



British Dental Association response to the GDC's consultation on its corporate strategy 2020-2022: working with the dental team for public safety and confidence

July 2019

1. The British Dental Association (BDA) is the professional association and trade union for dentists in the UK. It represents dentists working in general practice, in community and hospital settings, in academia and research, in the armed forces, and includes dental students. The BDA promotes members' interests, advances the science, arts and ethics of dentistry, and contributes towards improving the nation's oral health.
2. We welcome the opportunity to provide feedback to this consultation which follows on from the GDC's 2018 consultation on its approach to its fees policy.
3. The current consultation has a tone and approach that is positive and collaborative, which is of course to be welcomed, as are the strategic themes in general. The prospect of a reduction of the ARF for dentists is also very welcome, of course.
4. We believe that many of the current approaches by the GDC are useful and welcome; this includes the wish to empower registrants to make clinical decisions without fear of inappropriate enforcement action, and fighting the climate of fear and defensive dentistry; the work around moving upstream, professionalism, the engagement with professions and stakeholders, the improvement of procedures, communication with registrants, quality assurance of decision making, and the genuine wish to leave behind what has been a dire situation for a significant period of time.
5. We do have a number of comments to make about the detail of the themes and the financial information provided.
6. There are still areas in this consultation where the GDC is likely to step outside its remit, no matter how broadly defined it believes its remit is. They sometimes relate to areas where there is a direct or indirect link to workforce planning. Regulators do not, and should not, have any involvement or role in workforce planning; it is a role for government. If the regulator wishes to move into this area, then professional regulation must be funded from public taxation. No matter how this is dressed up as 'working in partnership', the direct involvement of the GDC in any workforce planning activities, is unacceptable.
7. There continues to be a dissonance between the GDC's obvious wish to work closely with the professions - which is welcome – and its apparent worry that 'representation' might unduly influence its working groups. Professional organisations have knowledge and expertise which others do not have, and can contribute much to the early formation of policies and identify potential issues that might be elusive to others.

8. We understand that this consultation is on high-level strategic aims and the cost the GDC wishes to attach to them overall. As we said in our feedback to last year's fees policy consultation, however, this is not a course of action that will enhance the profession's trust in the GDC's transparency. More detailed information on the financial allocations in the five strategic aims would have been necessary for anyone to come to an informed view on the proposals across the document. Indeed, throughout conversations with the GDC in 2018 and 2019, whenever cost was a theme we were referred to the forthcoming strategy consultation that would bring clarity on this. There is little actual clarity as to how these figures for the five strategic aims have been decided upon, or on what exactly the money will be spent. There is an overlap of many of the ideas and projects mentioned and no evidence-base for the approach itself.
9. For the purpose of the consultation it would also have been useful to see clearly the income and expenditure over the last few years and how this has been streamlined and/or changed into the current set of strategic aims. Registration figures, income vs expenditure, operational costs, reserve levels and changes to budgets over time would have been useful. It is clear that we could research some, although not all, of this information ourselves, by looking through the GDC's historic Council papers, but we believe it should have been made available in a clear format to all those interested in providing feedback. The fact that it was not made available, in turn, does therefore not alleviate concerns about the transparency of the cost of these proposals.
10. The lack of detail of the actual expenditure plans per project within each strategic aim makes it difficult to answer the questions on the expenditure plans. For example, it is not clear how much, for example, the improvements to the CPD system or the approach to the Standards review, are envisaged to cost, while it is clear that the costs will include staffing, research, IT, meetings and communications, etc. We note that there is a commitment to publish detailed plans, together with timescales for the various programmes of activity, on an annual basis; but there is no commitment to consultation on these.
11. We find it a bit odd that the consultation questions do not include questions about the vision and values at the beginning of the consultation. They are clearly meant to be part of it. We would like to say that we support the approach and the language used. As the GDC will be aware, we continue to have significant concerns about transparency (and accountability), but we welcome its inclusion in the values and look forward to significant improvements to the openness of decision-making, which is something we will obviously monitor extremely closely.
12. The online feedback form is unfortunately not workable with the detailed response that such an important consultation deserves. We are therefore providing a full written response by email to the GDC's Policy Team.

Consultation questions

1. **Please provide your views on the objectives we have identified to support the achievement of strategic aim 1.**
 - 1.1 For the most, the objectives identified in strategic aim 1 are the GDC's basic remit: quality assuring education and training, ensuring the integrity of the registers, standards and professionalism, CPD/lifelong learning. These are supported in general, while some of the detail for the next three years might need further scrutiny.

- 1.2 One of our main concerns revolves around the idea that the GDC should in any way influence the selection of those applying for dental education and training. This is clearly a role for the universities (as far as dentists and some clinical DCPs are concerned) and employers (as far as the non-clinical DCPs are concerned). The universities must make sure that the candidates they recruit have the intellectual capability to understand and fulfil a highly clinical role; the ability to absorb detailed scientific knowledge is paramount in these studies and further career paths. There is no question that dentists and dental care professionals should have empathy and wish to be part of a caring profession, and the standards framework is the vehicle for a clear approach to this, but the parameters for the admissions processes should not be dictated by the regulator.
- 1.3 We are also concerned about the objective that the GDC might 'deliver improvements to the structure of education and training systems in the UK'. The GDC only has statutory powers to quality-assure undergraduate and specialist education, and no remit to work with 'structures' of how the education providers deliver education. It also does not have the power to quality-assure dental foundation training. If there is an interest within the GDC to move into this direction, it will be aligning itself with systems of workforce planning. The ARF should not be used for this.
- 1.4 We do agree that there is a need for work to be carried out on the issue of preparedness for practice. However, much of this is currently not shared more widely with the profession, which raises concerns on the evidence-base on which this is being undertaken, and the potential proposals that might be in development. We would have liked to be involved with this work at a much earlier stage.
- 1.5 The GDC must as a matter of urgency look at the Overseas Registration Exam (ORE) which has been criticised over a long period of time now as not fit for purpose. The list of those wishing to sit it is long, and the fate of those applying is in the hands of an unfair first-come-first-served process which jeopardises some individuals' chances of ever sitting it. There are questions around the quality and quality assurance of the exam being raised with us at regular intervals. The GDC needs to look urgently at improving this situation, which will deteriorate further if EU nationals will in future also have to sit these tests.
- 1.6 We welcome the prospect of a forthcoming standards review and work around professionalism. We are, however, sometimes concerned by comments that dentists in particular are lacking in professionalism. While we do not agree that this is true for the majority of dentists in any case (see survey satisfaction rates as well as CQC reports), it is clear that many in the profession feel distressed and angry due to the unacceptable nature of the system in which they are working. The GDC needs to recognise the reasons for such despondence. The profession has withstood 13 years of a detrimental dental contract (in England and Wales) that was imposed by the government, and a 35% real-terms collapse in practitioner income in the last 10 years. The BDA has called on the GDC throughout that time to recognise how the systems in which dentists work affect their attitude and ability to fulfil the work they were trained to do, to care for their patients properly. In the middle of that time period, the GDC instead further pressed the profession through regulatory approaches that, based on the tenor of this consultation, are now recognised to have been inappropriate, which created the climate of fear from which it now clearly wishes to distance itself; and this is of course welcome. The profession is tired, and dentists are retiring or leaving well before retirement, rather than trying to do ever more for less. The combined damage that has been done is not going to be alleviated easily, but it is wrong to interpret it as a lack of professionalism. The NHS Patient Safety Strategy (July 2019) recognises and acknowledges that healthcare staff "... need to feel supported in a compassionate and inclusive environment", however this has been palpably lacking from a regulator which claims to hold patient safety as its core function. The GDC must own the fact that it did create the 'climate of fear' with its behaviour, and that those who have

been at the receiving end of this will take a long time to be convinced that the organisation has changed. Suggesting that this attitude comes from ‘legend, rumour or ignorance’ (Ian Brack interview, BDJ Vol 226, p247 (2019)) does not help with this.

- 1.7 The tone of some of these conversations about professionalism must change; the fact that dentists pay for any changes to regulatory systems first through their ARF and then through the practice investments necessary to make recommended changes, must be much more recognised than it currently is.
- 1.8 The same applies to the suggestion that dentists are unsupportive of their staff when it comes to skills mix or career development. We strongly disagree with this interpretation, which is taken up even by some Council members. Despite the fact that all DCPs are registered and therefore answerable to the GDC, the full responsibility for vicarious liability lies with the dentist. If a practice owner is not in a position to make the investment to enable more skills mix for whatever reason, this is a fact of business and not an issue of professionalism. Those dentists who find that skills mix or indeed direct access adds something positive to their practice will make such adjustments, and happily so. But other dentists will not work with a wider team simply because their contractual or business situation is not conducive to this model.
- 1.9 We welcome the recognition that those who employ, contract or commission the dental profession have a role to play in supporting high standards of conduct and behaviour. However, as outlined in our previous paragraph, the situation of dentists holding NHS contracts is largely dire these days. We must avoid this approach to become another stick to beat dentists with who are trying to do their best for their patients in very challenging circumstances on a daily basis. The GDS system needs changing, and the input from the profession must be sought at the beginning of any work on this issue, not halfway through the process.
- 1.10 It is important for the GDC to retain the differentiation between Dentists and Dental Care Professionals (DCPs) in its public-facing terminology and make sure patients do understand the differences in levels of training and responsibility. The term ‘dental professionals’ is, in certain communications exercises, not useful, as not all DCP groups can provide all levels of dentistry; therefore patient-focused generalisations of what happens in dental practices are unhelpful. The two groups are defined in different sections of the Dentists Act and are registered on two different registers; they have differences in their scope based on their training, qualification, and title they can use; and they are differentiated from each other by the fees they pay. The GDC should reflect this in its work rather than blurring boundaries which clearly do exist, and which should be made clear in the context of patient information to avoid misunderstandings.
- 1.11 It is very welcome to see that the GDC is taking human factor issues into account; the BDA is a member of the National Advisory Board on Human Factors in Dentistry and the recognition of these issues is very important in the wider discussion on improving regulation. In addition, part of the human factors agenda is appropriate communications, transparency to allow learning and a supportive environment for healthcare staff to speak openly about problems. The GDC needs to ensure that, as it starts taking these issues into account, it must do so not only on a clinician-patient level but also on a registrant-regulator level.
- 1.12 We would also like to add an additional objective here: “Support and promote the dental profession and put good mental health of the dental team at the centre of all regulatory decisions”. The GDC has already done good work in realising how stressful a notification of an investigation, and an actual FTP case, will be to the professional. Embedded in its work within FTP should be clear lines of support for those in this situation. We would also be

interested to see how the processes so far included for the wellbeing of registrants have worked out.

1.13 We are very supportive of a change to the GDC's strapline. The current one is closely linked to all that was wrong with the GDC in the early part of this decade, and a more encompassing approach will be extremely welcome across the dental profession. We would be happy to comment on any formal proposals as we note the idea of using the subtitle to the consultation 'Working with the dental team for public safety and confidence' appears tentative. We think that this sentence, or variations of it, could work well. We would be happy to contribute to further discussions.

1.14 We are unsure what is meant by the suggestion that there will be new digital channels for engagement. There is no clear explanation. The GDC website very clearly needs to be improved. Other digital channels, we assume, would be an attempt at engaging more with younger dentists, which in theory would be supported, but only if used appropriately; and possibly with some sort of a trade-off or disconnection of another service that might no longer be needed. We would expect detailed financial proposals on this for consideration and evidence of what the success of usage might be.

2. Please provide your views on the expenditure plans associated with strategic aim 1.

2.1 As the detailed expenditure plans for the objectives are not shared, it is difficult to comment. Some financial comments are included in the answers to question 1. There will also be overlap of this strategic aim with the other four.

2.2 It is clear that some of the objectives in strategic aim 1 rely on research and consultation. However, strategic aim 3 is specifically construed to provide the finance for research on the system of enforcement action, on which the review of standards and professionalism will have a bearing. It is unclear from the proposals whether, in the £10m allocated to strategic aim 1, there is even more funding for research and development, or whether the costs allocated to strategic aim 3 are meant to cover this work.

2.3 We believe that a clearer indication of the costs for these projects should have been provided, including that for new 'digital channels'.

3. Please provide your views on the objectives we have identified to support the achievement of strategic aim 2.

3.1 We welcome the stated need to work to develop a comprehensive and coherent system for handling complaints, ensuring that professional regulators, systems regulators, providers of dental services and the NHS in each of the four nations have mechanisms in place that ensure complaints are being dealt with by the appropriate body. We are not, however, sure that the totality of this work should be funded by the registrants of the GDC. Surely there is also a wider public interest here and an argument could be made for such a system to be financially supported by the public, at least to some extent?

3.2 We are of course members of the profession-wide complaints-handling initiative and continue to support its work. The BDA has promoted the group's information leaflets through its publications, advice and seminars, and provided them at its stand at the British Dental Conference and Exhibition.

3.3 The improvements to the Dental Complaints Service have been welcome, and we also support a further review of the funding model.

4. Please provide your views on the expenditure plans associated with strategic aim 2.

- 4.1 As the detailed expenditure plans for the objectives are not shared, it is difficult to comment. There will also be overlap of this strategic aim with the other four.
- 4.2 We are in agreement that the GDC should continue to host the profession-wide complaints-handling group and undertake a review of the DCS and its funding model. No detailed information has been provided to explain why this level of funding has been allocated, however. The profession-wide complaints-handling group meets 2-3 times a year, and not every meeting results in new print or other materials. Likewise, it is unclear why a three-year review of the DCS should contribute to the best part of a cost of £1.5m per year, especially if the cost of relevant research and stakeholder engagement for enforcement systems is included in Strategic Aim 3 and there is likely to be some overlap in some of the approaches.

5. Please provide your views on the objectives we have identified to support the achievement of strategic aim 3.

- 5.1 The proposal is to use £25.3m per year over three years to 'develop, deliver and embed a cost-effective and right-touch model for enforcement action'. This seems an extortionate sum for this. There is no evidence provided on how this, or any other sum for that matter, has been arrived at.
- 5.2 This strategic aim has a very broad set of objectives relating to improving the fitness-to-practise function, and given that it has the largest amount of funds allocated to it, this is concerning in relation to transparency.
- 5.3 Improvements of timeliness and performance in the FTP area are of course extremely important, and research and consultation to inform change are welcome. What is unclear from the proposals, due to the absence of detailed financial information, is why there is a continuous need for further high investment if enhanced technology, process and management information capacity has already been delivered. No doubt processes can always be improved, but once they have been created and supported surely they become business as usual without the need for continued pump-priming?
- 5.4 A consultation on separating adjudication from investigation and prosecution will no doubt be an intense and expensive piece of work. The feedback from indemnity providers on the GMC's system via the MPTS has not always been positive, and so we are not entirely convinced that there is a real appetite in dentistry to set up similar structures. A separate function would need to be fully independent, and this would be a considerable cost. We do not think this objective should be a priority at the current time.
- 5.5 We agree that principles for enforcement action, the issue of seriousness, exploring a wider range of resolutions, and working towards a more proportionate, fair and transparent system which takes into account human factors are all good objectives. We do not believe that the GDC should have a role in alternative dispute resolution between patients and professionals; the GDC has come a long way to understand that it is not a complaints handling body, and Strategic Aim 2 deals with the work of the profession-wide complaints-handling initiative and provides funding for it, so there should not be further allocated funds for additional initiatives of this sort under strategic aim 3.
- 5.6 We absolutely support the GDC's use of funds to prosecute those who practise dentistry illegally. This is one of the clearest areas where the GDC does protect the public from harm,

and it must continue to do so.

6. Please provide your views on the expenditure plans associated with strategic aim 3.

- 6.1 As the detailed expenditure plans for the objectives are not shared, it is difficult to comment. There will also be overlap of this strategic aim with the other four.
- 6.2 There is particular concern from amongst the profession about the lack of information about why so much money is being spent on such a broad aim, especially as some of this work has already taken place or at least started. A better outline of resource allocation would have been welcome.
- 6.3 Of course it is appropriate for the GDC to develop its policies and systems in line with research and evidence; this is not the issue. We also recognise that the GDC has improved its approach to research, although we are not convinced that every single piece of research that has been mentioned in conversations is necessarily of merit, or even within remit. It is clear that, with the wider research strategy and an extensive team all keen to move forward, the question of what is 'necessary' and what is 'nice to have' might be blurred somewhat if enough funds can be available. With this amount of money allocated to a strategic aim, there should really have been a list of specific research projects that are currently being considered so that registrants could have had a chance to consider their relevance for the future. Why was the research strategy not part of the consultation document?

7. Please provide your views on the objectives we have identified to support the achievement of strategic aim 4.

- 7.1 Overall, this section feels quite vague, with the exception of the scope of practice work (see below).
- 7.2 Maintaining the regulatory framework is obviously core business for the GDC, and development is welcome as long as it remains within the remit for a professional regulator received all of its funds from the people it regulates. We will continue to support efforts by the GDC to ensure legislative reform so that the GDC can modernise its procedures where necessary. Where we support a change of powers, we will do so with a view to improved transparency.
- 7.3 The consultation mentions healthcare regulatory reform, and a government response to an earlier consultation 'Promoting Professionalism, Reforming Regulation' was published recently. The BDA supports the retention of a dental-specific regulator which understands the professions it regulates, and the move to less adversarial procedures and more agility. We have concerns about a number of other proposals that are being taken forward as part of this work, but will contribute to any consultations at the relevant time.
- 7.4 We note the reference to 'robust research' on the use of scope of practice with a view to 'enabling more effective deployment of the whole dental team and facilitating inter-professional working'. This objective is completely out of the remit of any regulator. We accept that it is valuable to research the use and understanding of the scope of practice document, and are obviously already contributing to the discussions which have already started. However, the only use it should have is provide information on the roles of any group of professionals, in line with their training and competence. Dentists generally work well with their teams, want them to be well-trained and support them in their career progression where this is also positive for the practice. However, in-practice career

progression can only be provided if the funding exists to do so, and in the current NHS contract (in England and Wales) it does not.

7.5 It is absolutely not the role of the regulator to 'enable deployment' of the whole dental team and 'facilitate inter-professional working'. These are workforce and service delivery issues which should be undertaken by the public bodies that are funded to do this work and contract with health professionals, not the regulators. 'Robust research on its current use' is one thing, but patient risk would be different if use were changed, and research would need to consider the impact of 'future use'. We do not support this objective beyond the acceptance that it is appropriate to review the guidance document.

7.6 The objective of looking at implementing data and intelligence strategies to inform future development appears misplaced in this section and the funds allocated to it seem low. Evidence-based policy-making followed by measuring success is obviously desirable, but without detailed information on what the 'data and intelligence' strategies are and how they will be implemented this whole section is rather vague.

8. Please provide your views on the expenditure plans associated with strategic aim 4.

8.1 As the detailed expenditure plans for the objectives are not shared, it is difficult to comment. There will also be overlap of this strategic aim with the other four.

9. Please provide your views on the objectives we have identified to support the achievement of strategic aim 5.

9.1 The objectives in strategic aim 5 are largely of an operational nature and mostly reasonable in terms of the need to have knowledgeable staff and cost-effective running of the organisation; and we welcome the confirmation that the GDC will continue to look at reducing cross-subsidies.

9.2 We would need to say that being transparent about the drivers of the cost of regulation is important; but the GDC is clear that it has 'flexibility' in how it exercises the 'broad' remit given to it by Parliament, so the transparency issue is relevant to the cost of those regulatory activities that must be done in a basic remit, and the GDC's wider interpretation of its remit which should be open to challenge as long as registrants fund these activities.

10. Please provide your views on the expenditure plans associated with strategic aim 5.

10. As the detailed expenditure plans for the objectives are not shared, it is difficult to comment. There will also be overlap of this strategic aim with the other four.

11. Is the rationale for the proposed distribution of costs between dentists and DCPs sufficiently clear?

11.1 Yes, we note the comments about costs of FTP cases and apportionment of fixed costs, and this is welcome.

11.2 We would reiterate support for consideration of a lower fee for dental nurses and dental technicians and a higher fee for the clinical DCP groups, especially if the work on the scope of practice continues as outlined in this document.

12. Are our assumptions in relation to our income and expenditure sufficiently clear?

12.1 No. The assumptions in relation to income and expenditure, such as stable registrant numbers, are clear. However, as the detailed costs of the projects to be brought in are not clear (in as much as how they have been arrived at), these assumptions are not particularly helpful to comment on the likelihood of their appropriateness.

13. Do you have any further comments in relation to our proposed activity and expenditure plans?

13.1 This has been the first consultation on a three-year strategy with some form of a cost outline. In developing this response, it became clear that the format is probably not particularly conducive to what it is trying to achieve. We have made very clear that we are disappointed with the limited financial detail provided. But the format has some issues of its own.

13.2 For example, the profession-wide complaints-handling initiative receives a very clear place in the document, and this is welcome. But the GDC runs so many of these engagement groups – on specialist lists, on CPD, the leadership network, the patient reference group, the Dental Professional Forum – and not all of them seem to have a home in this document. In the wider focus, of course engagement with the professions and others is a major theme, but welcome engagement processes – like taking the Council Meetings to the devolved nations or rolling out the student engagement process – don't seem to get the billing they might deserve in the main strategy section. They are mentioned in the earlier part of the document and are noted to 'continue' or 'be implemented', but these clear and focused themes have little presence in the actual strategy going forward. This is a shame because a list of these activities, preferably with relevant costs attached to them, would have provided a much more detailed picture of the changes that very clearly have taken place at the GDC level, and would be welcomed by many.

13.3 If the GDC wants the profession to become more confident in its abilities to move forward with some of these positive and promising developments, then it itself should not shy away from providing clear detail, including finance, on all its work streams. We expect this detail is available within the organisation. It should then also listen to what its partners have to say about the details, and costs, of these plans. We are aware that this document tries to do some of this, but because neither the specific projects and work streams nor their respective costs are clarified, it has not given respondents the opportunity to be clear about what they think is valuable and what is not, and enable these comments to inform the GDC's planning activity more directly.

13.4 We were also hoping to make comments on the reserves policy. We note that the only mention in the document of reserves is towards the end without much detail, while the Council has acknowledged that its 2019 policy might change as a result of this consultation; there is no information on this contained herein. We need to put on record that we are very aware of the change to the policy for 2019 which changed from a desire to hold 4-6 months of operating expenditure as general reserves to dividing reserves into fixed assets and free reserves, the latter of which will be aimed at 4-6 months of operating expenditure. We will be watching very closely any further changes to this policy.