Shifting the balance:

a better, fairer system of dental regulation

The GDC's response to your views and next steps

General Dental Council

protecting patients,
regulating the dental team

Foreword

We published our discussion document *Shifting the balance: a better, fairer system of dental regulation* in January this year to stimulate debate on how we and others in the dental sector can work in partnership to build a proportionate system of regulation that supports professionals in delivering safe, effective care, protecting patients and public confidence in dentistry.

The focus on learning and improving how we engage, as well as our intention to work closely with all those with an interest in dental regulation has been well received. We, in turn, are extremely encouraged by the level and quality of engagement with the vision and proposals we set out, and are keen to ensure that this dialogue continues as we move forward with implementation. There is clear consensus that change is necessary and that responsibility for effecting that change lies with us all: the General Dental Council, its stakeholders and, of course, the dental professions.

Several respondents described the proposals and the associated work programme as ambitious and interesting. We agree. Changing the system will not be easy, but it is achievable if those of us with a stake in it are committed to making it happen. Many of the organisations and individuals who have engaged with us in recent months have expressed such commitment and have made corresponding offers of support and assistance in taking the programme forward. But to fully realise the vision we have for a system in which the professions, regulators, providers, educators and others work together to deliver the right outcomes for patients, we need more than this.

Shifting the balance, and the interest and energy that it has generated, presents us with an opportunity to make real and lasting changes within dental regulation and we invite you to take the next step in realising our shared ambition. We therefore propose to establish and support a network of leaders across the sector, to ensure that those best placed to influence behaviour and effect change are empowered to do so. I hope those leaders will take this opportunity to demonstrate their commitment to bring about the necessary change.

On behalf of the General Dental Council, I would like to thank all those who have actively engaged with the debate since January, and urge the continuation of that positive engagement in future.

Dr William Moyes
Chair
General Dental Council

Introduction

The General Dental Council (GDC) set out its vision for a more proportionate and patient-focused system of regulation in *Shifting the balance*, which was published in January 2017. The document sought to stimulate public debate on the future of professional regulation in dentistry and the GDC invited feedback on its proposals over a period of three months. In addition to a number of engagement events held in each of the four nations of the UK, interested parties could submit comments online or via email.

There were 86 responses to the consultation. Fifty-one of the responses were submitted by private individuals, the majority of whom were dentists. Thirty-five were from organisations including the British Dental Association (BDA), the Professional Standards Authority (PSA) and royal colleges. We engaged through round table meetings with a range of stakeholders, including the Chief Dental Officers in each of the four nations.

Our engagement with dental professionals and other stakeholders with an interest in the regulation of dentistry is ongoing, and we are grateful to all those who participated in the debate and will continue to engage on these important issues.

This document provides an analysis of the responses received and sets out how we will use this to shape our future plans.

We set out our ambition to work as part of a collaborative system in reforming dental regulation; moving towards a more supportive model based on providing dental professionals with the tools needed to meet and maintain professional standards.

We sought views on some specific questions on the following themes described in *Shifting the balance*:

- **Moving upstream**: including 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 taking action to ensure that anything short of that is dealt with using alternative tools with the right touch, and providing support to patients to find the best mechanism for resolving their issue.

Respondents' views

Professionals and our stakeholders welcomed the proposals, particularly in respect of the increased focus on a more preventative upstream model of regulation. There were positive comments on the change in the GDC's tone and on its efforts to engage more effectively with stakeholders and with students in recent times. There was firm support for the proposals to refocus our approach to fitness to practise and several of the organisations that responded expressed an interest in participating in this work. The CPD proposals attracted the most detailed comments and included suggestions for how to take the work forward.

The PSA welcomed the direction of travel and described the proposals as 'ambitious'. They recognised the proposals in the document are at an early stage and requested further detail and information about prioritisation and more detailed implementation plans.

A number of professional associations representing dentists and dental care professionals submitted helpful feedback and comments and many of them expressed a willingness to participate in policy development in future. This is a very welcome development and we fully intend to involve professionals, patients and stakeholders as we move forward with implementing our proposals. Caution was expressed by some in respect of costs, and a number of respondents expressed concern that the profession would bear that cost. In the discussion document, we said that we would consider and consult on our approach to a fees policy and we are working on a new framework for setting the annual retention fee. We will gather views on our fee policy proposals in the first half of 2018.

We would emphasise that although a number of the proposals in the document are for the GDC to develop we consider that many require leadership by others, including the professions, and we will be seeking to provide support for that leadership.

1. Moving upstream

The proposals for action in this section are designed to enable us to move to a more supportive model of regulation, based on providing dental professionals with the information and tools they need to understand, own, meet and maintain professional standards. This relies on the GDC working with its partners and the professions to ensure that standards are maintained, from pre-registration training onwards. There are three main elements to the upstream proposals: improving our engagement with professionals and embedding the standards, how we deploy our powers in relation to education, and CPD.

The proposals on moving upstream drew the majority of comments from respondents, in both the meetings held in the four nations and the formal responses to the discussion document.

PROPOSAL: Moving upstream

- **The GDC to work with partners, including systems regulators and the NHS in the four nations, as well as other professional healthcare regulators and the profession itself to develop a data and intelligence strategy, to enable upstream regulation to be intelligence-led by sharing learning with the professions.**

There was strong support for the GDC working jointly with other stakeholders to develop a data and intelligence strategy to enable upstream interventions. The view from the majority of respondents was that intelligence was often lost as the different elements of the systems are too disparate. This then leads to inefficiencies and loss of information which could support dental professionals in a number of areas, such as their training needs.

The Faculty of Dental Surgery, England (FDS England) emphasised the need to establish the types of data collected by all parties involved in dental regulation and how this is currently used. The PSA also expressed support for a data-led approach and considered that the GDC would need to be clear on the types of intervention the data strategy would aim to support. The British Association of Oral Surgeons (BAOS) considered the proposal would support quality improvements and a learning culture where practices could become accustomed to reporting near-misses to commissioners. This is currently not the case and learning opportunities are lost as a result.

The BDA and the dental defence organisations referred to the GDC's own source of data as an important starting point. Caution about the use of data was expressed by the Dental Defence Union (DDU) and the Federation of London Local Dental Committees (the Federation). Concern was expressed by the Federation about the GDC using data to identify a 'type' of dentist who is likely to cause harm in order to target them, while the DDU considered that data protection and confidentiality legislation were potential barriers to their organisation sharing detailed data more widely.

GDC response

We are encouraged by the support for this proposal and we intend to move ahead with implementation. We are grateful for the early indication of the challenges highlighted by respondents, and agree with the comments that a data led approach is a vital component of driving up quality and is a critical aspect of developing a regulatory system that is based on learning.

The data gathering which we have started with the Care Quality Commission (CQC) and NHS England (NHSE) is aimed at supporting learning by identifying themes and trends and is not for the purpose of targeting particular groups for pre-emptive investigatory action. Indeed, the stated aims of the work with the CQC and NHSE is to ensure that each organisation's individual approaches are aligned, as well as to provide a shared view of what 'quality' means in dentistry[1].

1 *Working together, delivering change. The work of the Regulation of Dental Services Programme Board*, June 2017
https://www.cqc.org.uk/sites/default/files/20170411_working_together_delivering_change.pdf [accessed November 2017]

Engagement strategy

PROPOSAL: Moving upstream

- **Building on the work we have done on student engagement, the GDC to develop a registrant engagement strategy, making effective use of digital channels, to better meet the needs of registrants and students. While the development of new channels of communication represents an investment of resources upstream, we would welcome feedback on the usefulness of the various channels described in the moving upstream chapter of *Shifting the balance*, as well as new ideas.**

Respondents were very supportive of the development of a registrant engagement strategy and expressed an interest in becoming involved with this work. A number, including the British Association of Dental Nurses (BADN), the Federation and others, offered the GDC access to their communication channels to promote improved engagement with registrants. The BDA reported that their membership had been encouraged by the GDC communications and presentations in recent times and would expect to see further improvements in this area. The individuals who responded expressed the view that this work could also lead to improvements in the quality of care for patients.

GDC response

There was strong support for this proposal and recognition of the positive changes we have already made to build a more collaborative approach in our engagement with registrants, students, patients and stakeholders.

Developing and supporting a model of upstream regulation will require significant changes in how we engage with everyone that has a stake in the dental system; patients, dental professionals and the partners we work with. This involves a comprehensive review of our current engagement as well as the development of new ways of engaging. We are proposing to engage face-to-face more than before and across the four nations with dental students, all dental professionals, patient groups, individual patients and partners. We of course cannot engage face-to-face with every patient or professional, which is why we also need to consider how to extend our communications more widely so that they reach as many people as possible. This will include improving, among other aspects, the content of our registrants' newsletter, website and other digital platforms such as social media and online forums.

A programme of work is already underway aimed at reviewing all communications and engagement points that the GDC currently has with professionals as well as patients and partners. The project will map and review the content and communications channel as well as undertake an analysis of any gaps we have in communicating with our audiences and seek to address them. As outlined above, we will publish further information on how the GDC will increase the use of digital content and channels to engage primarily with dental professionals, but also patients.

PROPOSAL: Moving upstream

- Development of a 'state of the nation' report for dentistry

There was a similar level of support for the development of a 'state of the nation' report for the dental sector. Respondents cited the effectiveness of the General Medical Council's (GMC) *The state of medical education and practice* and considered that the report would provide critical data to support patient safety and improvements in quality of care provided. The DDU emphasised the importance of a report of this type for supporting registrants in a positive way to improve practice - and offered to assist with its development. The British Association of Clinical Dental Technology (BACDT) echoed this view and offered to provide relevant information from their perspective and stated that a report of this type would greatly assist the profession.

The BDA recognised the utility of such a report but questioned whether such work necessarily lay within the remit of the GDC. They were also wary of the cost of developing a report and suggested that the data could be included in an extended Annual Report and Accounts. The PSA considered that more detail on the benefits of a report would need to be provided but supported the importance of a data led approach to upstream interventions.

GDC response

We welcome the support for this proposal, and agree that a document of this type will provide the profession and wider audiences with important insights into standards of practice, trends in complaints and a range of issues to support learning and improved quality of care. This will be an important regulatory tool, and a key aspect of the GDC's communication with the professions and collaboration with stakeholders. The proposal is at an early stage and we are grateful for the offers to contribute to the development of this report.

PROPOSAL: Moving upstream

- **The GDC to work in partnership with relevant bodies to develop methods of linking the standards to performance management and appraisal. We would welcome comments from dental professionals, employers and other interested stakeholders on how this could work in practice.**

Although there was agreement in principle with the concept, a number of respondents raised questions about the practicalities of the proposal in primary care settings and highlighted concerns about linking the standards to performance appraisal.

The Society of British Dental Nurses (SBDN) considered that there is limited training in how to conduct effective appraisals and linking appraisals to standards would not add any value. The Northern Ireland Medical and Dental Training Agency (NIMDTA) and others highlighted that implementing a system of appraisal for general dental practitioners could be difficult as they frequently worked as independent contractors. The Dental Technologists Association (DTA) expressed similar concerns, describing dental laboratories as micro-businesses, and although they supported the concept they considered that significant resource would be required to get the scheme underway.

The terminology 'performance management' and 'appraisal' were considered unhelpful by a number of respondents. The DDU considered that linking the two could have an unintended consequence of attaching a punitive element directly related to registrants' employment/contractual relationship. The BDA went further, questioning whether performance management and appraisal are areas for the GDC.

The BAOS highlighted that as 70% of their members work in secondary care settings they were already aligned with the medical appraisal system for doctors and dentists. They considered that primary care is an area where performance management and appraisal are much less embedded in practice and that the GDC should focus on this sector. The FDS England and NHS Education for Scotland (NES) agreed the proposal could have a positive impact but that the focus should be on the development of a national template designed specifically for the dental profession and not adapted from models for other professional groups.

GDC response

We agree that performance management and appraisal are not the purview of the GDC, our intention here is to work with partners in finding ways for professionals to use the standards in a more meaningful way in order to promote good regulatory outcomes. We see performance management and appraisal as useful tools in doing this. Promoting and maintaining proper professional standards is a recurrent theme in the discussion document and we agree strongly that the way forward is likely to be based on collaboration across the dental system, with professionals, regulators and others working together.

PROPOSAL: Moving upstream

- Based on what we learn from working with professionals to embed the standards, the GDC to review the *Standards for the Dental Team*, in line with the established review cycle.

Respondents welcomed this proposal. The Faculty of Dental Surgery of the Royal College of Surgeons of Edinburgh (RCSEd) highlighted anecdotal evidence suggesting that undergraduate students do not currently read the standards and agreed it would be helpful to look at alternative methods of communicating the standards which would be helpful in driving professionalism. The majority of individual respondents were supportive of the proposals to review the standards. Specific comments related to ensuring that the standards were clear and simple and not too prescriptive.

There was concern in some responses that dental professionals, and students in particular, were unaware of the standards. A suggestion from the individuals who responded was to consider reducing the nine standards by grouping them in a more readily digestible format. The NIMDTA made the point that consideration should be given to ensuring all the standards have equal weight and those that were aspirational should be defined as guidance and not a standard. The Dental Laboratories Association (DLA) made a similar point and considered that the current distinction between 'must' and 'should' are not helpful. The FDS England urged the GDC to ensure that consideration was given to specialist training, they commented that this was an area that was absent in general from *Shifting the balance*.

GDC response

We welcome these comments, and see them as supportive of the GDC's intention to undertake a fundamental review of the standards, including looking at the purpose of them and the ways in which they are used. Based on our engagement with professionals in recent months, as well as the responses to *Shifting the balance*, we believe there needs to be a shift from the standards as a document that is published and reviewed, towards the development of a set of principles that the profession is able to 'own' as a central part of their professional life. Work on this will be undertaken in close collaboration with the professions, stakeholders and patients.

Education

PROPOSAL: Moving upstream

- **The GDC to devise a process to ensure that the learning outcomes are agile and responsive, and continue to be based on appropriate evidence.**

The majority of respondents were supportive of the proposal. The BACDT considered this crucial, particularly as courses for clinical dental technology are still in their 'relative infancy' and encouraged greater engagement with the BACDT when gathering feedback on courses. The RCSEd agreed with the approach and highlighted that monitoring and inspection would be key to ensuring the process was meaningful. The NES suggested that the learning outcomes be simplified to ensure a more effective consultation process with providers.

This was a central issue for the SBDN. They argued that the current system does not yet effectively support those nurses who want to develop wider clinical skills. The DLA urged that any review of learning outcomes should take into consideration the changes underway in dental technology. The PSA and others commented on the need for a clear evidence base.

GDC response

There was significant support for this proposal and we are mindful of the comments made by the dental care professionals' associations. To take this project forward we will extensively canvas the views of the professions, education providers, experts in the field and other stakeholders to develop a clear model for reviewing the learning outcomes. This level of engagement, coupled with our data and intelligence gathering, is likely to contribute to an evidence base for ensuring the learning outcomes remain current.

We need to undertake a regular review of the outcomes in consultation with stakeholders as well as building in processes to understand developments in the sector. The proposed approach is intended to keep the outcomes up-to-date and reflect current practice, while being manageable for education providers.

We began a stakeholder engagement programme in the autumn of this year aimed at the development of options and proposals for the review process, with a consultation on options to take place in 2018.

PROPOSAL: Moving upstream

- **The GDC to develop and adopt a risk-based quality assurance process for dental education, to be implemented in 2018-19.**

Respondents were interested in more detail but welcomed the direction of travel of this proposal. The Faculty of General Dental Practice UK (FGDP UK) suggested reducing monitoring for those providers currently accredited by other statutory or professional bodies and including patients and the public in the process. This view was echoed by the PSA who welcomed the move toward adopting a risk-based quality assurance process and suggested that the GDC consider the potential for accepting other regulators' accreditation of certain aspects of education and training, as well as carrying out joint inspections, where appropriate.

The FDS England also expressed support for the proposals and emphasised the approach would need careful monitoring and review to ensure it delivered the right outcomes for both practitioners and patients. The RCSEd said they would welcome engagement with the GDC regarding developing a process for quality assuring specialist training.

GDC response

We have considered the points made by the FGDP UK and the PSA in relation to reducing our monitoring activity and where possible we encourage education and training providers to use evidence gained through other activities as evidence for the GDC quality assurance process. The feasibility and benefits of undertaking joint inspections with other regulators will be taken to the Education Inter-Regulatory Group for discussion.

Whilst lay inspectors chair the panel that inspects education programmes, we realise that we could do more to involve patients and the public in the quality assurance process. This is challenging to undertake in a meaningful, rather than tokenistic, way. We believe the primary patient/public interest lies in the outcomes of education and training programmes and whether the GDC learning outcomes reflect their expectations.

Proposals for changes to the quality assurance of education processes will go out for consultation in the first quarter of 2018. Transitional activity, which will be based on a limited set of 'risk' criteria, will be scheduled for the 2018/19 academic year.

In relation to specialist training, the GDC will be consulting on revisions to the *Standards for Specialty Education* in the very near future and will continue to engage with stakeholders throughout this consultation and beyond.

PROPOSAL: Moving upstream

- **The GDC to develop materials for registrants who have trained outside the UK to ease their transition into practising here.**

The majority of respondents agreed with this proposal and there were offers from a number of the professional associations for dentists and dental care professionals to contribute to this work. Those in support of the proposals called for a similar set of materials for dental professionals moving within the four nations.

A number of stakeholders considered that this was not the role of the GDC and that education providers were best placed to develop and disseminate this material. The NES considered that this area should be the responsibility of local education providers and relevant NHS bodies. The DDU queried the effectiveness of the GMC's model and asserted that their courses were not well attended. The BDA considered that this was the function of professional bodies and that the GDC would be better placed to point registrants to professional associations who already provide this type of individual support.

GDC response

We see the provision of support to registrants new to practising in the UK as a key element of upstream regulation and an important part of ensuring that patients receive safe and effective care. We understand the concerns expressed by some stakeholders about this being outside the GDC's remit. We would like to emphasise that, in common with many of the other initiatives described in *Shifting the balance*, it is the ideas and the consensus that are more important than the delivery mechanism, and that most of the work should take place either in partnership or indeed be led by organisations other than the GDC. As there was broad support for the idea of supporting registrants trained outside the UK and for those moving within the four nations, we would be interested at this early stage in hosting discussions about current support for those who are new to practising in the UK, and how this could be developed.

PROPOSAL: Moving upstream

- **The GDC to develop a model which encourages and enables professionals and professional bodies to take ownership of CPD planning, development and innovation. We would welcome feedback on the benefits, risks and limitations of moving towards a model of CPD with an emphasis on increased professional ownership.**

There was broad support for the professional ownership of CPD planning and development but some concerns around the impact and practicalities for independent practitioners and for dental nurses in particular. The BADN made the point that the benefits of the proposal could be limited by the lack of support available to dental nurses in the workplace to undertake CPD both in terms of time and finances.

The Federation emphasised that the profession would need time to adapt to any changes and this must be built into implementation plans. Others, including the British Association of Oral Maxillofacial Surgeons (BAOMS) and the FDS England suggested that the GDC go further and consider introducing revalidation. The dental defence organisations were supportive of the proposals, and the Medical and Dental Defence Union of Scotland (MDDUS) welcomed the emphasis on personal development plans (PDP). They suggested that the GDC could support this work by providing templates and guidance to inform registrants about what is expected. They, along with the DDU, called for a flexible system that would not place additional burdens on dental professionals. The BDA made it clear that the GDC should not have access to personal development plans as this could, in their view, deter registrants from reflecting honestly on their practice. The Federation expressed a similar concern.

GDC response

We welcome the contributions we received and would highlight that the proposal is very much in development. As a first step, and to explore the issues raised by respondents, we will establish meetings with stakeholders to gather further detail about the risks and benefits that have been highlighted in the consultation exercise. In these meetings, we will be looking for evidence about specific elements, including what influences dental professionals' CPD choices and what data would usefully inform future decisions.

The Enhanced CPD model being introduced in 2018 moves our approach forward, taking away some of the unnecessary paperwork, recognising the differing clinical responsibilities of different groups by adjusted CPD hours, and encouraging professionals to carry out their CPD regularly throughout their five-year cycle. One of our priorities for development and consultation in 2018 is to explore interactive CPD, particularly peer review and mentoring, and how these might be incorporated into the Enhanced CPD system we are introducing.

We want to make clear, in response to the comments from the Federation and the BDA, that the PDP is very much a personal tool for each individual professional to use and take benefit from, as they see fit. The GDC will only ask to see PDPs if there are any concerns around meeting the minimum requirements of the CPD scheme. Beyond this, the details within the PDP including any reflective accounts are not evaluated by the GDC.

PROPOSAL: Moving upstream

- **The GDC to explore and develop a quality-based model of CPD, based on professionals determining their development needs and on the GDC highlighting potential areas of focus through available data and evidence. We would welcome feedback on the principles and practicalities of developing a quality-based model of CPD and on the utility of quantitative requirements (e.g. hours).**

The majority of respondents broadly welcomed the proposals although there was a difference in understanding from the responses on what the proposals for a quality-based model of CPD meant in practice. The BDA considered the term 'reflective approach' provided a better explanation of the proposals and welcomed the move away from the potential tick-box exercise of the current system. The PSA also found the terminology we employed unclear and questioned whether we were intending to contrast input-based models and outcome-based models.

The Federation was supportive of the goal of ensuring that CPD is relevant and had a positive impact on patients and professional development, however they expressed concern about the proposed increase in the verifiable element of CPD. They contended that in practice this could prove burdensome for part-time dentists. The professional associations for dental care professionals welcomed the approach overall, however the BADN emphasised that dental nurses would need more information and guidance on the benefits of this approach.

GDC response

We agree that we need to set out more clearly what we mean by a quality-based model of CPD. Our intention is to move away from a strict emphasis on a specified number of hours of CPD and towards an outcomes-based model by which we mean a focus on reflective learning in which the professional describes significant learning and how they will embed it in their practice. Based on the experience of other regulators and our own vision, we know that the system of CPD should be owned by the profession. The regulator's role would be to supply the data and intelligence necessary for the professions to decide priority areas for patients and to focus on those areas. This work will be done in conjunction with the professions.

We have recognised the points made by the BADN and others and will provide a range of guidance materials which we will develop in consultation with the professions and stakeholders to support registrants.

PROPOSALS: Moving upstream

- **The GDC to incorporate a significant peer review element into the developing model and explore the risks and benefits of this. We would welcome input on the development of peer review frameworks, particularly in relation to the benefits, risks and limitations.**
- **The GDC to incorporate an emphasis on interactive CPD into the developing model and explore the risks and benefits of this.**

There was strong support for the proposals to incorporate a peer review element into CPD, however there were concerns about the cost implications. The BAOS agreed with the proposals and highlighted that the approach would support improvements in the quality of specialist care. They also provided helpful examples of programmes that run peer review effectively.

The FDS England also provided examples of useful models and highlighted that consideration will need to be given to the financial impact of developing models with a peer support/review element. The Federation welcomed the proposals and considered that there was much to gain on a local level from peer review. They highlighted that local dental committees are ideally placed to identify training needs and to work with stakeholders to support the delivery and development of local events, which could also support a whole team approach to CPD. The BDA Benevolent Fund also welcomed the focus on peer review considering it a means of combatting the ill effects that can be caused by professional isolation.

There was support for incorporating an emphasis on interactive CPD into the developing model, as it was considered it would mark a move away from a 'tick box approach' to CPD. However, there were concerns about the scale of funding required to make this workable. The professional associations for dental care professionals broadly welcomed this proposal, however the BADN highlighted barriers which included the likely cost increase of CPD courses as a result of the changing model which would have a knock-on effect on dental nurses' ability to attend CPD courses. The SBDN made similar points about the likely financial impacts on the profession as a change could require in-person attendance on CPD courses as opposed to the current flexible online system of courses.

Other suggestions for interactive CPD came from the NIMDTA, who considered that this could lead to the creation of safe online learning hubs where professionals could reflect on areas of concern and best practice. They went on to say that this type of online community could potentially foster a culture in a confidential environment where admitting and learning from failings becomes normal practice.

GDC response

We are grateful for the contributions received in support of the proposals for interactive CPD and for the peer review element and we welcome the examples of successful schemes sent by respondents. Our intention is to engage with professionals and providers across the UK. In this way we can address the differences in systems of delivery of care and in the provision and funding of CPD. We need to ensure that the system can evolve where required, that all members of the dental team will have an opportunity to contribute to its development and be familiar enough with the suggested further changes to be able to adapt.

2. First-tier complaints

The actions we set out in this section are designed to strengthen first-tier complaints resolution by supporting and enabling the professions to handle complaints well, build on existing good practice, and expand access to independent complaints resolution.

PROPOSALS: First-tier complaints

- **The GDC to develop tailored welcome packs for each of the individual registrant groups which include information and advice on the standards, guidance and sources of useful information, which could include the principles of good customer service and complaints handling.**
- **The GDC to continue to develop a profession-wide complaints handling initiative to strengthen first-tier complaints resolution.**
- **Work with dental professionals and partners to promote, embed and encourage customer service and complaints handling in all stages of education, training and CPD, and to encourage dental professionals to seek help and advice when appropriate.**
- **The GDC to explore ways in which it can work with dental professionals to encourage the use of feedback and complaints for learning and improving services.**

There was general support for the proposals for first-tier complaints resolution. It was considered a key focus for the GDC and how it works with dental professionals and stakeholders. The Federation said they would welcome the opportunity to be involved in the development of the tailored packs for registrants.

The PSA were very supportive of greater local resolution and considered the proposals aligned with what they have said in *Right-touch regulation revised*[2] and *Rethinking regulation*[3]. They expressed some concern that there is a potential risk of loss of intelligence if complaints are dealt with elsewhere and suggested that the GDC identify ways to gather information about complaints dealt with locally, as this data would support upstream activity.

2 Professional Standards Authority (October 2015) *Right-touch regulation revised*
http://www.professionalstandards.org.uk/docs/default-source/publications/thought-paper/right-touch-regulation-2015.pdf?sfvrsn=16 [accessed November 2017]

3 Professional Standards Authority (August 2015) *Rethinking regulation*
http://www.professionalstandards.org.uk/docs/default-source/publications/thought-paper/rethinking-regulation-2015.pdf [accessed November 2017]

The BDA welcomed the emphasis on early complaints resolution and wanted to see this continue as part of the ongoing work of the Regulation of Dental Services Programme Board (RDSPB). The Federation and others considered that more needs to be done to remove the 'culture of fear' around complaints and suggested the GDC work closely with indemnifiers to provide a forum for impartial advice for dentists.

The MDDUS expressed the view that current undergraduate training has very little focus on preparing students for the realities of dentistry as a business, and considered this would be helpful in embedding a good approach to customer service early on. The Competition and Markets Authority (CMA) questioned the extent to which the dental complaints system has been made less fragmented and complex since the Office of Fair Trading report into dentistry in 2012, *Dentistry. An OFT market study*[4].

GDC response

There were a number of supportive comments and helpful suggestions for taking this work forward, as well as offers to help with the work on strengthening first-tier complaints resolution. We have now established a profession-wide complaints handling working group which includes a range of stakeholders including the defence organisations, the NHS, and Health Education England (HEE), as well as the professional associations for dentists and dental care professionals.

The working group's aims are to establish:

- what good practice in complaints handling looks like;
- how dental professionals, supported by the GDC, can best share, disseminate and embed good practice; and
- how to embed a learning culture, where learning from feedback and complaints is used for service improvement.

The group is considering ways to help drive a culture change in the way complaints are handled. It is currently looking at the development of templates, proformas and toolkits that could support practices in complaints handling. The group is also looking at ways to improve confidence in having difficult conversations with patients through training at the undergraduate level, as well as through CPD.

In response to the CMA's comments, we consider that the sector is working hard to ensure the system is made clearer for patients and stakeholders. The GDC is a founding member of the RDSPB, which recognises that the dental complaints system is complex and confusing for patients, providers and regulators – especially given the mixed public/private provision of dental services.

One of the steps towards addressing the fragmentation the CMA describes, was the development of a joint public-facing statement on dental complaints, with the aim of giving patients a consistent and clear message about what to do when they have a problem with dental treatment. Published in November 2016, it clarifies the roles and responsibilities of complaints handling bodies, and covers both the NHS and private treatment[5].

4 Office of Fair Trading (May 2012) Dentistry. *An OFT market study*
http://webarchive.nationalarchives.gov.uk/20140402165124/http://oft.gov.uk/shared_oft/market-studies/Dentistry/OFT1414.pdf [accessed November 2017]

5 https://www.gdc-uk.org/api/files/20161123%20Dental%20complaints%20statement%20FINAL.pdf [accessed November 2017]

PROPOSAL: First-tier complaints

- **The GDC to review the Dental Complaints Service (DCS) in 2017, looking at its functions, remit and how it is promoted. This will be done in consultation with dental professionals and their representatives.**

There was overall support for our work on reviewing the DCS and the majority of respondents welcomed plans to broaden its remit. The MDDUS expressed concerns that the DCS has, on occasion, referred cases to the GDC that could have been dealt with locally. In terms of funding of the DCS, there was strong support for the current funding to remain although the BDA considered the GDC should look to a third party to fund and run the service.

GDC response

We welcome the support for the work of the DCS. The DCS is considered an efficient and cost-effective mechanism for assisting with the local resolution of private complaints. Improving access to alternative resolution mechanisms such as those currently provided by the DCS is a key part of our reform proposals. Given the broad support for the proposals we are moving ahead with reviewing the current operation of the DCS. We are mindful of the comments about the referral criteria and this will form part of the scope of the review.

Dental professionals, as well as stakeholders, will be involved in the review and the work in this area is expected to begin in 2018.

3. Working with partners

The proposed actions in this section are designed to explore and establish the roles of dental professionals, employers and other key stakeholders in the broader system of regulation.

PROPOSAL: Working with partners

- **Building on work already underway, the GDC to explore with commissioners and dental professionals the potential for effective clinical governance to play a more central role in learning and quality improvement. As part of this we will explore the development of 'indicators of patient protection'.**

In relation to clinical governance, there was widespread support from respondents, and offers to work with the GDC and others including the Association of Dental Hospitals (ADH) who agreed that the quality of oral health care would be improved by the development of more formal governance arrangements. However, a number of respondents, including the PSA, BDA and FDS England, highlighted that the differences in the medical and dental fields did not point to an absence in clinical governance in dentistry.

The FDS England asserted that it was the role of the GDC to set standards and promote good governance, but it was the role of NHS commissioners, CQC and others to identify issues. There were also varying views on the clinical governance structures that exist within dentistry. This was a point reflected in the discussions held around the UK, with professionals agreeing the issue was an important one and noting the differences in structures between the four nations.

GDC response

We state in the discussion document that we consider this an area for development by dental professionals, commissioners and employers. We clearly do not have the expertise or resource to establish clinical governance systems. However, we are interested in drivers that support the quality of patient care offered and given the broad support for the proposals, we consider that this is an issue that resonates with dental professionals and with partners. We intend to move forward with this proposal, whilst acknowledging that this is reliant on strong leadership from others.

PROPOSAL: Working with partners

- **The GDC to further develop guidance for employers, reflecting the need for the employer to ensure that the *Standards for the Dental Team* are embedded within a professional's practice.**

There was widespread agreement for these proposals. The DDU called for more detail and the PSA noted that the GDC would need to take care to ensure any guidance was applicable to the range of business models in the dental sector.

GDC response

We welcome the support for the proposal and agree with the PSA that there will be a need to be mindful of the range of business models in the sector. We agree that the proposals in this area are not fully formed and our full intention is to collaborate closely with dental professionals and with stakeholders in order to ensure that this work is delivered effectively and is of benefit to the sector.

PROPOSALS: Working with partners

- **Building on the work of the RDSPB, the existing NHS Concerns process and other initiatives described in the document, the GDC will work with partners to develop a comprehensive model for the resolution of complaints and concerns about dentistry in each of the four nations.**
- **The GDC to establish external calibration mechanisms with partners to ensure that concerns are being referred appropriately between bodies.**

Respondents were supportive of the work of the RDSPB. The PSA agreed that a formal complaints mechanism made sense but reiterated that it will be important to provide clarity on the different roles of other bodies and for the GDC to ensure that communication with complainants is clear so that they understand why their complaints may need to be addressed elsewhere.

There was widespread support for the external calibration mechanisms. The DDU emphasised that in referrals to all organisations, the GDC should make clear the expectation is on the receiving body to act proportionately.

GDC response

We are encouraged by the responses to the work underway with the RDSPB. We have referred earlier in this document to the ongoing work to improve the current system so that patients are consistently signposted to the right place, and improvements to the quality of the service provided are made in response to patient feedback.

Work is underway with the external calibration mechanisms. A 12-month pilot phase started in June 2017. The primary aim of the group will be to promote learning and improvement of regulatory organisations, as well as to foster a common understanding of the types of concerns that should be handled by which organisation. The group will also seek to use learning from the pilot to extend collaboration more widely. This may include (but is not necessarily limited to) health services in Scotland, Wales and Northern Ireland, practices providing private treatment and to corporates.

4. Refocusing fitness to practise

The initiatives we set out in this section are designed to ensure that we provide clear information to patients and the public about the system of regulation and our powers, and to ensure that we are deploying those powers proportionately and in-line with our overarching objectives.

PROPOSALS: Refocusing fitness to practise

- **The GDC to improve all our public facing information, both digital and printed, seeking input from key stakeholders where appropriate, to improve clarity, particularly regarding our role.**
- **The GDC to implement online tools for 'self-filtering' of complaints, in-line with other regulators.**

There was strong support for the proposals on improving public facing information and educating the public and patients about the GDC's role and there was also agreement that an effective self-triage mechanism was essential. The FDS England made the point that an effective self-triage system would release more resources for upstream activities which would be beneficial to patients. The SBDN agreed that clearer public information would help ensure that complaints are raised with the appropriate body. The PSA stated that they were in full agreement that the GDC's focus should be on whether a registrant is fit to practise rather than becoming a complaints handling service for broader grievances. However, they cautioned against erecting barriers to individual patients being able to raise a concern.

GDC response

In 2017, the GDC has developed a new online system for the 'self-triage' of fitness to practise complaints, which was launched on 20 September. It was designed and tested with patients and modelled on similar systems used by the GMC and General Pharmaceutical Council (GPC). We have consulted on the development of this system with patients, other regulators, professional associations, dental defence organisations, and the PSA. We have been particularly mindful of the PSA's concern that this new system should not constitute a barrier for patients seeking to make complaints, and have designed the system with that in mind.

This work provides clear information to patients and the public about who to contact when making complaints and signpost them accordingly, with a strong focus on local resolution. We are monitoring its use in order to make improvements, if necessary.

PROPOSALS: Refocusing fitness to practise

- **The GDC to develop and deploy an explanation of impaired fitness to practise that makes a clearer link to patient risk and public confidence in dental services.**
- **The GDC to ensure that the emphasis in the tests applied at the triage and assessment stages enable the GDC to achieve our statutory objectives of protecting the health, safety and wellbeing of the public, promoting and maintaining public confidence in the regulated professions, and maintaining proper professional standards and conduct for members of those professions.**
- **The GDC to review all guidance material for fitness to practise decision-makers to ensure that seriousness is properly and fully embedded within it.**
- **The GDC to carry out an end-to-end review of the fitness to practise process, involving stakeholders and partners.**

There was strong support for the proposals on refocussing fitness to practise. The BDA considered this work to be core GDC business. They made reference to concerns that in the recent past a 'one size fits all' approach had been applied to every complaints received by the GDC which had led to inappropriate cases being subject to expensive investigations. In relation to 'seriousness', they strongly supported the GDC's aim to focus on the serious nature of impaired fitness to practise and taking action to ensure that anything short of that is dealt with using other means.

The PSA supported reviewing how impairment is described, agreeing that this could help to make the decision-making processes clearer to professionals as well as patients and others. However, they considered that an assessment of seriousness would be challenging and cited their own work in this area.[6] The DDU, BDA and others made clear that dental professionals and their representative bodies should be consulted on any changes or review of guidance material. The decision to carry out an end-to-end review of the fitness to practise process was welcomed and the BDA, along with other stakeholders, expressed a strong interest in actively contributing to what the BDA described as 'interesting and important' work.

6 Policis, a report for the Professional Standards Authority (2016) Dishonest behaviour by health and care professionals: Exploring the views of the general public and professionals https://www.professionalstandards.org.uk/docs/default-source/publications/research-paper/dishonest-behaviour-by-hcp-research.pdf?sfvrsn=34&sfvrsn=34 [accessed November 2017]

GDC response

We are encouraged by the support for this important work which aims to ensure that we take a proportionate approach to enforcement action and focus on serious misconduct. Our aim is to work toward establishing a clear link between fitness to practise decisions at all stages of the process and our statutory objectives of protecting patients and maintaining public confidence. We agree with the PSA's point that assessing seriousness is challenging, this is why we are working to develop a firm evidence base for policy development in this area. This will include important research where we gather views from registrants, patients and the public to examine attitudes towards professional conduct, looking at what these groups consider serious enough to warrant regulatory intervention and/or enforcement action.

We plan to develop a cross-regulatory picture of seriousness and we will be looking to collaborate with other regulators on this. This work should enable us to develop a 'hierarchy of risk' to better allow proportionate, fair and evidence-based decision making, within the legal framework in which we operate. In addition, this work will inform our guidance for decision makers supporting them to make proportionate decisions. This project cannot be delivered without the full participation of stakeholders and work is already underway on a programme of engagement.

Similarly, regarding the end-to-end review, we made a commitment to review our current fitness to practise operations in order to identify and eliminate inefficiencies, duplication and unnecessary elements within it. We are engaging with stakeholders to understand the issues and concerns with the existing fitness to practise system, which will inform the action we take to improve them. Work has begun on learning from other regulators and we are at the early stages of developing ideas for 'front loading' and better streaming of cases, which could significantly reduce the length of time some cases take to conclude.

We agree this is an interesting, important and ambitious programme of work. We also agree that this is core GDC business and that we will need to work closely with stakeholders, including dental professionals, patients and the public, to establish where we focus our enforcement activity and accurately capture issues and concerns within the current fitness to practise system. The goal is to design a programme of change for a future fitness to practise system that is more efficient, proportionate, cost-effective, and that will also be used to promote learning.

Conclusion

We are extremely grateful for the level and quality of engagement with the proposals for action set out in *Shifting the balance*. We intend to incorporate many of the ideas and models for consideration that have been shared with us since we launched the discussion document.

We are particularly encouraged by the many offers from stakeholders to help us with this work in changing the current system of dental regulation and we are already taking up these offers.

We are confident that through working together we can go a long way towards improving the current system of regulation in dentistry, making the system better for patients and fairer for dental professionals.

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