



Moving Upstream

January 2019

**General
Dental
Council**

protecting patients,
regulating the dental team



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This report is supported by a supplement which provides further insight into the profession, degree level dentistry provision across the UK, and trends across dentistry services. The supplement can be found at: www.gdc-uk.org/about/what-we-do/shifting-the-balance/moving-upstream

Introduction

Moving Upstream is the first edition of an annual publication, looking at the progress we have made in enabling and supporting the transformation of dental regulation, set against the backdrop of the emerging issues and challenges facing both us and the profession.

We have come a long way in recent years and it is encouraging to hear from both stakeholders and registrants that they are starting to see the results of some of the improvements being introduced.

In January 2016, we published '*Patients, Professionals, Partners, Performance*' (the 4Ps), our three-year corporate strategy. The 4Ps reflected our conclusion that our organisation needed transformational change if we were to deliver our statutory objectives effectively and efficiently – and that the wider regulatory framework needed to change in a similarly radical fashion. Even more importantly, it made clear our determination to deliver those changes, and to do so in partnership and collaboration with others.

We are now reflecting on the progress that has been made and, in 2019, we will be consulting widely on our next corporate strategy. This will build on the work that we have done and continue to do, to develop both our workforce and the cost-effective use of our resources. The new strategy will be published for consultation later this year and will cover the three-year period from 2020 to 2022.

For 2019, we have published a Business Plan, which sets out our priorities for delivery during this transitional year. You can find it at the end of this document.

Since 2015, both Council members and staff have invested considerable time and energy in reinvigorating – and sometimes repairing – existing relationships and in building new ones. We have learned a great deal from talking to the public, the profession and partners across the UK about the challenges of providing safe and effective dental care, and we continue to do so.

An early product of that re-engagement was our agenda for reform in dental regulation, which we published in January 2017 as *Shifting the balance: a better, fairer system of dental regulation*. This set out our vision of regulation as a broad range of tools designed to influence behaviour to achieve the best outcomes for the public.

We committed to moving the system forward in the following areas:

- **Moving upstream:** promoting professionalism, putting a stronger emphasis on patient protection, learning within the system, engaging more

effectively with registrants and future registrants, and developing alternative approaches to continuing professional development (CPD).

- **First-tier complaints resolution:** building better partnerships to improve the handling of patient feedback, concerns and complaints within the practice, and expanding access to mediation and other forms of resolution.
- **Working with partners:** including other regulators and equivalents and the professions themselves.
- **Refocusing fitness to practise:** being clear about the serious nature of 'impaired fitness to practise' and acting to ensure that anything short of that is dealt with using alternative tools with the right touch and providing support to patients to find the best mechanism for resolving their issue.

We have travelled a long way since 2017. *Shifting the balance*, and the associated end-to-end review of fitness to practise will continue to provide the basis for our approach to regulatory reform throughout 2019, and within our next corporate strategy.

In the following pages we provide an update of progress and our plans for taking this forward through 2019, grouped under these four headline commitments.

In 2019 we will continue the **transformation of our approach to fitness to practise**, which is delivering real improvements in the efficiency and timeliness of the process, as well as generating learning and insight which we are using to underpin other initiatives.

We have taken the first significant steps to **reform our approach to education**, with the introduction of thematic and risk-based quality assurance.

We have begun a major conversation with the public and the profession about **the nature of professionalism in dentistry** and how it is supported and developed in the public interest.

We are working up **proposals for the next phase of**

CPD reform. The first phase of reform has been well received, as you will read in the report.

Our **programme of student engagement** will be rolled out more widely as part of our ambition to revise fundamentally perceptions of the purpose and nature of regulation in the coming generations of dental professionals.

Finally, our **research and evidence capability** continues to develop and we will use it increasingly to both inform and evaluate change.

We are also working to **strengthen our operational resilience**, to equip us with the tools to face future challenges and changes in the scale and nature of concerns that are raised with us.

Of course, driving change of this nature depends on having the right people with the right skills and resources to enable them to do their jobs effectively.

Our **people strategy** is designed to underpin and support the professionalism of our own staff in their chosen disciplines, so they are well-equipped to deliver high-quality services in the public interest.

In 2019 and beyond we will continue to relocate the majority of GDC posts to a **new operational hub in Birmingham**, as part of a long-term programme which will increase our cost-effectiveness.

This is part of a major rationalisation of our estate, which will ultimately realise significant cost savings. We will restrict our London base to our Wimpole Street building, which will accommodate strategic and central administrative functions and our hearings suites. This continues to be available to us for a peppercorn rent.

All of this, of course, comes against a background of considerable external change and uncertainty, as the UK continues to negotiate its exit from the EU. This will have specific impacts on the GDC, so we must ensure we are able to respond effectively to these. You can read more about this in the report.

And, while we continue to pursue regulatory reform with vigour without relying on major legislative change, we continue to operate within a legislative framework that is now nearly 40 years old and defective in several key respects.

Nevertheless, despite all the challenges, we remain wholly optimistic about the future. There is widespread support for our programme of change, and we intend to work collaboratively with partners and the profession to make moving dental regulation upstream a reality.

Dr William Moyes



Chair
General Dental Council

Moving Upstream

Promoting Professionalism

Good healthcare depends on relationships of trust: individual relationships between patients and professionals, and collective relationships between the public and professions. That trust depends, in turn, on high standards of professionalism. We know that most dental professionals strive to achieve high standards. However, we also know that dentistry is complex and professional choices facing registrants are not always clear cut.

Our fundamental aim is to move our regulatory focus away from enforcement to one emphasising public safety, in which we are preventing harm from occurring in the first place. To help us to achieve this, we acknowledge the paramount importance of the development of a culture of professionalism in which dental professionals feel confident to do the right thing at the right time.

Our Promoting Professionalism work aims to bring greater clarity to the relationship between the public and the dental profession. It is designed to enable a new understanding of mutual expectations and obligations. While it is intended to empower dentists and dental care professionals (DCPs) to have greater confidence in their professional judgement and decision making, and provide greater freedom to make the right choices, it will be anchored firmly in the public interest.

In 2019, we will be working to foster conversations between the public and the profession to better understand their expectations around professionalism. Our understanding of these expectations will inform the development of core principles for professionalism that the profession will feel better able to own and pursue. Those principles will influence a range of our work, including the development of standards, education learning outcomes and CPD. Our ambition is for these to be jointly owned with the dental professions, and the public, and be of real practical use to registrants in their day-to-day practice.

Our aim, ultimately, is that no professional who understands their obligations, and takes them seriously, should have anything to fear from regulation.



CPD: a core element of professionalism

We know from our research that the **public expects healthcare professionals to keep their skills and knowledge up to date**. We see it as a core part of being a professional and, from our many conversations with dentists and DCPs, we know this principle enjoys strong support. As we set out in *Shifting the balance*, we are not convinced that the existing approach to CPD, based on logging hours and sending in certificates to the GDC, is providing sufficient space for professionals to take responsibility for their own development. It may also be getting in the way of making full use of the best learning resource available which is other dental professionals.

That is why we are exploring a **shift to a wholly different approach to professional development**. An approach based not on 'inputs' but on outcomes and quality of learning.

We have been busy securing evidence and working up ideas with our CPD Advisory Group for a very **open consultation in 2019**.

Those ideas are likely to include a continuing focus on the personal development plan, which is, of course, central to the **Enhanced CPD scheme**, which we introduced for dentists in January 2018 and for DCPs in August 2018. The scheme has introduced the first steps towards a more meaningful approach to professional development – a system that encourages registrants to prioritise the quality and relevance of learning activity.

Enhanced CPD also encourages professionals to focus on their 'field(s) of practice'. Distinct from the 'scope of practice', field of practice encompasses the full breadth of an individual's working life, incorporating daily role(s), activities, working environments, treatment and patients.

The first year of Enhanced CPD: A personal reflection from Council member and registrant Catherine Brady

"The introduction of Enhanced CPD was the first initiative in the GDC's *Shifting the balance* programme to directly affect registrants, including me.

I was one of the lucky ones whose individual CPD cycle coincided with the introduction of Enhanced CPD at the beginning of the year, which was not the case for all dental professionals. For some this meant that their annual CPD cycle straddled both schemes. However, I have been assured by many colleagues that the help and examples provided online for registrants in this situation were both informative and easy to follow, once they had accessed them.

As a training programme director for Foundation Dentists (FDs) I have responsibility for the educational programme that follows the FD curriculum each year. Aligning the GDC development outcomes (A, B, C, D: linked to the GDC Standards) to the four domains (Clinical, Communication, Professionalism, Leadership and Management) within the FD curriculum is now more straightforward, making it easier to identify what each course is delivering to FDs.

This provides visible assurance that a whole range of skills are being developed, not just the traditional clinical skills. I believe this has the added benefit of emphasising to FDs that the profession of dentistry involves a wider range of knowledge and skills than simply the core clinical skills; and that the reflections and personal development plans which are a large part of their foundation year, are at the heart of being a dental professional, helping FDs to embrace the concept of lifelong learning.

The feedback I have received from fellow educators during the course of my work has been passed onto the GDC and will certainly be incorporated into any future developments for CPD. This includes 'more examples on good reflections' and clarity on whether mandatory topics exist or not. Indeed, one associate postgraduate dental dean offered to produce an 'online reflection lecture' for the GDC, which illustrates the positive engagement that many educators are having with the scheme.

So, my overriding impression is that Enhanced CPD has been welcomed by both dentists and dental educators. It is still early days for DCPs, however initial feedback from a couple of DCP course managers that I have spoken to has been encouraging. It seems that, as well promoting a dental team ethos, Enhanced CPD is clearer, easier to manage and linking the learning outcomes makes it much easier for DCPs to develop an individual personal development plan that genuinely reflects their needs."

Dental education: delivering safe, well-rounded professionals into practice

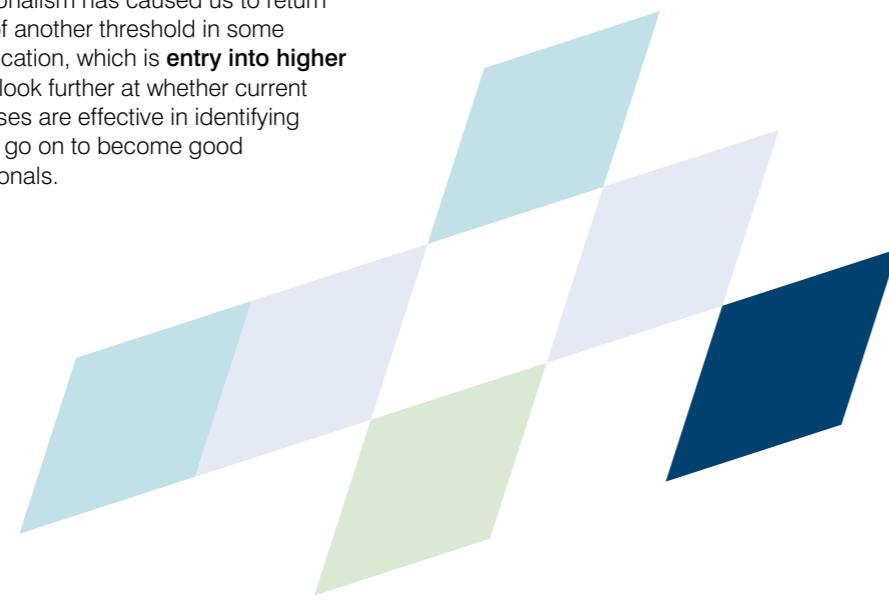
Of course, post-registration professional development is one part of a lifelong process of learning that starts with the earliest stages of dental education and training. In fact, one area that we will be exploring as part of our CPD work is how we might ensure that formal pre-registration education and training **equips professionals with the tools and desire to continue to learn throughout their careers**. We see this as an important component of promoting professionalism.

Indeed, the topic of '**preparedness for practice**' has been a subject of intense debate in the dental education and training community. It took on additional significance in 2018, when a recent graduate of a dental BDS programme withdrew from foundation training because of safety concerns. Our rapid investigation into that issue highlighted some potentially **significant fault lines in dental education**, particularly in relation to how poorer-performing students are identified and supported, and the management of their transition to foundation training.

These questions are linked to broader ones about the **purpose and nature of foundation training**: while it is designed as orientation to working in the NHS, many in the dental community have come to see it as an essential prerequisite of safe independent practice, despite its not being mandatory for all graduates. In 2019 we will explore these issues alongside relevant stakeholders.

In doing so, we will draw on the conclusions of our 2018 surveys of foundation and vocational trainees (issued jointly with the Advisory Board for Foundation Training in Dentistry), and of educational supervisors and trainers of foundation and vocational training. We have further research planned for 2019.

In a similar vein, our work on the role of education in promoting professionalism has caused us to return to the importance of another threshold in some forms of dental education, which is **entry into higher education**. We will look further at whether current admissions processes are effective in identifying those most likely to go on to become good healthcare professionals.



New approaches to quality assurance in dental education: thematic and risk-based

The academic year 2018/2019 sees us moving towards a new basis for quality assuring dental education. Following extensive consultation, we are moving away from blanket approaches to inspection in favour of **focused, thematic inquiries into the most important risks and issues**, for example, preparedness for practice, teaching of professionalism and support for poorer-performing students.

As part of this shift we will make our learning outcomes more current, responsive to emerging issues and reflective of real life in practice. They will also, over time, focus more keenly on professionalism.

The new approach will be achieved gradually, while ensuring this process works for all education providers, whether the training is delivered in a university, college or work-based context.

Specialty developments

Finally, we have been looking again at our arrangements for listing specialties and assuring the quality of specialty education. We published new standards in January 2019 and will begin quality assurance later in 2019.

Ending the 'climate of fear': the student engagement programme

Many students tell us that they enter working life experiencing a 'climate of fear'. They report many sources of information that may be contributing to this: social media, indemnity providers, peers and indeed some educators and trainers. Practicing within this climate is unlikely to support the positive qualities society wants to see in its healthcare professionals, including openness, honesty and candour. Our message is clear: no dental professional who understands their obligations to patients and the public, and takes them seriously, should have anything to fear from regulation.

In our view there is a gap to be filled at the earliest

‘Really good workshops and intro to the GDC. Thank you very much! It has given us things to think about.’

Student feedback

stages of a dental professional's career, in education and training. That gap covers the frank conversation about the trade-offs that come with pursuing healthcare – in this case dentistry in all its forms – as a vocation. Dental students are seeking to join a profession in which the public places its trust. This brings both benefits and obligations, and the role of regulation is to ensure these obligations are met.

‘I feel as though today has taught us a lot about professionalism. I feel as though there could be an added extra of ‘appropriate language’ to use as a dentist as it can be hard to phrase things in a diplomatic manner without causing offence.’

Student feedback

While we believe that clarity about these benefits and obligations should come from the way that professionalism is taught in education and training, we are also looking for ways to improve the relationship between professionals and the regulator.

In recent years we have made visible progress in building a relationship with our future registrants, informing them of our role and supporting them to understand and apply our standards. Indeed, the results of the stakeholder perceptions research which the GDC undertook in 2018, demonstrates that students are consistently more positive about the GDC than registrants.

‘It was very informative.’

Student feedback

In early 2018, we launched a **student engagement pilot**, which delivered bespoke and interactive content to predominantly dental and some DCP students in the first term of their first year at seven UK education institutions. These pilots concluded in January 2019.

The feedback from students who participated in the pilots was positive. We will use the learnings from

‘Really enjoyed it.’

Student feedback

the pilots to inform how we develop and roll out a sustainable programme of student and new registrant engagement on a yearly basis. This will include both face-to-face and other forms of engagement and will be based on the feedback we have received from students.

In 2020, we also intend to develop a student and new registrant reference group, to enable us to get greater input and feedback from students and new registrants on developments in professional regulation and to hear first-hand about their experiences.

‘Good. I liked the patient videos.’

Student feedback

In time, we hope that the only professionals who fear the GDC are those with genuine reason to do so.

First-Tier Complaints Resolution

Being the best at handling feedback and complaints

Handling feedback, concerns and complaints effectively is a fact of life for anyone providing services in today's economy. This is particularly important in dental care, which for many people is not free at the point of use. We see too many complaints raised with us which would be better handled through effective conversations between the professional and the patient.

Yet our survey results indicate that nearly half of dental patients perceive barriers to raising complaints with dental practices. The survey results also suggest that 35% of dental patients who have considered complaining have not done so because they did not know where to start. A further 20% reported they did not know who or where to go to for information on how to complain.

And this is not a recent development: these figures have remained largely consistent over the last five years during which we have conducted an annual survey into patient and public views.

In response to these findings, we decided that strengthening the way in which feedback and complaints are dealt with at the outset should be a priority within the *Shifting the balance* programme, and we committed to developing a profession-wide complaints handling initiative.

Collaborative working

We have worked, as a group, with a wide range of organisations interested in tackling this challenge. We have produced a joint statement for the profession, which focuses on handling patient feedback and concerns and promotes the benefits of both resolving those concerns at an early stage and learning from the feedback patients provide.

The same group has published a leaflet and poster providing advice for dental patients on how to raise concerns, views and feedback about their treatment. It also sets out what they should expect from their dental team, if they decide to do so.

We would like this advice to be available to patients in every clinical setting providing dental care, to support both patients and dental professionals in handling feedback and complaints. Work is now underway to deliver this aim.

The working group has also produced versions of the Regulation of Dental Services Programme Board's **Joint statement on dental complaints**, tailored to reflect dental complaints structures in Scotland and Northern Ireland. The statements clarify the roles that national bodies have in relation to feedback and complaints, so that patients receive consistent and clear signposting, both for providing feedback and complaints, and obtaining advocacy services. In Wales there are specific regulations relating to handling concerns, including complaints.

Continual improvement

This is not the end of our work to improve the way in which feedback and complaints are handled. In line with the responses we received to *Shifting the balance*, the group will be looking at ways in which we can help to facilitate a more effective and open approach to complaints handling.

This includes collecting data on complaints at the local level, to inform and support better complaints handling at the point they are first made. It also means working to remove the fear of receiving feedback and complaints that is reported by many dental professionals, so that they become something to celebrate, not fear.



Working with Partners

Our agenda for reforming dental regulation must be set against the backdrop of the environment within which we are operating. That means we work in partnership with a variety of groups and organisations to ensure that our programme aligns well with wider developments taking place across the healthcare sector. These include professional bodies, other healthcare regulators, the Department of Health & Social Care (DHSC), the devolved administrations in Scotland, Wales and Northern Ireland, the Professional Standards Authority (PSA), the Care Quality Commission (CQC) and Health Education and Improvement Wales (HEIW).

“I do believe that the GDC is improving its image by events such as that in Edinburgh, but there is a long way to go... Thank you though for starting the journey and making an effort.”

Stakeholder,
Scotland Council visit

A key group which helps join up decision making in England is the Regulation of Dental Services Programme Board (RDSPB). Comprising representatives from our organisation, the CQC, Healthwatch, NHS England, and the DHSC, the RDSPB provides a forum for coordinating discussions between organisations responsible for setting, managing and regulating how dental care is provided across England.

“Enjoyed the event and found it very useful to hear the work and relevant topics.”

Stakeholder,
Dental Professional Forum, Wales

The RDSPB aims to ensure that patients receive high-quality, safe dental services from professionals and organisations that are competent and meet national standards and that those services improve. Recent topics discussed include complaints handling, improved communications with providers and the public, oral health in care homes, the Emerging Concerns Protocol (how vital information is shared between bodies) and joining-up regulation of dental services.

“Very good meeting... Breath of fresh air. Very useful update on what is happening in Wales for dentistry.”

Stakeholder,
Dental Professional Forum, Wales

We are mindful of our UK-wide remit, and so have sought to ensure that we engage effectively across all four nations of the UK. In 2018 our Council held its June meeting in Scotland, with a two-day event in Edinburgh. The programme was constructed to enable Council members to meet a wide range of stakeholders from Scotland, as well as to demonstrate the role that the GDC plays in the regulation of dental professionals in Scotland. Plans are now underway for the Council to meet in Cardiff in May 2019, and in Belfast in 2020.

“How nice it is to see the GDC getting out and engaging with the professionals they are governing. I recommend that you continue with this... and give other registrants a chance to meet and mingle – lots of heads... lots of ideas and suggestions.”

Stakeholder,
Scotland Council visit

We have also established the Dental Professional Forum (DPF), which provides a bi-annual opportunity for the us to engage with our key stakeholders, to update them on our work and activities, and to debate issues of concern. Last November, the DPF took place in Cardiff, a first for this event. As with our plans for future Council meetings, our intention is that future DPF meetings will be planned to ensure that we demonstrate our commitment to engaging across the whole of the UK.

“I knew their purpose and appreciate it's not an easy job – but after meeting and speaking to the team, it's good to hear that you are listening and keen to take new ideas and at least think about them.”

Stakeholder,
Scotland Council visit

Putting evidence and partnership working at the heart of our activity

We firmly believe that good regulation must be underpinned by efforts to understand what is being regulated, so we can harness the positive and minimise the negative. That means gathering, analysing and using evidence.

To achieve this more effectively, we have set up a dedicated research and intelligence function. The team is responsible for commissioning and managing our research programme, in which we are investing significantly during 2019.

With our work focused on and shaped by *Shifting the balance*, we have commissioned several research projects, including a cross-regulatory research project looking at how regulators define seriousness, jointly funded with the Nursing and Midwifery Council (NMC). There is more detail about this project in the section below. We are also conducting a review of our ‘scope of practice’ and carrying out research looking at accessibility in dental complaints handling.

Where possible, we will work alongside partners, stakeholders, other regulators and the public to both determine our research priorities and maximise the benefits of our research and intelligence efforts.

This approach links directly with two of our key policy projects:

- 1 Looking at how to ensure we are being proportionate when we need to impose sanctions.
- 2 Exploring how we can best support dental care professionals and patients to consent for treatment and care more effectively.

What constitutes seriousness in fitness to practise cases?

Key to our commitment to make the system of dental regulation better for patients and fairer for dental professionals, is ensuring that we deploy our fitness to practise powers proportionately. This means focusing on serious matters that pose a real risk to public safety or confidence.

We acknowledge that many in the profession believe our focus may have become too broad over recent years, and that it has now gone beyond those cases which raise a genuine and serious question about a registrant's current fitness to practise. To address these concerns, we are aiming to establish a framework in which enforcement action is taken only in those cases in which it is necessary to protect patients, or to maintain confidence in dental services. These are cases in which there are serious shortcomings in a professional's conduct or competence.

We are undertaking a phased programme of research to understand better what constitutes seriousness for both the public and registrants. The first stage of this

research has been to compare attitudes to seriousness between the public and registrants.

We are leading this project, working in partnership with the NMC, and with the participation of several other healthcare regulators.

The work is designed to:

- Establish a clear link between fitness to practise decisions at all stages of the process and delivering our statutory objectives of protecting the public and maintaining confidence in the profession.
- Provide proportionate evidence-based guidance for those making decisions about fitness to practise cases.
- Improve clarity for patients, the public and registrants about what constitutes serious misconduct.

Values-based care project

For any dental professional, one of the most difficult aspects of providing treatment and care is securing informed consent from their patients. Ensuring a patient understands exactly what their treatment entails – including any side-effects or long-term health or lifestyle implications – is a key part of creating an effective treatment plan.

However, many of the concerns we receive, some of which later become fitness to practise cases, arise because practitioners and patients are unable, or fail, to communicate effectively with each other. Our values-based care project is looking at how dentists, working alongside other members of the dental team, can be supported to deliver dental care in a way that embraces both clinical need and a patient's individual's preferences, the core principle of 'shared decision-making'.

The project is being undertaken in partnership with the General Osteopathic Council (GOsC), the professional regulator for osteopaths, and the Collaborating Centre for Values-Based Practice in Health and Social Care.

We will be working collaboratively with registrants, professional bodies, indemnifiers and other key players in the dental world, to embed the approach within clinical practice. If successful, our long-term aim is to increase understanding between dental professionals and patients, leading to fewer concerns or complaints, and less anxiety for professionals and patients alike.

Building a leadership network

When we launched *Shifting the balance*, we were clear that we would only be able to bring about the transformational reform we were proposing through working collaboratively with both dental professionals and partners.

To achieve this, we invited anyone willing to use their leadership and resources to work alongside us to improve dental regulation, to become part of an informal leadership network. Encouragingly, professionals from a wide variety of backgrounds came forward and said they would like to become involved.

Last year we started to build that network and explore how those interested could contribute most effectively to the work underway. We held interactive sessions with educators, representative organisations, patients and professional bodies and shared views on priorities and approaches for developing a system which is supported by the profession to deliver the right outcomes for patients.

During these conversations we gained valuable insights into perspectives across all areas of the dental environment. We are taking these reflections into account as we plan next steps in transforming the way in which we regulate. A selection of views from the leadership network is captured below.

Promoting professionalism

"The mark of a professional is their response when things go wrong, the ability to reflect and change practice or behaviour is the true test."

"Nudging professionals in the right direction and positive reinforcement is likely to work much better than formal education on professionalism, there needs to be mutual trust between the profession and the regulator."

"We need to recognise the role that dentists have in demonstrating professionalism."

"The benefit professionals get from developing with their peers should not be underestimated."

"Reflective practice is important, but reflection alone is not sufficient, it needs to be translated into professional development plans or clinical practice."

Students and education

"There is nothing that can be given to students on professionalism or what it means to be a professional. The standards are online, but we need a model for education providers to support improved training in this area."

"Too often the allocation of student places is driven by exam scores, not character, values or suitability for a professional career."

"Career advisers need to become better at explaining what it means to be a dental professional, some students feel trapped, and simply don't want to be there."

"There are risks around the lack of young trained dental professionals coming through into the workforce. We need to be training more people to try and arrest the situation. It's now highly likely that there will be problems with patients being able to access care in future."

"There is more to do on CPD. There are still a lot of people working in small practices that do not have a personal development plan. Starting from a blank sheet of paper can be difficult for some dental care professionals."

"The profession seems to agree there is a need for good undergraduate education and training, but huge resistance to the need for CPD. Students need to begin with the knowledge that ongoing training is part of a career in dentistry."

Complaints handling

"We need to take a more positive view of complaints. A complaint well-handled is something to be celebrated."

"Receiving complaints in a welcoming way doesn't come naturally to most people. Feedback is normally given and received emotionally, it is only human to take it personally or to react negatively. All professionals need training in how to handle complaints – it needs to be linked to reflection and development."

"Improved and published data, providing a breakdown of complaints, would be helpful in identifying areas for development."

About the GDC

"There appears to be a disconnect in the public's understanding of the GDC's purpose, more needs to be done to help them understand the role of the regulator."

"There is a clear attempt to make a shift towards prevention, and for the regulator to become a 'facilitator of a conversation' between patients and the profession, but there needs to be a way for people to join the conversation."

"Of course, the GDC needs to be independent, but independence can be sustained while also being constructive and collaborative."

"Some registrants continue to question why the GDC is interested in what they do in their time outside of work. The GDC has not done a good job in articulating why it's interested in personal time."

"The climate of fear is real, and there is a real willingness for this to end."

"There are positive stories to be told, these need to be amplified, the GDC could do more to promote positive messaging."

Refocusing Fitness to Practise

Improving our approach to concerns about fitness to practise

The overwhelming majority of dental professionals will never have a concern raised about their fitness to practise. But if it happens and there is a case to answer, which is rare, it is in the interests of both the public and the dental professional that we address those concerns thoroughly, fairly and without unnecessary delay.

In *Shifting the balance*, we committed to refining our approach to dental regulation, so that concerns are dealt with in the right place at the right time. Enforcement should only be necessary when measures to prevent harm have not been sufficient. Even when it does become necessary, the system should be proportionate, with the most severe sanctions reserved for the most serious problems.

In short, ‘impaired fitness to practise’ is a serious matter, but anything short of that should be dealt with using alternative tools.

In 2017 we set up the end-to-end review, a comprehensive review of the existing system, to identify ways in which we could move towards achieving this. Our legislation means that we cannot take a clean sheet of paper and design a process from scratch. However, it is within our control to look at our processes afresh from the point where someone is thinking about raising a concern, right through to handling the limited number of cases where a formal hearing is required.

A fundamental part of this work has been to understand feedback from registrants and patients who have been through the fitness to practise process, and other stakeholder groups.

Further insight was supplemented by commissioning research with people who had first-hand experience of the fitness to practise process. This enhanced our appreciation that it can be both stressful and time-consuming for those who find themselves facing an allegation. Their critique and suggestions have made a significant contribution to the work we are doing to re-engineer fitness to Practise processes.

We have already made many changes, which are now starting to deliver visible improvements in our processes and in their external impacts. The work will continue through 2019, with an intention to broaden and deepen both their reach and impact.

The examples below illustrate some of the improvements that we have introduced to date.

Assessing concerns

Research undertaken with registrants and patients showed us that we needed to do more to help patients understand the best organisation with which to raise their particular type of complaint.

In the past, many of the concerns sent to us did not proceed beyond initial assessment because they did not constitute a potential allegation of impaired fitness to practise. To address this, we have introduced a signposting tool on our website, to advise people of their options if they have a concern about their dental care. It also helps them to organise their information if they decide they should raise their concerns with us.

Since its introduction, fewer than 20% of people who use this tool go on to raise these concerns with the GDC. The remainder are directed elsewhere, where their concerns can be more effectively dealt with. We have, therefore, seen a measurable decline in the number of concerns being raised that are subsequently closed at the earliest stage. This suggests the tool is helping patients to better understand our role. Receiving fewer cases that we close at initial assessment also enables us to focus resource on those which are potentially more serious.

Considering concerns

Registrants and patients made clear that the time it can take to complete a fitness to practise case can be distressing.

We were (and on occasions are) taking too long to look at concerns raised with us, so one of our early priorities was to look at ways to make the process shorter and more effective.

The Initial Assessment Decision Group, comprising clinical, legal, policy and casework staff, now meets daily to consider any new concerns that have been raised with us in the preceding 24 hours. This allows those concerns to be considered promptly and from a range of different professional perspectives. As a result, the time taken to move cases through this first part of the process has reduced by nearly 70%, from twelve days to under four.

Cases were also spending too long in the assessment stage, often because the person responsible for progressing the case was away, unavailable or had moved to a new position meaning work was regularly re-allocated between staff. To address this we ran a trial to share responsibility across a team for gathering the information needed to fully assess a case, rather than allocating a case to an individual member of staff. This

has reduced the time cases spend in this part of the process from twelve to between eight to ten weeks. The approach has now been rolled out to a broader range of cases, with encouraging results.

Hearings

We heard from patients and registrants that, for the minority of cases that proceed to a formal hearing, this part of the process can be particularly stressful.

We have piloted several initiatives to reduce or avoid delay if a practise committee is required. This is having a notable effect, both in reducing the time taken to schedule a case and improving our ability to make best use of our hearing suites.

We have improved the way we signpost registrants to other organisations who can be of assistance to them and introduced a witness support officer who can guide patients and registrants through the day, for example by showing them the hearings room and explaining its layout.

Communicating about concerns raised with us

We understand that we need to communicate clearly and sensitively throughout the fitness to practise process. This applies both to communicating with those who raise concerns and those about whom concerns are raised. As a result, we are revising all our communications, so that where possible they now use simpler, more neutral language and provide clear advice about what the recipient needs to do to move the process forward.

Preventing harm through learning from fitness to practise cases

If we are to prevent harm from occurring in the first place, we need to develop our ability to gain insight from fitness to practise cases, and to share that insight. We are enhancing our ability to extract trends and themes from the rich data that fitness to practise cases provide. We will be piloting ways of sharing insight with the professions in ways that can be easily turned in to action by professionals. An example of this work is illustrated in the Working with Partners section: What constitutes seriousness in Fitness to Practise cases?

Total numbers of concerns being raised with the GDC by year

January 2013 to December 2018



Fitness to practise data

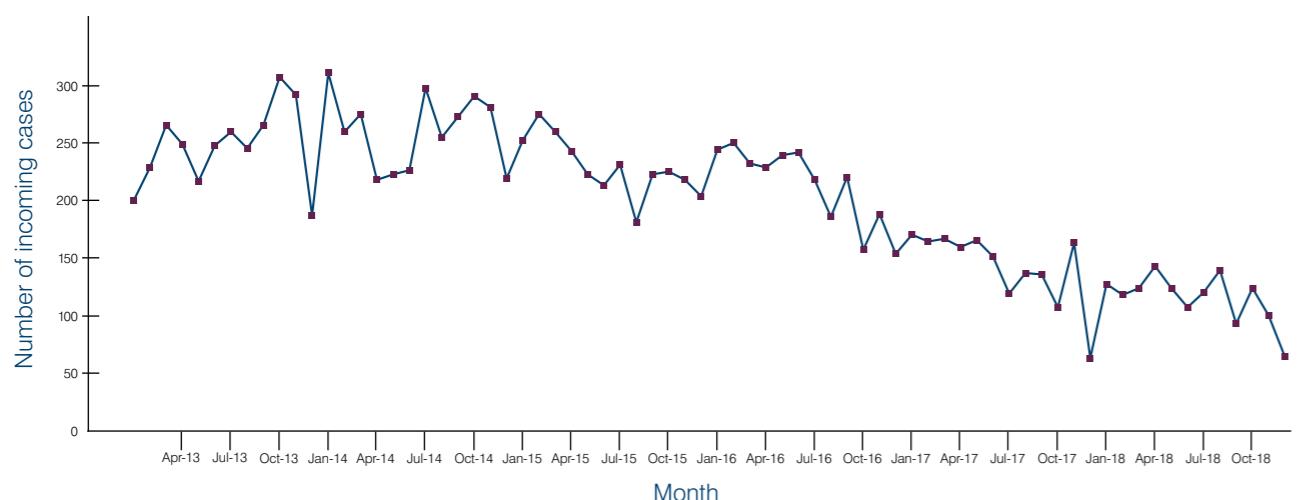
In terms of absolute figures, the numbers of concerns raised with us has been falling over the past five years, with the most dramatic decrease taking place over the past two years. It is likely that this has been, at least in part, as a consequence of changes to the way in which concerns are managed, including through the use of our signposting tool.

This trend is further illustrated by looking at the numbers of concerns raised with us on a monthly basis.

Trend Analysis of Concerns being Raised with GDC by month

January 2013 to December 2018

Incoming Cases – Trend



Changes to the way we handle concerns has also impacted on the numbers of those being dealt with at other stages of the fitness to practice process. Of note is the introduction of case examiners, and the use of the 'Initial Assessment Decision Group'.

The introduction of case examiners in November 2016 has helped to speed up the handling of cases. The change ensures that only cases that have a real prospect of being proven, and if proven, would suggest that a registrant's ability to practise would be affected, are pursued.

The introduction of the 'Initial Assessment Decision Group', in early 2018 has helped with early identification of concerns that need to be closed (and which are often redirected to more appropriate recipients) or highlighted for urgent attention.

The combined effect of these activities has been an overall reduction in the time it takes for concerns to move from assessment stage to investigation stage.



Brexit

On 20 December 2018 the Government published legislation on how European professional qualifications might be handled in the event of a "no-deal" Brexit. The legislation is technical. Sitting behind it is significant complexity and uncertainty.

European law on mutual recognition – the Mutual Recognition of Professional Qualifications Directive, or MRPQ – is a key part of the framework for free movement of people. The new legislation makes provision for what will happen if it comes to an end.

17% of dentists on the UK register are European qualified. In a typical year, 23% of new applications are from Europe. MRPQ requires the GDC to recognise them automatically. Whilst a significant proportion of dental care in the UK is currently provided by EU qualified dentists, it is perhaps more significant that those dentists are not evenly distributed. Some parts of the country – including some rural, coastal and deprived areas – and some parts of the industry are heavily dependent on European dentists. This explains why, despite overall EU registrant numbers remaining stable, many in dentistry report significant pressures on workforce.

The GDC does not make decisions about dental workforce. Our job is to ensure that dental professionals in the UK are practising safely. However, in our position, at the entry point of the profession, we are able to monitor trends in the size and composition of the workforce and assess barriers to entry.

In the event that MRPQ falls away, the Government's new legislation would create a "presumption of equivalence" between UK qualifications and those listed in the MRPQ Directive on the day of Brexit. It says that if the UK is confident in a European qualification on the day before Brexit, we should be confident in it the day after.

But it also implies a shelf-life on that confidence. As time passes, and educational programmes change both in the UK and the EU, our reliance on the situation on day-one of Brexit becomes increasingly untenable. Indeed, there are some who question the quality of the existing list.

Recognising this, the legislation allows regulators to recommend that a qualification should no longer be considered equivalent.

One of the longer-term impacts of this approach is that it effectively requires regulators to make some form of assessment of overseas qualifications.

This is a significant change. For many years MRPQ has done the heavy lifting for us in the area of greatest "traffic" – Europe. We have no experience, or capacity,

for assessing overseas qualifications at country or dental school level. We have simply had no need for it. If we lost mutual recognition of professional qualifications post-Brexit, we would need to build that expertise and capacity. It would take time and cost money. It is not clear where that money would come from; the legislation contains no powers either to require overseas institutions to comply with quality assurance or contribute to costs.

The new legislation will, obviously, have to be interpreted by us to inform our actions and those interpretations will be subject, over time, to being tested in the courts. There are areas, which we have shared with the Government, where there is sufficient ambiguity to create a possibility that a challenge may be successful. And, we should not forget the growing and legitimate interest in parts of dentistry in making-up workforce shortfalls by securing dentists from countries outside the EU.

What about the overseas registration exam? The ORE is currently the only show in town. But the law makes it unwieldy and it lacks the necessary scalability. The way we are required to deliver it is, like so much of dental regulation, heavily prescribed in legislation, including what we can charge for it. Every sitting of the exam now runs at a loss, subsidised by existing registrants. There are very significant technical constraints on expanding the ORE and, even within those constraints, increased volume means increased cost.

These are things that worry us. Brexit looks likely to require us to undertake higher (and in the case of assessment, new) activity, which would also mean increased costs.

But there are also opportunities, provided the prescriptive legislation under which we are operating can be changed.

Take Canada, Australia, New Zealand and the Republic of Ireland, for example. They operate a system of mutual recognition based on an assessment system supplied by the Canadian National Examinations Board. This sort of arrangement may offer a glimpse of the future for UK dentistry. But it is a model not currently available, because of legal restrictions about how and from whom we recover our costs. We are also constrained by legal requirements to work with Privy Council-approved "dental authorities".

We are confident, that at the GDC, we will find ways to make any sort of post-Brexit arrangement work to secure public safety and confidence in the dental professions. However, there are significant challenges ahead under almost any Brexit outcome.

Business Plan 2019

Business Plan 2019

Our new corporate strategy will be published for consultation later this year and will cover the three-year period from 2020 to 2022.

In the meantime, our 2019 business plan, summarised below, sets out our priorities for delivery during this transitional year.

Priorities for 2019:

- Developing the model of upstream regulation.
- Improving dental education.
- Refocusing and improving the fitness to practise (FTP) process.
- Working better with regulatory partners.
- Managing our people, resources, systems and estates.
- Using research and intelligence to understand the dental environment.

The table on pages 20–21 highlights the key deliverables within these areas of work which we aim to complete in 2019.

In addition to delivering the key projects in the table, we will continue to run, and improve, our business-as-usual operations.

In 2019 we will:

- Receive around 1,800 fitness to practise cases, with roughly 250 of these cases typically going to a full hearing. These figures are based on current trends and forecasts.
- Receive and complete around 5,000 first time applications, and forecast to complete just over 1,300 restorations, as well as running several sittings of the Overseas Registration Exam (ORE).
- Manage the Annual Renewal cycle for just over 40,000 dentists, in December and nearly 70,000 dental care professionals, in August.
- Manage the CPD cycle, including the dual running and transition to the Enhanced CPD scheme.
- Complete the relocation of the bulk of our operational functions to the operations hub in Birmingham.
- Carry out 21 inspections of education programmes for 2018/2019, including thematic reviews as well as specialty programmes.

Data on dentistry and the profession

We have collated a range of data which provides further insight into the profession, degree level dentistry provision across the UK, and trends across dentistry services. This has been reproduced as a separate supplement. You can access this at:

www.gdc-uk.org/about/what-we-do/shifting-the-balance/moving-upstream

Programme	2019 deliverables	Target completion	Success measures/targets	Programme	2019 deliverables	Target completion	Success measures/targets
Refocusing and improving the fitness to practise (FTP) process	Complete the end-to-end review of our FTP process, by June 2019	Q2 2019	<p>Timeliness</p> <ul style="list-style-type: none"> An eight-week reduction in the average time for a case to progress from receipt to case examiner assessment for those cases that progress from initial assessment. A 10-week reduction in the average time for a case to progress from receipt to final hearing for those cases that progress from initial assessment. <p>Efficiency</p> <ul style="list-style-type: none"> A 50% efficiency improvement in the operation of the Initial Assessment, Casework, Case Examiner, Support and Case Review functions. A 10% improvement in the utilisation of hearings capacity. <p>Resilience</p> <ul style="list-style-type: none"> The ability for FTP to sustain performance within key performance indicator (KPI) in the face of an uplift in workload of up to 100% for a six-week period and/or an uplift in workload of 50% for a six-month period. Thereafter additional resourcing would be required to sustain performance within KPI. <p>Continuous improvement</p> <ul style="list-style-type: none"> The ability of FTP to continue to operate within KPI without increasing budgetary resources on an ongoing basis, absorbing additional incremental workload of up to 20% on an annual basis from 2020, subject to the limitations identified above. <p>Forecasting/demand management</p> <ul style="list-style-type: none"> The ability to forecast incoming case volumes to +/- 15% on a month-by-month basis and +/- 10% on an annual basis. The ability to reduce incoming case volume by up to 10% per annum from 2019 onwards. 	Improving dental education	Undertake a Bachelor of Dental Surgery (BDS) trial inspection using our new risk-based Quality Assurance (QA) of education model	Q1 2019	<ul style="list-style-type: none"> Shifting focus from enforcement to upstream and prevention. Inspection activities undertaken are proportionate to risk.
				Working better with regulatory partners	Develop a comprehensive complaints resolution model	Q3 2019	<ul style="list-style-type: none"> Improved patient experience of making a complaint. Improved registrant experience of receiving a complaint. Reduced cost within FTP.
				Using research and intelligence to understand the dental environment	Implement our Data and Intelligence strategy and action plan	Q4 2019	<ul style="list-style-type: none"> Define our approach to intelligence. Establish a cross-regulatory analysis group. Establish a data action group.
					Carry out a full review of scope of practice	Q4 2019	<ul style="list-style-type: none"> The review is being conducted in two phases. Phase 1: A mixed method review of GDC's current scope of practice. This review is underway and being delivered by IFF. Expected to finish in November 2019. Phase 2: Use findings from Phase 1 to determine the GDC's future approach to scope of practice.
				Managing our people, resources, systems and estates	Complete strand 1 and 2 estates moves to Birmingham	Strand 1: Q2 2019 Strand 2: Q1 2020	<ul style="list-style-type: none"> Savings of circa £50 million over 15 years. The organisation is future-proofed and, by having a strategic hub in London and operational hub in Birmingham, can benefit by having a presence in two regions.
					Deliver key elements of the People Strategy, including wellbeing, workforce planning (including associates), developing talent, reward and recognition work	Q4 2019	<ul style="list-style-type: none"> Improved staff retention rate. Increased staff engagement. Decrease in staff turnover. Attraction, onboarding and retention of the best candidates.
Developing the model of upstream regulation	Further development of Continuing Professional Development (CPD)	Q4 2019	<ul style="list-style-type: none"> Patients are better protected as registrants' CPD is focused on areas for individual development. New elements of CPD will bring benefits to registrants' learning and development. CPD guidance is tailored to registrant groups. 	Scope and prepare for a new corporate strategy for 2020 onwards	Q3 2019	<ul style="list-style-type: none"> Clear vision for the next three years. Improved understanding of the direction of travel. 	





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