General Dental Council

protecting patients,
regulating the dental team

Corporate Strategy 2020-2022

Working with the dental team for public safety and confidence

Consultation

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All enquiries regarding this publication should be sent to:

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Consultation

Corporate Strategy 2020-2022

Overview

A consultation on the Corporate Strategy 2020-2022, including the supporting resource requirements for the General Dental Council: working with the dental team for public safety and confidence.

Consultation period and deadline for responses

This consultation exercise was opened on 9 May 2019.

The deadline for responses is 30 July 2019.

How to respond

Please respond to this consultation by visiting www.gdc-uk.org/respond.

You can also submit your response by email, please include the name of the consultation in the subject line of your email: stakeholder@gdc-uk.org.

If you would like to submit your response by post, please address it to:

General Dental Council
Strategy Directorate
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Responding to your views

The GDC will respond to views raised during the consultation by producing a consultation outcome report. The report will be published on the GDC website.

Contact us

If you have any questions or queries about this consultation, please email: stakeholder@gdc-uk.org

Phone: 020 7167 6330

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Foreword from the Chair

Working with the dental team for public safety and confidence

The strategy we publish here sets out a vision of a dental regulator working with the dental team for public safety and confidence in dentistry.

The strategy is about the future. However, as in many things in life, it can be useful to understand the past so we can learn from it.

I became the Chair of the GDC in October 2013. I and the Council that was constituted at that time found an ailing patient.

Confronted with an enormous and unprecedented increase in complaints that began in 2010 and peaked in 2015, the organisation came near to collapse. It had not been equipped with the systems it needed to detect this wave early. And it lacked the agility, resilience and resources to cope with it when it hit. Like someone caught in a flash flood, the organisation was swept from its feet.

These were existential problems. The solutions required very difficult and unpopular decisions.

The Council increased the Annual Retention Fee (ARF) significantly. We replaced the organisation's leadership almost entirely. We built capacity and capability across the organisation.

We placed a premium on reconnecting with the dental professionals, stakeholders and partners with whom we work to protect public safety and build public confidence. On understanding how dentistry is delivered, with all its complexities and challenges, in order to regulate better in the public interest.

Importantly, we got a grip on the organisation's finances. We appointed leaders who understood the importance of financial stewardship and accountability. We restored the viability and effectiveness of the organisation. We formulated and pursued effective strategies and translated those into action. We built integrity into the GDC's DNA.

And little by little, we planted our feet and started pushing upstream, addressing the performance issues that had developed in parts of the organisation, fundamentally rethinking how (and where) we worked. It's been hard going because we have consistently preferred long-term solutions over short-term fixes – and we have not shied away from radical changes to the organisation. Retrospective reviews by the Professional Standards Authority for Health and Social Care – the most recent of which looks at our performance in 2017/18 – bears this out.

The strategy we publish today bears out those difficult and unpopular decisions.

It is a strategy that focuses closely on our statutory responsibilities of protecting the public and public confidence. While it emphatically does not seek to do the minimum, nor does it exceed, in our view, a sensible and rational programme of activity to achieve the very broad objectives set for us in law. Importantly, much of our work is based on partnership with the professions,

whom we are confident will share a passionate interest in public safety and confidence in dentistry.

It is a strategy of a confident, connected, maturing organisation. One that understands that there is much more to regulation than investigations and prosecutions. Indeed, one that recognises that enforcement is what should happen when all else has failed. That is why the mission we embarked on with 'Shifting the balance' continues to form the core of our ambition for the next three years. So, this strategy tells a continuing story of the importance of engagement, particularly with students and younger professionals; of improving the quality of education and training; of promoting professionalism; of meaningful approaches to development and lifelong learning; of professional standards that are not just rulebooks to be left on the shelf until something goes wrong.

It is a strategy that emphasises continuous improvement in effectiveness. It is supported by a rigour in planning and performance in the GDC that simply did not exist five years ago. It embeds a constant self-challenge in the way we use the powers that Parliament has given to us to ensure our approach to regulation is as 'right touch' as it possibly can be within the constraints of the antiquated legislative framework that limits our ambition.

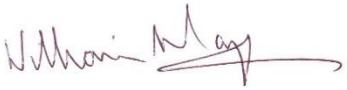
And it is a strategy that continues to prioritise financial stewardship and accountability in the public interest.

That is why we are able to say, as we publish this strategy, that absent major and unforeseen external events, the programme of action required to deliver it will be deliverable for significantly lower annual budgets than those seen at the GDC over the last few years.

What does this mean for the ARF? Well, our policy requires us to apportion costs to reflect the cost of regulation. In practice the cost of regulating dental care professionals (DCPs) has increased since the ARF was last set, so the impact of this, alongside the overall decrease in GDC expenditure, points to a significant reduction in the dentist ARF, and a small increase to the DCP ARF, which would, however, remain more or less level in real terms (taking inflation into account).

We cannot know the precise level of the ARFs until later in the year, when the professions, partners and the public have had their say on the strategy. However, our plans indicate that the dentists ARF would lie around the range of £730 to £750, and could be slightly lower, whilst the DCP fee would lie in the range £120 to £130. Our desire, and intention, is that the fee should lie at the bottom of these bands. However, until the strategy and the associated detailed planning is finalised, it would be misleading to guarantee this.

I hope you will engage constructively with this strategy. We certainly welcome your contribution as we work with the dental team for public safety and confidence.



Dr William Moyes
Chair
General Dental Council

Introduction and reflections on 2016-2018

Introduction

1. In 2016, we published Patients, Professionals, Partners, Performance, which set out our three-year strategy. A central theme of that strategy was improved engagement – with the public, with registrants and with our partners. As a result, we engaged extensively throughout 2016, and in January 2017 published a discussion document, Shifting the balance: a better, fairer system of dental regulation. This set out our vision for a more proportionate, more efficient and effective system of regulation. At the heart of this vision is the idea that regulation best serves the public and is fairest for the professions if it focuses on preventative action to secure public safety and confidence before things go wrong, rather than intervening only after problems have occurred. This is commonly called 'upstream' regulation.

Achievements against our previous strategy

2. The ambitious objectives we set ourselves in **Patients, Professionals, Partners, Performance**, have been substantially delivered.

3. In relation to **patients**, we have undertaken significant work to better understand their needs and the wider expectations of the public and to take those into account in our approach. We have done this using a variety of means, including surveys with large representative cross sections of the population, face-to-face engagement through focus groups and workshops, and liaison with patient representative groups. Using what we learned from this engagement, we have made significant changes to the way in which we interact with the public and have improved the breadth and quality of information available to members of the public, particularly on our website.

4. Under the theme **professionals**, we have made it a priority to listen and engage with registrants, students and trainees across the professions. We have established new and better channels for digital and face-to-face engagement with registrants and taken a broader, more open and transparent approach to consulting on emerging policy and strategy. We have introduced an improved scheme for continuing professional development (CPD). The new scheme aims to give greater weight to professionals' decisions about their development, enabling them to link it more effectively to their practice and to facilitate, through the introduction of the personal development plan, an effective planning and learning cycle. We also made changes to our fitness to practise process, most notably the introduction of Case Examiners who are able to offer undertakings in cases which might otherwise proceed to a final hearing.

5. We have welcomed the increased co-operation and collaboration with our **partners** and stakeholders which has made our engagement fruitful and constructive. We now have in place significantly improved communication and engagement channels with the governments, health services and systems regulators in each of the four nations; and with professional associations, 'corporate' dental providers and indemnity providers. We intend to continue that improvement and ensure that we use those channels effectively to develop stronger relationships with the public, partners and professionals.

6. We have worked very hard to improve our organisational **performance** and efficiency. For example, we reviewed the location of and accommodation for our staff, resulting in the development of an ambitious estates strategy, aimed at improving our ability to recruit and retain staff, rationalise our estate and operate it more cost effectively. A key deliverable of that strategy was a reduction in the number of premises in London. We have already taken significant steps to implement that strategy. Towards the end of 2017, we announced our intention to consolidate our estate and open a new office in Birmingham. A year later, we had completed the first phase and were operating our registration and some of our corporate resources function from Birmingham. By the end of 2019, we will have completed the relocation of the bulk of our operational functions, which will mean most of our staff will be based in Birmingham. This is forecast to save in excess of £50 million over the life of our 15-year lease.

Building on our engagement with others: Shifting the balance

7. Alongside the work we have undertaken to deliver against our published corporate strategy, since 2017 we have also made significant progress with many of the actions, we committed to in Shifting the balance. That described in broad terms how we proposed to develop a more proportionate and efficient system of regulation, based on learning, and focusing on the interests of the public. We described how we would achieve this by developing our approach to 'upstream' regulation and by refocusing our enforcement activity.

8. We want to ensure that professionalism is embedded into education and learning throughout registrants' careers. To that end we have engaged extensively and constructively with students. We have also made progress with our plans to further develop our CPD scheme, exploring how it can focus more on learning and outcomes, rather than on hours of activity. We will be publishing these proposals in the near future. The work on CPD is part of a wider programme of work relating to professionalism, which we began in 2018 and will continue to pursue over the life of this corporate strategy.

9. We have made good progress with the dental professions on complaints handling. We have worked collaboratively with our partners across the sector to improve the information available to patients about resolving complaints. 28 organisations worked together, through the profession-wide complaints handling group, to produce accessible information (a poster and a leaflet) describing agreed principles for handling complaints. The ambition of the group is to have these materials displayed in every dental practice across the UK, so that patients are clear about what they can expect from the complaints process. We have also worked closely with the NHS and the Care Quality Commission (CQC) in England to establish protocols for handling concerns raised about dental professionals, to ensure that those concerns are appropriately handled and investigated. Following the success of this in England, we have established a similar mechanism in Wales, and are exploring how we can do so in Scotland and Northern Ireland.

10. In Shifting the balance, we also set out our ambition to refocus the use of our fitness to practise powers, seeking to ensure that they are used for their intended purpose, which is to manage any risk to patient safety or public confidence arising from the conduct of dental professionals. We must, of course, ensure that this risk is managed fairly and proportionately, and we have embarked on an ambitious piece of research, in conjunction

with other key regulators, to understand better the factors that influence enforcement decisions.

11. Since publishing Shifting the balance, we have seen a drop in the number of fitness to practise concerns. Some of this reduction is a consequence of the work we carried out on our website to appropriately signpost individuals to the organisation most able to deal with their issue[1]. The attrition rate in the number of concerns we deal with has correspondingly decreased, meaning that we are now able to target our resources more effectively.

12. More recently we have changed the way in which we deal with concerns immediately following receipt, resulting in processing times for initial decisions falling from an average of 12 working days to four.

13. We have also been working hard to ensure that the Dental Complaints Service (DCS) provides an effective resolution mechanism for patients seeking additional support in dealing with a complaint regarding private treatment. Through improved signposting and detailed review of the processes governing how DCS interacts with the fitness to practise processes we have seen an 80% drop in the number of concerns referred from the DCS to fitness to practise.

14. The progress we have made with those initiatives would not have taken place without the positive engagement we have established with our partners, the professionals we regulate and the public.

Our workforce

15. In order to support a substantially transformed organisation and approach to regulation, we also need to ensure that we design and deploy our workforce effectively. We have begun that work - our 'people strategy' - with a view to ensuring that we continue to have a motivated and committed, workforce who share our commitment to professionalism and delivering services in the public interest. Significant progress will be made on this during 2019, and this will continue into 2020 and beyond.

Why are we consulting?

16. In 2018 we developed and consulted on a new policy framework for fee setting, which came into effect on 1 January 2019. As well as describing the approach we will take to setting fees, it explains how we will consult in relation to our expenditure plans. Under this policy, we have committed to consulting every three years on our high-level objectives and associated expenditure plans.

17. This strategy has been developed in line with the policy and sets out our strategic aims and objectives for 2020-2022. It seeks to explain the costs associated with pursuing those aims. Building on the foundations we have laid with Shifting the balance, it describes how we propose to continue to work towards a better, fairer system of regulation in dentistry, including how we plan to drive improvements in the regulatory framework. It also describes

[1] This reduction in incoming concerns does not necessarily translate into a directly corresponding reduction in cases reaching a hearing, which is where costs are concentrated in the fitness to practise process.

what we intend to do to improve and ensure our own effectiveness to enable and support the achievement of our vision.

18. The strategy sets out what we want to achieve. Detailed plans, together with timescales for the various programmes of activity, will be published on an annual basis.

Our purpose, role and responsibilities

19. The GDC plays a key role in the healthcare architecture, working on behalf of the public to support a system in which dental professionals provide good quality care and practise to the highest possible standard.

20. Our overarching purpose when exercising our functions (set out in the Dentists Act 1984 and updated by the Health and Social Care (Safety and Quality) Act 2015) is 'the protection of the public', which involves the pursuit of the following objectives:

    - to protect, promote and maintain the health, safety and well-being of the public
    - to promote and maintain public confidence in the professions regulated [under this Act], and
    - to promote and maintain proper professional standards and conduct for members of those professions.

21. This is a very broad remit. Parliament has given us a range of powers and responsibilities to help us achieve it including:

    - setting and assuring standards of quality in dental education
    - maintaining registers of dentists and dental care professionals who meet the registration requirements
    - setting and promoting professional standards, and
    - investigating allegations of impaired fitness to practise and taking appropriate action.

22. Although there are constraints set by our legal framework, particularly in relation to our fitness to practise process, we are able to exercise discretion in how we fulfil our responsibilities. For example, in line with our duty to set and promote professional standards, we place a requirement on dental professionals to undertake CPD, and much of our engagement activity is aimed at ensuring that the professional standards are understood and embedded. Alongside the mandatory functions, we have additional discretion as to how we achieve our statutory purpose and objectives. We exercise that discretion in a number of ways, for example by taking action against those who practise dentistry illegally (e.g. unregistered individuals who offer teeth whitening services). We also fund the DCS, which offers a facilitated resolution service for complaints about private dental treatment.

23. Exercising our discretion means making choices about how we deploy resources. We are consulting on this strategy in order to help inform those choices.

Our strategy

An overview

24. Fulfilling these statutory objectives requires us to operate a fair, proportionate and responsive regulatory framework, which in turn relies on us being an efficient and effective organisation. We have, therefore, set out a vision and five strategic aims which will help us achieve it, and to enable us to demonstrate that we are doing so.

Our vision

25. A system of regulation which:

- Supports the provision of safe, effective oral health care.
- Promotes and embeds clear standards of clinical competence and ethical conduct.
- Embodies the principles of right touch regulation: proportionality, accountability, consistency, transparency, targeted, and agility.

Our values

26. When working to realise this vision, the organisational values that guide how we operate are:

- **Fairness** – we treat everyone we deal with fairly.
- **Transparency** – we are open about how we work and how we reach decisions.
- **Responsiveness** – we listen, and we adapt to changing circumstances.
- **Respect** – we treat everyone with respect.

Our strategic aims

27. We aim to:

- **Strategic aim 1**: operate a regulatory system which protects patients and is fair to registrants, while being cost-effective and proportionate; which begins with education, supports career-long learning, promotes high standards of care and professional conduct and is developed in the light of emerging evidence and experience.

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

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

- **Strategic aim 4**: maintain and develop the regulatory framework.

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

How will we work to deliver these aims?

28. Achieving these aims will require us to continue to transform our working practices by embedding these ways of working in everything we do:

    - Working collaboratively – developing and maintaining effective partnerships with relevant organisations and the professions.
    - Being evidence-led – using research to support and inform proportionate decision making and to focus our activity and resources.
    - Making the best use of resources – constantly challenging ourselves and our operating practices to ensure value for money.
    - Being inclusive – seeing the value and importance of diversity and acting to ensure that this is reflected in our work.

How will we monitor our progress and success?

29. By the end of 2022 we will have made substantial progress in improving our use of evidence, data and intelligence, with a view to being able to demonstrate that:

    - Our regulatory activities support and promote professionalism, prevent harm and support public confidence.
    - Systems for the public to raise and resolve issues are clearer and more integrated.
    - The costs of regulation, their drivers and the ways of reducing them are clear to those we regulate, and we have effective methods of reducing costs and allocating resources in line with our statutory obligations and strategic priorities.
    - Our enforcement processes are invoked only when necessary to investigate the most serious cases.
    - We operate within all aspects of the law that apply to us.
    - We protect confidential information supplied to us by patients, registrants and other bodies.
    - We operate governance processes that promote efficiency, clarity and transparency, and that manage conflicts of interest effectively.

30. We have taken steps to develop a programme of monitoring and evaluation to enable us to demonstrate how we are achieving our statutory objectives and our strategic aims. We will continue with that, using evidence to inform improvement and development of our work on a continuing basis. Across the GDC we are using research, monitoring and evaluation increasingly to generate learning, which in the short-term will enable us to explore and understand the more immediate impacts and outcomes of our work.

31. Our key performance indicators will be aligned to our strategic aims and objectives and monitored continuously through our balanced scorecard. We will also develop and implement a longer term-impact evaluation and research programme, in order to achieve and sustain continuous learning.

The regulatory environment: changes, challenges and opportunities

32. Dentistry is complex, surrounded by many different influences and pressures that individual professions have to navigate. Creating an environment that supports professional behaviour

in the public interest requires all those involved in dentistry to work together effectively to identify and address the challenges and opportunities we all face.

33. Oral healthcare does not exist in a vacuum. It is part of a wider health system, which is funded, arranged, delivered and managed differently across the four nations of the UK, and indeed even within those nations.

34. The healthcare system itself is affected by decisions made in other areas, not least the UK's planned exit from the European Union. This change is likely to have an impact on the supply of the healthcare workforce, which in turn could have an impact on access to dental services, as well as our regulatory framework. We described in some detail in Moving Upstream, published in January 2019, the likely implications of the loss of the current mutual recognition arrangements in respect of EU qualifications. At the time of publishing this consultation, we are still in a position of considerable uncertainty regarding the outcome of the UK's negotiations with the EU. We continue to work with others to understand the likely impacts on professional regulation and workforce and to develop plans for a range of scenarios.

35. Despite this uncertainty, work is underway across the UK to develop and implement plans for future healthcare provision.

36. In Scotland, the Oral Health Improvement Plan sets out the priorities in relation to encouraging good oral healthcare and thereby focusing on prevention rather than cure, particularly for children. Similarly, in Wales, the Chief Dental Officer has outlined plans for a contract aimed at improving oral healthcare and ensuring that visits to the dentist and treatment plans are based on health needs.

37. In England, the NHS Long Term Plan sets out themes and priorities for the development of the healthcare system. The plan makes few direct references to developments in dentistry, although there are specific ambitions, particularly in relation to children and people with learning disabilities. Nevertheless, many of the themes are as relevant in dentistry as they are in other spheres of healthcare: a focus on prevention and addressing health inequalities; tackling workforce pressures; harnessing new technology and increasing choice and personalisation in the delivery of care. Against this backdrop, work on reform of the dental contract is underway, which also seeks to focus on prevention and attempts to address some of the issues that have arisen under the current contract and have been highlighted by professionals and others.

38. The differences in structure across the four nations can present challenges when establishing common systems that are easy for the public to understand and navigate. They can, however, also present opportunities for sharing learning, innovating and improving. To support and enable this we will continue to develop and strengthen our engagement with partners in regulation and dentistry across the whole of the UK.

39. Alongside planned developments to service provision, dentistry and the way in which it is delivered have changed significantly in recent years. There are a number of factors influencing that change, including the changing profile of both the patient population and the workforce, the rapidly increasing representation of corporate bodies in dentistry, and the use of technology in practice. This sort of change is likely to continue, with new models of care, an ageing population, health inequalities, changing public expectation, in terms of

both care delivery and professional conduct, increasing demand for cosmetic treatments and fast-moving technology. All of these things raise questions about how we deploy our regulatory powers in pursuit of our overarching purpose of protecting the public. They point to a need for us to be flexible and agile in our approach, and to be able to respond to change.

40. Reform of the legislation that describes our remit and establishes our powers continues to be the subject of discussion in the sector. The GDC has been involved in discussions with the Department for Health and Social Care (DHSC), the Professional Standards Authority (PSA) and the other healthcare regulators on the general issue of regulatory reform. This follows work done from 2013 onwards to review the strengths and challenges of the current legal and operational arrangements for regulating healthcare professionals. The current focus is understanding how innovation in this area is hindered and the opportunities that may be available to create new ways of supporting fair, proportionate and effective regulation in the future which delivers the overall objectives of protecting patients, maintaining public confidence and setting standards for how professionals must work. At the time of publication, these discussions are at an early stage. We are currently unable to estimate the timescale for changes which could have an impact on our work, but it is reasonably certain that, if legislative changes are made, changes to policy in respect of the way we use our powers will follow.

41. Like others, we are also considering the implications of reviews and developments in other areas of healthcare and regulation, for example, the 2018 review of gross negligence manslaughter in healthcare and particularly our approach to understanding and maintaining public confidence.

42. The challenges and pressures facing us and others across the system mean that we need to work with others to understand the environment in which we are operating, anticipate change and make the most of the opportunities that it presents. This will be a key element of our emerging research, data and intelligence strategy and will inform our future plans.

Strategic aims and how we will achieve them

Strategic aim 1:

To operate a regulatory system which protects patients and is fair to registrants, while being cost-effective and proportionate; which begins with education, supports career-long learning, promotes high standards of care and professional conduct and is developed in the light of emerging evidence and experience.

43. Measured by the pattern of activity and expenditure, the focus of professional regulation in dentistry and indeed across healthcare more widely, has historically been on enforcement action through 'fitness to practise' proceedings. Such proceedings are only instigated once harm, or at least a risk of harm, has been identified. The power to investigate concerns regarding the practice, conduct or health of a dental professional is, of course, essential to regulation, but the public are best protected if it is complemented by other mechanisms designed to *prevent* harm - by making sure that entry to the register is properly controlled and by positively influencing behaviour of those whom we register.

44. The GDC sets and publishes standards of conduct for the professions. The current articulation of these standards is in the Standards for the Dental Team, published in 2013. What has become clear through our recent engagement activity is that we have not succeeded in ensuring that the standards we set for professionals are sufficiently understood, either by the public, or by professionals themselves. And, while we have developed it considerably and will continue to do so, we do not yet have a sufficient understanding of the drivers of behaviour among professionals or the changing expectations of the public.

45. We intend to develop a career-long learning-based system and culture aimed at ensuring that patient care is at the forefront of everything dental professionals do. That involves building on work done in 2019 to understand more clearly the expectations of patients and the public in respect of professionalism. It also involves further developing the scheme we have in place for CPD, in line with the proposals we set out in Shifting the balance.

46. We want to further encourage and empower registrants to use their professional and ethical judgement as the primary basis for decision making – putting the patient's interests first. This will involve working with others to address the barriers that prevent or hinder individuals from doing the right thing and to tackle the climate of fear. This should lead to better experiences for patients and more fulfilling careers for dental professionals.

47. We intend to develop an effective and sustainable model of regulation based on learning and prevention, relying on three key elements:

    - Robust and clear evidence, data and insight to inform choices.
    - A framework which empowers professionals to use their professional judgement and supports learning and improvement.
    - Effective channels and mechanisms for explaining the framework and enabling learning.

We will pursue the following objectives to achieve this aim:

Dental education

- We will continue to develop our approach to assuring the quality of pre-registration education and training, fully implementing the thematic and risk-based approaches that we have piloted in 2019.
- We will use the findings of our first thematic review of education, which focuses on how well UK undergraduate training programmes prepare new dentists for practice, to inform our policy and quality assurance activity in relation to education and training and to work with others to deliver improvements to the structure of education and training systems in dentistry.
- We will use evidence, research and intelligence to further develop our processes for identifying risk, to evolve learning outcomes and to inform our approach to quality assurance, including identifying areas for thematic review.
- We will bring focus to the question of whether selection, often based on academic results, is generating the right pool of talent for the future healthcare workforce.

Ensuring the integrity of the register

- We will continue to ensure that those we register meet the relevant requirements, giving the appropriate scrutiny to applications and subsequent changes, and acting promptly to give effect to decisions or actions affecting an individual's registration.

Professionalism

- We will use research and engagement to develop a better understanding of what professionalism means to the public, and what is important to them in their relationship with dental professionals. This will include establishing and promoting a dialogue between the professions and the public to build a shared view of professionalism.
- We will translate that shared understanding into principles of professionalism, establishing common ground with other regulators where possible. There will be a clear emphasis on acting in the best interests of patients.
- We will use these principles as the basis for reviewing and developing all the standards we set, including those for education and training of dentists and DCPs. We will work collaboratively with the professions and our partners to communicate and embed them into education, learning and practice and to encourage dental professionals to have greater ownership of the principles and standards.

CPD and lifelong learning

- We will continue to embed and evaluate the CPD scheme for dental professionals, working towards completion of the first full cycle for dentists at the end of 2022 and for DCPs in mid-2023. In parallel, we will continue to scope a future model for lifelong learning for dental professionals; exploring a professionally driven, outcomes focused system which moves away from an inputs system driven by regulatory requirements.

- During 2020-2022 we will build on the existing scheme, introducing elements and activities which are beneficial and which professionals should be encouraged to take up, regardless of a formal regulatory requirement placed upon them.

Encouraging and supporting leadership in the profession

- We will work with others, through the Shifting the balance leadership network, to create an environment in which those responsible for deploying professionals in the provision of dental services are playing their part in promoting professionalism.

- We will collaborate with our partners and the professions to develop guidance aimed at influencing and encouraging those who employ, contract or commission dental professionals to deliver services to support high standards of conduct and behaviour.

Sharing learning, influencing and engaging effectively

- We will develop our approach to sharing learning with a range of audiences and will continue to improve how we engage with dental professionals, dental students and trainees and other stakeholders. We will continue to build on research carried out in 2018 that detailed how we are perceived by stakeholders and summarised their most effective and preferred methods of engagement, and we will repeat this research regularly to support this improvement work.

- We will continue to explore how the influence of 'human factors' can lead to errors and ultimately patient harm even though the professionals involved have the relevant clinical competence and professionalism to meet our standards of practice. This will be considered against a backdrop of seeking to inform and educate professionals about circumstances that may increase the risk of errors and how to avoid them.

- We will continue to evolve our understanding, insight and dissemination of learning that arises from the analysis of the information that we gather through our fitness to practise processes. We will look to increase the reach, quality, range and impact of learning to assist the profession to take positive action to avoid potential enforcement matters arising.

- We know that the way we currently describe our mission, 'protecting patients, regulating the dental team', is a source of contention for many professionals and we agree that it does not do justice to the transformation of the GDC. We intend to change it across all our communications. The subtitle of this document, 'working with the dental team for public safety and confidence', may provide us with a more accurate description of what we seek to achieve.

- We will develop more effective digital channels that allow two-way engagement, both between professionals and their regulator and between professionals themselves.

Strategic aim 2:

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

48. Even in a system with a strong focus on preventing harm through education, engagement and ongoing professional development, there will be times when events occur that give rise to concerns or complaints from patients or members of the public. This is particularly likely to be the case in areas such as dentistry where treatment is often not free at the point of use. When complaints do arise, the process for making them should be clear and accessible and dental professionals should see complaints, and indeed all feedback, as an opportunity to learn and improve.

49. We know that most of the complaints received by dental professionals are resolved quickly and effectively, but still too many of the matters raised with us could have been resolved between the patient and the professional directly. The fact that direct resolution has not taken place or even, in many cases, been attempted, is partly as a result of real and perceived barriers to making complaints and a lack of sufficiently clear information about channels, processes and outcomes. Removing these barriers and promoting effective complaint handling in the practice are therefore key to continuing the reduction in the number of unnecessary fitness to practise referrals.

50. Over the course of 2018 we worked in partnership, with the profession-wide complaints handling group, to develop materials aimed at both patients and professionals about the principles of good complaint handling. This represents a real step forward, both in terms of the approach to collaborative working between those with an interest in this area, and in respect of the material available to professionals, patients and members of the public about the principles to be applied to handling complaints within the dental sector. This was an early but significant step in making the routes for feedback and complaints clear for patients.

51. In addition to providing clear information for patients and professionals about complaint pathways, there is much more to do 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. The majority of the matters raised with us as fitness to practise concerns are closed before they reach the Case Examiners, and many of them raise issues which could be resolved by others, including by the practice. Therefore, we need to work with our partners and the profession to develop systems in which information can be shared and issues routed to the most appropriate place for their resolution.

We will pursue the following objectives to achieve this aim:

- We will work with our partners in each of the four nations, including systems regulators, health services, patient organisations and the professions to develop a coherent and accessible system for resolving complaints, improving signposting for the public and routing complaints effectively and efficiently between organisations.

- Building on work undertaken already, we will continue to take steps to ensure that members of the public are given appropriate information about how and with which body/organisation they can and should raise concerns and signpost them to support with raising issues where necessary.

- Informed by the blueprint for the system, we will review the DCS to ensure that the role it plays within the system and its funding model are appropriate, and that it is operating in conditions which allow it to provide a high quality and cost-effective service to those who use it.

- We will continue our work with members of the profession-wide complaints handling group to support and educate the professions to understand the value in feedback and complaints and to improve approaches to complaint handling.

Strategic aim 3:

To use evidence, research and evaluation to develop, deliver and embed a cost-effective and right-touch model for enforcement action.

52. Like all healthcare professions, dentistry invites the public to place high levels of trust in it. Regulation is there to underpin that trust. But, however effective upstream measures like promoting professionalism, standards in education and effective handling of complaints and feedback may be, there are always likely to be circumstances in which an individual's conduct and/or competence is simply incompatible with that trust, and where action is needed to restrict an individual's practice, or, in the most serious cases, to remove them from the profession altogether. That means that enforcement – which in professional healthcare regulation is known as 'fitness to practise' – will always be part of the picture, in some form. The purpose of enforcement in this context is not to punish; it is to manage risk proportionately. In addition, it provides significant potential for learning, both for individuals and the professions more widely.

53. We have been very clear about the shortcomings of the fitness to practise process, many of which are imposed by the outdated legislation under which we currently operate. We welcome the opportunity for involvement in ongoing discussions with the DHSC, the PSA and the other healthcare regulators on regulatory reform. As noted above, discussions are at an early stage, but any legislative changes are very likely to require us to revise our policy framework and guidance material, particularly in relation to fitness to practise and other associated procedures.

54. If a new legal framework were to emerge, this would by no means be a panacea. Regardless of the extent and nature of regulatory change, ensuring that our understanding of the factors that affect public safety and confidence is the best it can be will remain of paramount importance. That means improving our understanding of what affects public confidence and ensuring that our enforcement action is properly focused on those cases where such intervention is necessary. It also means ensuring that decisions are supported by robust evidence and insight, enabling a reasoned conclusion on the appropriate intervention to be reached within a reasonable timeframe.

55. We plan to build on the enhancements delivered as part of the End-to-End review of fitness to practise to drive continuous improvement and take forward a range of new initiatives that align with the broader strategic imperatives of the organisation.

56. In addition to the important public protection function provided by our fitness to practise powers, we also seek to protect the public by investigating and prosecuting those who practise dentistry illegally, i.e. without being on our registers. We plan to do more to understand how effective our current approach to this criminal enforcement activity is and whether and how it could be better used to reduce the risk of harm to the public.

We will pursue the following objectives to achieve this aim:

Operating and improving our processes

- Making use of the enhanced technology, process and management information capacity delivered through the End-to-End review, we will further improve timeliness within fitness to practise.

- We will embed our continuous improvement methodology throughout our processes. Through regular analysis of the variability of performance we will be able to determine potential causes of delay so these can be remedied or alternatively identify examples of best practice that can be shared. This will enable our average performance to improve over time as we gain greater insight into our new processes and workload.

- We will evaluate options and consult on proposals for separating the adjudication function from the investigation and prosecution functions.

- We will use our internal scrutiny and quality assurance processes to identify gaps in our regulatory policy framework and our processes and take steps to address these.

- We will manage risk in relation to public safety and confidence by operating an efficient and responsive regulatory enforcement (fitness to practise) process.

Deploying our powers appropriately and effectively

- We will develop and deploy a clear set of principles for enforcement action, to enhance understanding among the public, professionals, stakeholders and our staff of how and in what circumstances we will use our powers.

- We will focus our investigation capacity on those cases which raise serious issues that warrant regulatory intervention, basing our decision making on the growing evidence base, particularly in relation to public confidence. We will incorporate ongoing calibration into that process in recognition of the fact that this is not a static concept.

- We will explore how, and to what extent, we can deploy a broader range of resolutions for matters that are referred to us. This might include:

    - Opportunities for alternative dispute resolution.
    - Developing alternative assessment approaches based on determining criteria.
    - Considering the introduction of a presumed time bar in certain cases.
    - Exploring options for early remediation and accepted regulatory outcomes.

- Informed by the evidence base, we will ensure that our policy framework for enforcement decisions is proportionate, fair and transparent. This will incorporate a better understanding of 'human factors', and how decision makers should consider the broader context of a case when determining outcomes or sanctions.

- We will use research and evidence to underpin a review of our criminal enforcement strategy, focusing on public protection and the risk of harm.

Strategic aim 4:

To maintain and develop the regulatory framework.

57. Fulfilling our statutory purpose and pursuing the strategic aims and regulatory outcomes we have set out above requires the GDC to be an effective and efficient organisation, with sufficient flexibility and agility to respond to changes in the dental and regulatory landscapes. This means identifying and taking opportunities to work with the DHSC and others to improve the legal and policy framework under which we operate.

58. In common with the PSA and other healthcare regulators we have called consistently and vocally for reform of the legislation that governs professional healthcare regulation in the UK, which is needed in order to offer the proportionate and graduated responses that good regulation calls for. As noted in the previous section, we continue to be involved in discussions with the DHSC, the PSA and the other healthcare professional regulators on the general issue of regulatory reform. We will continue to engage in and influence the debate on regulatory reform and will work with others to ensure that any forthcoming reform is effectively implemented.

59. Irrespective of legislative change, there is a clear need for us to review our policy framework to ensure that it fulfils our statutory purpose, is aligned with our strategic aims and objectives and supports the deployment of proportionate regulatory interventions.

60. Alongside developments to the legal and policy framework, we need to ensure that we use the data and intelligence we hold to maximum effect. We hold a significant amount of data from which we could extract value. We need to build our capability and strategy in this area to support business decision making, as well as to provide professionals with the information they need to inform their choices, while operating within the legal framework established by the General Data Protection Regulations (GDPR).

We will pursue the following objectives to achieve this aim:

- We will continue to engage in and influence debate and thinking in respect of regulatory reform, contributing both to thought leadership and the evidence base through our programme of research.

- We will ensure that our policy framework aligns with our strategic aims and objectives, and that our articulation of that policy in guidance to decision makers, professionals and the public is clear and readily accessible.

- We will work with others to identify, understand and respond to the ongoing challenges arising from Britain's planned exit from the EU, including the possibility of a differential impact across the UK.

- Informed by robust research on its current use and the issues that arise from that, we will undertake a review of the Scope of Practice for dental professionals, with a view to enabling more effective deployment of the whole dental team and facilitating inter-professional working.

- We will build our evidence base in relation to risk in dentistry using a range of mechanisms, including a review of our archive of fitness to practise data and decisions, demographic and diversity data and information and data on complaints held by us and others. This will include an analysis of whether and how risk differs according to a range of factors, including the diversity of the patient population.

- We will implement our data and intelligence strategy. With co-design and partnership at its centre, our long-term research and intelligence plan will test, evaluate and inform the further development and improvement of all our programmes of work.

- We will develop an overarching programme of monitoring and evaluation to determine whether, how and to what extent our approach to regulation is achieving our objectives and to understand and measure the difference regulation makes.

Strategic aim 5:

To continue to develop an outcome-focused, high-performing and sustainable organisation.

61. As with any organisation, if we are to fulfil our statutory purpose and strategic aims, we need to secure our viability and increase our ability to anticipate, prepare for and adapt to changing circumstances.

62. There are two key elements to this. The first is the effective and efficient management of resources. That means more than simply managing money. It means actively seeking ways to improve the way we operate, including how and from where we carry out our business. It means being transparent about the drivers of the cost of regulation and exploring with others what impacts on those drivers. And, it means ensuring that we have access to the infrastructure we need to operate.

63. The other key element is ensuring that we get the best out of our most important asset; our people. We have a committed workforce, and we need to take steps to ensure that staff remain motivated, continue their professional development, and maintain their commitment to our organisational aims. This means fostering a positive, diverse and inclusive working culture and environment, and embedding professionalism in the way we work. It also means effective workforce and succession planning. These things need to be supported by a workable and efficient organisational design.

We will pursue the following objectives to achieve this aim:

Identifying and pursuing efficiencies

- We will continuously review the way we operate to seek efficiencies in how we work.
- We will evaluate the success of the creation of our Birmingham operational hub to understand the extent to which the anticipated benefits have been realised, and to consider whether we can make further efficiencies and savings in relation to our estate.
- We will continue to pursue the implications of our fees policy, including the introduction of application and assessment fees, with a view to achieving a fairer distribution of the costs of regulatory activity.

Maximising the potential of our workforce

- We will continue to build and engage our workforce, who choose the GDC, for their belief in our purpose and because it meets their expectations of work-life balance, development and inclusivity.
- We will develop our workforce to ensure they have the skills required for the present and future.
- We will continue to build operational resilience by embedding and further developing our approach to cross-skilling our staff; allowing greater agility and discretion in the deployment of our resources to match workload priorities.
- We will review the structures and systems that support our organisational design, ensuring that we have effective workforce and succession plans in place. This includes ensuring that staff and associates are deployed in the most effective way, using appropriate and cost-effective arrangements.

Expenditure plans

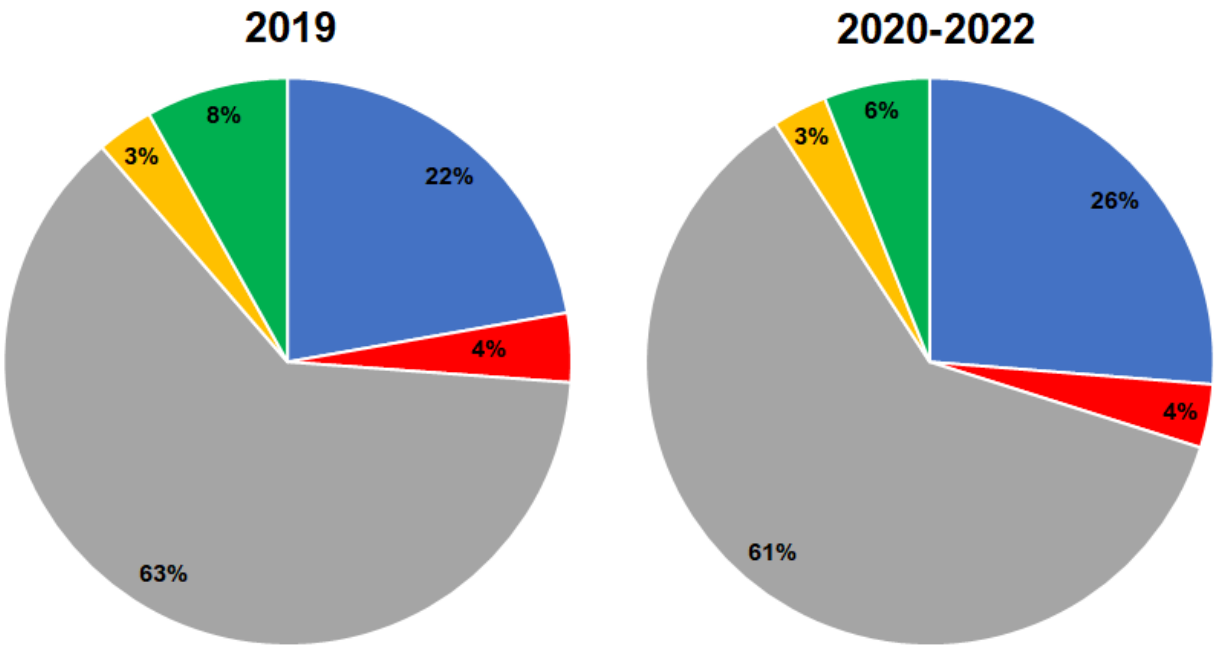
Overview

Table 1: Proposed expenditure by strategic aim[2]

Strategic aim:	2019 cost (1-year) (£ millions)	2020-2022 total cost (3 years) (£ millions)	2020-2022 annual cost (average/year) (£ millions)
1. Developing and delivering an evidence informed, cost-effective and proportionate 'upstream' regulatory framework, which begins with education, supports career-long learning, and promotes high standards of oral healthcare and professional conduct.	£9.6	£31.7	£10.6
2. Working with the professions and our partners to ensure that patients and the public are able to raise and resolve issues effectively.	£1.7	£4.4	£1.5
3. Developing, embedding and delivering a cost-effective and proportionate model for enforcement action.	£27.0	£75.4	£25.1
4. Maintaining and developing the regulatory framework.	£1.4	£4.0	£1.3
5. Developing a high performing, sustainable organisation.	£3.5	£7.5	£2.5
Totals	**£43.2**	**£123.0**	**£41.0**

[2] Figures are rounded to the nearest £100,000.

Figure 1: Proportion of costs by strategic aim 2019 compared to 2020-2022



Strategic aim 1: To operate a regulatory system which protects patients and is fair to registrants, while being cost-effective and proportionate; which begins with educations, supports career-long learning, promotes high standards of care and professional conduct and is developed in the light of emerging evidence and experience.

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

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

Strategic aim 4: To maintain and develop the regulatory framework.

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

How we developed these expenditure plans

Meeting the requirements of our fees policy

64. This consultation on our corporate strategy and the costs of delivering it is being undertaken in line with the commitments we made in our policy on fee charging, both in relation to how we calculate the fees we charge and how we explain that to registrants.

65. The fees policy sets out three key principles. For ease of reference, these principles and the explanation of them, have been reproduced here:

- **Fee levels should be primarily determined by the cost of regulating each registrant group:** we will seek to minimise the ways in which registrants fund regulatory activity that is not generated by them by removing, as far as practicable, cross subsidy between different groups. We will do this by allocating costs, as far as possible, where they fall. Where a degree of cross subsidy is necessary, we will explain this.

- **The method of calculating fee levels should be clear:** we will be open with registrants about how we allocate the income we receive from them and why, and provide sufficient information about cost drivers, giving them the opportunity to contribute to the debate. We will seek to show a clearer link between fee income and regulatory activity.

- **Supporting certainty for registrants and the workability of the regulatory framework:** we need to make sure that decisions on the allocation of costs do not lead to undesirable outcomes in the form of unacceptably high or variable costs for some groups of registrants. For example, in determining whether cross subsidy is necessary or desirable we will need to consider the impact on the volatility of fee levels (i.e. how much small changes in workload would cause the fee to change). This is likely to be of particular relevance to small registrant groups, where distribution of costs among small numbers of registrants, has the potential to give rise to significant levels of volatility (and therefore, uncertainty) and/or prohibitively high fees.

66. The exercise to determine expenditure and allocate it to dentists or DCPs is complex. We began by closely examining our expenditure - but simply looking at our existing spending is not enough. We have also developed new strategic aims and objectives and established what delivering them will cost. This required us to make certain assumptions, which we set out below.

Financial assumptions: expenditure

67. We anticipate receiving around 1,500 fitness to practise concerns, annually, over the three-year period. This represents a stabilisation in the levels of incoming concerns following a period of reduction. It is important to understand that a reduction in the number of incoming cases does not necessarily translate into a directly corresponding reduction in cases reaching a hearing, which is where costs tend to be concentrated. Furthermore, the number of cases reaching hearing is not the only driver of cost; the complexity of cases is also a significant factor. Thus, the falling level of concerns reaching us will not automatically produce an equivalent fall in costs.

68. The planned expenditure under each strategic aim covers the total expenditure. There is no expectation that any of the planned activity will be funded from reserves.

69. The fees charged to registrants will include the cost of funding the activity over the three-year period and of maintaining our level of free reserves within the range specified in the Council's reserves policy. Within that range, Council has assessed the level of free reserves necessary to ensure the GDC remains a viable organisation by 31 December 2022, to be equivalent to 4½ months of operating expenditure over the same period. This will be our planning assumption and is the level assessed by Council as delivering the necessary financial resilience.

70. Our fees policy commits us to the introduction of application and assessment fees for applicants, in order to eliminate cross subsidy between registrants and applicants. The costs associated with first registration have been calculated separately, in line with this commitment.

71. For the purposes of calculating the ARF, in line with the first principle of the fees policy, costs have been apportioned between the two registrant groups according to how they were generated (e.g. the cost of investigating fitness to practise matters generated by each group). Where it has not been possible to apportion costs directly in this way (for example, in relation to fixed costs like premises or communications activity), they have been apportioned in line with the 78/22 average across the whole of the GDC. The fee calculations incorporate no cross-subsidy between the two registrant groups of dentist and DCPs. However, as the DCP group comprises a number of discrete professions, some limited internal cross-subsidy between them is inherent.

Financial assumptions: income

72. Our calculations have been based on the premise that registrant numbers will remain as they were in 2018. No increase or decrease has been incorporated into the projections. Therefore, we are assuming that income will not vary materially over the period.

What happens if our assumptions prove wrong?

73. Should actual costs or income vary materially from the planning assumptions, this would constitute exceptional circumstances and we would deal with them as set out in the policy. Looking first to savings and reserves to meet the costs, and then, if absolutely necessary, revisiting the ARF.

What this means for ARF levels

74. Our policy requires us to apportion costs to reflect the cost of regulation. In practice the cost of regulating DCPs has increased since the ARF was last set. The impact of this, alongside the overall decrease in expenditure, points to a significant reduction in the dentist ARF, and a small increase to the DCP ARF, which would, however, remain more or less level in real terms (taking inflation into account).

75. We cannot know the precise level of the ARFs until later in the year, when the professions, partners and the public have had their say on the strategy. However, our plans indicate that the dentists ARF would lie around the range of £730 to £750, and could be slightly lower, while the DCP fee would lie in the range £120 to £130. Our desire, and intention, is that the fee should lie at the bottom of these bands. However, until the strategy and the associated detailed planning is finalised, it would be misleading to guarantee this.

Consultation questions

Please respond to this consultation by visiting www.gdc-uk.org/respond.

1. Please provide your views on the objectives we have identified to support the achievement of strategic aim 1.
2. Please provide your views on the expenditure plans associated with strategic aim 1.
3. Please provide your views on the objectives we have identified to support the achievement of strategic aim 2.
4. Please provide your views on the expenditure plans associated with strategic aim 2.
5. Please provide your views on the objectives we have identified to support the achievement of strategic aim 3.
6. Please provide your views on the expenditure plans associated with strategic aim 3.
7. Please provide your views on the objectives we have identified to support the achievement of strategic aim 4.
8. Please provide your views on the expenditure plans associated with strategic aim 4.
9. Please provide your views on the objectives we have identified to support the achievement of strategic aim 5.
10. Please provide your views on the expenditure plans associated with strategic aim 5.
11. Is the rationale for the proposed distribution of costs between dentists and DCPs sufficiently clear?
12. Are our assumptions in relation to our income and expenditure sufficiently clear?
13. Do you have any further comments in relation to our proposed activity and expenditure plans?

For information on how personal data will be processed, please see our Privacy notice.

Annex A – List of abbreviations used

ARF – Annual Retention Fee

CPD – continuing professional development

DCP – Dental Care Professional

DCS – Dental Complaints Service

DHSC – Department of Health and Social Care

EU – European Union

GDC – General Dental Council

GDPR – General Data Protection Regulations

PSA – Professional Standards Authority

UK – United Kingdom