revised draft has reflected the proposed shift in our approach, as well as contemporary expectations of what professionalism means for patients and the public.*

### 3.3 Changing societal landscape

- a. Societal expectations surrounding Equality, Diversity and Inclusion (EDI) have shifted significantly since 2015. Whereas it has previously been treated as a tokenistic addition to healthcare, EDI is now seen as key component of planning and service delivery that needs embedding both within every aspect of clinical care and across professional attitudes, behaviours and skillsets. [The Diversity in Dentistry Action Group published a report](#) in May 2021, which set out strategic actions for the EDI agenda in dentistry. It explores challenges facing professionals from diverse backgrounds in their careers and workplaces and highlights the disparity of health outcomes and quality of care experienced by diverse groups of the patient population. Our professionalism research also explores EDI and supports the emerging importance of teaching social and cultural competence in education and training.

Newly qualified professionals must be prepared to treat and support patients from across the UK's diverse population, tailoring care to their individual needs. Furthermore, future generations of professionals will be responsible for creating and celebrating inclusive and diverse workplaces. Expectations for respectful and inclusive team working need to be embedded from the earliest point of pre-registration training.

**Action:** *Preparing for Practice has been thoroughly reviewed through the lens of Equality, Diversity and Inclusion with the help of external experts, to ensure the relevant concepts, skills and knowledge are embedded across the expectations for newly qualified professionals.*

- b. Members of the public increasingly expect a consumer service from the dental team, as evidenced by the 2020 professionalism research. This consumer environment comes hand in hand with complaints and increases the risk of professionals feeling vulnerable and stressed, potentially leading to more defensive practice. Our pandemic research tells us this has been exacerbated in recent years.

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<sup>3</sup> The consultations on the GDC's principles of Professionalism and Scope of Practice are [currently live](#) and explain these reforms in more detail

**Action:** *The revised draft has incorporated more content to equip newly qualified professionals to both manage and expect complaints as a routine part of work, accompanied by the insight and reflection skills to learn from these incidents.*

- c. Environmental sustainability and climate change have long been societal concerns but have more recently emerged as issues important to healthcare professionals. Many dental professionals, want to understand more about how their services contribute to global warming, and how and where they can make a positive impact. The UK government also recognise the key relationship between the climate crisis and the population's health, and have recently [published guidance to support health professionals to take action](#). In the UK regulatory sphere, the General Medical Council incorporated sustainable healthcare into their [undergraduate outcomes](#) in 2019.

**Action:** *We have introduced environmental sustainability into the revised draft as an important consideration when providing dental care.*

### **3.4 Feedback on the current *Preparing for Practice***

We have received wide ranging feedback in recent years regarding *Preparing for Practice* which was considered within this review. Key issues identified in the current version were:

- a. **The terms “safe beginner” and “independent practitioner”**

We are aware that these terms have been problematic for both education providers and employers since their origin. We are routinely asked to provide granular detail about what is expected at each point and when the transition is expected to occur. Additionally, stakeholders have fed back that trainees working clinically in some professions are expected to be both safe and independent upon registration, and so neither term is appropriate. Our preparedness for practice report also recommended further clarity on the terms “safe beginner” and “independent practitioner”, and clearer expectations as to the level of competence and experience a new graduate should have.

**Action:** *We propose to move away from the terms “safe beginner and “independent practitioner” and use the term “safe practitioner” instead. We are also proposing to provide a broader description of what a safe practitioner constitutes in terms of skills and attributes, rather than providing an explicit definition. See further detail in section four.*

- b. **Assessment of certain learning outcomes**

In the 2021 stakeholder survey and in discussions amongst the reference group, education providers have fed back that there are difficulties in assessing certain current outcomes, as they describe an intended learning goal but are not always an achievable or demonstrable outcome. For example, many providers have fed back that certain outcomes under the domain of professionalism are difficult to assess routinely, and often can only be measured by the absence of poor behaviour, or an incidence of student fitness to practise. The difficulty in assessing these in the format of a learning outcome does not detract from the necessity of these expectations being taught and assessed, but that an alternative metric from a learning outcome is needed.

Our research on professionalism explored how pre-registration training teaches and assesses professionalism. The researchers concluded that teaching professionalism

is complex, with ideally a multifaceted approach of formal curriculum and other activities such as mentoring, and reflective practice required.

The evidence also included a paper by Bateman<sup>4</sup>, who reflected the difficulties in teaching and assessment of professionalism. The author highlighted recommendations from the literature which included: "a range of contributory content; account of context; the necessity of looking longitudinally and not just a 'moment in time'; and use of appropriate multi-source assessment and feedback mechanisms"

***Action:*** *We acknowledge that some learning outcomes do not support education providers to design the most effective assessment strategies in their current form. Those learning outcomes that can be routinely assessed have been refined to be more explicitly teachable and assessable. Some learning outcomes that cannot be routinely demonstrated in their current form will instead be described using the metric "behaviour". See further detail in section four.*

**c. Repetition, overlap and clarity**

One of the key pieces of feedback from the 2021 stakeholder survey was regarding the overlap and duplication of content across and within the domains of *Preparing for Practice*. For example, consent was suggested as an area that could be streamlined, as it is currently repeated within and across the clinical and communication domains. Another example was regulatory and legal requirements repeating across the professionalism and management and leadership domains.

We heard feedback related to the clarity and terminology of learning outcomes. Many providers felt that some outcomes were too high level and opaque, which led to confusion as to what was intended to be delivered. One respondent reflected that *"there is apparent lack of clarity about the purpose of the outcomes, which, in many cases, are written as standards applicable to all registrants, rather than as outcomes to be met by day one graduates"*.

Regarding terminology, both the survey respondents and reference group members reflected that some descriptive words were not helpful in articulating expectations. This respondent's quote reflects many of the general sentiments fed back: *"Use of the word "recognise" is very frequent and is problematic, in that it calls into question how one would "recognise"*.

***Action:*** *The review has carefully considered how to reduce duplication and overlap across the outcomes. The descriptive wording has been reviewed, to ensure a more consistent approach and to improve clarity of the outcome expected.*

**d. Scope of practice and direct access**

Feedback from the 2021 survey and additional informal discussions with stakeholders have informed us that *Preparing for Practice* does not accurately reflect dental care professionals' [scope of practice](#), nor does it reflect [direct access](#). More specifically, the learning outcomes do not represent the clinical abilities of therapists and hygienists to carry out the full breadth of their skills directly to the public. In many instances where skills and procedures can be carried out equally and to the same extent by dentists, therapists and hygienists (as per the scope of practice), the learning outcomes differ in their descriptive wording for hygienists and therapists compared to dentists. The suggestion of a differing level of skill upon registration may then be a barrier to fully utilising direct access and may also have the unforeseen

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<sup>4</sup> Bateman, H., J. Ellis and G. McCracken (2019). "Professionalism in undergraduate dental education: a pause for thought." *British Dental Journal* 227(12): 1025-1027

knock-on effect of preventing maximal use of skill mix in the workplace or deploying workforce more flexibly in the future.

**Action:** *The review has thoroughly examined and updated the learning outcomes to accurately reflect all dental care professionals' scope and their ability to provide dental care directly to the public.*

e. **The prevention agenda**

Prevention is a key component of dental care, with an evidence base and best practice that is continually evolving. We are aware that the learning outcomes and education providers place significant emphasis on prevention already, but it was felt amongst the reference group that the outcomes could go further to enhance the language around patient compliance and self-care.

**Action:** *The learning outcomes have been strengthened regarding prevention, self-care and patient compliance.*

4. ***The Safe Practitioner: A framework of behaviours and outcomes for dental professional education***

4.1 **Assumptions in approach**

In initial meetings, the reference group discussed questions and concerns that members had heard circulating within the dental sector regarding pre-registration training. To address these from the outset, some high-level assumptions were established while also helping to steer the review:

- a. *Individuals joining the register from a current UK training programme are safe to practise.*

Over recent years, stakeholders and foundation trainers have regularly fed back to the GDC their concerns regarding new graduates (particularly dentists) preparedness for practice. Our thematic review of dentists preparedness for practice in 2019 revealed no evidence to suggest dentists were not safe, but highlighted some key areas for improvement, including complaints handling, insight and team working. Whilst we do not have specific evidence regarding dental care professionals, the findings are felt to be applicable.

- b. *Routine skills are taught, and must continue to be taught, but that certain areas need a renewed focus.*

As above, as well as the other areas identified in section 3 of this document.

- c. *The outcome of education should be patient centred regardless of prospective registrants' treatment setting.*

This is in response to stakeholders who have informally raised concerns over the years that new graduates are being prepared specifically for NHS treatment settings, rather than being universally prepared for all settings. We are instead emphasising the importance of patients regardless of setting.

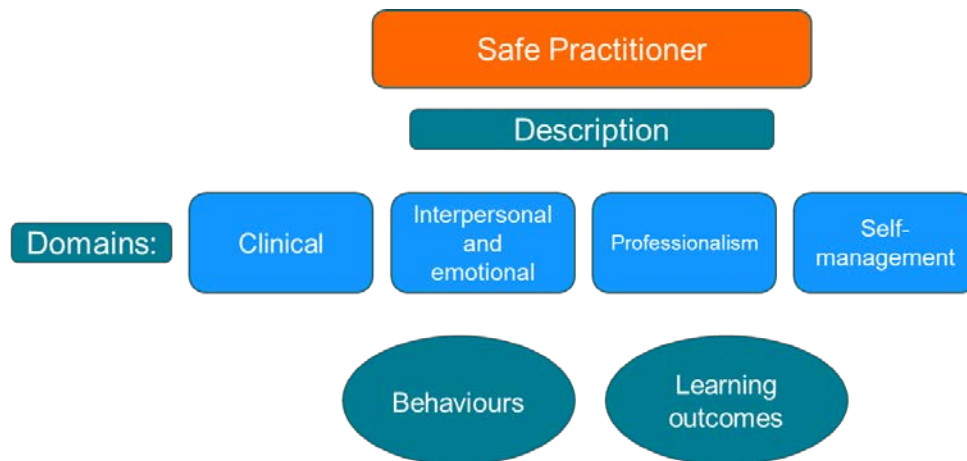
- d. *Consistency across members of the dental team is important and should be achieved where possible, as well as being easily visible.*

The 2021 stakeholder survey, members of the reference group and more general feedback from stakeholders urge the GDC to emphasise the consistency of approach

across the dental team to assist with both educational planning and instil the importance of role recognition and team working in practice.

#### 4.2 The draft framework

Below is the diagrammatic representation of the GDC's revised approach for pre-registration training: *The Safe Practitioner: A framework of behaviours and outcomes for dental professional education*. The elements are explained in detail below, and the full drafts for each profession can be found in Appendix One. A spreadsheet detailing the outcomes and behaviours across all the professions can be found in Appendix Two.



#### 4.3 Safe practitioner

For reasons stated earlier, we are proposing to move away from the terms “safe beginner” and “independent practitioner”. Instead, the term “safe practitioner” is proposed to describe the newly UK qualified registrant. This term encompasses the most critical outcomes of pre-registration training. Firstly, safety is paramount to any kind of treatment or care provided to patients and the public, regardless of the registrant’s title, training or experience. Secondly the word “practitioner” implies a level of competence upon course completion, versus “beginner” which does not necessarily instil confidence in individuals or their employers regarding their abilities. Given many dental professionals are working in practice settings during their training, the term beginner is not always applicable to them at the point of registration, indeed they may be relatively accomplished at that point. Safe practitioner is felt to be the most accurate and appropriate term that fits across all newly qualified dental professionals.

The College of General Dentistry (CGDent) has also adopted the term “safe practitioner” for their Career Pathways framework as a means of describing their entry level membership for the dental team. We have worked with the CGDent to ensure our use of the term is consistent, and we anticipate that a single term is beneficial in clarifying expectations of this cohort.

#### 4.4 The description

Attempting to define the previous terms “safe beginner” and “independent practitioner” have proven problematic and at times detracted from the overarching purpose of education and training. Rather than produce a definition for safe practitioner, we are proposing instead to provide a description which covers both the breadth of skills, behaviours and attributes expected (mirroring content across the domains) and gives a high-level indication of the level of attainment expected.

## 4.5 The domains

After reviewing the retained, modified and new content, the reference group considered that the components still mapped well into four domains, largely similar to the existing ones. Whilst “Clinical” and “Professionalism” have been retained exactly, the consultation proposal is for “Communication” to be reworded as “Interpersonal and emotional”, to reflect the wider range of content surrounding teamwork and wellbeing as well as routine communication skills. The “Management and leadership” domain is proposed to be renamed as “Self-management” due to the shift in content to focus on individuals in this domain. Expectations in leading/managing others is retained in the interpersonal and emotional domain and has been reviewed to reflect realistic expectations for newly qualified professionals.

## 4.6 Behaviours and learning outcomes

We are proposing to include the metric of “behaviours” alongside learning outcomes. This follows feedback that learning outcomes are not the right tool to use to describe certain professional attributes, as mentioned above. Behaviours will replace those learning outcomes which describe expectations around professional behaviours, values and attitudes. They relate to those aspects of professional practice which are not able to be assessed in a one-off summative event, but instead need a more continuous, longitudinal, and formative approach for education providers to be able to form a judgement as to whether the learner demonstrates that behaviour.

As an example, one of the existing learning outcomes under the Professionalism domain reads: *6.1 Put patients’ interests first and act to protect them*. Isolated assessments are not appropriate for a professional attribute that is expected to be demonstrated consistently, over time. It also runs the risk of missing the opportunity to address more subtle issues, especially if the outcome can be easily demonstrated for a one-off assessment. For this particular learning outcome, it has been updated as a behaviour in line with the proposed Principles of Professionalism<sup>5</sup>: *Support patients to make informed decisions about their care, making their interests your first concern*. To review the draft behaviours in full, see Appendix One.

It is also anticipated that rather than give education providers an increased workload, that the behaviours metric will give more flexibility to teach and evidence they have been met, using existing structures and processes required by the GDC’s Standards for Education. More information on quality assurance can be found below.

The learning outcomes areas which remain have been fine tuned to be more specific, measurable, and clearly defined. Following feedback from the survey of stakeholders, the descriptive wording has been refined and made more consistent, for example “recognise” has been removed from the outcomes and replaced with more precise words such as “describe” or “explain”.

## 5. Quality assuring the new framework for the GDC

- 5.1 The key regulatory tool which we use to quality assure education and training programmes is the Standards for Education. These outline the requirements placed on providers in three broad areas – patient safety; quality evaluation and review; and assessment.

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<sup>5</sup> Regarding the principles of professionalism, the revised draft does not directly replicate these currently. We made a deliberate decision to continue to provide more detailed expectations of safe practitioners whilst the supporting materials for professionalism are further developed, and the framework will be updated as necessary. Nonetheless, the material does align across the two documents as depicted in the mapping document, Attachment Three.

- 5.2 We seek assurance of the coverage of the required learning outcomes through these standards. Requirement 13 of these standards requires that providers can evidence that students have demonstrated attainment across the full range of learning outcomes.
- 5.3 These standards are scheduled to be reviewed in 2023/24. We recognise that the changes to *The Safe Practitioner: A framework of behaviours and outcomes for dental professional education* document may influence elements of the review process. Should the proposals to include behaviours within the stated expectations be accepted, by their nature they cannot be easily assessed in many summative assessments. This means that alternative assurance will be required, and providers will need to adapt their assessment strategies accordingly.
- 5.4 The approach to assure that learners/ students demonstrate the requisite behaviours will be a requirement of the teaching and assessment strategies of education providers.
- 5.5 Providers will be expected to evidence how their students achieve both learning outcomes and behaviours as part of regulatory education quality assurance processes. We will be engaging with providers directly during the consultation period to discuss this in more detail.

## 6. Implementation

- 6.1 We are aware that the impact of this consultation will affect education providers differently depending on various factors, including their resources and length of programme/s. We are cautious to apply a fixed deadline to implementation without speaking to providers and understanding what is realistic and feasible for their resources and planning. We will discuss this with providers during the consultation period before we determine timeframes.

## 7. Overseas qualifications

- 7.1 The GDC's pre-registration expectations set a consistent standard for entry to the registers across all application routes. Therefore, there will be implications for registration processes for international qualifications, including the Overseas Registration Exam (ORE) and the assessed application process.
- 7.2 We are currently working through timeframes and resourcing for this, which will follow implementation of the framework for UK education providers.

## 8. Consultation questions

- A. To what extent do you agree with GDC's rationale for the following revised areas for *The Safe Practitioner: A framework of behaviours and outcomes for dental professional education*? (strongly agree to strongly disagree)
- Managing mental health and wellbeing
  - Insight skills
  - Building awareness of wider contextual factors that impact daily practice
  - Renewed approach to professionalism
  - Equality, diversity and inclusion
  - Complaints handling
  - Sustainability

- Scope of practice and direct access

B. Please provide any comments or feedback relating to your responses above (open question)

C. To what extent do you agree with the following (strongly agree to strongly disagree):

- GDC's proposal to move to the term "safe practitioner" replacing both "safe beginner" and "independent practitioner"
- The description of a safe practitioner
- The introduction of behaviours
- The continued use of learning outcomes
- The retention of four domains

D. Please provide any comments or feedback relating to your responses above (open question)

E. Please provide any other general comments you may wish to make regarding this consultation (open question):



## Draft 'Safe Practitioner' Document- Dentist

Domain A. Clinical .....	3
Clinical knowledge and its application to patient management .....	3
Clinical/technical skills .....	5
Domain B. Interpersonal and emotional skills .....	6
Effective communication .....	6
Teamwork and wellbeing of others .....	7
Domain C. Professionalism .....	8
Ethics and Integrity .....	8
Leadership.....	9
Social accountability .....	9
Domain D. Self-management.....	10
Insight.....	10
Reflection, continued and self-directed learning .....	11
Adaptability, well-being and personal growth.....	11
Organisation and time management .....	12

### Safe Practitioner domains

Domain	Subdomain
A: Clinical	<ul style="list-style-type: none"><li>• Clinical knowledge and its application to patient management</li><li>• Clinical/technical skills</li></ul>
B: Interpersonal and emotional skills	<ul style="list-style-type: none"><li>• Effective communication</li><li>• Teamwork and wellbeing of others</li></ul>
C: Professionalism	<ul style="list-style-type: none"><li>• Ethics and integrity</li><li>• Leadership</li><li>• Social accountability</li></ul>
D: Self-management	<ul style="list-style-type: none"><li>• Insight</li><li>• Reflection, continued and self-directed learning</li><li>• Adaptability, well-being and personal growth</li><li>• Organisation and time management</li></ul>

## **Explanatory notes on this framework**

1. The learning outcomes have been designed to allow education providers flexibility to design their curricula using their expertise and to reflect changes in practice. Where an outcome sets an expectation of covering *relevant* knowledge or skills in a certain area (for example diseases or medicines), a provider's role is to determine the right areas to teach and assess to the level expected of a safe practitioner.
2. Overlap of content in particular areas of practice, for example content covered in both knowledge and skills in the clinical domain, is deliberate to separate out and clearly define the purpose of each outcome and what is required to be assessed.
3. The behaviours and learning outcomes are not structurally dependant on each other. Content in some areas is replicated across outcomes and behaviours. Determining whether content is a behaviour or an outcome (or a behaviour in addition to an outcome) is based on how it should be assessed by the provider.

## Domain A. Clinical

### Description

Possesses the skills and underpinning knowledge to undertake routine\* clinical and technical procedures and tasks. This includes the ability to apply that knowledge and those skills to specific contexts and situations, patients, and stages of treatment including, where relevant, assessment, diagnosis, treatment planning and onward referral.

*\*For dentists, this means non-specialist procedures and tasks.*

### The key areas for clinical are:

- **Clinical knowledge and its application to patient management**
- **Clinical/technical skills**

### Clinical knowledge and its application to patient management

#### Learning outcomes

C 1.1	Explain the aetiology, pathogenesis and epidemiological trends of oral and dental disease and their application to patient management
C 1.2	Describe and identify the clinical presentations of oral and dental diseases and explain the principles underpinning their diagnosis, prevention and treatment.
C1.3	Explain the variance in disease presentation across diverse cultural and social groups, and those with protected characteristics, and how this impacts diagnosis, prevention and treatment.
C 1.4	Describe and identify general and systemic diseases and psychological conditions, and their relevance to oral health and impact on clinical treatment, patient compliance, self-care and outcomes
C 1.5	Identify relevant and appropriate dental, oral, craniofacial, and general anatomy (recognising the diversity of anatomy across the patient population) and explain their relevance to patient management
C 1.6	Describe relevant physiology and discuss its application to patient management
C 1.7	Explain the potential routes of transmission of infectious agents in dental practice, mechanisms for the prevention of infection, the scientific principles of decontamination and disinfection and their relevance to health and safety
C 1.8	Describe the properties of relevant medicines and therapeutic agents and discuss their application to patient management
C 1.9	Describe the scientific principles underpinning the use of materials and biomaterials and evaluate their limitations and selection, with emphasis on those used in dentistry
C 1.10	Explain the scientific principles of medical ionizing radiation and statutory regulations, and how these are applied to clinical practice
C 1.11	Explain and evaluate psychological and sociological concepts and theoretical frameworks of health, illness, behavioural change and disease, and how these can be applied in clinical practice
C 1.12	Discuss the importance of each component of the patient assessment process
C 1.13	Identify where medicines may cause adverse effects in patients and describe appropriate actions to manage and report
C 1.14	Explain what is meant by a prognostic indicator and apply prognostic indicators to a range of clinical situations
C 1.15	Describe a range of commonly used complementary and alternative therapies that may impact on patient management
C 1.16	Explain the principles of obtaining valid patient consent

C 1.17	Evaluate the risks and benefits of treatment under general anaesthesia including patient selection criteria and make appropriate referrals
C 1.18	Evaluate the risks and benefits of treatment under conscious sedation including patient selection criteria and make appropriate referrals
C 1.19	Critically evaluate all components of patient management including risks, benefits, contra-indications and indications
C 1.20	Explain the risks, benefits, complications of and contra-indications to all interventions (non-surgical and surgical)
C 1.21	Identify the signs of abuse, neglect or emotional trauma, explain local and national systems that safeguard welfare and understand how to raise concerns and act accordingly
C 1.22	Explain the principles of preventive care and apply as part of a comprehensive personalised treatment plan
C 1.23	Underpin all patient care with a preventive approach, that takes account of patient compliance and self-care, to contribute to the patient's long-term oral and general health
C 1.24	Discuss the importance of achieving a healthy oral environment prior to restoration and/or replacement of teeth
C 1.25	Evaluate the health risks of prescribed, non-prescribed and recreational drug use and misuse on oral and general health and how to provide appropriate advice and support including signposting or referral.
C 1.26	Explain how diet and nutritional status can influence oral and general health and how to provide appropriate advice and support
C 1.27	Describe, take account of and explain to the patient the impact of their periodontal health, including compliance with oral healthcare advice, the need for self-care in the overall treatment plan and how this influences their treatment outcome
C 1.28	Evaluate the need for, and prescribe, adjunctive chemotherapeutic agents for the management of periodontal conditions in individual patients
C 1.29	Describe the aetiology and pathogenesis of diseases of the oral and maxillofacial complex
C 1.30	Identify all stages of malignancy, the aetiology and development of tumours and the importance of early referral for investigation and biopsy
C 1.31	Identify the signs of normal and abnormal facial growth, physical, mental and dental development milestones and explain their significance
C 1.32	Identify and explain developmental or acquired occlusal abnormalities
C 1.33	Identify and explain the principles of timely interception and interceptive orthodontics, and refer when and where appropriate
C 1.34	Explain how to manage urgent limited orthodontic appliance procedures in a non-specialist setting
C 1.35	Identify and explain the principles of when and how to refer patients for specialist treatment and apply to practice
C 1.36	Explain the roles and organisation of various referral networks, clinical guidelines and policies and local variation
C 1.37	Explain the need to take responsibility for establishing personal networks with local dental and medical colleagues, specialists and other relevant individuals and organisations
C 1.38	Explain the responsibilities of the dental team as an access point to and from wider healthcare for all patients
C 1.39	Explain the range of contemporary orthodontic treatment options, their impact, outcomes, limitations and risks
C 1.40	Explain the role of surgical management of periradicular disease

C 1.41	Explain the use of implants as a treatment option, including their outcomes, limitations and risks
C 1.42	Explain the need for effective recorded maintenance and testing of equipment and requirements for appropriate storage, handling and use of materials

## Clinical/technical skills

### Behaviours

The following are requirements for a safe practitioner:

- Adopt an evidence-based approach to clinical practice.

### Learning outcomes

	<i>Assessment, diagnosis and treatment planning</i>
C 2.1.1	Obtain, record and interpret a comprehensive and contemporaneous patient history, taking into account social and/or cultural sensitivities
C 2.1.2	Undertake an appropriate systematic intra- and extra-oral clinical examination
C 2.1.3	Assess patients' levels of anxiety, experience and expectations in respect of dental care and oral health
C 2.1.4	Appropriately prescribe and/or interpret the findings of clinical and laboratory investigations
C 2.1.5	Undertake relevant special investigations and diagnostic procedures, including radiography
C 2.1.6	Undertake an orthodontic assessment
C 2.1.7	Synthesise the full results of the patient's assessment and make clinical judgements taking into account patient compliance, values, cultural identity, and self-care
C 2.1.8	Formulate a differential diagnosis or diagnoses and from there a definitive diagnosis
C 2.1.9	Formulate a personalised treatment plan, synthesising patient assessment, diagnostic data, prognosis and shared decision making
C 2.1.10	Obtain valid consent from patients explaining all the relevant factors
C 2.1.11	Assess own capabilities and limitations and refer patients for specialist treatment or advice when and where appropriate
	<i>Patient management</i>
C 2.2.1	Identify, explain and manage the impact of medical and psychological conditions in a range of patients and determine how this can influence patient compliance, self-care and outcomes, taking into account the patient's cultural identity and values
C 2.2.2	Prevent, diagnose and manage patient anxiety appropriately, effectively and safely
C 2.2.3	Prevent, diagnose and manage patient pain appropriately, effectively and safely
C 2.2.4	Safely and appropriately prescribe and administer medicines and therapeutic agents
C 2.2.5	Monitor and review treatment outcomes and patient response to advice, providing aftercare, follow-up and ongoing preventive advice and intervention.
	<i>Safe Clinical Environment</i>
C 2.3.1	Identify and explain the risks within the clinical environment and manage these in a safe and effective manner
C 2.3.2	Implement, perform and manage effective decontamination and infection control procedures according to current guidelines
	<i>Acute conditions</i>
C 2.4.1	Identify, assess and manage medical emergencies
C 2.4.2	Diagnose and manage patients' acute oro-facial and dental pain
C 2.4.3	Diagnose and manage acute dento-alveolar and mucosal infection
C 2.4.4	Diagnose and manage dento-alveolar and mucosal trauma
	<i>Oral Health/Prevention</i>

C 2.5.1	Provide patients/carers with comprehensive, personalised preventive advice, instruction and intervention in a manner which is accessible, promotes self-care and motivates patients/carers to comply with advice and take responsibility to maintain and improve oral health
C 2.5.2	Manage and review the application of preventive treatments, intervention, advice and instruction
	<i>Periodontal Disease</i>
C 2.6.1	Assess and manage the health of periodontal and soft tissues taking into account risk, lifestyle factors, plaque control/self-care and compliance/response to advice
C 2.6.2	Undertake non-surgical treatments to remove hard and soft deposits and stains using a range of methods
C 2.6.3	Monitor and record changes in periodontal health using appropriate methods
	<i>Hard &amp; Soft Tissue Disease</i>
C 2.7.1	Undertake non-specialist oral surgery of hard and soft tissues
C 2.7.2	Extract erupted teeth and roots in the permanent and primary dentition
C 2.7.3	Diagnose and manage unerupted teeth and retained roots
	<i>Restoration &amp; replacement of teeth</i>
C 2.8.1	Assess and manage caries
C 2.8.2	Assess and manage occlusion
C 2.8.3	Assess and manage tooth wear
C 2.8.4	Diagnose and manage temporomandibular joint disorders
C 2.8.5	Create an oral environment where restoration or replacement of the tooth is viable
C 2.8.6	Where appropriate, restore the dentition using the principle of minimal intervention, to a standard that promotes longevity of the restoration or prosthesis
C 2.8.7	Manage restorative procedures that preserve tooth structure, replace missing or effective tooth structure, maintain function, are aesthetic, are long lasting and promote soft and hard tissue health
C 2.8.8	Assess and manage the health of the dental pulp and periradicular tissues, including undertaking treatment to prevent pulpal and periradicular disease.
C 2.8.9	Undertake appropriate non-surgical treatments to manage pulpal and periradicular disease for primary and permanent teeth as appropriate to a non-specialist environment
C 2.8.10	Design, prescribe and complete the clinical stages required to provide biomechanically sound partial and complete dentures

## Domain B. Interpersonal and emotional skills

### Description

Uses interpersonal skills and emotional awareness to enable effective communication with all patients and colleagues which is underpinned by behaving in a caring, empathic and respectful way. Demonstrates effective team working and helps foster wellbeing of others.

### The key areas for Interpersonal and emotional skills are:

- **Effective communication**
- **Teamwork and wellbeing of others**

### Effective communication

#### Behaviours

The following are requirements for a safe practitioner:

- Communicate with care, empathy and respect in all professional interactions with patients, their representatives, the public and colleagues.

#### *Learning outcomes*

I 1.1	Describe the use of a range of communication methods and technologies and their appropriate application in support of clinical practice
I 1.2	Describe the importance of non-verbal communication, including listening skills, and the barriers to effective communication
I 1.3	Communicate effectively and sensitively, tailoring to context, by spoken, written and/or electronic means with all patients, including patients whose first language is not English language (using representatives or interpreters where necessary), in relation to: <ul style="list-style-type: none"> <li>• patients with anxious or challenging behaviour or special considerations such as emotional trauma</li> <li>• difficult circumstances, such as breaking bad news, or discussing issues such as alcohol consumption, smoking, or diet</li> </ul>
I 1.4	Communicate effectively and sensitively by spoken, written and electronic means with the public
I 1.5	Communicate effectively by spoken, written and electronic means with colleagues from dental and other healthcare professions in relation to: <ul style="list-style-type: none"> <li>• the direct care of individual patients</li> <li>• oral health promotion</li> <li>• raising concerns when problems arise, including where patients cause distress to staff through their behaviour</li> </ul>
I 1.6	Use appropriate methods to provide accurate, clear and comprehensive information when referring patients to other dental and healthcare professionals.
I 1.7	Communicate appropriately and effectively in professional discussions and transactions with other sectors
I 1.8	Give feedback effectively to other members of the team
I 1.9	Explain the professional expectations, potential impact, and consequence of using social media as a communication tool

### Teamwork and wellbeing of others

#### *Behaviours*

The following are requirements for a safe practitioner:

- Respect the roles of dental and other healthcare professionals in the context of learning and working in a dental and wider healthcare team;
- Demonstrate effective team working;
- Contribute to their team in providing dental care for patients;
- Take a patient-centred approach to working with the dental and wider healthcare team;
- Where appropriate manage and refer/delegate work according to the scope of practice of members of the dental team, in line with competence and professional practice.

#### *Learning outcomes*

I 2.1	Explain the responsibilities and limitations of delegating to other members of the dental team
I 2.2	Explain the role and professional responsibilities associated with appraisal; training and review of colleagues; provision of and receipt of effective feedback in the context of developing members of the dental team
I 2.3	Describe the roles of dental and other healthcare professionals in the context of learning and working in a dental and wider healthcare team

I 2.4	Explain the contribution that team members and effective team working makes to the delivery of safe and effective high-quality care, including the benefits of working in culturally diverse teams
I 2.5	Describe the team working guidance provided by the GDC and other relevant bodies
I 2.6	Describe the impact of Direct Access on each registrant group's scope of practice and its effect on dental team working
I 2.7	Describe the scope of practice of each member of the dental team and how the roles interact for effective teamwork and patient care
I 2.8	Explain the need to ensure that those who raise concerns are protected from discrimination or other detrimental effects

## Domain C. Professionalism

### Description

Demonstrates professionalism and integrity by behaving ethically, shows leadership and social accountability. Is committed to advocating for oral health, promoting good oral health and understands the importance of sustainable service provision in the population and across communities, and addressing priority health needs for the communities.

**The key areas for professionalism are:**

- **Ethics and integrity**
- **Leadership**
- **Social responsibility**

### Ethics and Integrity

#### Behaviours

The following are requirements for a safe practitioner:

- Treat your patients, members of the public and your colleagues with dignity and respect and without discrimination
- Support patients to make informed decisions about their care, making their interests your first concern
- Demonstrate cultural competence, accepting and respecting the diversity of patients and colleagues
- Provide the best possible outcome for your patients by using your knowledge and skills, acting as an advocate for their needs where appropriate
- Speak up to protect others from harm
- Raise concerns where appropriate about your own or others' health, behaviour or professional performance
- Comply with systems and processes to support safe patient care
- Act in accordance with current best practice guidelines
- Act in accordance with national and local clinical governance and health and safety requirements
- Act within the legal frameworks which inform personal behaviour, the delivery of healthcare and the protection and promotion of the health of individual patients
- Maintain contemporaneous, complete and accurate patient records in accordance with legal requirements and best practice
- Act with integrity and ensure your actions maintain the trust of colleagues, patients, and the public in you, your team, and the profession across all environments and media



- Proactively address discriminatory language, behaviour and microaggressions from colleagues, patients and other professionals
- Demonstrate personal accountability to patients, the regulator, the team and wider community
- Work in partnership with colleagues to develop and maintain an effective and supportive environment which promotes the safety and wellbeing of the patient and dental team

#### *Learning outcomes*

P 1.1	Explain the importance of contemporaneous, complete and accurate patient records in accordance with legal requirements and best practice
P 1.2	Describe the legal responsibilities of maintaining and protecting patients' information
P 1.3	Describe diversity, equality, inclusion and discrimination and the underpinning legislation, and explain how to apply these principles to manage patients with protected characteristics and work within the dental team (noting that this legislation may differ in England, Scotland, Wales and Northern Ireland)
P 1.4	Explain cultural competence and its relevance in assessing the needs and planning care for patients from diverse backgrounds.
P 1.5	Describe the GDC's expectations and requirements as set out in regulations and guidance and other relevant laws, ethical guidance and systems (In addition to the above legal frameworks)
P 1.6	Explain the importance of having appropriate indemnity arrangements in place for both the professional and patient
P 1.7	Explain the importance of candour and effective communication with patients when things go wrong or when dealing with a complaint.
P 1.8	Explain how and where to report any patient safety issues which arise
P 1.9	Explain the responsibilities of, and how to, raise concerns about your own or others' health, behaviour or professional performance as described in GDC guidance
P 1.10	Explain the attributes of professional attitudes and behaviour in all environments and media, including interaction with social media
P 1.11	Explain the principles and procedures for good complaints handling
P 1.12	Describe the responsibility that dental practices and individual practitioners have in compliance with legal and regulatory frameworks

## Leadership

### *Behaviours*

The following are requirements for a safe practitioner:

- Where appropriate lead, manage and take professional responsibility for the actions of colleagues and other members of the team involved in patient care.

#### *Learning outcomes*

P 2.1	Describe the differences between management and leadership
P 2.2	Describe own management and leadership role and the range of skills and knowledge required to do this effectively
P 2.3	Describe how to take responsibility for the quality of services and devices provided to the patient

## Social responsibility

### *Behaviours*

The following are requirements for a safe practitioner:

- Contribute positively to the healthcare communities of which they are a part.

### Learning Outcomes

P 3.1	Discuss the basic principles of a population health approach including demographic and social trends, UK and international oral health trends, determinants of health and inequalities in health, and the ways in which these are measured and current patterns
P 3.2	Describe the dental and wider healthcare systems dental professionals work within including local and national health policy and organisations, delivery of healthcare and equity
P 3.3	Describe and evaluate the role of health promotion in terms of the changing environment, community and individual behaviours to deliver health gain
P 3.4	Evaluate evidence-based prevention at a community / population level
P 3.5	Explain the principles of planning oral health care for communities to meet needs and demands
P 3.6	Describe the principles and limitations of the currently available options for funding of dental healthcare provision for individual patients
P 3.7	Discuss the ethical challenges associated with providing patient care within the current dental healthcare systems
P 3.8	Describe the considerations of the management of resources in provision of care decisions including appropriate use of primary and secondary care networks
P 3.9	Describe the importance of collaboration across the health and social care sector for the benefit of communities and individual patients
P3.10	Describe and where appropriate support patients to negotiate the barriers and challenges which prevent sections of the population accessing oral healthcare, including patients from marginalised populations and patients with protected characteristics.
P 3.11	Describe the main principles relating to sustainable oral health care, and the challenges/barriers to implementing a sustainable approach.
P 3.12	Evaluate and apply the evidence base in relation to the environmental impacts of common treatment methods and approaches to the delivery of dental care

## Domain D. Self-management

### Description

Can self-manage, adapt, and respond to different situations using insight and reflection. Plans and manages their time and keeps up to date with continued learning and development.

### The key areas for Self-management are:

- **Insight**
- **Reflection, continued and self-directed learning**
- **Adaptability, well-being and personal growth**
- **Organisation and time management**

### Insight

#### Behaviours

The following are requirements for a safe practitioner:

- Accurately assess their own capabilities and limitations in the interest of high-quality patient care and seek advice from supervisors or colleagues where appropriate;
- Recognise personal assumptions, biases and prejudices and manage the impact of these on patient care and professional behaviour with colleagues, patients and wider society,

- Recognise the impact of contextual factors on the health care environment and patient safety and manage this professionally

#### *Learning outcomes*

S 1.1	Explain what is meant by the term insight in the context of professional practice
S 1.2	Explain why insight is important in ensuring safe and effective patient care, and to personal development

### Reflection, continued and self-directed learning

#### *Behaviours*

The following are requirements for a safe practitioner:

- Demonstrate own professional responsibility in the development of self;
- Develop and maintain professional knowledge and competence;
- Demonstrate appropriate continuous improvement activities.

#### *Learning outcomes*

S 2.1	Explain the principles of an evidence-based approach and evaluate an evidence base
S 2.2	Critically appraise approaches to dental research and explain how to integrate the outcomes of research with patient care
S 2.3	Describe an appropriate model for self-reflection and how this process can be used to inform personal development, viewpoint, preconceptions, bias and behaviour
S 2.4	Explain the importance of assessment, feedback, critical reflection, identification of learning needs and appraisal in personal development planning
S 2.5	Explain the importance of, and requirement for commitment to lifelong learning
S 2.6	Utilise the receipt of effective feedback in the professional development of self
S 2.7	Describe the principles of and demonstrate personal development planning, recording of evidence, and reflective practice
S 2.8	Evaluate the impact of new techniques and technologies in clinical practice
S 2.9	Describe opportunities for improvement of a clinical service or to manage / mitigate risks

### Adaptability, well-being and personal growth

#### *Behaviours*

The following are requirements for a safe practitioner:

- Demonstrate engagement with systems and personal strategies which promote and maintain well-being.
- Recognise when and how to take action if wellbeing is compromised to a point of affecting an individual's role or professional relationships

#### *Learning outcomes*

S 3.1	Describe ways of self-monitoring, self-care and routes of seeking appropriate advice in terms of personal wellbeing
S 3.2	Describe strategies to identify and manage the personal and emotional challenges of work, teamwork and workload
S 3.3	Describe strategies to identify and manage the personal and emotional challenges of uncertainty and change

S 3.4	Explain the role of coping strategies for 'real world' practice, such as reflection, self-acceptance, debriefing, handing over to another colleague, peer support and asking for help in responding to challenges and setbacks
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## Organisation and time management

### *Behaviours*

The following are requirements for a safe practitioner:

- Effectively manage their own time and resources.

## Draft 'Safe Practitioner' Document- Dental Therapist

Domain A. Clinical .....	2
Clinical knowledge and its application to patient management .....	2
Clinical/technical skills .....	3
Domain B. Interpersonal and emotional skills .....	5
Effective communication .....	5
Teamwork and wellbeing of others .....	6
Domain C. Professionalism .....	7
Ethics and Integrity .....	7
Leadership.....	8
Social accountability .....	8
Domain D. Self-management.....	9
Insight.....	9
Reflection, continued and self-directed learning .....	9
Adaptability, well-being and personal growth.....	10
Organisation and time management.....	10

### Safe Practitioner domains

Domain	Subdomain
A: Clinical	<ul style="list-style-type: none"><li>• Clinical knowledge and its application to patient management</li><li>• Clinical/technical skills</li></ul>
B: Interpersonal and emotional skills	<ul style="list-style-type: none"><li>• Effective communication</li><li>• Teamwork and wellbeing of others</li></ul>
C: Professionalism	<ul style="list-style-type: none"><li>• Ethics and integrity</li><li>• Leadership</li><li>• Social accountability</li></ul>
D: Self-management	<ul style="list-style-type: none"><li>• Insight</li><li>• Reflection, continued and self-directed learning</li><li>• Adaptability, well-being and personal growth</li><li>• Organisation and time management</li></ul>

## Domain A. Clinical

### Description

Possesses the skills and underpinning knowledge to undertake routine clinical and technical procedures and tasks. This includes the ability to apply that knowledge and those skills to specific contexts and situations, patients, and stages of treatment including, where relevant, diagnosis, treatment planning and onward referral.

#### The key areas for clinical are:

- **Clinical knowledge and its application to patient management**
- **Clinical/technical skills**

### Clinical knowledge and its application to patient management

#### Learning outcomes

C 1.1	Explain the aetiology, pathogenesis and epidemiological trends of oral and dental disease and their application to patient management
C 1.2	Describe and identify the clinical presentations of oral and dental diseases relevant to that of a dental therapist and explain the principles underpinning their diagnosis, prevention and treatment.
C 1.3	Explain the variance in disease presentation across diverse ethnic, cultural and social groups, and those with protected characteristics, and how this impacts diagnosis, prevention and treatment.
C 1.4	Explain general and systemic diseases and psychological conditions, and their relevance to oral health and impact on clinical treatment, patient compliance, self-care and outcomes
C 1.5	Identify relevant and appropriate dental, oral, craniofacial, and general anatomy (recognising the diversity of anatomy across the patient population) and explain their relevance to patient management
C 1.6	Describe relevant physiology and discuss its application to patient management
C 1.7	Explain the potential routes of transmission of infectious agents in dental practice, mechanisms for the prevention of infection, the scientific principles of decontamination and disinfection and their relevance to health and safety
C 1.8	Describe the properties of relevant medicines and therapeutic agents and discuss their application to patient management
C 1.9	Describe the scientific principles underpinning the use of materials and biomaterials and evaluate their limitations and selection, with emphasis on those used in dentistry
C 1.10	Explain the scientific principles of medical ionizing radiation and statutory regulations, and how these are applied to clinical practice
C 1.11	Explain and evaluate psychological and sociological concepts and theoretical frameworks of health, illness, behavioural change and disease, and how these can be applied in clinical practice
C 1.12	Discuss the importance of each component of the patient assessment process
C 1.13	Identify where medicines may cause adverse effects in patients and describe appropriate actions to manage and report
C 1.14	Explain what is meant by a prognostic indicator and apply prognostic indicators to a range of clinical situations
C 1.15	Describe a range of commonly used complementary and alternative therapies that may impact on patient management
C 1.16	Explain the principles of obtaining valid patient consent
C 1.17	Explain the risks and benefits of treatment under general anaesthesia including patient selection criteria and make referrals

C 1.18	Explain the risks and benefits of treatment under conscious sedation including patient selection criteria and make appropriate referrals
C 1.19	Critically evaluate all components of patient management including risks, benefits, contra-indications and indications
C 1.20	Explain the risks, benefits, complications of and contra-indications to interventions (non-surgical and surgical)
C 1.21	Identify the signs of abuse, neglect or emotional trauma, explain local and national systems that safeguard welfare and understand how to raise concerns and act accordingly
C 1.22	Explain the principles of preventive care and apply as part of a comprehensive personalised treatment plan
C 1.23	Underpin all patient care with a preventive approach that takes account of patient compliance and self-care, to contribute to the patient's long-term oral and general health
C 1.24	Discuss the importance of achieving a healthy oral environment prior to restoration and/or replacement of teeth
C 1.25	Evaluate the health risks of prescribed, non-prescribed and recreational drug use and misuse on oral and general health and how to provide appropriate advice and support including signposting or referral
C 1.26	Explain how diet and nutritional status can influence oral and general health and how to provide appropriate advice and support
C 1.27	Describe, take account of and explain to the patient the impact of their periodontal health, the need for self-care on the overall treatment plan and how this influences their treatment outcomes
C DTh/ DH 1.A	Describe conditions or complications that may arise following dental implant therapy
C DTh/ DH 1.B	Explain the role of surgical management and antimicrobials in periodontal disease
C 1.28	Evaluate the need for adjunctive chemotherapeutic agents for the management of periodontal conditions in individual patients
C 1.29	Describe the aetiology and pathogenesis of diseases of the oral and maxillofacial complex
C 1.30	Identify potential malignancy and tumours and explain the importance of early referral
C 1.31	Identify the signs of normal and abnormal facial growth, physical, mental and dental development milestones and explain their significance
C 1.36	Explain the roles and organisation of various referral networks, clinical guidelines and policies and local variation
C 1.37	Explain the need to take responsibility for establishing personal networks with local dental and medical colleagues
C 1.38	Explain the responsibilities of the dental team as an access point to and from wider healthcare for all patients
C 1.42	Explain the need for effective recorded maintenance and testing of equipment and requirements for appropriate storage, handling and use of materials

## Clinical/technical skills

### Behaviour

The following are requirements for a safe practitioner:

- Adopt an evidence-based approach to clinical practice

## Learning outcomes

	<i>Assessment, diagnosis and treatment planning</i>
C 2.1.1	Obtain, record and interpret a comprehensive and contemporaneous patient history, taking into account social and/or cultural sensitivities
C 2.1.2	Undertake an appropriate systematic intra- and extra-oral clinical examination
C 2.1.3	Assess patients' levels of anxiety, experience and expectations in respect of dental care and oral health
C2.1.4	Appropriately prescribe and/or interpret the findings of clinical investigations
C 2.1.5	Undertake relevant special investigations and diagnostic procedures, including radiography
C 2.1.7	Synthesise the full results of the patient's assessment and make clinical judgements, taking into account patient compliance, values, cultural identity, and self-care
C 2.1.8	Formulate a differential diagnosis or diagnoses and from there a definitive diagnosis
C 2.1.9	Formulate a personalised treatment plan, synthesising patient assessment, diagnostic data, prognosis and shared decision making
C 2.1.10	Obtain valid consent from patients explaining all the relevant factors
C 2.1.11	Assess own capabilities and limitations and refer patients for specialist treatment or advice when and where appropriate
	<i>Patient management</i>
C 2.2.1	Identify, explain and manage the impact of medical and psychological conditions in a range of patients and determine how this can influence patient compliance, self-care and outcomes, taking into account the patient's cultural identity and values
C 2.2.2	Prevent, diagnose and manage patient anxiety appropriately, effectively and safely
C 2.2.3	Prevent, diagnose and manage patient pain appropriately, effectively and safely
C 2.2.4	Safely and appropriately administer medicines and therapeutic agents
C 2.2.5	Monitor and review treatment outcomes and patient response to advice, providing aftercare, follow-up and ongoing preventive advice and intervention.
	<i>Safe Clinical Environment</i>
C 2.3.1	Identify and explain the risks around the clinical environment and manage these in a safe and effective manner
C 2.3.2	Implement, perform and manage effective decontamination and infection control procedures according to current guidelines
	<i>Acute conditions</i>
C 2.4.1	Identify, assess and manage medical emergencies
C 2.4.2	Diagnose and manage patients' acute oral conditions ensuring involvement of appropriate dental team members
	<i>Oral Health/Prevention</i>
C 2.5.1	Provide patients/carers with comprehensive, personalised preventive advice, instruction and intervention in a manner which is accessible, promotes self-care and motivates patients/carers to comply with advice and take responsibility to maintain and improve oral health
C 2.5.2	Manage and review the application of preventive treatments intervention, advice and instruction
	<i>Periodontal Disease</i>
C 2.6.1	Assess and manage the health of periodontal and soft tissues taking into account risk, lifestyle factors, plaque control/self-care and compliance/response to advice
C 2.6.2	Undertake non-surgical treatments to remove hard and soft deposits and stains using a range of methods
C 2.6.3	Monitor and record changes in periodontal health using appropriate methods
C DTh/ DH 2.A	Apply antimicrobials where appropriate to manage periodontal diseases



C DTh/ DH 2.B	Manage the health of peri-implant tissues
	<i>Hard &amp; Soft Tissue Disease</i>
C 2.7.2	Extract erupted primary teeth under local anaesthetic
	<i>Restoration &amp; replacement of teeth</i>
C 2.8.1	Assess and manage caries
C 2.8.2	Assess and manage occlusion
C 2.8.3	Assess and manage tooth wear
C 2.8.6	Where appropriate, restore the dentition using the principle of minimal intervention, to a standard that promotes longevity of the restoration or prosthesis
C 2.8.7	Restore teeth using direct restorations with materials appropriate to the patient, which preserve tooth structure, maintain function, are aesthetic and long lasting and promote soft and hard tissue health.
C DTh/DH 2.C	Place temporary dressings and re-cement temporary crowns with a temporary cement
C DTh 2.D	Assess and manage the health of dental pulp in primary teeth, including treatment to prevent pulpal disease
C DTh 2.E	Restore primary teeth using preformed crowns

## Domain B. Interpersonal and emotional skills

### Description

Uses interpersonal skills and emotional awareness to enable effective communication with all patients and colleagues which is underpinned by behaving in a caring, empathic and respectful way. Demonstrates effective team working and helps foster wellbeing of others.

**The key areas for Interpersonal and emotional skills are:**

- **Effective communication**
- **Teamwork and wellbeing of others**

### Effective communication

#### Behaviours

The following are requirements for a safe practitioner:

- Communicate with care, empathy and respect in all professional interactions with patients, their representatives, the public and colleagues.

#### Learning outcomes

I 1.1	Describe the use of a range of communication methods and technologies and their appropriate application in support of clinical practice
I 1.2	Describe the importance of non-verbal communication, including listening skills, and the barriers to effective communication
I 1.3	Communicate effectively and sensitively, tailoring to context, by spoken, written and/or electronic means with patients, including patients whose first language is not English language (using representatives or interpreters where necessary) in relation to: <ul style="list-style-type: none"> <li>• patients with anxious or challenging behaviour or special considerations such as emotional trauma</li> <li>• difficult circumstances, such as breaking bad news, or discussing issues such as alcohol consumption, smoking, or diet</li> </ul>

I 1.4	Communicate effectively and sensitively by spoken, written and electronic means with the public
I 1.5	Communicate effectively by spoken, written and electronic means with colleagues from dental and other healthcare professions in relation to: <ul style="list-style-type: none"> <li>the direct care of individual patients</li> <li>oral health promotion</li> <li>raising concerns when problems arise, including where patients cause distress to staff through their behaviour</li> </ul>
I 1.6	Use appropriate methods to provide accurate, clear and comprehensive information when referring patients to other dental and healthcare professionals
I 1.7	Communicate appropriately and effectively in professional discussions and transactions with other sectors
I 1.8	Give feedback effectively to other members of the team
I 1.9	Explain the professional expectations, potential impact, and consequence of using social media as a communication tool

## Teamwork and wellbeing of others

### *Behaviours*

The following are requirements for a safe practitioner:

- Respect the roles of dental and other healthcare professionals in the context of learning and working in a dental and wider healthcare team;
- Demonstrate effective team working;
- Contribute to their team in providing dental care for patients;
- Take a patient-centred approach to working with the dental and wider healthcare team;
- Where appropriate manage and refer/delegate work according to the scope of practice of the dental team, in line with competence and professional practice.

### *Learning outcomes*

I 2.1	Explain the responsibilities and limitations of delegating to other members of the dental team
I 2.2	Explain the role and professional responsibilities associated with appraisal; training and review of colleagues; provision of and receipt of effective feedback in the context of developing members of the dental team
I 2.3	Describe the roles of dental and other healthcare professionals in the context of learning and working in a dental and wider healthcare team
I 2.4	Explain the contribution that team members and effective team working makes to the delivery of safe and effective high-quality care, including the benefits of working in culturally diverse teams
I 2.5	Describe the team working guidance provided by the GDC and other relevant bodies
I 2.6	Describe the impact of Direct Access on each registrant group's scope of practice and its effect on dental team working
I 2.7	Describe the scope of practice of each member of the dental team and how the roles interact for effective teamwork and patient care
I 2.8	Explain the need to ensure that those who raise concerns are protected from discrimination or other detrimental effects

## Domain C. Professionalism

### Description

Demonstrates professionalism and integrity by behaving ethically, shows leadership and social accountability. Is committed to advocating for oral health, promoting good oral health and sustainable service provision in the population and across communities and addressing priority health needs for the communities.

**The key areas for professionalism are:**

- **Ethics and integrity**
- **Leadership**
- **Social accountability**

### Ethics and Integrity

#### Behaviours

The following are requirements for a safe practitioner:

- Treat your patients, members of the public and your colleagues with dignity and respect and without discrimination
- Support patients to make informed decisions about their care, making their interests your first concern
- Demonstrate cultural competence, accepting and respecting the diversity of patients and colleagues
- Provide the best possible outcome for your patients by using your knowledge and skills, acting as an advocate for their needs where appropriate
- Speak up to protect others from harm
- Raise concerns where appropriate about your own or others' health, behaviour or professional performance
- Comply with systems and processes to support safe patient care
- Act in accordance with current best practice guidelines
- Act in accordance with national and local clinical governance and health and safety requirements
- Act within the legal frameworks which inform personal behaviour, the delivery of healthcare and the protection and promotion of the health of individual patients
- Maintain contemporaneous, complete and accurate patient records in accordance with legal requirements and best practice
- Act with integrity and ensure your actions maintain the trust of colleagues, patients, and the public in you, your team, and the profession across all environments and media
- Proactively address discriminatory language, behaviour and microaggressions from colleagues, patients and other professionals
- Demonstrate personal accountability to patients, the regulator, the team and wider community
- Work in partnership with colleagues to develop and maintain an effective and supportive environment which promotes the safety and wellbeing of the patient and dental team

#### Learning outcomes

P 1.1	Explain the importance of contemporaneous, complete and accurate patient records in accordance with legal requirements and best practice
P 1.2	Describe the legal responsibilities of maintaining and protecting patients' information
P 1.3	Describe equality, diversity, inclusion and discrimination and the underpinning legislation, and explain how to apply these principles to manage patients with

	protected characteristics and work within the dental team (noting that this legislation may differ in England, Scotland, Wales and Northern Ireland)
P 1.4	Explain cultural competence and its relevance in assessing the needs and planning care for patients from diverse backgrounds
P 1.5	Describe the GDC's expectations and requirements as set out in regulations and guidance and other relevant laws, ethical guidance and systems (In addition to the above legal frameworks)
P 1.6	Explain the importance of having appropriate indemnity arrangements in place for both the professional and patient
P 1.7	Explain the importance of candour and effective communication with patients when things go wrong or when dealing with a complaint.
P 1.8	Explain how and where to report any patient safety issues which arise
P 1.9	Explain the responsibilities of, and how to raise concerns about your own or others' health, behaviour or professional performance as described in GDC guidance
P 1.10	Explain the attributes of professional attitudes and behaviour in all environments and media, including interaction with social media
P 1.11	Explain the principles and procedures for good complaints handling
P 1.12	Describe the responsibility that dental practices and individual practitioners have in compliance with legal and regulatory frameworks

## Leadership

### Behaviours

The following are requirements for a safe practitioner:

- Where appropriate lead, manage and take professional responsibility for the actions of colleagues and other members of the team involved in patient care.

### Learning outcomes

P 2.1	Describe the differences between management and leadership
P 2.2	Describe own management and leadership role and the range of skills and knowledge required to do this effectively
P 2.3	Describe how to take responsibility for the quality of services and devices provided to the patient

## Social accountability

### Behaviours

The following are requirements for a safe practitioner:

- Contribute positively to the healthcare communities of which they are a part of.

### Learning Outcomes

P 3.1	Discuss the basic principles of a population health approach including demographic and social trends, UK and international oral health trends, determinants of health and inequalities in health, and the ways in which these are measured and current patterns
P 3.2	Describe the dental and wider healthcare systems dental professionals work within including local and national health policy and organisations, delivery of healthcare and equity
P 3.3	Describe and evaluate the role of health promotion in terms of the changing environment, community and individual behaviours to deliver health gain
P 3.4	Evaluate evidence-based prevention at a community / population level

P 3.5	Explain the principles of planning oral health care for communities to meet needs and demands
P 3.6	Describe the principles and limitations of the currently available options for funding of dental healthcare provision for individual patients
P 3.7	Discuss the ethical challenges associated with providing patient care within the current dental healthcare systems
P 3.8	Describe the considerations of the management of resources in provision of care decisions including appropriate use of primary and secondary care networks
P 3.9	Describe the importance of collaboration across the health and social care sector for the benefit of communities and individual patients
P3.10	Describe and where appropriate support patients to negotiate the barriers and challenges which prevent sections of the population accessing oral healthcare, including patients from marginalised populations and patients with protected characteristics.
P 3.11	Describe the main principles relating to sustainable oral health care, and the challenges/barriers to implementing a sustainable approach.
P 3.12	Evaluate and apply the evidence base in relation to the environmental impacts of common treatment methods and approaches to the delivery of dental care

## Domain D. Self-management

### Description

Can self-manage, adapt, and respond to different situations using insight and reflection. Plans and manages their time and keeps up to date with continued learning and development.

#### The key areas for Self-management are:

- **Insight**
- **Reflection, continued and self-directed learning**
- **Adaptability, well-being and personal growth**
- **Organisation and time management**

### Insight

#### Behaviours

The following are requirements for a safe practitioner:

- Accurately assess their own capabilities and limitations in the interest of high-quality patient care and seek advice from supervisors or colleagues where appropriate;
- Recognise personal assumptions, biases and prejudices and manage the impact of these on patient care and professional behaviour with colleagues, patients and wider society
- Recognise the impact of contextual factors on the health care environment and manage this professionally

#### Learning outcomes

S 1.1	Explain what is meant by the term insight in the context of professional practice
S 1.2	Explain why insight is important in ensuring safe and effective patient care, and to personal development

## Reflection, continued and self-directed learning

### Behaviours

The following are requirements for a safe practitioner:

- Demonstrate own professional responsibility in the development of self;
- Develop and maintain professional knowledge and competence;
- Demonstrate appropriate continuous improvement activities.

#### *Learning outcomes*

S 2.1	Explain the principles of an evidence-based approach and evaluate an evidence base
S 2.2	Critically appraise approaches to dental research and explain how to integrate the outcomes of research with patient care
S 2.3	Describe an appropriate model for self-reflection and how this process can be used to inform personal development, viewpoint, preconceptions, bias and behaviour
S 2.4	Explain the importance of assessment, feedback, critical reflection, identification of learning needs and appraisal in personal development planning
S 2.5	Explain the requirement of commitment to lifelong learning
S 2.6	Utilise the receipt of effective feedback in the professional development of self
S 2.7	Describe the principles of and demonstrate personal development planning, recording of evidence, and reflective practice
S 2.8	Evaluate the impact of new techniques and technologies in clinical practice
S 2.9	Describe opportunities for improvement of a clinical service or to manage / mitigate risks

### *Adaptability, well-being and personal growth*

#### *Behaviours*

The following are requirements for a safe practitioner:

- Demonstrate engagement with systems and personal strategies which promote and maintain well-being.
- Recognise when and how to take action if wellbeing is compromised to a point of affecting an individual's role or professional relationships

#### *Learning outcomes*

S 3.1	Describe ways of self-monitoring, self-care and routes of seeking appropriate advice in terms of personal wellbeing
S 3.2	Describe strategies to identify and manage the personal and emotional challenges of work, teamwork and workload
S 3.3	Describe strategies to identify and manage the personal and emotional challenges of uncertainty and change
S 3.4	Explain the role of coping strategies for 'real world' practice, such as reflection, self-acceptance, debriefing, handing over to another colleague, peer support and asking for help in responding to challenges and setbacks

### *Organisation and time management*

#### *Behaviours*

The following are requirements for a safe practitioner:

- Effectively manage their own time and resources.

## Draft 'Safe Practitioner' Document- Dental Hygienist

Domain A. Clinical .....	2
Clinical knowledge and its application to patient management .....	2
Clinical/technical skills .....	3
Domain B. Interpersonal and emotional skills .....	5
Effective communication .....	5
Teamwork and wellbeing of others .....	6
Domain C. Professionalism .....	6
Ethics and Integrity .....	6
Leadership.....	8
Social accountability .....	8
Domain D. Self-management.....	9
Insight.....	9
Reflection, continued and self-directed learning .....	9
Adaptability, well-being and personal growth.....	10
Organisation and time management.....	10

### Safe Practitioner domains

Domain	Subdomain
A: Clinical	<ul style="list-style-type: none"><li>• Clinical knowledge and its application to patient management</li><li>• Clinical/technical skills</li></ul>
B: Interpersonal and emotional skills	<ul style="list-style-type: none"><li>• Effective communication</li><li>• Teamwork and wellbeing of others</li></ul>
C: Professionalism	<ul style="list-style-type: none"><li>• Ethics and integrity</li><li>• Leadership</li><li>• Social accountability</li></ul>
D: Self-management	<ul style="list-style-type: none"><li>• Insight</li><li>• Reflection, continued and self-directed learning</li><li>• Adaptability, well-being and personal growth</li><li>• Organisation and time management</li></ul>

## Domain A. Clinical

### Description

Possesses the skills and underpinning knowledge to undertake routine clinical and technical procedures and tasks. This includes the ability to apply that knowledge and those skills to specific contexts and situations, patients, and stages of treatment including, where relevant, diagnosis, assessment, treatment planning and onward referral.

#### The key areas for clinical are:

- **Clinical knowledge and its application to patient management**
- **Clinical/technical skills**

### Clinical knowledge and its application to patient management

#### Learning outcomes

C 1.1	Explain the aetiology, pathogenesis and epidemiological trends of oral and dental disease and their application to patient management
C 1.2	Describe and identify the clinical presentations of oral and dental diseases relevant to that of a dental hygienist and explain the principles underpinning their diagnosis, prevention and treatment.
C 1.3	Explain the variance in disease presentation across diverse cultural and social groups, and those with protected characteristics, and how this impacts diagnosis, prevention and treatment.
C 1.4	Explain general and systemic diseases and psychological conditions, and their relevance to oral health and impact on clinical treatment, patient compliance, self care and outcomes
C 1.5	Identify relevant and appropriate dental, oral, craniofacial and general anatomy (recognising the diversity of anatomy across the patient population) and explain their relevance to patient management
C 1.6	Describe relevant physiology and discuss its application to patient management
C 1.7	Explain the potential routes of transmission of infectious agents in dental practice, mechanisms for the prevention of infection, the scientific principles of decontamination and disinfection and their relevance to health and safety
C 1.8	Describe the properties of relevant medicines and therapeutic agents and discuss their application to patient management
C 1.9	Describe the scientific principles underpinning the use of materials and biomaterials and evaluate their limitations and selection, with emphasis on those used in dentistry
C 1.10	Explain the scientific principles of medical ionizing radiation and statutory regulations, and how these are applied to clinical practice
C 1.11	Explain, and evaluate psychological and sociological concepts and theoretical frameworks of health, illness, behavioural change and disease, and how these can be applied in clinical practice
C 1.12	Discuss the importance of each component of the patient assessment process
C 1.13	Identify where medicines may cause adverse effects in patients and describe appropriate actions to manage and report
C 1.14	Explain what is meant by a prognostic indicator and apply prognostic indicators to a range of clinical situations
C 1.15	Describe a range of commonly used complementary and alternative therapies that may impact on patient management
C 1.16	Explain the principles of obtaining valid patient consent
C 1.17	Evaluate the risks and benefits of treatment under general anaesthesia including patient selection criteria and make referrals



C 1.18	Evaluate the risks and benefits of treatment under conscious sedation including patient selection criteria and make referrals
C 1.19	Critically evaluate all components of patient management including risks, benefits, contra-indications and indications
C 1.20	Explain the risks, benefits, complications of and contra-indications to interventions (non-surgical and surgical)
C 1.21	Identify the signs of abuse, neglect or emotional trauma, explain local and national systems that safeguard welfare and understand how to raise concerns and act accordingly
C 1.22	Explain the principles of preventive care and apply as part of a comprehensive personalised treatment plan
C 1.23	Underpin all patient care with a preventive approach, that takes account of patient compliance and self-care, to contribute to the patient's long-term oral and general health
C1.24	Discuss the importance of achieving a healthy oral environment prior to restoration and/or replacement of teeth
C 1.25	Evaluate the health risks of prescribed, non-prescribed and recreational drug use and misuse on oral and general health and how to provide appropriate advice and support including signposting or referral
C 1.26	Explain how diet and nutritional status can influence oral and general health and how to provide appropriate advice and support
C 1.27	Describe, take account of and explain to the patient the impact of their periodontal health, including compliance with oral healthcare advice, the need for self-care in the overall treatment plan and how this influences their treatment outcomes
C DTh/ DH 1.A	Explain the role of surgical management and antimicrobials in periodontal disease
C DTh/ DH 1.B	Describe conditions or complications that may arise following dental implant therapy
C 1.28	Evaluate the need for adjunctive chemotherapeutic agents for the management of periodontal conditions in individual patients
C 1.29	Describe the aetiology and pathogenesis of diseases of the oral and maxillofacial complex
C 1.30	Identify potential malignancy and tumours and explain the importance of early referral
C 1.31	Identify the signs of normal and abnormal facial growth, physical, mental and dental development milestone and explain their significance
C 1.36	Explain the roles and organisation of various referral networks, clinical guidelines and policies and local variation
C 1.37	Explain the need to take responsibility for establishing personal networks with local dental and medical colleagues
C 1.38	Explain the responsibilities of the dental team as an access point to and from wider healthcare
C 1.42	Explain the need for effective recorded maintenance and testing of equipment and requirements for appropriate storage, handling and use of materials

## Clinical/technical skills

### Behaviour

The following are requirements for a safe practitioner:

- Adopt an evidence-based approach to clinical practice

## Learning outcomes

	<i>Assessment, diagnosis and treatment planning</i>
C 2.1.1	Obtain, record and interpret a comprehensive and contemporaneous patient history, taking into account social and/or cultural sensitivities
C 2.1.2	Undertake an appropriate systematic intra- and extra-oral clinical examination
C 2.1.3	Assess patients' levels of anxiety, experience and expectations in respect of dental care and oral health
C2.1.4	Appropriately prescribe and/or interpret the findings of clinical investigations
C 2.1.5	Undertake relevant special investigations and diagnostic procedures, including radiography
C 2.1.7	Synthesise the full results of the patient's assessment and make clinical judgements taking into account patient compliance, values, cultural identity and self-care
C 2.1.8	Formulate a differential diagnosis or diagnoses and from there a definitive diagnosis
C 2.1.9	Formulate a personalised treatment plan, synthesising patient assessment, diagnostic data, prognosis and shared decision making
C 2.1.10	Obtain valid consent from patients explaining all the relevant factors
C 2.1.11	Assess own capabilities and limitations and refer patients for specialist treatment or advice when and where appropriate
	<i>Patient management</i>
C 2.2.1	Identify, explain and manage the impact of medical and psychological conditions in a range of patients and determine how this can influence patient compliance, self-care and outcomes, taking into account the patient's cultural identity and values
C 2.2.2	Prevent, diagnose and manage patient anxiety appropriately, effectively and safely
C 2.2.3	Prevent, diagnose and manage patient pain appropriately, effectively and safely
C 2.2.4	Safely and appropriately administer medicines and therapeutic agents
C 2.2.5	Monitor and review treatment outcomes and patient response to advice, providing aftercare, follow-up and ongoing preventive advice and intervention.
	<i>Safe Clinical Environment</i>
C 2.3.1	Identify and explain the risks around the clinical environment and manage these in a safe and effective manner
C 2.3.2	Implement, perform and manage effective decontamination and infection control procedures according to current guidelines
	<i>Acute conditions</i>
C 2.4.1	Identify, assess and manage medical emergencies
C 2.4.2	Manage patients' acute oral conditions ensuring involvement of appropriate dental team members
	<i>Oral Health/Prevention</i>
C 2.5.1	Provide patients/carers with comprehensive, personalised preventive advice, instruction and intervention in a manner which is accessible, promotes self-care and motivates patients/carers to comply with advice and take responsibility to maintain and improve oral health
C 2.5.2	Manage and review the application of preventive treatments, intervention, advice and instruction
	<i>Periodontal Disease</i>
C 2.6.1	Assess and manage the health of periodontal and soft tissues taking into account risk, lifestyle factors, plaque control/self-care and compliance/response to advice
C 2.6.2	Undertake non-surgical treatments to remove hard and soft deposits and stains using a range of methods
C 2.6.3	Monitor and record changes in periodontal health using appropriate methods
C DTh/ DH 2.A	Apply antimicrobials where appropriate to manage periodontal diseases
C DTh/	Manage the health of peri-implant tissues

DH 2.B	
	<i>Hard &amp; Soft Tissue Disease</i>
C 2.8.2	Assess and manage occlusion
C 2.8.3	Assess and manage tooth wear
C DTh/ DH 2.C	Place temporary dressings and re-cement temporary crowns with a temporary cement

## Domain B. Interpersonal and emotional skills

### Description

Uses interpersonal skills and emotional awareness to enable effective communication with all patients and colleagues which is underpinned by behaving in a caring, empathic and respectful way. Demonstrates effective team working and helps foster wellbeing of others.

**The key areas for Interpersonal and emotional skills are:**

- **Effective communication**
- **Teamwork and wellbeing of others**

### Effective communication

#### Behaviours

The following are requirements for a safe practitioner:

- Communicate with care, empathy and respect in all professional interactions with patients, their representatives, the public and colleagues.

#### Learning outcomes

I 1.1	Describe the use of a range of communication methods and technologies and their appropriate application in support of clinical practice
I 1.2	Describe the importance of non-verbal communication, including listening skills, and the barriers to effective communication
I 1.3	Communicate effectively and sensitively, tailoring to context, by spoken, written and/or electronic means with all patients, including patients whose first language is not English language (using representatives or interpreters where necessary) in relation to: <ul style="list-style-type: none"> <li>• patients with anxious or challenging behaviour or special considerations such as emotional trauma</li> <li>• difficult circumstances, such as breaking bad news, or discussing issues such as alcohol consumption, smoking, or diet</li> </ul>
I 1.4	Communicate effectively and sensitively by spoken, written and electronic means with the public
I 1.5	Communicate effectively by spoken, written and electronic means with colleagues from dental and other healthcare professions in patients' best interests in relation to: <ul style="list-style-type: none"> <li>• the direct care of individual patients</li> <li>• oral health promotion</li> <li>• raising concerns when problems arise, including where patients cause distress to staff through discriminatory behaviour</li> </ul>
I 1.6	Use appropriate methods to provide accurate, clear and comprehensive information when referring patients to other dental and healthcare professionals
I 1.7	Communicate appropriately and effectively in professional discussions and transactions with other sectors
I 1.8	Give feedback effectively to other members of the team

I 1.9	Explain the professional expectations, potential impact, and consequence of using social media as a communication tool
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## Teamwork and wellbeing of others

### Behaviours

The following are requirements for a safe practitioner:

- Respect the roles of dental and other healthcare professionals in the context of learning and working in a dental and wider healthcare team;
- Demonstrate effective team working;
- Contribute to their team in providing dental care for patients;
- Take a patient-centred approach to working with the dental and wider healthcare team;
- Where appropriate manage and refer/delegate work according to the scope of practice of the dental team, in line with competence and professional practice.

### Learning outcomes

I 2.1	Explain the responsibilities and limitations of referring to other members of the dental team
I 2.2	Explain the role and professional responsibilities associated with appraisal; training and review of colleagues; provision of and receipt of effective feedback in the context of developing members of the dental team
I 2.3	Describe the roles of dental and other healthcare professionals in the context of learning and working in a dental and wider healthcare team
I 2.4	Explain the contribution that team members and effective team working makes to the delivery of safe and effective high-quality care, including the benefits of working in culturally diverse teams
I 2.5	Describe the team working guidance provided by the GDC and other relevant bodies
I 2.6	Describe the impact of Direct Access on each registrant group's scope of practice and its effect on dental team working
I 2.7	Describe the scope of practice of each member of the dental team and how the roles interact for effective teamwork and patient care
I 2.8	Explain the need to ensure that those who raise concerns are protected from discrimination or other detrimental effects

## Domain C. Professionalism

### Description

Demonstrates professionalism and integrity by behaving ethically, shows leadership and social accountability. Is committed to advocating for oral health, promoting good oral health and sustainable service provision in the population and across communities and addressing priority health needs for the communities.

**The key areas for professionalism are:**

- **Ethics and integrity**
- **Leadership**
- **Social accountability**

### Ethics and Integrity

#### Behaviours

The following are requirements for a safe practitioner:

- Treat your patients, members of the public and your colleagues with dignity and respect and without discrimination
- Support patients to make informed decisions about their care, making their interests your first concern
- Demonstrate cultural competence, accepting and respecting the diversity of patients and colleagues
- Provide the best possible outcome for your patients by using your knowledge and skills, acting as an advocate for their needs where appropriate
- Speak up to protect others from harm
- Raise concerns where appropriate about your own or others' health, behaviour or professional performance
- Comply with systems and processes to support safe patient care
- Act in accordance with current best practice guidelines
- Act in accordance with national and local clinical governance and health and safety requirements
- Act within the legal frameworks which inform personal behaviour, the delivery of healthcare and the protection and promotion of the health of individual patients
- Maintain contemporaneous, complete and accurate patient records in accordance with legal requirements and best practice
- Act with integrity and ensure your actions maintain the trust of colleagues, patients, and the public in you, your team, and the profession across all environments and media
- Proactively address discriminatory language and behaviour and microaggressions from colleagues, patients and other professionals
- Demonstrate personal accountability to patients, the regulator, the team and wider community
- Work in partnership with colleagues to develop and maintain an effective and supportive environment which promotes the safety and wellbeing of the patient and dental team

### *Learning outcomes*

P 1.1	Explain the importance of contemporaneous, complete and accurate patient records in accordance with legal requirements and best practice
P 1.2	Describe the legal responsibilities of maintaining and protecting patients' information
P 1.3	Describe diversity, equality, inclusion and discrimination and the underpinning legislation, and how to apply these principles to manage patients with protected characteristics and work within the dental team (noting that this legislation may differ in England, Scotland, Wales and Northern Ireland)
P 1.4	Explain cultural competence and its relevance in assessing the needs and planning care for patients from diverse backgrounds
P 1.5	Describe the GDC's expectations and requirements as set out in regulations and guidance and other relevant laws, ethical guidance and systems (In addition to the above legal frameworks)
P 1.6	Explain the importance of having appropriate indemnity arrangements in place for both the professional and patient
P 1.7	Explain the importance of candour and effective communication with patients when things go wrong or when dealing with a complaint.
P 1.8	Explain how and where to report any patient safety issues which arise
P 1.9	Explain the responsibilities of, and how to, raise concerns about your own or others' health, behaviour or professional performance as described in GDC guidance
P 1.10	Explain the attributes of professional attitudes and behaviour in all environments and media, including interaction with social media
P 1.1	Explain the principles and procedures good complaints handling

P 1.12	Describe the responsibility that dental practices and individual practitioners have in compliance with legal and regulatory frameworks
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## Leadership

### *Behaviours*

The following are requirements for a safe practitioner:

- Where appropriate lead, manage and take professional responsibility for the actions of colleagues and other members of the team involved in patient care.

### *Learning outcomes*

P 2.1	Describe the differences between management and leadership
P 2.2	Describe own management and leadership role and the range of skills and knowledge required to do this effectively
P 2.3	Describe how to take responsibility for the quality of services and devices provided to the patient

## Social accountability

### *Behaviours*

The following are requirements for a safe practitioner:

- Contribute positively to the healthcare communities of which they are a part of.

### *Learning Outcomes*

P 3.1	Discuss the basic principles of a population health approach including demographic and social trends, UK and international oral health trends, determinants of health and inequalities in health, and the ways in which these are measured and current patterns
P 3.2	Describe the dental and wider healthcare systems dental professionals work within including local and national health policy and organisation, delivery of healthcare and equity
P 3.3	Describe and evaluate the role of health promotion in terms of the changing environment, community and individual behaviours to deliver health gain
P 3.4	Evaluate evidence-based prevention at a community / population level
P 3.5	Explain the principles of planning oral health care for communities to meet needs and demands
P 3.6	Describe the principles and limitations of the currently available options for funding of dental healthcare provision for individual patients
P 3.7	Discuss the ethical challenges associated with providing patient care within the current dental healthcare systems
P 3.8	Describe the considerations of the management of resources in provision of care decisions including appropriate use of primary and secondary care networks
P 3.9	Describe the importance of collaboration across the health and social care sector for the benefit of communities and individual patients
P3.10	Describe and where appropriate support patients to negotiate the barriers and challenges which prevent sections of the population accessing oral healthcare, including patients from marginalised populations and patients with protected characteristics
P 3.11	Describe the main principles relating to sustainable oral health care, and the challenges/barriers to implementing a sustainable approach.
P 3.12	Evaluate and apply the evidence base in relation to the environmental impacts of common treatment methods and approaches to the delivery of dental care

## Domain D. Self-management

### Description

Can self-manage, adapt, and respond to different situations using insight and reflection. Plans and manages their time and keeps up to date with continued learning and development.

#### The key areas for Self-management are:

- **Insight**
- **Reflection, continued and self-directed learning**
- **Adaptability, well-being and personal growth**
- **Organisation and time management**

### Insight

#### Behaviours

The following are requirements for a safe practitioner:

- Accurately assess their own capabilities and limitations in the interest of high-quality patient care and seek advice from supervisors or colleagues where appropriate;
- Recognise personal assumptions, biases and prejudices and manage the impact of these on patient care and professional behaviour with colleagues, patients and wider society.
- Recognise the impact of contextual factors on the health care environment and manage this professionally

#### Learning outcomes

S 1.1	Explain what is meant by the term insight in the context of professional practice
S 1.2	Explain why insight is important in ensuring safe and effective patient care, and to personal development

## Reflection, continued and self-directed learning

### Behaviours

The following are requirements for a safe practitioner:

- Demonstrate own professional responsibility in the development of self;
- Develop and maintain professional knowledge and competence;
- Demonstrate appropriate continuous improvement activities.

#### Learning outcomes

S 2.1	Explain the principles of an evidence-based approach and evaluate an evidence base
S 2.2	Critically appraise approaches to dental research and explain how to integrate the outcomes with patient care
S 2.3	Describe an appropriate model for self-reflection and how this process can be used to inform personal development, viewpoint, preconceptions, bias and behaviour
S 2.4	Explain the importance of assessment, feedback, critical reflection, identification of learning needs and appraisal in personal development planning
S 2.5	Explain the requirement of commitment to lifelong learning
S 2.6	Utilise the receipt of effective feedback in the professional development of self
S 2.7	Describe the principles of and demonstrate personal development planning, recording of evidence, and reflective practice

S 2.8	Evaluate the impact of new techniques and technologies in clinical practice
S 2.9	Describe opportunities for improvement of a clinical service or to manage / mitigate risks

## Adaptability, well-being and personal growth

### *Behaviours*

The following are requirements for a safe practitioner:

- Demonstrate engagement with systems and personal strategies which promote and maintain well-being.
- Recognise when and how to take action if wellbeing is compromised to a point of affecting an individual's role or professional relationships

### *Learning outcomes*

S 3.1	Describe ways of self-monitoring, self-care and routes of seeking appropriate advice in terms of personal wellbeing
S 3.2	Describe strategies to identify and manage the personal and emotional challenges of work, teamwork and workload
S 3.3	Describe strategies to identify and manage the personal and emotional challenges of uncertainty and change
S 3.4	Explain the role of coping strategies for 'real world' practice, such as reflection, self-acceptance, handing over to another colleague, peer support and asking for help in responding to challenges and setbacks

## Organisation and time management

### *Behaviours*

The following are requirements for a safe practitioner:

- Effectively manage their own time and resources.



## Draft 'Safe Practitioner' Document- Dental Nurse

Domain A. Clinical .....	2
Clinical knowledge and its application to patient management .....	2
Clinical/technical skills .....	3
Domain B. Interpersonal and emotional skills .....	4
Effective communication .....	4
Teamwork and wellbeing of others .....	5
Domain C. Professionalism .....	5
Ethics and Integrity .....	5
Leadership.....	7
Social accountability .....	7
Domain D. Self-management.....	8
Insight.....	8
Reflection, continued and self-directed learning .....	8
Adaptability, well-being and personal growth.....	9
Organisation and time management.....	9

### Safe Practitioner domains

Domain	Subdomain
A: Clinical	<ul style="list-style-type: none"><li>• Clinical knowledge and its application to patient management</li><li>• Clinical/technical skills</li></ul>
B: Interpersonal and emotional skills	<ul style="list-style-type: none"><li>• Effective communication</li><li>• Teamwork and wellbeing of others</li></ul>
C: Professionalism	<ul style="list-style-type: none"><li>• Ethics and integrity</li><li>• Leadership</li><li>• Social accountability</li></ul>
D: Self-management	<ul style="list-style-type: none"><li>• Insight</li><li>• Reflection, continued and self-directed learning</li><li>• Adaptability, well-being and personal growth</li><li>• Organisation and time management</li></ul>

## Domain A. Clinical

### Description

Possesses the skills and underpinning knowledge to undertake non-specialist clinical and technical procedures and tasks. This includes the ability to apply that knowledge and those skills to specific contexts and situations, patients, and stages of treatment including, where relevant, diagnosis, treatment planning and onward referral.

#### The key areas for clinical are:

- **Clinical knowledge and its application to patient management**
- **Clinical/technical skills**

### Clinical knowledge and its application to patient management

#### Learning outcomes

C 1.1	Explain the aetiology, pathogenesis and epidemiological trends of oral and dental disease and their application to patient management
C1.2	Describe and identify the clinical presentations of oral and dental diseases relevant to that of a dental nurse and explain the principles underpinning their diagnosis, prevention and treatment
C 1.3	Explain the variance in disease presentation across diverse cultural and social groups, and those with protected characteristics, and how this impacts diagnosis, prevention and treatment.
C 1.4	Explain general and systemic diseases and psychological conditions, and their relevance to oral health and impact on clinical treatment, patient compliance, self-care and outcomes
C 1.5	Identify relevant and appropriate dental, oral, craniofacial and general anatomy (recognising the diversity of anatomy across the patient population) and explain their relevance to patient management
C 1.6	Describe relevant physiology and discuss its application to patient management
C 1.7	Explain the potential routes of transmission of infectious agents in dental practice, mechanisms for the prevention of infection, the scientific principles of decontamination and disinfection and their relevance to health and safety
C 1.9	Explain the scientific principles underpinning the use of materials and biomaterials and evaluate their limitations and selection, with emphasis on those used in dentistry
C 1.10	Explain the scientific principles of medical ionizing radiation and statutory regulations, and how these are applied to clinical practice
C 1.11	Describe psychological and sociological concepts and theoretical frameworks of health, illness, behavioural change and disease, and how these can be applied in clinical practice
C 1.12	Discuss the importance of each component of the patient assessment process
C 1.16	Explain the principles of obtaining valid patient consent
C 1.21	Identify the signs of abuse, neglect or emotional trauma, explain local and national systems that safeguard welfare and understand how to raise concerns and act accordingly
DN 1.A	Monitor, support and reassure patients through effective communication and behavioural techniques
C 1.22	Explain the principles of preventive care
C 1.23	Underpin all patient care with a preventive approach, that takes account of patient compliance and self-care, to contribute to the patient's long-term oral and general health

DN 1.B	Explain the importance and components of a comprehensive and contemporaneous patient history
C 1.25	Describe the health risks of prescribed, non-prescribed and recreational drug use and misuse on oral and general health and how to provide appropriate advice and support including signposting or referral
C 1.26	Explain how diet and nutritional status can influence oral and general health and how to provide appropriate advice and support
C 1.31	Identify the signs of normal and abnormal facial growth, physical, mental and dental development milestones and explain their significance
C 1.36	Explain the roles and organisation of various referral networks, clinical guidelines and policies and local variation
C 1.38	Explain the responsibilities of the dental team as an access point to and from wider healthcare
C 1.42	Explain the need for effective recorded maintenance and testing of equipment and requirements for appropriate storage, handling and use of materials

## Clinical/technical skills

### Behaviour

The following are requirements for a safe practitioner:

- Adopt an evidence-based approach to clinical practice

### Learning outcomes

	<i>Assessment, diagnosis and treatment planning</i>
C 2.1.3	Assess patients' levels of anxiety, experience and expectations in respect of dental care and oral health
C 2.1.5	Contribute to relevant special investigations and diagnostic procedures
C 2.1.10	Obtain valid consent from patients explaining all the relevant factors
	<i>Patient management</i>
C 2.2.2	Manage patient anxiety appropriately, effectively and safely
DN/OT 2.A	Identify changes in the patient's reported oral health status and take appropriate action
DN 2.B	Make arrangements for follow-up care as prescribed by the operator
DN 2.C	Record an accurate and contemporaneous patient history
DN 2.D	Accurately record an oral health assessment
DN 2.E	Accurately record dental charting as carried out by other appropriate registrants
DN 2.F	Prepare records, images, equipment and materials for clinical assessment
DN 2.G	Prepare and maintain the clinical environment including the instruments and equipment
DN 2.H	Provide chairside support to the operator during treatment
DN 2.I	Prepare, mix and handle dental materials
DN 2.J	Process and manage dental radiographs and images
	<i>Safe Clinical Environment</i>
C 2.3.1	Identify and explain the risks around the clinical environment and manage these in a safe and effective manner
C 2.3.2	Implement, perform and manage effective decontamination and infection control procedures according to current guidelines
	<i>Acute conditions</i>
C 2.4.1	Identify, assess and manage medical emergencies
DN 2.K	Support the management of patients with acute oral conditions ensuring involvement of appropriate dental team members
	<i>Oral Health/Prevention</i>
C 2.5.1	Provide patients/carers with comprehensive, personalised preventive advice, instruction and intervention in a manner which is accessible, promotes self-care and motivates

	patients/carers to comply with advice and take responsibility to maintain and improve oral health
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## Domain B. Interpersonal and emotional skills

### Description

Uses interpersonal skills and emotional awareness to enable effective communication with all patients and colleagues which is underpinned by behaving in a caring, empathic and respectful way. Demonstrates effective team working and helps foster wellbeing of others.

### The key areas for Interpersonal and emotional skills are:

- **Effective communication**
- **Teamwork and wellbeing of others**

### Effective communication

#### *Behaviours*

The following are requirements for a safe practitioner:

- Communicate with care, empathy and respect in all professional interactions with patients, their representatives, the public and colleagues.

#### *Learning outcomes*

I 1.1	Describe the use of a range of communication methods and technologies and their appropriate application in support of clinical practice
I 1.2	Describe the importance of non-verbal communication, including listening skills, and the barriers to effective communication
I 1.3	Communicate effectively and sensitively, tailoring to context, by spoken, written and/or electronic means with all patients including patients whose first language is not English language (using representatives or interpreters where necessary), in relation to: <ul style="list-style-type: none"> <li>• patients with anxious or challenging behaviour or special considerations such as emotional trauma</li> <li>• difficult circumstances, such as breaking bad news, or discussing issues such as alcohol consumption, smoking, or diet</li> </ul>
I 1.4	Communicate effectively and sensitively by spoken, written and electronic means with the public
I 1.5	Communicate effectively by spoken, written and electronic means with colleagues from dental and other healthcare professions in patients' best interests in relation to: <ul style="list-style-type: none"> <li>• the direct care of individual patients</li> <li>• oral health promotion</li> <li>• raising concerns when problems arise, including where patients cause distress to staff through their behaviour</li> </ul>
I 1.7	Communicate appropriately and effectively in professional discussions and transactions with other sectors
I 1.8	Give feedback effectively to other members of the team
I 1.9	Explain the professional expectations, potential impact, and consequence of using social media as a communication tool

## Teamwork and wellbeing of others

### Behaviours

The following are requirements for a safe practitioner:

- Respect the roles of dental and other healthcare professionals in the context of learning and working in a dental and wider healthcare team;
- Demonstrate effective team working;
- Contribute to their team in providing appropriate dental care for patients;
- Take a patient-centred approach to working with the dental and wider healthcare team;
- Where appropriate refer/delegate work according to the scope of practice of the dental team, in line with competence and professional practice.

### Learning outcomes

I 2.1	Explain the responsibilities and limitations of delegating to other members of the dental team
I 2.2	Explain the role and professional responsibilities associated with appraisal; training and review of colleagues; provision of and receipt of effective feedback in the context of developing members of the dental team
I 2.3	Describe the roles of dental and other healthcare professionals in the context of learning and working in a dental and wider healthcare team
I 2.4	Explain the contribution that team members and effective team working makes to the delivery of safe and effective high-quality care, including the benefits of working in culturally diverse teams
I 2.5	Describe the team working guidance provided by the GDC and other relevant bodies
I 2.6	Describe the impact of Direct Access on each registrant group's scope of practice and its effect on dental team working
I 2.7	Describe the scope of practice of each member of the dental team and how the roles interact for effective teamwork and patient care
I 2.8	Explain the need to ensure that those who raise concerns are protected from discrimination or other detrimental effects

## Domain C. Professionalism

### Description

Demonstrates professionalism and integrity by behaving ethically, shows leadership and social accountability. Is committed to advocating for oral health, promoting good oral health and sustainable service provision in the population and across communities and addressing priority health needs for the communities.

**The key areas for professionalism are:**

- **Ethics and integrity**
- **Leadership**
- **Social accountability**

### Ethics and Integrity

#### Behaviours

The following are requirements for a safe practitioner:

- Treat your patients, members of the public and your colleagues with dignity and respect and without discrimination
- Support patients to make informed decisions about their care, making their interests your first concern
- Demonstrating cultural competence, accepting and respecting the diversity of patients and colleagues
- Provide the best possible outcome for your patients by using your knowledge and skills, acting as an advocate for their needs where appropriate
- Speak up to protect others from harm
- Raise concerns where appropriate about your own or others' health, behaviour or professional performance
- Comply with systems and processes to support safe patient care
- Act in accordance with current best practice guidelines
- Act in accordance with national and local clinical governance and health and safety requirements
- Act within the legal frameworks which inform personal behaviour, the delivery of healthcare and the protection and promotion of the health of individual patients
- Maintain contemporaneous, complete and accurate patient records in accordance with legal requirements and best practice
- Act with integrity and ensure your actions maintain the trust of colleagues, patients, and the public in you, your team, and the profession across all environments and media
- Proactively address discriminatory language, behaviour and microaggressions from colleagues, patients and other professionals
- Demonstrate personal accountability to patients, the regulator, the team and wider community
- Work in partnership with colleagues to develop and maintain an effective and supportive environment which promotes the safety and wellbeing of the patient and dental team

### *Learning outcomes*

P 1.1	Explain the importance of contemporaneous, complete and accurate patient records in accordance with legal requirements and best practice
P 1.2	Describe the legal responsibilities of maintaining and protecting patients' information
P 1.3	Describe diversity, equality, inclusion and discrimination and the underpinning legislation, and explain how to apply these principles to manage patients with protected characteristics and work within the dental team (noting that this legislation may differ in England, Scotland, Wales and Northern Ireland)
P 1.4	Describe the GDC's expectations and requirements as set out in regulations and guidance and other relevant laws, ethical guidance and systems (In addition to the above legal frameworks)
	Explain the importance of having appropriate indemnity arrangements in place for both the professional and patient
P 1.5	Explain the importance of candour and effective communication with patients when things go wrong or when dealing with a complaint.
P 1.6	Explain how and where to report any patient safety issues which arise
P 1.7	Explain the responsibilities of, and how to, raise concerns about your own or others' health, behaviour or professional performance as described in GDC guidance
P 1.8	Explain the attributes of professional attitudes and behaviour in all environments and media, including interaction with social media
P 1.9	Explain the principles and procedures for good complaints handling
P 1.10	Describe the responsibility that dental practices and individual practitioners have in compliance with legal and regulatory frameworks

## Leadership

### Behaviours

The following are requirements for a safe practitioner:

- Where appropriate lead, manage and take professional responsibility for the actions of colleagues and other members of the team involved in patient care.

### Learning outcomes

P 2.1	Describe the differences between management and leadership
P 2.2	Describe own management and leadership role and the range of skills and knowledge required to do this effectively
P 2.3	Describe how you would take responsibility for the quality of services and devices provided to the patient

## Social accountability

### Behaviours

The following are requirements for a safe practitioner:

- Contribute positively to the healthcare communities of which they are a part of.

### Learning Outcomes

P 3.1	Discuss the basic principles of a population health approach including demographic and social trends, UK and international oral health trends, determinants of health and inequalities in health, and the ways in which these are measured and current patterns
P 3.2	Describe the dental and wider healthcare systems dental professionals work within including local and national health policy and organisation, delivery of healthcare and equity
P 3.3	Describe and evaluate the role of health promotion in terms of the changing environment, community and individual behaviours to deliver health gain
P 3.4	Evaluate evidence-based prevention at a community / population level
P 3.5	Explain the principles of planning oral health care for communities to meet needs and demands
P 3.6	Describe the principles and limitations of the currently available options for funding of dental healthcare provision for individual patients
P 3.7	Discuss the ethical challenges associated with providing patient care within the current dental healthcare systems
P 3.8	Describe the considerations of the management of resources in provision of care decisions including appropriate use of primary and secondary care networks
P 3.9	Describe the importance of collaboration across the health and social care sector for the benefit of communities and individual patients
P3.10	Describe and where appropriate support patients to negotiate the barriers and challenges which prevent sections of the population accessing oral healthcare, including patients from marginalised populations and patients with protected characteristics
P 3.11	Describe the main principles relating to sustainable oral health care, and the challenges/barriers to implementing a sustainable approach.
P 3.12	Evaluate and apply the evidence base in relation to the environmental impacts of common treatment methods and approaches to the delivery of dental care

## Domain D. Self-management

### Description

Can self-manage, adapt, and respond to different situations using insight and reflection. Plans and manages their time and keeps up to date with continued learning and development.

**The key areas for Self-management are:**

- **Insight**
- **Reflection, continued and self-directed learning**
- **Adaptability, well-being and personal growth**
- **Organisation and time management**

### Insight

#### Behaviours

The following are requirements for a safe practitioner:

- Accurately assess their own capabilities and limitations in the interest of high-quality patient care and seek advice from supervisors or colleagues where appropriate;
- Recognise personal assumptions, biases and prejudices and manage the impact of these on patient care and professional behaviour with colleagues, patients and wider society
- Recognise the impact of contextual factors on the health care environment and manage this professionally

#### Learning outcomes

S 1.1	Explain what is meant by the term insight in the context of professional practice
S 1.2	Explain why insight is important in ensuring safe and effective patient care, and to personal development

### Reflection, continued and self-directed learning

#### Behaviours

The following are requirements for a safe practitioner:

- Demonstrate own professional responsibility in the development of self;
- Develop and maintain professional knowledge and competence;
- Demonstrate appropriate continuous improvement activities.

#### Learning outcomes

S 2.1	Explain the principles of an evidence-based approach and evaluate an evidence base
S 2.3	Describe an appropriate model for self-reflection and how this process can be used to inform personal development, viewpoint, preconceptions, bias and behaviour
S 2.4	Explain the importance of assessment, feedback, critical reflection, identification of learning needs and appraisal in personal development planning
S 2.5	Explain the requirement of commitment to lifelong learning
S 2.6	Utilise the receipt of effective feedback in the professional development of self
S 2.7	Describe the principles of and demonstrate personal development planning, recording of evidence, and reflective practice
S 2.8	Evaluate the impact of new techniques and technologies in clinical practice
S 2.9	Describe opportunities for improvement of a clinical service or to manage / mitigate risks



## Adaptability, well-being and personal growth

### *Behaviours*

The following are requirements for a safe practitioner:

- Demonstrate engagement with systems and personal strategies which promote and maintain well-being.
- Recognise when and how to take action if wellbeing is compromised to a point of affecting an individual's role or professional relationships

### *Learning outcomes*

S 3.1	Describe ways of self-monitoring, self-care and routes of seeking appropriate advice in terms of personal wellbeing
S 3.2	Describe strategies to identify and manage the personal and emotional challenges of work, teamwork and workload
S 3.3	Describe strategies to identify and manage the personal and emotional challenges of uncertainty and change
S 3.4	Explain the role of coping strategies for 'real world' practice, such as reflection, self-acceptance, handing over to another colleague, peer support and asking for help in responding to challenges and setbacks

## Organisation and time management

### *Behaviours*

The following are requirements for a safe practitioner:

- Effectively manage their own time and resources.

## Draft 'Safe Practitioner' Document- Orthodontic Therapist

Domain A. Clinical .....	2
Clinical knowledge and its application to patient management .....	2
Clinical/technical skills .....	3
Domain B. Interpersonal and emotional skills .....	4
Effective communication .....	4
Teamwork and wellbeing of others .....	5
Domain C. Professionalism .....	5
Ethics and Integrity .....	6
Leadership.....	7
Social accountability .....	7
Domain D. Self-management.....	8
Insight.....	8
Reflection, continued and self-directed learning .....	8
Adaptability, well-being and personal growth.....	9
Organisation and time management.....	9

### Safe Practitioner domains

Domain	Subdomain
A: Clinical	<ul style="list-style-type: none"><li>• Clinical knowledge and its application to patient management</li><li>• Clinical/technical skills</li></ul>
B: Interpersonal and emotional skills	<ul style="list-style-type: none"><li>• Effective communication</li><li>• Teamwork and wellbeing of others</li></ul>
C: Professionalism	<ul style="list-style-type: none"><li>• Ethics and integrity</li><li>• Leadership</li><li>• Social accountability</li></ul>
D: Self-management	<ul style="list-style-type: none"><li>• Insight</li><li>• Reflection, continued and self-directed learning</li><li>• Adaptability, well-being and personal growth</li><li>• Organisation and time management</li></ul>

## Domain A. Clinical

### Description

Possesses the skills and underpinning knowledge to undertake clinical and technical procedures and tasks. This includes the ability to apply that knowledge and those skills to specific contexts and situations, patients, and stages of treatment including, where relevant, diagnosis, treatment planning and onward referral.

#### The key areas for clinical are:

- **Clinical knowledge and its application to patient management**
- **Clinical/technical skills**

### Clinical knowledge and its application to patient management

#### Learning outcomes

C 1.1	Explain the aetiology, pathogenesis and epidemiological trends of oral and dental disease and their application to patient management
C1.2	Describe and identify the clinical presentations of oral and dental diseases relevant to that of an orthodontic therapist and explain the principles underpinning their diagnosis, prevention and treatment
C1.3	Explain the variance in disease presentation across diverse cultural and social groups, and those with protected characteristics, and how this impacts diagnosis, prevention and treatment.
C 1.4	Explain general and systemic diseases and psychological conditions and their relevance to oral health and impact on clinical treatment, patient compliance, self-care and outcomes
C 1.5	Identify relevant and appropriate dental, oral, craniofacial and general anatomy (recognising the diversity of anatomy across the patient population) and explain their relevance to patient management
C 1.6	Describe relevant physiology and discuss its application to patient management
C 1.7	Explain the potential routes of transmission of infectious agents in dental practice, mechanisms for the prevention of infection, the scientific principles of decontamination and disinfection and their relevance to health and safety
C 1.8	Describe the scientific principles underpinning the use of materials and biomaterials and evaluate their limitations and selection, with emphasis on those used in orthodontics
C 1.9	Explain the scientific principles of medical ionizing radiation and statutory regulations and how these are applied to clinical practice
C 1.10	Describe psychological and sociological concepts and theoretical frameworks of health, illness, behavioural change and disease and how these can be applied in clinical practice
C 1.11	Discuss the importance of each component of the patient assessment process
C 1.15	Explain the principles of obtaining valid patient consent
C 1.20	Identify the signs of abuse, neglect or emotional trauma, explain local and national systems that safeguard welfare and understand how to raise concerns and act accordingly
C 1.21	Explain the principles of preventive care
C 1.22	Underpin all patient care with a preventive approach, that takes account of patient compliance and self-care, to contribute to the patient's long-term oral and general health
C 1.23	Discuss the importance of achieving a healthy oral environment prior to introduction of orthodontic treatment

C1.24	Describe the health risks of prescribed, non-prescribed and recreational drug use and misuse on oral and general health and how to provide appropriate advice and support including signposting or referral
C 1.25	Explain how diet and nutritional status can influence oral and general health and how to provide appropriate advice and support
C1.26	Describe, take account of and explain to the patient the impact of their periodontal health, including compliance with oral healthcare advice, the need for self-care in the overall treatment plan and how this influences their treatment outcomes
C 1.30	Identify the signs of normal and abnormal facial growth, physical, mental and dental development milestone and explain their significance
C 1.31	Explain developmental or acquired occlusal abnormalities
C1.32	Identify and explain the principles of timely interception and interceptive orthodontics
OT 1.A	Explain how to undertake an orthodontic assessment and how treatment need is assessed
OT 1.B	Explain how to manage urgent limited orthodontic appliance procedures
C 1.34	Explain the roles and organisation of various referral networks, clinical guidelines and policies and local variation
C 1.36	Explain the responsibilities of the dental team as an access point to and from wider healthcare
C1.37	Explain to patients the range of contemporary orthodontic treatment options, their impact, outcomes, limitations and risks
C 1.40	Explain the need for effective recorded maintenance and testing of equipment and requirements for appropriate storage, handling and use of materials

## Clinical/technical skills

### Behaviour

The following are requirements for a safe practitioner:

- Adopt an evidence-based approach to clinical practice

### Learning outcomes

	<i>Assessment, diagnosis and treatment planning</i>
C2.1.1	Obtain, record and interpret a comprehensive and contemporaneous patient history, taking into account social and/or cultural sensitivities
C 2.1.3	Assess patients' levels of anxiety, experience and expectations in respect of dental care and oral health
C 2.1.5	Contribute to relevant special investigations and diagnostic procedures
C 2.1.6	Undertake an orthodontic assessment
C 2.1.10	Obtain valid consent from patients explaining all the relevant factors
C 2.1.11	Assess own capabilities and limitations and refer patients for treatment or advice when and where appropriate
	<i>Patient management</i>
C 2.2.2	Manage patient anxiety appropriately, effectively and safely
C 2.2.5	Monitor and review treatment outcomes and patient response to advice, providing aftercare, follow-up and ongoing preventive advice and intervention.
	Identify changes in the patient's reported oral health status and take appropriate action
	<i>Safe Clinical Environment</i>
C 2.3.1	Identify and explain the risks around the clinical environment and manage these in a safe and effective manner

C 2.3.2	Implement, perform and manage effective decontamination and infection control procedures according to current guidelines
	<i>Acute conditions</i>
C 2.4.1	Identify, assess and manage medical emergencies
C 2.4.2	Manage patients with acute oral conditions ensuring involvement of appropriate dental team members
	<i>Oral Health/Prevention</i>
C 2.5.1	Provide patients/carers with comprehensive, personalised preventive advice, instruction and intervention in a manner which is accessible, promotes self-care and motivates patients/carers to comply with advice and take responsibility to maintain and improve oral health
	<i>Orthodontic treatment</i>
OT 2.A	Identify common problems related to orthodontic treatment and take appropriate action
OT 2.B	Undertake orthodontic procedures as prescribed by the referring practitioner

## Domain B. Interpersonal and emotional skills

### Description

Uses interpersonal skills and emotional awareness to enable effective communication with all patients and colleagues which is underpinned by behaving in a caring, empathic and respectful way. Demonstrates effective team working and helps foster wellbeing of others.

### The key areas for Interpersonal and emotional skills are:

- **Effective communication**
- **Teamwork and wellbeing of others**

### Effective communication

#### Behaviours

The following are requirements for a safe practitioner:

- Communicate with care, empathy and respect in all professional interactions with patients, their representatives, the public and colleagues.

#### Learning outcomes

I 1.1	Describe the use of a range of communication methods and technologies and their appropriate application in support of clinical practice
I 1.2	Describe the importance of non-verbal communication, including listening skills, and the barriers to effective communication
I 1.3	Communicate effectively and sensitively, tailoring to context, by spoken, written and/or electronic means with all patients including patients whose first language is not English language (using representatives or interpreters where necessary), in relation to: <ul style="list-style-type: none"> <li>• patients with anxious or challenging behaviour or special considerations such as emotional trauma</li> <li>• difficult circumstances, such as breaking bad news, or discussing issues such as alcohol consumption, smoking, or diet</li> </ul>
I 1.4	Communicate effectively and sensitively by spoken, written and electronic means with the public

I 1.5	Communicate effectively by spoken, written and electronic means with colleagues from dental and other healthcare professions in patients' best interests in relation to: <ul style="list-style-type: none"> <li>the direct care of individual patients</li> <li>oral health promotion</li> <li>raising concerns when problems arise, including where patients cause distress to staff through discriminatory behaviour</li> </ul>
I 1.7	Communicate appropriately and effectively in professional discussions and transactions with other sectors
I 1.8	Give feedback effectively to other members of the team
I 1.9	Explain the professional expectations, potential impact, and consequence of using social media as a communication tool

## Teamwork and wellbeing of others

### *Behaviours*

The following are requirements for a safe practitioner:

- Respect the roles of dental and other healthcare professionals in the context of learning and working in a dental and wider healthcare team;
- Demonstrate effective team working;
- Contribute to their team in providing appropriate dental care for patients;
- Take a patient-centred approach to working with the dental and wider healthcare team;
- Where appropriate refer/delegate work according to the scope of practice of the dental team, in line with competence and professional practice.

### *Learning outcomes*

I 2.1	Explain the responsibilities and limitations of referring to other members of the dental team
I 2.2	Explain the role and professional responsibilities associated with appraisal; training and review of colleagues; provision of and receipt of effective feedback in the context of developing members of the dental team
I 2.3	Describe the roles of dental and other healthcare professionals in the context of learning and working in a dental and wider healthcare team
I 2.4	Explain the contribution that team members and effective team working makes to the delivery of safe and effective high-quality care, including the benefits of working in culturally diverse teams
I 2.5	Describe the team working guidance provided by the GDC and other relevant bodies
I 2.6	Describe the impact of Direct Access on each registrant group's scope of practice and its effect on dental team working
I 2.7	Describe the scope of practice of each member of the dental team, and how the roles interact for effective teamwork and patient care
I 2.8	Explain the need to ensure that those who raise concerns are protected from discrimination or other detrimental effects

## Domain C. Professionalism

### *Description*

Demonstrates professionalism and integrity by behaving ethically, shows leadership and social accountability. Is committed to advocating for oral health, promoting good oral health and sustainable service provision in the population and across communities and addressing priority health needs for the communities.

**The key areas for professionalism are:**

- **Ethics and integrity**
- **Leadership**
- **Social accountability**

## Ethics and Integrity

### *Behaviours*

The following are requirements for a safe practitioner:

- Treat your patients, members of the public and your colleagues with dignity and respect and without discrimination
- Support patients to make informed decisions about their care, making their interests your first concern
- Demonstrating cultural competence, accepting and respecting the diversity of patients and colleagues
- Provide the best possible outcome for your patients by using your knowledge and skills, acting as an advocate for their needs where appropriate
- Speak up to protect others from harm
- Raise concerns where appropriate about your own or others' health, behaviour or professional performance
- Comply with systems and processes to support safe patient care
- Act in accordance with current best practice guidelines
- Act in accordance with national and local clinical governance and health and safety requirements
- Act within the legal frameworks which inform personal behaviour, the delivery of healthcare and the protection and promotion of the health of individual patients
- Maintain contemporaneous, complete and accurate patient records in accordance with legal requirements and best practice
- Act with integrity and ensure your actions maintain the trust of colleagues, patients, and the public in you, your team, and the profession across all environments and media
- Proactively address discriminatory language, behaviour and microaggressions from colleagues, patients and other professionals
- Demonstrate personal accountability to patients, the regulator, the team and wider community
- Work in partnership with colleagues to develop and maintain an effective and supportive environment which promotes the safety and wellbeing of the patient and dental team

### *Learning outcomes*

P 1.1	Explain the importance of contemporaneous, complete and accurate patient records in accordance with legal requirements and best practice
P 1.2	Describe the legal responsibilities of maintaining and protecting patients' information
P 1.3	Describe equality, diversity, inclusion and discrimination and the underpinning legislation, and explain how to apply these principles to manage patients with protected characteristics and working within the dental team (noting that this legislation may differ in England, Scotland, Wales and Northern Ireland)
P 1.4	Explain cultural competence and its relevance in assessing the needs and planning care for patients from diverse backgrounds
P 1.5	Describe the GDC's expectations and requirements as set out in regulations and guidance and other relevant laws, ethical guidance and systems (In addition to the above legal frameworks)

P 1.6	Explain the importance of having appropriate indemnity arrangements in place for both the professional and patient
P 1.7	Explain the importance of candour and effective communication with patients when things go wrong or when dealing with a complaint.
P 1.8	Explain how and where to report any patient safety issues which arise
P 1.9	Explain the responsibilities of, and how to, raise concerns about your own or others' health, behaviour or professional performance as described in GDC guidance.
P 1.10	Explain the attributes of professional attitudes and behaviour in all environments and media, including interaction with social media
P 1.11	Explain the procedures for good complaints handling
P 1.12	Describe the responsibility that dental practices and individual practitioners have in compliance with legal and regulatory frameworks

## Leadership

### Behaviours

The following are requirements for a safe practitioner:

- Where appropriate lead, manage and take professional responsibility for the actions of colleagues and other members of the team involved in patient care.

### Learning outcomes

P 2.1	Describe the differences between management and leadership
P 2.2	Describe own management and leadership role and the range of skills and knowledge required to do this effectively
P 2.3	Describe how to take responsibility for the quality of services and devices provided to the patient

## Social accountability

### Behaviours

The following are requirements for a safe practitioner:

- Contribute positively to the healthcare communities of which they are a part of.

### Learning Outcomes

P 3.1	Discuss the basic principles of a population health approach including demographic and social trends, UK and international oral health trends, determinants of health and inequalities in health, and the ways in which these are measured and current patterns
P 3.2	Describe the dental and wider healthcare systems dental professionals work within including local and national health policy and organisation, delivery of healthcare and equity
P 3.3	Describe and evaluate the role of health promotion in terms of the changing environment, community and individual behaviours to deliver health gain
P 3.4	Evaluate evidence-based prevention at a community / population level
P 3.5	Explain the principles of planning oral health care for communities to meet needs and demands
P 3.6	Describe the principles and limitations of the currently available options for funding of dental healthcare provision for individual patients
P 3.7	Discuss the ethical challenges associated with providing patient care within the current dental healthcare systems
P 3.8	Describe the considerations of the management of resources in provision of care decisions including appropriate use of primary and secondary care networks



P 3.9	Describe the importance of collaboration across the health and social care sector for the benefit of communities and individual patients
P3.10	Describe and where appropriate support patients to negotiate the barriers and challenges which prevent sections of the population accessing oral healthcare, including patients from marginalised populations and patients and patients with protected characteristics <sup>1</sup>
P 3.11	Describe the main principles relating to sustainable oral health care, and the challenges/barriers to implementing a sustainable approach.
P 3.12	Evaluate and apply the evidence base in relation to the environmental impacts of common treatment methods and approaches to the delivery of dental care

## Domain D. Self-management

### Description

Can self-manage, adapt, and respond to different situations using insight and reflection. Plans and manages their time and keeps up to date with continued learning and development.

**The key areas for Self-management are:**

- **Insight**
- **Reflection, continued and self-directed learning**
- **Adaptability, well-being and personal growth**
- **Organisation and time management**

### Insight

#### Behaviours

The following are requirements for a safe practitioner:

- Accurately assess their own capabilities and limitations in the interest of high-quality patient care and seek advice from supervisors or colleagues where appropriate;
- Recognise personal assumptions, biases and prejudices and manage the impact of these on patient care and professional behaviour with colleagues, patients and wider society
- Recognise the impact of contextual factors on the health care environment and manage this professionally

#### Learning outcomes

S 1.1	Explain what is meant by the term insight in the context of professional practice
S 1.2	Explain why insight is important in ensuring safe and effective patient care, and to personal development

## Reflection, continued and self-directed learning

### Behaviours

The following are requirements for a safe practitioner:

- Demonstrate own professional responsibility in the development of self;
- Develop and maintain professional knowledge and competence;
- Demonstrate appropriate continuous improvement activities.

#### Learning outcomes

S 2.1	Explain the principles of an evidence-based approach and evaluate an evidence base
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S 2.3	Describe an appropriate model for self-reflection and how this process can be used to inform personal development, viewpoint, preconceptions, bias and behaviour
S 2.4	Explain the importance of assessment, feedback, critical reflection, identification of learning needs and appraisal in personal development planning
S 2.5	Explain the requirement of commitment to lifelong learning
S 2.6	Utilise the receipt of effective feedback in the professional development of self
S 2.7	Describe the principles of and demonstrate personal development planning, recording of evidence, and reflective practice
S 2.8	Evaluate the impact of new techniques and technologies in clinical practice
S 2.9	Describe opportunities for improvement of a clinical service or to manage / mitigate risks

## Adaptability, well-being and personal growth

### *Behaviours*

The following are requirements for a safe practitioner:

- Demonstrate engagement with systems and personal strategies which promote and maintain well-being.
- Recognise when and how to take action if wellbeing is compromised to a point of affecting an individual's role or professional relationships

### *Learning outcomes*

S 3.1	Describe ways of self-monitoring, self-care and routes of seeking appropriate advice in terms of personal wellbeing
S 3.2	Describe strategies to identify and manage the personal and emotional challenges of work, teamwork and workload
S 3.3	Describe strategies to identify and manage the personal and emotional challenges of uncertainty and change
S 3.4	Explain the role of coping strategies for 'real world' practice, such as reflection, self-acceptance, handing over to another colleague, peer support and asking for help in responding to challenges and setbacks

## Organisation and time management

### *Behaviours*

The following are requirements for a safe practitioner:

- Effectively manage their own time and resources.

## Draft 'Safe Practitioner' Document- Clinical Dental Technician

Domain A. Clinical .....	2
Clinical knowledge and its application to patient management .....	2
Clinical/technical skills .....	3
Domain B. Interpersonal and emotional skills .....	4
Effective communication .....	4
Teamwork and wellbeing of others .....	5
Domain C. Professionalism .....	6
Ethics and Integrity .....	6
Leadership.....	7
Social accountability .....	7
Domain D. Self-management.....	8
Insight.....	8
Reflection, continued and self-directed learning .....	9
Adaptability, well-being and personal growth.....	9
Organisation and time management.....	10

### Safe Practitioner domains

Domain	Subdomain
A: Clinical	<ul style="list-style-type: none"><li>• Clinical knowledge and its application to patient management</li><li>• Clinical/technical skills</li></ul>
B: Interpersonal and emotional skills	<ul style="list-style-type: none"><li>• Effective communication</li><li>• Teamwork and wellbeing of others</li></ul>
C: Professionalism	<ul style="list-style-type: none"><li>• Ethics and integrity</li><li>• Leadership</li><li>• Social accountability</li></ul>
D: Self-management	<ul style="list-style-type: none"><li>• Insight</li><li>• Reflection, continued and self-directed learning</li><li>• Adaptability, well-being and personal growth</li><li>• Organisation and time management</li></ul>

## Domain A. Clinical

### Description

Possesses the skills and underpinning knowledge to undertake clinical and technical procedures and tasks. This includes the ability to apply that knowledge and those skills to specific contexts and situations, patients, and stages of treatment including, where relevant, diagnosis, treatment planning and onward referral.

#### The key areas for clinical are:

- **Clinical knowledge and its application to patient management**
- **Clinical/technical skills**

### Clinical knowledge and its application to patient management

#### Learning outcomes

C 1.1	Explain the aetiology, pathogenesis and epidemiological trends of oral and dental disease and their application to patient management
C 1.2	Describe and identify the clinical presentations of oral and dental diseases relevant to that of a clinical dental technician and explain the principles underpinning their diagnosis, prevention and treatment.
C 1.3	Explain the variance in disease presentation across diverse cultural and social groups, and those with protected characteristics, and how this impacts diagnosis, prevention and treatment.
C1.4	Explain general and systemic diseases and psychological conditions, and their relevance to oral health and impact on clinical treatment, patient compliance, self-care and outcomes
C 1.5	Identify relevant and appropriate dental, oral, craniofacial and general anatomy (recognising the diversity of anatomy across the patient population) and explain their relevance to patient management
C 1.6	Describe relevant physiology and discuss its application to patient management
C 1.7	Explain the potential routes of transmission of infectious agents in dental practice, mechanisms for the prevention of infection, the scientific principles of decontamination and disinfection and their relevance to health and safety
C 1.8	Describe the scientific principles underpinning the use of materials and biomaterials and evaluate their limitations and selection, with emphasis on those used in dentistry
C 1.9	Explain and apply the scientific principles of medical ionizing radiation and statutory regulations, and how these are applied to clinical practice
C 1.10	Explain, evaluate and apply to clinical practice psychological and sociological concepts and theoretical frameworks of health, illness, behavioural change and disease
C 1.11	Discuss the importance of each component of the patient assessment process
C 1.15	Explain the principles of obtaining valid patient consent
C 1.18	Critically evaluate all components of patient management including risks, benefits, contra-indications and indications
C 1.20	Identify the signs of abuse, neglect or emotional trauma, explain local and national systems that safeguard welfare and understand how to raise concerns and act accordingly
C 1.21	Explain the principles of preventive care
CDT/DT 1.A	Explain how the design and manufacture of custom-made dental devices can contribute to the prevention of oral disease and the interests of the patient's long-term oral, health, safety and well-being
CDT 1.B	Explain and apply the principles of evidence based and appropriate design in the manufacture and provision of custom made dental devices

C 1.22	Underpin all patient care with a preventive approach, that takes account of patient compliance and self-care, to contribute to the patient's long-term oral and general health
C 1.23	Discuss the importance of achieving a healthy oral environment prior to introduction of a prosthesis
C 1.24	Evaluate the health risks of prescribed, non-prescribed and recreational drug use and misuse on oral and general health and how to provide appropriate advice and support including signposting or referral
C 1.25	Explain how diet and nutritional status can influence oral and general health and how to provide appropriate advice and support
C1.29	Identify potential malignancy and development of tumours and explain the importance of early referral
C 1.34	Explain the roles and organisation of various referral networks, clinical guidelines and policies and local variation
C 1.36	Explain the responsibilities of the dental team as an access point to and from wider healthcare
C 1.40	Explain the need for effective recorded maintenance and testing of equipment and requirements for appropriate storage, handling and use of materials

## Clinical/technical skills

### Behaviours

The following are requirements for a safe practitioner:

- Adopt an evidence-based approach to clinical practice.

### Learning outcomes

	<i>Assessment, diagnosis and treatment planning</i>
C 2.1.1	Obtain, record and interpret a comprehensive and contemporaneous patient history, taking into account social and/or cultural sensitivities
C 2.1.2	Undertake an appropriate systematic intra- and extra-oral clinical examination
C 2.1.3	Assess patients' levels of anxiety, experience and expectations in respect of dental care and oral health
C 2.1.5	Undertake relevant special investigations and diagnostic procedures, including radiography
CDT 1.C	Manage appropriate laboratory investigations
C 2.1.7	Synthesise the full results of the patient's assessment and make clinical judgements as appropriate for the edentulous patient taking into account patient compliance, values, cultural identity self-care
C 2.1.8	Formulate a differential diagnosis or diagnoses and from there a definitive diagnosis for the edentulous patient
C 2.1.9	Formulate a personalised treatment plan, synthesising patient assessment, diagnostic data, prognosis and shared decision making as relevant to clinical dental technology
C 2.1.10	Obtain valid consent from patients explaining all the relevant factors
C 2.1.11	Assess own capabilities and limitations and refer patients for treatment or advice when and where appropriate
	<i>Patient management</i>
C 2.2.2	Prevent, diagnose and manage patient anxiety appropriately, effectively and safely
C 2.2.3	Prevent, diagnose and manage patient pain appropriately, effectively and safely
C 2.2.5	Monitor and review treatment outcomes and patient response to advice, providing aftercare, follow-up and ongoing preventive advice and intervention.
	<i>Safe Clinical Environment</i>

C 2.3.1	Identify and explain the risks around the clinical environment and manage these in a safe and effective manner
C 2.3.2	Implement, perform and manage effective decontamination and infection control procedures according to current guidelines
	<i>Acute conditions</i>
C 2.4.1	Identify, assess and manage medical emergencies
C 2.4.2	Manage patients with acute oral conditions ensuring involvement of appropriate dental team members
	<i>Oral Health/Prevention</i>
C 2.5.1	Provide patients/carers with comprehensive, personalised preventive advice, instruction and intervention in a manner which is accessible, promotes self-care and motivates patients/carers to comply with advice and take responsibility to maintain and improve oral health
	<i>Restoration &amp; replacement of teeth</i>
CDT/DT 2.A	Design, manufacture, assess and provide biomechanically sound removable devices
CDT/DT 2.B	Design, manufacture, assess and provide biomechanically sound fixed prostheses
CDT/DT 2.C	Design, manufacture, assess and provide biomechanically sound orthodontic appliances
CDT/DT 2.D	Repair and modify removable custom made dental devices to meet the needs of the patient
CDT/DT 2.E	Ensure fitness for purpose of custom made dental devices provided
CDT/DT 2.F	Evaluate for individual patients the need for more complex treatment and seek advice
CDT/DT 2.G	Carry out procedures to meet the prescription
CDT 2.H	Fit devices and appliances for the oral cavity according to prescription
CDT 2.I	Fit biomechanically sound complete dentures

## Domain B. Interpersonal and emotional skills

### Description

Uses interpersonal skills and emotional awareness to enable effective communication with all patients and colleagues which is underpinned by behaving in a caring, empathic and respectful way. Demonstrates effective team working and helps foster wellbeing of others.

### The key areas for Interpersonal and emotional skills are:

- **Effective communication**
- **Teamwork and wellbeing of others**

### Effective communication

#### Behaviours

The following are requirements for a safe practitioner:

- Communicate with care, empathy and respect in all professional interactions with patients, their representatives, the public and colleagues.

### *Learning outcomes*

I 1.1	Describe the use of a range of communication methods and technologies and their appropriate application in support of clinical practice
I 1.2	Describe the importance of non-verbal communication, including listening skills, and the barriers to effective communication
I 1.3	Communicate effectively and sensitively, tailoring to context, by spoken, written and/or electronic means with all patients, including patients whose first language is not English language (using representatives or interpreters where necessary), in relation to: <ul style="list-style-type: none"><li>• patients with anxious or challenging behaviour or special considerations such as emotional trauma</li><li>• difficult circumstances, such as breaking bad news, or discussing issues such as alcohol consumption, smoking, or diet</li></ul>
I 1.4	Communicate effectively and sensitively by spoken, written and electronic means with the public
I 1.5	Communicate effectively by spoken, written and electronic means with colleagues from dental and other healthcare professions in patients' best interests in relation to: <ul style="list-style-type: none"><li>• the direct care of individual patients</li><li>• oral health promotion</li><li>• raising concerns when problems arise, including where patients cause distress to staff through discriminatory behaviour</li></ul>
I 1.6	Use appropriate methods to provide accurate, clear and comprehensive information when referring patients to other dental and healthcare professionals
I 1.7	Communicate appropriately and effectively in professional discussions and transactions with other sectors
I 1.8	Give feedback effectively to other members of the team
I 1.9	Explain the professional expectations, potential impact, and consequence of using social media as a communication tool

## *Teamwork and wellbeing of others*

### *Behaviours*

The following are requirements for a safe practitioner:

- Respect the roles of dental and other healthcare professionals in the context of learning and working in a dental and wider healthcare team;
- Demonstrate effective team working;
- Contribute to their team in providing appropriate dental care for patients;
- Take a patient-centred approach to working with the dental and wider healthcare team;
- Where appropriate refer/delegate work according to the scope of practice of the dental team, in line with competence and professional practice.

### *Learning outcomes*

I 2.1	Explain the responsibilities and limitations of referring to other members of the dental team
I 2.2	Explain the role and professional responsibilities associated with appraisal; training and review of colleagues; provision of and receipt of effective feedback in the context of developing members of the dental team
I 2.3	Describe the roles of dental and other healthcare professionals in the context of learning and working in a dental and wider healthcare team

I 2.4	Explain the contribution that team members and effective team working makes to the delivery of safe and effective high-quality care, including the benefits of working in culturally diverse teams
I 2.5	Describe the team working guidance provided by the GDC and other relevant bodies
I 2.6	Describe the impact of Direct Access on each registrant group's scope of practice and its effect on dental team working
I 2.7	Describe the scope of practice of each member of the dental team and how the roles interact for effective teamwork and patient care
I 2.8	Explain the need to ensure that those who raise concerns are protected from discrimination or other detrimental effects

## Domain C. Professionalism

### Description

Demonstrates professionalism and integrity by behaving ethically, shows leadership and social accountability. Is committed to advocating for oral health, promoting good oral health and sustainable service provision in the population and across communities and addressing priority health needs for the communities.

**The key areas for professionalism are:**

- **Ethics and integrity**
- **Leadership**
- **Social accountability**

### Ethics and Integrity

#### Behaviours

The following are requirements for a safe practitioner:

- Treat your patients, members of the public and your colleagues with dignity and respect and without discrimination
- Support patients to make informed decisions about their care, making their interests your first concern
- Demonstrate cultural competence, accepting and respecting the diversity of patients and colleagues
- Provide the best possible outcome for your patients by using your knowledge and skills, acting as an advocate for their needs where appropriate
- Speak up to protect others from harm
- Raise concerns where appropriate about your own or others' health, behaviour or professional performance
- Comply with systems and processes to support safe patient care
- Act in accordance with current best practice guidelines
- Act in accordance with national and local clinical governance and health and safety requirements
- Act within the legal frameworks which inform personal behaviour, the delivery of healthcare and the protection and promotion of the health of individual patients
- Maintain contemporaneous, complete and accurate patient records in accordance with legal requirements and best practice
- Act with integrity and ensure your actions maintain the trust of colleagues, patients, and the public in you, your team, and the profession across all environments and media



- Proactively address discriminatory language, behaviour and microaggressions from colleagues, patients and other professionals
- Demonstrate personal accountability to patients, the regulator, the team and wider community
- Work in partnership with colleagues to develop and maintain an effective and supportive environment which promotes the safety and wellbeing of the patient and dental team

### *Learning outcomes*

P 1.1	Explain the importance of contemporaneous, complete and accurate patient records in accordance with legal requirements and best practice
P 1.2	Describe the legal responsibilities of maintaining and protecting patients' information
P 1.3	Describe diversity, equality, inclusion and discrimination and the underpinning legislation, and explain how to apply these principles to manage patients with protected characteristics and working within the dental team (noting that this legislation may differ in England, Scotland, Wales and Northern Ireland)
P 1.4	Explain cultural competence and its relevance in assessing the needs and planning care for patients from diverse backgrounds
P 1.5	Describe the GDC's expectations and requirements as set out in regulations and guidance and other relevant laws, ethical guidance and systems (In addition to the above legal frameworks)
P 1.6	Explain the importance of having appropriate indemnity arrangements in place for both the professional and patient
P 1.7	Explain the importance of candour and effective communication with patients when things go wrong or when dealing with a complaint.
P 1.8	Explain how and where to report any patient safety issues which arise
P 1.9	Explain the responsibilities of, and how to, raise concerns about your own or others' health, behaviour or professional performance as described in GDC guidance
P 1.10	Explain the attributes of professional attitudes and behaviour in all environments and media, including interaction with social media
P 1.11	Explain the principles and procedures for good complaints handling
P 1.12	Describe the responsibility that dental practices and individual practitioners have in compliance with legal and regulatory frameworks

## Leadership

### *Behaviours*

The following are requirements for a safe practitioner:

- Where appropriate lead, manage and take professional responsibility for the actions of colleagues and other members of the team involved in patient care.

### *Learning outcomes*

P 2.1	Describe the differences between management and leadership
P 2.2	Describe own management and leadership role and the range of skills and knowledge required to do this effectively
P 2.3	Describe how to take responsibility for the quality of services and devices provided to the patient

## Social accountability

### *Behaviours*

The following are requirements for a safe practitioner:

- Contribute positively to the healthcare communities of which they are a part of.

### Learning Outcomes

P 3.1	Discuss the basic principles of a population health approach including demographic and social trends, UK and international oral health trends, determinants of health and inequalities in health, and the ways in which these are measured and current patterns
P 3.2	Describe the dental and wider healthcare systems dental professionals work within including local and national health policy and organisation, delivery of healthcare and equity
P 3.3	Describe and evaluate the role of health promotion in terms of the changing environment, community and individual behaviours to deliver health gain
P 3.4	Evaluate evidence-based prevention at a community / population level
P 3.5	Explain the principles of planning oral health care for communities to meet needs and demands
P 3.6	Describe the principles and limitations of the currently available options for funding of dental healthcare provision for individual patients
P 3.7	Discuss the ethical challenges associated with providing patient care within the current dental healthcare systems
P 3.8	Describe the considerations of the management of resources in provision of care decisions including appropriate use of primary and secondary care networks
P 3.9	Describe the importance of collaboration across the health and social care sector for the benefit of communities and individual patients
P3.10	Describe and where appropriate support patients to negotiate the barriers and challenges which prevent sections of the population accessing oral healthcare, including patients from marginalised populations and patients and patients with protected characteristics
P 3.11	Describe the main principles relating to sustainable oral health care, and the challenges/barriers to implementing a sustainable approach.
P 3.12	Evaluate and apply the evidence base in relation to the environmental impacts of common treatment methods and approaches to the delivery of dental care

## Domain D. Self-management

### Description

Can self-manage, adapt, and respond to different situations using insight and reflection. Plans and manages their time and keeps up to date with continued learning and development.

### The key areas for Self-management are:

- **Insight**
- **Reflection, continued and self-directed learning**
- **Adaptability, well-being and personal growth**
- **Organisation and time management**

### Insight

#### Behaviours

The following are requirements for a safe practitioner:

- Accurately assess their own capabilities and limitations in the interest of high-quality patient care and seek advice from supervisors or colleagues where appropriate;
- Recognise personal assumptions, biases and prejudices and manage the impact of these on patient care and professional behaviour with colleagues, patients and wider society

- Recognise the impact of contextual factors on the health care environment and manage this professionally

#### *Learning outcomes*

S 1.1	Explain what is meant by the term insight in the context of professional practice
S 1.2	Explain why insight is important in ensuring safe and effective patient care, and to personal development

### Reflection, continued and self-directed learning

#### *Behaviours*

The following are requirements for a safe practitioner:

- Demonstrate own professional responsibility in the development of self;
- Develop and maintain professional knowledge and competence;
- Demonstrate appropriate continuous improvement activities.

#### *Learning outcomes*

S 2.1	Explain the principles of an evidence-based approach and evaluate an evidence base
S 2.3	Describe an appropriate model for self-reflection and how this process can be used to inform personal development, viewpoint, preconceptions, bias and behaviour
S 2.4	Explain the importance of assessment, feedback, critical reflection, identification of learning needs and appraisal in personal development planning
S 2.5	Explain the requirement of commitment to lifelong learning
S 2.6	Utilise the receipt of effective feedback in the professional development of self
S 2.7	Describe the principles of and demonstrate personal development planning, recording of evidence, and reflective practice
S 2.8	Evaluate the impact of new techniques and technologies in clinical practice
S 2.9	Describe opportunities for improvement of a clinical service or to manage / mitigate risks

### Adaptability, well-being and personal growth

#### *Behaviours*

The following are requirements for a safe practitioner:

- Demonstrate engagement with systems and personal strategies which promote and maintain well-being.
- Recognise when and how to take action if wellbeing is compromised to a point of affecting an individual's role or professional relationships

#### *Learning outcomes*

S 3.1	Describe ways of self-monitoring, self-care and routes of seeking appropriate advice in terms of personal wellbeing
S 3.2	Describe strategies to identify and manage the personal and emotional challenges of work, teamwork and workload
S 3.3	Describe strategies to identify and manage the personal and emotional challenges of uncertainty and change
S 3.4	Explain the role of coping strategies for 'real world' practice, such as reflection, self-acceptance, handing over to another colleague, peer support and asking for help in responding to challenges and setbacks

## Organisation and time management

### *Behaviours*

The following are requirements for a safe practitioner:

- Effectively manage their own time and resources.

## Draft 'Safe Practitioner' Document - Dental Technician

Domain A. Clinical .....	2
Clinical knowledge and its application to patient management .....	2
Clinical/technical skills .....	2
Domain B. Interpersonal and emotional skills .....	3
Effective communication .....	4
Teamwork and wellbeing of others .....	4
Domain C. Professionalism .....	5
Ethics and Integrity .....	5
Leadership.....	6
Social accountability .....	7
Domain D. Self-management.....	7
Insight.....	8
Reflection, continued and self-directed learning .....	8
Adaptability, well-being and personal growth.....	8
Organisation and time management.....	9

### Safe Practitioner domains

Domain	Subdomain
A: Clinical	<ul style="list-style-type: none"><li>• Clinical knowledge and its application to patient management</li><li>• Clinical/technical skills</li></ul>
B: Interpersonal and emotional skills	<ul style="list-style-type: none"><li>• Effective communication</li><li>• Teamwork and wellbeing of others</li></ul>
C: Professionalism	<ul style="list-style-type: none"><li>• Ethics and integrity</li><li>• Leadership</li><li>• Social accountability</li></ul>
D: Self-management	<ul style="list-style-type: none"><li>• Insight</li><li>• Reflection, continued and self-directed learning</li><li>• Adaptability, well-being and personal growth</li><li>• Organisation and time management</li></ul>

## Domain A. Clinical

### Description

Possesses the skills and underpinning knowledge to undertake routine clinical and technical procedures and tasks. This includes the ability to apply that knowledge and those skills to specific contexts and situations, patients, and stages of treatment including, where relevant, diagnosis, treatment planning and onward referral.

#### The key areas for clinical are:

- **Clinical knowledge and its application to patient management**
- **Clinical/technical skills**

### Clinical knowledge and its application to patient management

#### Learning outcomes

C1.1	Explain the aetiology, pathogenesis and epidemiological trends of oral and dental disease and its application to patient management
C 1.2	Describe abnormalities of the oral cavity and the rest of the patient and their effect on dental devices.
C 1.5	Describe relevant and appropriate dental, oral, craniofacial and general anatomy (recognising the diversity of anatomy across the patient population) and explain their relevance to patient management
C 1.6	Explain the potential routes of transmission of infectious agents in the dental laboratory, mechanisms for the prevention of infection, the scientific principles of decontamination and disinfection and their relevance to health and safety
DT 1.B	Explain the procedures used in the design and manufacture of custom made dental devices
C 1.8	Explain the scientific principles underpinning the use of materials and biomaterials and evaluate their limitations and selection, with emphasis on those used in dentistry
C 1.15	Explain the principles of obtaining valid patient consent
C 1.20	Explain the signs of abuse, neglect or emotional trauma, explain local and national systems that safeguard welfare and understand how to raise concerns and act accordingly
C 1.21	Explain the principles of preventive care
CDT/DT 1.A	Explain how the design and manufacture of custom made dental devices can contribute to the prevention of oral disease and the interests of the patient's long-term oral, health, safety and well-being
C 1.23	Discuss the importance of achieving a healthy oral environment prior to introduction of a prosthesis
C 1.34	Explain the roles and organisation of various referral networks, clinical guidelines and policies and local variation
C 1.36	Explain the responsibilities of the dental team as an access point to and from wider healthcare
C 1.40	Explain the need for effective recorded maintenance and testing of equipment and requirements for appropriate storage, handling and use of materials

### Clinical/technical skills

#### Behaviours

The following are requirements for a safe practitioner:

- Adopt an evidence-based approach to clinical practice.

### *Learning outcomes*

	<i>Assessment, diagnosis and treatment planning</i>
C 2.1.10	Obtain valid consent from patients explaining all the relevant factors
C 2.1.11	Assess own capabilities and limitations and refer patients for treatment or advice when and where appropriate
C 2.1.3	Assess patients' levels of anxiety, experience and expectations in respect of dental care and oral health
	<i>Safe Clinical Environment</i>
C 2.3.1	Identify and explain the risks around the laboratory environment and manage these in a safe and effective manner
C 2.3.2	Implement, perform and manage effective decontamination and infection control procedures according to current guidelines, taking into account their effect on materials
	<i>Acute conditions</i>
C 2.4.1	Identify, assess and manage medical emergencies
	<i>Oral Health/Prevention</i>
C 2.5.1	Provide patients/carers with comprehensive, personalised preventive advice, instruction and intervention in a manner which is accessible, promotes self-care and motivates patients/carers to comply with advice and take responsibility to maintain and improve oral health
	<i>Restoration &amp; replacement of teeth</i>
CDT/DT 2.A	Design, manufacture, assess and provide biomechanically sound removable devices
CDT/DT 2.B	Design, manufacture, assess and provide biomechanically sound fixed prostheses
CDT/DT 2.C	Design, manufacture, assess and provide biomechanically sound orthodontic appliances
CDT/DT 2.D	Repair and modify custom made dental devices to meet the needs of the patient
CDT/DT 2.E	Ensure fitness for purpose of custom made dental devices provided
CDT/DT 2.F	Evaluate for individual patients the need for more complex treatment and seek advice
CDT/DT 2.G	Carry out procedures to meet the prescription
DT 2.H	Assess and ensure fitness for purpose of custom made dental devices and propose alternative solutions where required.
DT 2.I	Explain and apply the principles of evidence based and appropriate design in the manufacture and provision of custom-made dental devices

## Domain B. Interpersonal and emotional skills

### *Description*

Uses interpersonal skills and emotional awareness to enable effective communication with all patients and colleagues which is underpinned by behaving in a caring, empathic and respectful way. Demonstrates effective team working and helps foster wellbeing of others.

**The key areas for Interpersonal and emotional skills are:**

- **Effective communication**
- **Teamwork and wellbeing of others**

## Effective communication

### *Behaviours*

The following are requirements for a safe practitioner:

- Communicate with care, empathy and respect in all professional interactions with patients, their representatives, the public and colleagues.

### *Learning outcomes*

I 1.1	Describe the use of a range of communication methods and technologies and their appropriate application in support of the practice of dental technology
I 1.2	Describe the importance of non-verbal communication, including listening skills, and the barriers to effective communication
I 1.3	Communicate effectively and sensitively, tailoring to context, by spoken, written and/or electronic means with all patients, including patients whose first language is not English language (using representatives or interpreters where necessary), in relation to: <ul style="list-style-type: none"> <li>• patients with anxious or challenging behaviour or special considerations such as emotional trauma</li> <li>• difficult circumstances or discussing issues such as alcohol consumption, smoking, or diet</li> </ul>
I 1.4	Communicate effectively and sensitively by spoken, written and electronic means with the public
I 1.5	Communicate effectively by spoken, written and electronic means with colleagues from dental and other healthcare professions in patients' best interests in relation to: <ul style="list-style-type: none"> <li>• the direct care of individual patients</li> <li>• oral health promotion</li> <li>• raising concerns when problems arise, including where patients cause distress to staff through discriminatory behaviour</li> </ul>
I 1.6	Use appropriate methods to provide accurate, clear and comprehensive information when referring patients to other dental and healthcare professionals
I 1.7	Communicate appropriately and effectively in professional discussions and transactions with other sectors
I 1.8	Give feedback effectively to other members of the team
I 1.9	Explain the professional expectations, potential impact, and consequence of using social media as a communication tool

## Teamwork and wellbeing of others

### *Behaviours*

The following are requirements for a safe practitioner:

- Respect the roles of dental and other healthcare professionals in the context of learning and working in a dental and wider healthcare team;
- Demonstrate effective team working;
- Contribute to their team in providing appropriate dental care for patients;
- Take a patient-centred approach to working with the dental and wider healthcare team;
- Where appropriate refer/delegate work according to the scope of practice of the dental team, in line with competence and professional practice.



### Learning outcomes

I 2.1	Explain the responsibilities and limitations of referring to other members of the dental team
I 2.2	Explain the role and professional responsibilities associated with appraisal; training and review of colleagues; provision of and receipt of effective feedback in the context of developing members of the dental team
I 2.3	Describe the roles of dental and other healthcare professionals in the context of learning and working in a dental and wider healthcare team
I 2.4	Explain the contribution that team members and effective team working makes to the delivery of safe and effective high-quality care, including the benefits of working in culturally diverse teams
I 2.5	Describe the team guidance provided by the GDC and other relevant bodies
I 2.6	Describe the impact of Direct Access on each registrant group's scope of practice and its effect on dental team working
I 2.7	Describe the scope of practice of each member/registrant of the dental team and how the roles interact for effective teamwork and patient care
I 2.8	Explain the need to ensure that those who raise concerns are protected from discrimination or other detrimental effects

## Domain C. Professionalism

### Description

Demonstrates professionalism and integrity by behaving ethically, shows leadership and social accountability. Is committed to advocating for oral health, promoting good oral health and sustainable service provision in the population and across communities and addressing priority health needs for the communities.

#### The key areas for professionalism are:

- **Ethics and integrity**
- **Leadership**
- **Social accountability**

### Ethics and Integrity

#### Behaviours

The following are requirements for a safe practitioner:

- Treat your patients, members of the public and your colleagues with dignity and respect and without discrimination
- Support patients to make informed decisions about their care, making their interests your first concern
- Demonstrating cultural competence, accepting and respecting the diversity of patients and colleagues
- Provide the best outcome for your patients by using your knowledge and skills, acting as an advocate for their needs where appropriate
- Speak up to protect others from harm
- Raise concerns where appropriate about your own or others' health, behaviour or professional performance
- Comply with systems and processes to support safe patient care
- Act in accordance with current best practice guidelines
- Act in accordance with national and local clinical governance and health and safety requirements

- Act within the legal frameworks which inform personal behaviour, the delivery of healthcare and the protection and promotion of the health of individual patients
- Maintain contemporaneous, complete and accurate patient records in accordance with legal requirements and best practice
- Act with integrity and ensure your actions maintain the trust of colleagues, patients, and the public in you, your team, and the profession across all environments and media
- Proactively address discriminatory language and behaviour and microaggressions from colleagues, patients and other professionals
- Demonstrate personal accountability to patients, the regulator, the team and wider community
- Work in partnership with colleagues to develop and maintain an effective and supportive environment which promotes the safety and wellbeing of the patient and dental team

### *Learning outcomes*

P 1.1	Explain the importance of contemporaneous, complete and accurate patient records in accordance with legal requirements and best practice
P 1.2	Describe the legal responsibilities of maintaining and protecting patients' information
P 1.3	Describe diversity, equality, inclusion and discrimination and the underpinning legislation, and explain how to apply these principles to manage patients with protected characteristics and work within the dental team (noting that this legislation may differ in England, Scotland, Wales and Northern Ireland)
P 1.4	Explain cultural competence and its relevance in assessing the needs and planning care for patients from diverse backgrounds
P 1.5	Describe the GDC's expectations and requirements as set out in regulations and guidance and other relevant laws, ethical guidance and systems (In addition to the above legal frameworks)
P 1.6	Explain the importance of having appropriate indemnity arrangements in place for both the professional and patient
P 1.7	Explain the importance of candour and effective communication with patients when things go wrong or when dealing with a complaint.
P 1.8	Explain how and where to report any patient safety issues which arise
P 1.9	Explain the responsibilities of, and how to, raise concerns about your own or others' health, behaviour or professional performance as described in GDC guidance.
P 1.10	Explain the attributes of professional attitudes and behaviour in all environments and media, including interaction with social media
P 1.11	Explain the procedures for good complaints handling
P 1.12	Describe the responsibility that dental practices and individual practitioners have in compliance with legal and regulatory frameworks

## *Leadership*

### *Behaviours*

The following are requirements for a safe practitioner:

- Where appropriate lead, manage and take professional responsibility for the actions of colleagues and other members of the team involved in patient care.

### *Learning outcomes*

P 2.1	Describe the differences between management and leadership
P 2.2	Describe own management and leadership role and the range of skills and knowledge required to do this effectively

P 2.3	Describe how to take responsibility for the quality of services and devices provided to the patient
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## Social accountability

### Behaviours

The following are requirements for a safe practitioner:

- Contribute positively to the healthcare communities of which they are a part of.

### Learning Outcomes

P 3.1	Discuss the basic principles of a population health approach including demographic and social trends, UK and international oral health trends, determinants of health and inequalities in health, and the ways in which these are measured and current patterns
P 3.2	Describe the dental and wider healthcare systems dental professionals work within including local and national health policy and organisation, delivery of healthcare and equity
P 3.3	Describe and evaluate the role of health promotion in terms of the changing environment, community and individual behaviours to deliver health gain
P 3.4	Evaluate evidence-based prevention at a community / population level
P 3.5	Explain the principles of planning oral health care for communities to meet needs and demands
P 3.6	Describe the principles and limitations of the currently available options for funding of dental healthcare provision for individual patients
P 3.7	Discuss the ethical challenges associated with providing patient care within the current dental healthcare systems
P 3.8	Describe the considerations of the management of resources in provision of care decisions including appropriate use of primary and secondary care networks
P 3.9	Describe the importance of collaboration across the health and social care sector for the benefit of communities and individual patients
P3.10	Describe and where appropriate support patients to negotiate the barriers and challenges which prevent sections of the population accessing oral healthcare, including patients from marginalised populations and patients and patients with protected characteristics
P 3.11	Describe the main principles relating to sustainable oral health care, and the challenges/barriers to implementing a sustainable approach.
P 3.12	Evaluate and apply the evidence base in relation to the environmental impacts of common treatment methods and approaches to the delivery of dental care

## Domain D. Self-management

### Description

Can self-manage, adapt, and respond to different situations using insight and reflection. Plans and manages their time and keeps up to date with continued learning and development.

**The key areas for Self-management are:**

- **Insight**
- **Reflection, continued and self-directed learning**
- **Adaptability, well-being and personal growth**
- **Organisation and time management**

## Insight

### Behaviours

The following are requirements for a safe practitioner:

- Accurately assess their own capabilities and limitations in the interest of high-quality patient care and seek advice from supervisors or colleagues where appropriate;
- Recognise personal assumptions, biases and prejudices and manage the impact of these on patient care and professional behaviour with colleagues, patients and wider society
- Recognise the impact of contextual factors on the health care environment and manage this professionally

### Learning outcomes

S 1.1	Explain what is meant by the term insight in the context of professional practice
S 1.2	Explain why insight is important in ensuring safe and effective patient care, and to personal development

## Reflection, continued and self-directed learning

### Behaviours

The following are requirements for a safe practitioner:

- Demonstrate own professional responsibility in the development of self;
- Develop and maintain professional knowledge and competence;
- Demonstrate appropriate continuous improvement activities.

### Learning outcomes

S 2.1	Explain the principles of an evidence-based approach and evaluate an evidence base
S 2.3	Describe an appropriate model for self-reflection and how this process can be used to inform personal development, viewpoint, preconceptions, bias and behaviour
S 2.4	Explain the importance of assessment, feedback, critical reflection, identification of learning needs and appraisal in personal development planning
S 2.5	Explain the importance of, and requirement for commitment to lifelong learning
S 2.6	Utilise the receipt of effective feedback in the professional development of self
S 2.7	Describe the principles of and demonstrate personal development planning, recording of evidence, and reflective practice
S 2.8	Evaluate the impact of new techniques and technologies as they relate to dental technology
S 2.9	Describe opportunities for improvement of a clinical service or to manage / mitigate risks

## Adaptability, well-being and personal growth

### Behaviours

The following are requirements for a safe practitioner:

- Demonstrate engagement with systems and personal strategies which promote and maintain well-being.
- Recognise when and how to take action if wellbeing is compromised to a point of affecting an individual's role or professional relationships

### *Learning outcomes*

S 3.1	Describe ways of self-monitoring, self-care and routes of seeking appropriate advice in terms of personal wellbeing
S 3.2	Describe strategies to identify and manage the personal and emotional challenges of work, teamwork and workload
S 3.3	Describe strategies to identify and manage the personal and emotional challenges of uncertainty and change
S 3.4	Explain the role of coping strategies for 'real world' practice, such as reflection, self-acceptance, debriefing, handing over to another colleague, peer support and asking for help in responding to challenges and setbacks

### *Organisation and time management*

#### *Behaviours*

The following are requirements for a safe practitioner:

- Effectively manage their own time and resources.

## EDI Strategy Update

<b>Executive Director</b>	Dawn Bettridge, Interim Executive Director, Organisational Development
<b>Author(s)</b>	Dawn Bettridge, Interim Executive Director, Organisational Development John Middleton, Head of Organisational Development and Inclusion
<b>Type of business</b>	For approval
<b>Purpose</b>	This paper provides Council with an EDI Strategy update, including a new prioritised EDI framework to support the delivery of the strategy, and an update on activity delivered in the last 18 months.
<b>Issue</b>	In June 2022 the Council agreed that a revised EDI Action Plan to support the delivery of the EDI Strategy should be considered by Council.
<b>Recommendation</b>	Council is asked to approve the new EDI framework and note the progress made to date against deliverables from the EDI Action Plan agreed in 2020.

### 1. Introduction and Background

- 1.1 In June 2022, the Council accepted the advice of the Audit and Risk Committee (ARC) that the Equality Diversity and Inclusion (EDI) Action Plan did not provide assurance of risk mitigation. The Council noted the issues that had arisen in relation to the implementation of the EDI Strategy and required a prioritised and focused action plan. Council also requested that the executive reported on the EDI deliverables over the last year.
- 1.2 This paper provides Council with a new EDI framework in Appendix 1 (replacing the original EDI Action Plan), to deliver the EDI Strategy, and focused initially on 4 priorities for delivery across the next 3-9 months. An update on activities delivered in the last 18 months based on the original action plan is also provided in Appendix 2.
- 1.3 The revised framework was scrutinised by the ARC in September 2022. ARC confirmed that the new Plan provides a good direction of travel and an acceptable degree of assurance regarding the priorities and proposals. However, the committee requested that measures were further developed around outputs and, where possible, outcomes, on which ARC could reach a conclusion regarding the level of assurance provided. . Going forward, the ARC would see regular updates on the measures and any exceptions to enable them to provide assurance to Council on the degree to which EDI risks were being addressed by the EDI framework.
- 1.4 This will be supplemented by a narrative quarterly update giving progress on the delivery of outcomes, where SMART measures are less practicable or appropriate.
- 1.5 Council is asked to approve the new EDI framework and plan and note the progress made to date against on the deliverables from the EDI Action Plan agreed in 2020.

### 2. Improving how we deliver the EDI Strategy

- 2.1 Following the last Council meeting in June, the Executive Management Team (EMT) completed an EDI workshop to determine the most appropriate way to deliver the EDI Strategy. Consideration was given to the steer from ARC for a simple and pragmatic framework including

3-5 priorities with clear outcomes to generate evidence and momentum of delivery in the next 6 months.

- 2.2 The EDI framework is a simple design to ensure a direct connection exists between the GDC Corporate Strategy, the EDI Strategy and EDI delivery plans. The slides in Appendix 1 include a visual representation of the EDI framework, illustrating how the EDI Strategy aligns with four business priorities supported by four delivery plans. This is accompanied by a detailed timeline to outline how and by when the EDI priorities will be delivered.
- 2.3 Further work is underway to develop measures for the outputs (and outcomes where this is possible) and to confirm the corporate reporting process for the EDI framework.
- 2.4 The framework will ensure that focus on EDI is strategically aligned and prioritised with sufficient detail in the timeline, enabling EMT to track the delivery of the priorities. The EDI priorities will be agreed by EMT on a quarterly rolling review, with regular updates to ARC and Council.
- 2.5 The proposed framework is designed to provide assurance of delivery of the EDI Strategy up to and including December 2023. The EDI Strategy is due a refresh by the end of 2023 with the work due to commence mid-2023 in parallel with the delivery plans.
- 2.6 The Project Management Office was engaged to assist in creating a more accessible and simplified framework. A timeline included in Appendix 1 outlines the proposed schedule for reviewing the priorities and identifying future priorities.
- 2.7 The proposed new EDI framework has four initial priorities:

<b>Priority 1</b>	Our People understand our statutory EDI obligations and what it means for them
<b>Priority 2</b>	Registrants, witnesses and the public can all effectively engage with the new hearings service.
<b>Priority 3</b>	To attract and retain talented people to work at the GDC
<b>Priority 4</b>	Complete the improvement of data collection of quality assured EDI data across the business.

- 2.8 Each of the priorities is designed to link with one of the three strategic objectives of the EDI Strategy and will be sponsored by a member of the EMT.
- 2.9 A copy of the revised Framework is attached in Appendix 1.

### 3. Current action

- 3.1 The original EDI Action Plan, which comprised 104 actions, was reviewed with the action owners to capture key deliverables completed during the previous 18 months. In addition, the Project Management Office has clarified individual actions which have not yet commenced, or which remain in progress.
- 3.2 Appendix 2 outlines the completed actions and outcomes from the 2021-2022 EDI Action plan.
- 3.3 In November 2022 the Organisational Development (OD) team will update EMT Board on the four priorities in the new Framework and EMT will consider the timeline for the next set of business priorities for 2023 to provide EMT, the ARC and the Council additional assurance of risk mitigation in the delivery of the EDI Strategy.

### 4. Legal, policy and national considerations

- 4.1 The EDI Strategy is intended to ensure compliance with the Equality Act 2010 and our Public Sector Equality Duty (PSED), but the objectives go beyond our minimum legal obligations.
- 4.2 In delivering the EDI Strategy, we will help the organisation utilise the robust data sets that the Research team are currently compiling. This will ensure the GDC is able to respond effectively to PSA Standard 3 going forward.

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

- 5.1 Any work that is undertaken as part of the action plan will have consideration for any EDI impact and an Equality Impact Assessment will be developed as required for any change projects.

## **6. Risk considerations**

- 6.1 The Organisational Development operational risk register contains risks that 'EDI considerations and responsibilities are not known or understood throughout the GDC' and 'appropriate actions and processes are not identified and implemented throughout the GDC to support EDI requirements and best practice'. The EDI Strategy and the accompanying delivery framework act as mitigation and controls.

## **7. Resource considerations and CCP**

- 7.1 At present the work undertaken is driven by the Organisational Development (OD) team. Future priority campaigns and training interventions may need to be commissioned externally by the OD team if in-house capacity and/or capability is a preventing progress.
- 7.2 EDI activity is currently funded by corporate training budget. Funding will be sourced for this work as required e.g. from any OD underspend. After this we would seek to vire budget across directorates or pull from the contingency budget with Chief Executive approval.
- 7.3 The EDI Action Plan is not an appropriate initiative for a project or programme governance structure and is not being proposed as a corporate project in the CCP 2023-25. We are working towards EDI being classified as business as usual. Corporate reporting is required until assurance is provided by the ARC that the work is embedded into normal business practice.

## **8. Monitoring and review**

- 8.1 The internal audit team conduct quarterly updates on the status of the EDI action plan. The next review is due in January 2023 against the revised plan. When the framework is approved by Council, the Terms of Reference for the advisory reviews will be amended with consideration to include the output and impact of the plan. This will be done in consultation with the in-house audit team.
- 8.2 It is proposed that EMT and ARC receive regular EDI updates on the measures and any exceptions to enable the ARC to provide assurance to Council on the degree to which EDI risks were being addressed by the framework.
- 8.3 The development of the process for progression and measures for each priority are being developed and will return to the ARC for consideration.

## **9. Next steps and communications**

- 9.1 A communications and engagement plan will be developed to support the activities in each of the four priority delivery plans.

## **Appendices**

- Appendix 1 New EDI framework and priorities for action  
Appendix 2 Summary of EDI deliverables in 2021/22

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06 September 2022



# EDI framework

Revised priority plans

September 2022

# **Revised EDI actions – a new approach**

- In June 2022, Council concluded that the current action plan for the Equality Diversity and Inclusion (EDI) strategy required amendment and a new SMART, prioritised, action plan was needed
- An overarching EDI framework has been developed to create a ‘golden thread’ from the Corporate Strategy to the EDI Strategy and delivery plans – with clearly defined priorities and campaigns. The EDI framework will shape and inform future priorities as the work evolves.
- Following a workshop with EMT in July 2022, four priorities were identified that focus on delivering clear outcomes over the next six months. Each priority has a delivery plan outlining realistic timescales.
- Each of the four EDI priorities is sponsored by a member of the EMT and each priority for the proposed plan will be accompanied by a supporting campaign.
- The new EDI Priorities and campaigns will be accompanied by a Communications and Engagement plan.
- A review of the previous EDI action plan has captured what has been achieved over the past two years.

# **EDI framework – explained**

- The EDI Framework is designed to show how EDI priority activity is integral to the delivery of existing strategic and operational business objectives.
- The Framework provides Board Assurance that appropriate mitigations and controls are in place to address the following risks on the operational risk register:
  - (Risk: EDI 2) EDI considerations and responsibilities are not known or understood throughout the GDC.
  - (Risk: EDI 4) Appropriate actions and processes are not identified and implemented throughout the GDC to support EDI requirements and best practice.
- The EDI framework is a simple design to ensure a direct connection exists between the GDC Corporate Strategy, the EDI Strategy and EDI priority delivery plans.
- The framework will ensure that our focus on EDI is strategically aligned and prioritised with sufficient detail in the delivery plans so that EMT can track and deliver what we say we will. The EDI priorities will be agreed by EMT on a quarterly rolling review, with regular updates to ARC and Council.
- The EDI Strategy is due a refresh by the end of 2023, so the proposed EDI framework is designed to provide assurance of delivery of the EDI Strategy up to and including December 2023. The Strategy refresh will run in parallel to the priority delivery plans from mid 2023.

# EDI framework

## Corporate Strategy

We protect, promote and maintain the health, safety and wellbeing of the public, and uphold professional standards and confidence in the dental team.

## EDI Strategy

EDI Strategy Vision 2021-2023: The GDC will be a champion of diversity, equality and inclusion inside our organisation, with the sector we regulate, and with the public.

## EDI Strategic Objectives

### Stakeholders: Registrants

**Objective 1** - Ensuring that our regulatory activity is fair, transparent and accessible to all.

### Stakeholders: The Public

**Objective 2** - Ensuring the public are able to engage effectively with our services.

### Stakeholders: Our Workforce

**Objective 3** - Embedding an inclusive workplace culture at all levels in the GDC where all staff feel valued, welcome, integrated and included.

## First set of EDI Priorities

**Priority 1** - To ensure our people understand our statutory EDI obligations and what it means for them in their daily work. (linked to objective 3)

**Priority 2** - Registrants, witnesses and the public can all effectively engage with the new hearings service (linked to objective 2)

**Priority 3** - To attract and retain talented people to work at the GDC (linked to objective 3)

**Priority 4** - Complete the improvement of data collection of quality assured EDI data across the business (linked to objective 1)

## Outputs Outcomes Timescales

See separate slides for details

**Priority 1:**

Our People understand our statutory EDI obligations and what it means for them in their daily work.

Lead: Lisa-Marie Williams

**Why?**

- To improve our staff and managers' understanding of what the GDCs statutory EDI obligations are, how these relate to our primary statutory objectives, and what that means for staff in their daily work.

**Inputs**

- Review and categorise functions across the organisation, creating separate learning groups
- Create learning materials for the organisation, setting EDI within the context of the overall GDC framework
- Deliver learning and development sessions for groups of staff.

**Outputs**

- All staff will have attended a development session which sets out how EDI duties operate within the GDC's statutory framework
- Materials created and feedback gained from sessions will be used to create content for induction and regular refresher training

**Outcomes**

- Assurance that the GDC is delivering services which do not discriminate.
- An understanding of how EDI works within the wider statutory framework and the ability to spot where improvements can be made.

# Timeline – priority 1 delivery plan

Priority 1	Quarter 4 – 2022	Quarter 1 – 2023
<p>Our People understand our statutory EDI obligations and what it means for them in their daily work.</p> <p>(new priority)</p>	<ul style="list-style-type: none"><li>• A set of high-level overview of EDI obligations that cover both the GDC as a whole and specific functions.</li><li>• Round table discussions with key stakeholders in the statutory functions to explore the implications of EDI obligations in relation to activity with their areas.</li><li>• Capture high level assessments of compliance against our statutory EDI obligations.</li><li>• Material published internally on the intranet, supported by internal communications, setting out obligations with examples, to assist thinking</li><li>• Development programme that covers all staff on their responsibility with their role.</li><li>• Development of training framework for ongoing EDI training, including induction/onboarding and refresher training. (link to Priority 3)</li></ul>	<ul style="list-style-type: none"><li>• Review the feedback from the development programme and make relevant amendments to further development programmes.</li><li>• Review the findings from assessments of the compliance of our EDI obligations.</li><li>• Asses any findings from the sessions held with colleagues, where issues have been identified, and which may support the identification of future priorities.</li></ul>

## **Priority 2:**

Registrants, witnesses and the public can all effectively engage with the new hearings service  
Lead: John Cullinane

### **Why?**

- Ensure the new Hearings service is accessible to all users, (particularly people with disabilities) including effective, accessible mechanisms for feedback.
- No-one accessing the hearings service should be disadvantaged, irrespective of their disability, physical or mental health.

### **Inputs**

- Undertake an accessibility review the hearings service to understand where users may require help.
- Consult/engage with users to understand their needs and requirements when accessing the hearings service.
- Review and consider accessibility, with appropriate adaptations or mitigations in place.
- Review Equalities Act 2010 to understand any further adaptations that may be required.

### **Outputs**

- Service users are able to give feedback easily and effectively.
- Potential barriers are managed and mitigated where it is practicable to do so.
- Service users know how to get help and support if they need it.
- Training provided to all hearings staff to give them the skills to identify when users may need more support and make that available to them.

### **Outcomes**

- Hearing Services recognised as a fair, transparent accessible service by all stakeholders
- Staff feel enabled and empowered to provide the service that users need.

# Timeline – priority 2 delivery plan

Priority 2	Work already completed	Quarter 4 – 2022	Quarter 1 – 2023
<p>Registrants, witnesses and the public can all effectively engage with the new hearings service</p> <p>(Priority based on current activity)</p>	<ul style="list-style-type: none"> <li>• Third party design agency recruited to design an accessible, user-friendly website.</li> <li>• New website built to be accessible, to Web Content Accessibility Guidelines (WCAG) AA standard</li> <li>• All content reviewed and rewritten in updated GDC tone of voice.</li> <li>• Stakeholder engagement workshop and user testing undertaken before launch to ensure new service meets the needs of dental professionals.</li> <li>• Templates and letters updated to make it easier for users to understand the process, what's required of them, and where they can get support.</li> <li>• Usability testing post launch with the public to understand the extent to which the new service and the information provided meets their expectations and needs.</li> </ul>	<ul style="list-style-type: none"> <li>• Engage with Shaw Trust to complete external accessibility review of website.</li> <li>• Staff training, focused on customer service, including understanding of accessibility requirements.</li> <li>• Review public feedback on content and system improvements to identify and implement any quick wins.</li> <li>• Develop and publish updated feedback form, with opportunity for users to provide additional information on EDI.</li> <li>• Engage with users to understand what channels they want to access to engage with the hearings service.</li> <li>• Review existing support available to registrant and witnesses.</li> <li>• Identify physical changes that are required for hearings suite to make the building accessible for people with physical disabilities.</li> <li>• Review existing dental hearings accessibility statement to ensure it fully meets our EDI ambitions.</li> <li>• Committee Chairs and staff training: dealing with difficult people.</li> </ul>	<ul style="list-style-type: none"> <li>• Shaw Trust report by end of Q1 2022.</li> <li>• Further work to complete any outstanding content changes or system improvements to website.</li> <li>• Additional staff training to enable them to proactively identify people who may require additional support.</li> <li>• Provide paper with costings for enhanced support options for registrants and witnesses, including changes to building.</li> <li>• EDI training for all Hearings staff.</li> </ul>

## Not in scope

- EDI training for all committee members.
- Tone of Voice training for Committee Chairs.
- Report writing training for Committee Chairs and Committee Secretaries to ensure that the language used in the determinations is accessible and written in simple language (Plain English).
- Recommendations from the Shaw Trust review to be considered in future development phases.



### **Priority 3:**

To attract and retain talented people to work at the GDC

Lead: Dawn Bettridge

#### **Why?**

- We are experiencing high rates of staff turnover and it is increasingly difficult to recruit talent in a fiercely competitive job market.
- An inclusive workforce and workplace is integral to maintaining a positive employer reputation.

#### **Inputs**

- Communicate to all staff the work that is being delivered internally on 'Inclusion and Belonging' led by the OD directorate.
- Improve the collation and reporting of workforce EDI data to inform future targeted EDI related activity and campaigns.

#### **Outputs**

- More structured, long-term, approach to EDI training
- Improved HR policies so that staff know how to raise EDI related issues appropriately and managers know how to effectively approach a solution.
- Improved EDI workforce reporting with enhanced reporting on our EDI workforce profiles across all protected characteristics.
- Improved workforce planning.

#### **Outcomes**

- Improved staff retention and reduced staff turnover.
- We attract quality job candidates and have less unsuccessful recruitment campaigns.
- Staff understand what we mean (and what we don't mean) by an inclusive workplace culture.
- Staff understand the best routes to raise issues to get things to happen quickly.
- Increased employee engagement % (an engaged workforce is a signal of high productivity)

# Timeline – priority 3 delivery plan

Priority 3	Quarter 4 – 2022	Quarter 1 – 2023
<p>To attract and retain talented people to work at the GDC</p> <p>(new priority)</p>	<ul style="list-style-type: none"> <li>• Develop a framework for ongoing EDI training, including induction &amp; onboarding, refresher training (link to Priority 1)</li> <li>• Review and update EDI training as part of the induction process for new staff.</li> <li>• Provide access to unconscious bias training for all GDC employees.</li> <li>• Promote the current EDI activity within the GDC, supported by an internal communications plan.</li> <li>• Improve the % of EDI data held on our workforce by promoting how we use staff data and its importance – and how staff can update it themselves.</li> <li>• Review relevant people management policies and update where necessary to make the guidance makes it easier for managers to manage. Ensure staff know how to raise EDI related issues appropriately and managers know how to effectively approach a solution.</li> </ul>	<ul style="list-style-type: none"> <li>• Develop and deliver EDI training focused on managers who are responsible for recruitment.</li> <li>• Review feedback from Q4 EDI training to inform future EDI staff training requirements.</li> <li>• Review stakeholder feedback to inform the next set of prioritised workforce EDI activity in line with business priorities.</li> <li>• Review of workforce EDI data reporting, identifying where we currently use data and develop a priority plan for areas of improvement that will underpin workforce planning.</li> <li>• Report on new EDI measures and Key Performance Indicators (KPI's).</li> </ul>

## **Priority 4:**

Complete the improvement of data collection of quality assured EDI data across the business

Lead : Stefan Czerniawski

### **Why?**

- To understand correlation of stakeholder experience and particular outcomes with EDI characteristics.
- To evaluate the effectiveness of actions we and others take
- To inform future improvement campaigns

### **Inputs**

- Complete improvements to informant and witness EDI data capture
- All research and evaluation includes quality assured EDI data capture
- Complex statistical analysis of EDI data that we and others hold
- Continued use of external evidence to inform action (other regulators, parts of the dental sector)

### **Outputs**

- Informant and witness data capture improvement is completed.
- Reporting of research activity and analyses (including Enhanced Continuing Professional Development (ECPD) and FtP.
- Opportunities for further improvement identified in co-production and engagement with stakeholders

### **Outcomes**

- Quality assured EDI data informs our response to addressing discrimination in accessing our services.
- Robust evaluation of the effectiveness of our actions and our performance
- Evidence underpins what we share with others in the sector to address discrimination more broadly.

# Timeline – priority 4 delivery plan

Priority 4	Quarter 4 – 2022	Quarter 1 – 2023
EDI data from registrants, witnesses and informants	<ul style="list-style-type: none"><li>• Engagement plan to continue to share the registrant EDI data findings with wider groups of stakeholders</li><li>• Plan to implement the IT changes needed to improve data capture for witnesses and informants</li><li>• Ongoing plan for EDI related analyses of Fitness to Practice (FTP) data</li><li>• Internal learning events to share findings from the 'FTP Unlocking the Potential' report</li><li>• 'FTP Unlocking the Potential' report published</li><li>• Inform future work: data strategy, FtP KPI development and FtP data improvement</li></ul>	<ul style="list-style-type: none"><li>• Engagement plan to reach witnesses and informants at the right point in individual FTP cases to encourage them to provide EDI data</li><li>• Engagement plan to work with patient representative organisations and ask for their support to encourage patients to provide data</li><li>• Monitoring to learn from the flow of EDI data from witnesses and informants in FTP cases</li><li>• Data strategy and implementation approved</li></ul>

# 18mth timeline - a rolling set of priorities

	Q4 2022	Q1 2023	Q2 2023	Q3 2023	Q4 2023	Q1 2024
Priorities and Campaigns (Set 1)	<p>Report on the delivery of the first 4 EDI priorities and campaigns</p> <p>Develop measures and reporting mechanisms (for outputs and outcomes).</p>	<p>Delivery of set 1 Campaigns</p> <p>Advisory review on progress (February)</p> <p>EMT review of progress of set 1 Campaigns (March)</p>	<p>Update to ARC to consider mitigations against Risk</p> <p>Update Council on Progress</p>			
Priorities and Campaigns (Set 2)	<p>Develop and agree with EMT the next set of priorities and campaigns for delivery in Q1/2 2023</p> <p>Develop a detailed delivery plan for the second set of priorities and targets</p>	<p>EMT review set 2 Priorities and campaigns (March) – These may include new or existing Priorities from Set 1 and accompanying campaigns.</p>	<p>Council Consider set 2 priorities and campaigns</p> <p>Delivery of set 2 Campaigns</p>	<p>Delivery of set 2 Campaigns</p> <p>Advisory review on progress (August)</p> <p>EMT review of progress of Set 2 campaigns (Sept)</p>	<p>Update to ARC to consider mitigations against Risk</p> <p>Update Council on Progress</p>	
Priorities and Campaigns (Set 3)			<p>OD review future Priorities and campaigns</p>	<p>EMT review set 3 Priorities and campaigns (Sept) – These may include new or existing Priorities from Set 2 and accompanying campaigns.</p>	<p>Council Consider set 3 priorities and campaigns</p> <p>Delivery of set 3 Campaigns</p>	<p>Delivery of set 3 Campaigns</p> <p>Advisory review on progress (February)</p> <p>EMT review of progress of Set 2 campaigns (February)</p>
Review of EDI Strategy			<p>Start preparation of a refresh to the EDI Strategy – to go live in 2024</p>			<p>Review of Progress and success of EDI Strategy. In preparation for Revised EDI Strategy.</p>

## Appendix 2 - Deliverables captured from the 2021/22 EDI Action Plan

The table below provides an overview of the work completed for the EDI strategy (@June 2022).

Action	Outcomes
<b>Improved data collection – Staff</b> <ul style="list-style-type: none"> <li>Revision of Equality monitoring forms to capture improved information in a respect and inclusive manner</li> <li>Updating the onboarding process for collection of data from new staff</li> <li>Improving the ease of updating personal data through the use of the new Connect system.</li> </ul>	<p>We now hold 77% of our EDI data for our Staff. This will improve our ability to understand the diversity of our staff.</p> <p>Further work is required to best use and analyse the data held.</p>
<b>Improved Data collection – Associates</b> <ul style="list-style-type: none"> <li>Revision of Equality monitoring forms to capture improved information in a respect and inclusive manner</li> <li>Updating the onboarding process for collection of data from new associates</li> <li>Campaign to collect data from existing associates</li> </ul>	<p>We now hold 94% of EDI data for our associates. This will improve our ability to understand the diversity of our associates.</p> <p>Further work is required to best use and analyse the data held.</p>
<b>Improved Data collection – Registrants</b> <ul style="list-style-type: none"> <li>Revision of Equality monitoring forms to capture improved information in a respect and inclusive manner</li> <li>Content in Registrants newsletter</li> <li>Encouraging DCP to update EDI data as part of their annual renewal process</li> <li>Social media updates for registrants</li> </ul>	<p>We now hold 92% of EDI data for registrants. This will improve our ability to understand the diversity of our registrants. Please see next section (research) for further information.</p>
<b>Research Themes</b> <ul style="list-style-type: none"> <li>Aligned the Data strategy with the Data strategy</li> <li>Data strategy approved, including direction for EDI.</li> </ul>	<p>The development of an EDI research action plan, coupled with the data collection in previous section, has resulted in:</p> <ul style="list-style-type: none"> <li>More detailed EDI information for 2021 registration and FtP statistical reports</li> <li>Further statistical analyses of FtP to explore ED&amp;I correlations</li> <li>Continuing our work to understand the diversity of our registrants</li> <li>Research into the impact if COVID on professionals and Businesses</li> <li>Publishing COVID 19 Findings</li> <li>An annual EDI report to be accompany the ARA (2023)</li> </ul> <p>The second phase of this work will form the 1<sup>st</sup> Priority of the revised action plan.</p>

<p><b>Accessibility</b></p> <ul style="list-style-type: none"> <li>• Extensive work and upskilling of staff regarding 'tone of voice' including revising external facing communication to be more inclusive and accessible.</li> <li>• Ensuring the website is accessible to all members of the public.</li> </ul>	<p>All GDC external publications and website are now fully accessible, which has been assured by a 'Shaw Trust accessibility audit.' Fully compliant with W3C Web Content Accessibility Guidelines (WCAG) 2.1, up to conformance level AA.</p> <p>There has been a review of Registration and CAIT standard communication. The Tone of Voice (ToV) &amp; Plain English for staff is running through 2022.</p>
<p><b>Assurance</b></p> <ul style="list-style-type: none"> <li>• The improvement of conducting and monitoring of Equality impact assessments.</li> </ul>	<p>The revision of the EIA forms and supporting documents has been completed. This process is being actively used as standard practice within the projects team.</p> <p>Further work is required to improve the use the EIA in all areas of the GDC.</p>
<p><b>Corporate complaints</b></p> <ul style="list-style-type: none"> <li>• Ensuring our corporate complaints process enables us to capture EDI themes</li> </ul>	<p>A revised corporate complaints policy was agreed in October 2021, which contains processes for capturing EDI themes.</p>
<p><b>Improved opportunities for EDI discussions</b></p> <ul style="list-style-type: none"> <li>• The formation and support structures, of staff networks</li> </ul>	<p>Engagement of staff (please see slides below)</p> <p>The GDC now has 4 staff networks (Disability, Race, Gender, and LGBTQ+). They are different points of forming and embedding themselves into the organisation, but they have regular meeting to facilitate conversation within the GDC started to design and deliver bespoke campaigns.</p> <p>Each of the networks is sponsored by a member of EMT</p> <p>Further work is planned to support the networks to embed themselves, support by OD and the framework for groups and forums developed by the Governance team.</p>

## Engagement activity

General  
Dental  
Council

# Internal Engagement

### EDI strategy launched, with monthly intranet articles about each objective



### Gender Equality Together Network formed. Menopause awareness



### REACH network: Celebrating Black History Month



### Celebrating diversity and encouraging new networks to form – LGBT+ network



### Creating an inclusive environment with stories about faith



General  
Dental  
Council

# External Engagement

### Encouraging dental professionals to provide EDI data

Ensuring we are fair, transparent, and accessible to all: calling on the UK dental team to review and update your equality data

07 July, 2021 by Marie-Jeanne Royer

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Our research and intelligence team have been reviewing our equality data and working to update our monitoring form, here the newest member of the team, Marie-Jeanne Royer, Research Officer, explains the importance of this data to the GDC and the whole dental team.

### Highlighting social inequalities through research



### Promoting mental health and wellbeing in collaboration with Roz McMullan

A welcome mental health and wellbeing review by the GDC

17 June, 2021 by Roz McMullan

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On the publication of our rapid evidence assessment of mental health in dentistry, expert reference group member and guest blogger, Roz McMullan, considers the research results and the need for more evidence, particularly as concerns about burnout in the dental team grow.

Lots is talked about mental health and wellbeing in dentistry, and how high levels of stress and burnout are affecting the whole dental team. Therefore, the fact that the General Dental Council (GDC) commissioned the Universities of Plymouth and Southampton, along with the Peninsula Dental School, to carry out a [rapid evidence assessment](#) on the topic is to be welcomed.

### Highlighting racism through collaboration with the BDA

Racism in dentistry: the scale and nature of the problem

06 January, 2022 by Shareena Ilyas

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Shareena Ilyas, Chair of the Ethics, Education and Dental Team Working Group and Co-Chair of the Equality, Diversity and Inclusion Committee at the British Dental Association (BDA) discusses the scale and nature of racism in dentistry, and what we can do to make a difference.

### Collaborating with others to celebrate Black History Month

Black Leaders Matter: 12 months on

05 October, 2021 by Kunmi Oluwalajana

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Celebrating the extraordinary life of Edward Tull-Warnock

20 October, 2021 by Black History Month

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## Committee Appointments 2022 - 2024

<b>Executive Director</b>	Lisa Marie Williams, Executive Director, Legal and Governance
<b>Author(s)</b>	Lord Toby Harris, Chair of Council Lee Bird, Interim Head of Governance
<b>Type of business</b>	For approval
<b>Purpose</b>	The Council is asked to approve the proposed appointments to the non-statutory Committees of the Council in line with the GDC Standing Orders for the Conduct of Business of the Council and Committees 2022
<b>Issue</b>	To present the Council with the proposed amendments to the Committee memberships
<b>Recommendation</b>	The Council is asked to <b>approve</b> the recommendations and make the proposed appointments.

### 1. Key considerations

- 1.1 The General Dental Council Standing Orders for the Conduct of Business for the Council and Committees 2022 (“the Standing Orders”), provide that the Council Chair will make proposals at a public Council Meeting for the appointment of Council Members as Non-Statutory Committee Chairs and Non-Statutory Committee Members after assessing the competencies of the Council Members.
- 1.2 Historically, it had been normal practice for the Council to appoint members to a Committee on the basis of a two-year term. As a one off deviation to this practice, and in light of the appointment of a new Chair in October 2021, appointments were made for one-year only in September 2021.
- 1.3 Ahead of the appraisals which took place in August, Council Members were asked to state their Committee preferences, to aid discussions with the Chair. As part of the appraisals, Council Members were given the opportunity to reflect on their skills and experience and their contributions to the various Committees. The Chair has used these conversations to propose the Committee membership for 2022 – 2024.
- 1.4 The current Committee Membership is as follows:
  - a. Audit and Risk Committee (ARC): Sheila Kumar (Chair, lay Member), Simon Morrow (registrant Member), Angie Heilmann (registrant Member) and Liz Butler (independent Member).
  - b. Finance and Performance Committee (FPC): Terry Babbs (Chair, lay Member), Anne Heal (lay Member), Donald Burden (registrant Member), Ilona Blue (lay Member).
  - c. Remuneration and Nomination Committee (RemNom): Anne Heal (Chair, lay Member), Jeyanthi John (registrant Member), Caroline Logan (registrant Member), Laura Simons (lay Member), Ann Brown (independent Member).
- 1.5 The decision was taken in 2021 for Mike Lewis to step down from his membership on the Finance and Performance Committee due to external time commitments. Ilona Blue was appointed to the Council in April 2022 and joined the Finance and Performance Committee.

- 1.6 Jeyanthi John and Caroline Logan are due to demit office, following the end of their second terms, in October 2023. Both are currently members of the Remuneration and Nomination Committee.
- 1.7 The Independent Member of the Remuneration and Nomination Committee was also due to leave in 2023. However following conversations with the Chairs of Council and RemNom, it is being recommended that she stay in post for a further year to provide stability and continuity for that Committee. The Independent Member has indicated she would be willing to continue in her role. The Council, in accordance with the policy for the *Appointment of Independent Members to the Statutory Panellists Assurance Committee and the non-statutory Committees of Council of the General Dental Council*, is able to extend the terms of Independent Members as long as the extensions do not exceed one year. The Council is therefore asked to **approve the extension to the term of the Independent Member of the RemNom by one year to 2 October 2024.**
- 1.8 Liz Butler, the Independent Member of the Audit and Risk Committee, was appointed on a four-year term in June 2021.

## 2. Committee Appointments

- 2.1 The Standing Orders set out that the membership of the non-statutory Committee shall be a Chair (who needs to be a member of the Council) and two further members of the Council, of whom at least one must be a registrant and at least one must be a lay Member. The Council Chair cannot be a member of the RemNom, the ARC or the Appointments Committee (the Statutory Panellists Assurance Committee). Quorum for the non-statutory Committees is two Council Members.
- 2.2 A Committee may also, with the approval of Council, appoint an external (independent) member to the Committee.
- 2.3 Council Members may, with the agreement of the relevant Chair, attend meetings of Committee of which they are not members but may not take part in Committee discussion except with the permission of the Committee Chair, and may not take decision or vote.
- 2.4 The Chair of Council and Committee Chairs have considered the proposed approach for the composition of the non-statutory committees in some detail, considering the following factors:
- a. The impending changes to the Membership of the Council and the subsequent impact on the composition and stability of the membership of the Committees.
  - b. The generic competencies required by Members to sit on each Committee and the appraisals of Council Members.
  - c. The time commitment required to prepare and attend meetings of the Council's Committee and ensuring this aligns with the capacity of Council Members, the best use of Council Members' time as a resource, and the advertised expectations about the time commitment for a Council role.
  - d. Ensuring a balance of registrant and lay Members across the Committees.
  - e. Discussion with key individuals about their own preferences and ability to commit the time required to the roles.
- 2.5 It is proposed that the amendments to Committee memberships are made as set out in **Appendix 1**. These proposals would fulfil the requirements in the Standing Orders. As indicated above, it is proposed that these appointments are made for a two-year period to allow for stability and consistency on the Committees. This would also take the proposed Committee membership to 2024, at which point the Committee Memberships will be reviewed considering the changes to the membership of the Council.
- 2.6 In summary, it is proposed that:

- a. Mike Lewis takes up a position on the RemNom from September 2022.
  - b. The Council Member recruitment process to be undertaken in 2023 focuses on recruiting one member with the skills to sit on the ARC.
  - c. The recruitment process also focuses on recruiting to a Council Member position that will not be required to sit on a Committee.
- 2.7 It is proposed that all other Committee memberships remain unchanged.
- 2.8 With regards to (a) above, Mike Lewis has confirmed that he has the time to offer to the GDC on the RemNom. Joining the Committee in September 2022 will allow Mike one full year on the Committee before the two Members depart.
- 2.9 With regards to (c) above, in July, the RemNom discussed the medium-term recruitment and succession plans for the Council. It was suggested that the Council might benefit from a registrant member, specifically a Dental Care Practitioner, that would not be required to sit on a Committee initially in order to make the position more attractive to someone who may be at a stage of their career where they cannot devote as much time as would be required by additionally sitting on a Committee. The position would be supported by an ongoing programme of development throughout their term with the aim of resulting in the Member being reappointed for a longer term and joining a Committee. At this point, the position would be advertised again on a similar basis.
- 2.10 The Council is asked to **approve** the proposals and appointment the Council Members to the Committees as outlined in **Appendix 1** until 24 September 2024.
- 3. Legal, policy and national considerations**
- 3.1 The proposals set out in this paper are line with the Standing Orders and the legislative framework.
- 4. Equality, diversity and privacy considerations**
- 4.1 An assessment of diversity of skills and experience has been undertaken as part of the assessment of Committee appointments.
- 5. Monitoring and review**
- 5.1 It is proposed that the Committee memberships are reviewed in September 2024.
- 6. Development, consultation and decision trail**
- 6.1 The chair of Council has discussed these proposals with the governance team and key stakeholders, including the Committee Chairs and the Chief Executive. Council Members were subject to an appraisal process which took place over the summer months.
- 7. Next steps and communications**
- 7.1 Subject to the approval of the extension to the term of the Independent Member of the RemNom, the appropriate paperwork will be arranged.
- 7.2 Subject to the approval of the wider Committee Memberships, letters will be issued to Members confirming their appointments to the Committees and inductions will be arranged as appropriate.

## Appendices

- a. Proposed table of Members and Chairs of the Non-Statutory Committees of Council.

Lord Toby Harris, Chair of Council  
09 September 2022

## Appendix a

Table of Members and Chairs of the Non-Statutory committees of Council

Committee	Chair	Members
Audit and Risk Committee	Sheila Kumar	Simon Morrow Angie Heilmann <a href="#">Incoming Council Member (2023)</a> Liz Butler (Independent Member)
Finance and Performance Committee	Terry Babbs	Donald Burden Anne Heal Ilona Blue
Remuneration and Nomination Committee	Anne Heal	Laura Simons <a href="#">Mike Lewis (from September 2022)</a> Caroline Logan (demit 2023) Jeyanthi John (demit 2023) Ann Brown (Independent Member)