Notes of the GDC Corporate Strategy stakeholder event for LDCs

held on 5 October 2015 at the Royal Society of Medicine

Evlynne Gilvarry, Chief Executive and Registrar, gave a short presentation on the draft corporate strategy.

She briefly outlined the GDC's reading of the context for 2016-19 and the GDC's response in terms of its planned objectives and activities. (Slides attached).

She said that the event was one of a series of stakeholder engagement events. There would be an analysis of all feedback ahead of final Council sign off in November and implementation in January 2016.

She sought comments on the focus of the strategy, its objectives and activities (under the four key areas below) and asked whether anything had been missed.

- Patients
- Professionals
- Partners
- Performance

She also asked whether there were any areas where the GDC could work together specifically with the BDA and the Local Dental Committees and took questions from LDC representatives.

Jonathan Green, Director of Fitness to Practise, then provided an update on 'Performance improvement: case examiners' and took questions. (Slides also included). He said that when introduced these would reduce the time taken to investigate a fitness to practise case considerably. He told representatives that the Order was scheduled to be laid in Parliament in October 2015 and that the GDC was working towards an implementation date of Summer 2016 for case examiners.

What follows is a brief summary of the discussion to give LDCs unable to attend an impression of the questions raised and the answers given. A member of the GDC staff team took detailed notes of the proceedings.

Focus

LDC representatives expressed disappointment about the GDC's separation from and treatment of the profession in recent years. There was a perception that the GDC had sought to raise its own profile by punishing rather than working with the profession.

Evlynne Gilvarry said that the GDC sought to be supportive of the profession - not punitive. If there were complaints it would want to deal with these as fairly as possible. The GDC's interest was in having 'fewer cases to consider'.

Commitment to engagement

Representatives expressed disappointment that the discussion with LDCs had come so late in the day - particularly given the stated commitment to closer working.

The point was made that whilst the objectives seemed laudable it was very difficult to get a feel for the true focus for the very ambitious programme put forward without more detail on timelines and activities over the next three years.

LDC representatives asked whether there would be continued engagement – thereby enabling the profession to comment on priorities as the strategy was developed.

Evlynne Gilvarry agreed that the strategy was ambitious: 'unashamedly so as there was lots to do'.

She said that whilst she recognised that the high level strategy did not contain the detail that attendees wanted to see the detailed Business Plan for 2016 would soon be available. She said that the GDC wanted to ensure that all views were captured on the vision before refining the detailed business plan. It was therefore not too late to contribute and that the GDC wanted to continue to work with stakeholders.

GDC purpose

(See objectives under 'Partners')

The point was made that there needed to be greater clarity about the GDC's role (and its process for dealing with fitness to practise complaints) at the outset for patients.

Values

There was a question about how the GDC's stated commitment to the values of integrity and fairness squared with what many had seen as skewed research and consultation exercises (e.g. on the ARF). There was a request that future research and development be externally validated and supported.

Evlynne Gilvarry recognised that concerns were largely related to recent consultation exercises. She said that lessons had been learnt and that consultation in the future would be very different and very transparent. She also said that most of the GDC's research exercises were independently supported

Specific questions were also raised about cases where FOIA requests had shown that the GDC had held files on a practitioner who had criticised the GDC (e.g. bulletin board postings etc.). Jonathan Green said the GDC: 'did not have a system to identify people who do not agree with the GDC' nor could this ever escalate into a fitness to practise case. Similarly, with a question about 'fishing trips' by the GDC, he stated that the GDC did not have a routine policy of looking for unrelated information in patients' notes. Seeking expert input was a costly business and such an approach would only be adopted if there was a pattern that suggested this was necessary or if the experts themselves identified an issue.

Impact of the GDC

(See objective 1 under 'Professionals')

Many of the concerns expressed by LDC representatives related to the GDC's lack of understanding of the impact of its own decisions and behaviours on dental professionals, and ultimately on patients. The point was made that the outcome of GDC action was not 'what it aspired to'.

These unintended consequences related not only to the small numbers of professionals who were involved in lengthy fitness to practise proceedings but also other practitioners haunted by the possibility that they might say or do something which might lead to a complaint which once escalated to the GDC would take years to resolve (even if wholly unfounded). The lack of clarity about the NHS offer and the demands of the current contract intensified such concerns.

The evidence of this was, sadly, all too readily available, in the form of: high stress levels, talented and able professionals leaving the profession and, in some cases, even taking their own lives.

The GDC might now seek to support dentists but it needed to be more aware of its own part in causing that stress.

Evlynne Gilvarry said that the GDC could not be blind to the circumstances of practices. The GDC was 'a part of the system and needed to consider its effect'.

She said that the GDC aimed to work with co-regulators and other partners to identify where regulatory activity was disproportionate and could be stopped. The GDC wanted to work with LDCs on this issue as these were 'also part of the GDC's concerns' and the organisation was: 'working hard to improve the situation'.

On the issue of GDC's protracted processes, Jonathan Green said that the GDC had new powers which would streamline the front end of the process. These had been needed for some time but it was hoped that new processes could be introduced in 2016.

Barriers to meeting standards

(See particularly objective 1 and 2 under 'Patients')

LDC representatives wanted the GDC to understand the many conflicting pressures facing dentists. Chief amongst these was the current contract. Representatives spoke of the frustrations of working within such a system and their concerns the period of transition.

The GDC had, in its draft strategy, identified the need for patients to be given 'clear information on costs, a treatment plan and all the information they needed to make an informed decision about their care'. Representatives said that this was a useful illustration of the failings of the system: whilst practitioners wanted to meet or exceed this expectation those outside the profession needed to understand how difficult this was within the window of a UDA based NHS appointment. All the drivers in the system needed to work in unison not in opposition.

Evlynne Gilvarry said that it was not the GDC's purpose to argue on access to dental care (that was the BDA's role). There was however an awareness that the nature of the contract drove behaviour – and it was appropriate that the GDC should make a regulatory response.

Professional Standards

The GDC CEO said that the Chief Dental Officer was in discussion about meeting standards and the contract. Where the GDC had a voice it would use this.

The point that that the standards were overly prescriptive was not accepted– the views of the profession had been sought and it was generally agreed that the standards were right (though the GDC would of course continue to update as necessary).

Jonathan Green said that (in terms of fitness to practise processes) the GDC did not ask associates to apply a gold standard. The test was set in regulatory law and there had to be a 'significant falling short'. Whilst it was the GDC role to raise the standards of the profession – it was not about ivory tower dentistry.

Supporting Dentists

(See objectives under 'Professionals')

The GDC's desire (repeated on a number of occasions during the discussion) to be supportive of dentists was questioned and clarity sought as this had never been perceived as the GDC's role in the past.

Evlynne Gilvarry said that for the majority of dentists this would come through improved guidance in terms of CPD. For those that did come before the GDC there would be a more empathetic tone to communications.

Representatives highlighted a need for more detail on some of the draft objectives (for example 'To guide dental professionals in meeting the standards we set for them, taking into account patients' current needs') and asked the GDC to continue to consult with the BDA and LDCs.

Education and Training

(See Objective 2 under 'Professionals')

A number of representatives raised concerns about the training of students - in the context of the GDC's responsibility to ensure that they were fit to practise at the outset. Representatives said many Foundation Training practices were finding that this was not the case.

Evlynne Gilvarry said that the GDC was responsible for the quality assurance of dental schools not Foundation Dentists. It had, in 2013/14, conducted an 18-month research project on whether not graduates are a risk to patients. No evidence of a risk had been found (not had the study proved that there was no risk). She made the point that approaches to teaching were now very different and said that the GDC would look to discuss quality assurance arrangements as it looked at the arrangements for specialist provision.

LDC representatives raised the related issue of the impact of the GDC's approach to regulation (in the context of an increasingly litigious society) on new dentists' work.

Evlynne Gilvarry said that the GDC would look at this with the Deaneries (LETBs) – extra support might be needed.

Annual Retention Fee

(See objectives under Performance)

LDC representatives asked whether the CEO considered it the right strategy to set the ARF at whatever level the GDC liked. The costs to part-time dentists – twice the rate paid by medical colleagues – were highlighted.

Evlynne Gilvarry said that the ARF was the GDC's primary source of income – as such it was conscious of the need to explain how it arrived at the ARF.

The GDC had reviewed its costs and had – and would continue to - identified efficiencies across the business. The introduction of case examiners was expected to result in savings of £2 million whilst further changes had been identified which would bring the savings to £8 million. Whilst the number of complaints had dipped slightly pre-2014 levels had not been reached (and the GDC's predictive modelling indicated that they would not be) so the GDC was planning to keep fees at the same level for 2016. It did however plan to explain and consult on this no-change proposal.

Advertising for Complaints

Questions were raised as to how the GDC justified its decision to advertise for complaints in the press.

Evlynne Gilvarry said that the advertisement related to the work of the Dental Complaints Service (DCS) which resolved complaints between private patients and dental professionals – not to the GDC's statutory work. She said that the organisation had now reviewed its techniques. Though it would continue to promote the DCS there were no current plans to do so through press advertising (and this was now an old-fashioned route).

Wimpole St HQ

Questions were raised about the decision to retain and refurbish the London office given the financial position.

Evlynne Gilvarry said that the GDC had an active estates strategy and had reviewed the use of Wimpole St. Given the fact that the organisation held a 50 year lease on a peppercorn rent these were very inexpensive premises to occupy. The GDC would however be looking at other options at the future. It was conscious that it was a UK regulator and that this included Northern Ireland and Scotland and a review of the future estates strategy would look at relocation.

Complaints

In response to a question about charging complainants up front, the GDC representatives said that though they understood the desire to minimise the number of vexatious complaints this might also look hostile to those with genuine concerns.

Jonathan Green said that the new processes would allow the GDC to filter cases far better (closing where necessary, referring to the DCS etc.)

In response to a suggestion that the GDC should make clear where its responsibilities did not extend, GDC representatives said that the organisational webpage now detailed what the GDC did not do (e.g. assistance with second opinions and compensation).

Local Resolution

The point was made that it was better for all parties (especially patients) if complaints were resolved locally wherever possible.

Evlynne Gilvarry said that the GDC agreed with this stance. Complaints should be dealt with in practices. Some cases were referred through from NHS England however.

The GDC recognised that there was confusion about the complaints process which could lead to misdirection of complaints and highlighted the body of work the GDC was planning in this area.

LDC representatives urged the GDC to go back to NHS England and encourage proper triaging at this point. If it was the case that cases were being referred to the GDC inappropriately this was something that the GDC should be able to influence.

Fitness to Practise Panel membership

LDC representatives fed back concerns in this area, noting that some panel members were very inexperienced practitioners.

Jonathan Green outlined the new arrangements including the rigorous assessment and training planned for case examiners.

He answered questions as to how case examiners would work in practice (e.g. the degree of interaction between clinical and lay examiners). He said that both the Clinical Case Examiner and the Lay Case Examiners would look at cases separately on the GDC's case management system at Wimpole St. GMC experience of managing a similar system had shown that there was usually agreement – occasionally however there was interaction ahead of the decision to refer onwards.

LDC representatives asked whether it would ever be the case that a dentist's case would be assessed by a DCP Clinical Case Examiner and a Lay Case Examiner. Jonathan Green said that this would not happen as the arrangements would be the same as for the IC currently.

Performance

When a member of the audience commented on the GDC's 'failure' the CEO said that 'it could have done better'.

She also said that the GDC would be better in the future. It needed to improve its performance. It wanted to be respected for the quality of its work. It wanted to be an effective regulator.

There were significant issues but it was determined to be a high profile body.

Evlynne Gilvarry recognised that the GDC had not been in touch with practitioners' concerns. It had had a large caseload – and there had been a scramble to deal with that. It had not been listening enough but was listening now.

This was one of a number of fora so that the GDC did not lose touch again.