

Summary and key messages from the GDC's Dental Professional Forum Meeting
9.30am–2.40pm Thursday 22 November 2018
Principality Stadium - Cardiff

Welcome – Dr Andrew Goodall, Chief Executive, NHS Wales

Andrew Goodall, Chief Executive NHS Wales, welcomed the group to the meeting. In his introduction he stressed:

- the importance that professionals in dentistry are well trained, competent and confident in offering dental care and advice within their scope of practice;
- the importance of clear, consistent and joined up communication from all the organisations involved in the dental system and a whole system approach that coordinates services from various providers, with broader partnerships and new ways of working;
- the importance of integrated health and social care services to successfully deliver on [A Healthier Wales: our Plan for Health and Social Care](#); and
- the establishment of a Transformation Fund to deliver the strategy as set out in the above plan, which focuses on models that enable initial progress on integration of health and social care services.

Latest updates from the GDC – Matthew Hill, Executive Director, Strategy, GDC

- Phase one of the Birmingham move is now completed and work on the next phase is underway. The end-to-end review of FtP is making good progress and the next phase of the CPD development has started. As part of Shifting the balance, the initial stakeholder discussions related to promoting professionalism are completed.
- Looking forward, there are upcoming challenges and opportunities such as Brexit and our new approach on setting fees that will go live in 2019.

Fitness to Practise Update – Tom Scott, Executive Director, Fitness to Practise, GDC

- The three major phases of the end-to-end review are: concept, evaluation and delivery and assurance. The GDC wants to be outcome focused. We are putting more focus on prevention over cure.
- Timeliness is an important factor of the end-to-end review. The GDC aims for an 8-week reduction in the average time for a case to progress to case examiner assessment (currently a 26-week KPI) and a 10-week reduction in the average time for a case to progress to final hearing (currently a 65-week KPI).
- In terms of efficiency, this year the GDC progressed 50% more cases compared to last year (from 800 to 500 cases). At the same time, the number of hearing suites has reduced from 9 to 6.

Questions/comments:

Why has the GDC reduced the number of hearing suites?

The GDC has brought the number of hearing suites down as part of broader cost reductions from 8 in 2017 to 5 in 2018. We were able to increase the efficiency in the use of hearing suites whilst managing our case load.

Future developments of CPD for dental professionals – Jessica Rothnie (JR), Policy Manager, GDC

- The GDC has implemented the Enhanced CPD scheme this year for dental professionals, formalising the Personal Development Plan as a mandatory requirement. In addition, it contains a requirement to spread the hours more evenly over the 5-year cycle (continuous CPD). The new scheme also encourages dental professionals to seek out better quality CPD. The Enhanced CPD scheme is the first positive step towards creating a more professionally owned model of CPD, in which there is more ownership placed on professionals and less 'checking' by the regulator. The GDC is now exploring the details and practicalities of developing such a model.

- The CPD advisory group was established and is made up of individuals who contribute their personal expertise and experience. The group commissioned the Association for Dental Education in Europe to carry out a literature review to form an evidence base looking into interactive activities, group activities, peer learning and reflection.
- Best practice CPD educational activities are multifaceted and include design, development and implementation phases. It also takes into account the evaluation of the activity and impact on the professionals' behaviour, skills or practice. They are based on adult learning principles and may include interactive elements, reflection, feedback, mentoring or other innovative components.
- The GDC will be seeking your views in relation to CPD and promoting professionalism in terms of what is practical, relevant and effective and to find out whether there is an appetite for an 'outcomes' model of CPD.

Questions/comments:

Looking at a national approach at quality assurance, how could regulators bring together the wider picture of CPD?

The GDC is promoting professional development in various ways. It is not the sole responsibility of the GDC to create the space for development. It is also a matter of fostering an environment that supports the promotion of professional development.

Dental Appraisal System (DAS) for Community Dentists – Steffan Biggs, Senior Team Manager, and Dr Christopher Price, Deputy Director Revalidation Support Unit, Health Education and Improvement Wales (HEIW).

- The Revalidation Support Unit was formerly part of the Welsh Deanery. The establishment of the HEIW brought together Deanery, Wales Centre for Pharmacy Professional Education and NHS Wales Workforce, Education and Development Services.
- The DAS has been developed in response to suggestions by dentists in Wales and replaces the current appraisal systems which are largely paper based. It draws on extensive experience of the Medical Assessment and Revalidation System (MARS). The DAS is based on the Terms and Conditions of service for Community Dental Services in Wales, the requirements of Enhanced CPD as well as the principles of the GDC standards that dental professionals must follow.
- DAS allows the user to record their workplan and link their CDP to GDC development outcomes. It supports development of a PDP and requires dental professionals to plan CPD activities which are relevant to their field of practice and support delivery of the PDP. Users can also identify personal, professional and organisational constraints. A service desk is available to all users 5 days a week, as well as online support resources such as guidance documents. In addition, the DAS development team have offered training sessions for all CDS throughout Wales. The DAS will be fully evaluated after 12 months.

Questions/comments:

Will the system be extended to Dental Care Professionals (DCPs)?

Lisa Howells confirmed that the system is being tested with CDS dentists initially. If successful it may be possible to extend it for use by other members of the dental team, as well as those working in other settings.

The Medical Appraisal and Revalidation System (MARS) has a built-in reporting function, is there a function within DAS that can assess learning needs?

The reporting aspect is limited at the moment however, it is in development. This is also a conversation to be had with stakeholders.

Are registrants meant to fill in the forms independently or is there an option to collaborate?

There will be templates available for reflection as well as for team and solo work.

Profession-wide complaints handling initiative – Toby Ganley, Head of Right Touch Regulation, GDC

- This initiative emerged from the first meeting of this Dental Professional Forum in July 2016. The group is concerned with how to handle complaints at a working level and raising awareness among dentists to provide complaints handling services.
- The group has developed 6 principles of good feedback and complaints handling in the form of a patient leaflet and poster. They set out what the public can expect from dental professionals when they want to feedback or complain. The principles do not constitute new guidance but are based on the existing standards and expectations of the dental regulators e.g. the GDC's Standards for the Dental Team and the CQC's Key Lines of Enquiry.
- The principles are supported by a joint statement of the working group on handling feedback or complaints well. In terms of social media, the working group aims to have the leaflet and poster available in every dental practice by the end of May 2019. The group will be discussing how to evaluate the impact of the campaign in their next meeting scheduled for February 2019.
- The group are looking to extend membership and would encourage any organisation interested to get in touch

Questions/comments:

How does this campaign link to the CPD work?

The GDC is currently focusing on data gathering. Once this has been completed, the organisation can start looking at other usages.

Comment: The professional complaints handling initiative should not be interfering with the existing complaints process that exists in Wales.

The professional complaints handling initiative is there to exist along side the standing complaints process, not to interfere with it.

Specialty Developments – Manjula Das, Head of Education Policy and Quality Assurance, GDC

- The revised standards for specialty education have been agreed and will be published by the end of the year.
- Quality assurance of specialty training will commence in 2019. The process was developed with input from education providers, including pilot activity and a workshop. It will be a paper-based approach which will take about 16 weeks in length end to end. Details of the process will be shared with education providers shortly and we are working with them to draw together a schedule for the coming three years.
- The Specialty Working Group (SWG) was set up to strategically take forward developments relating to specialty training across the UK. Note that the Terms of Reference can be shared with those who are interested. Please request these by sending an email to the [Stakeholder inbox](#). The work of the group has helped to inform the development of a GDC consultation on specialists lists, which will be out for comment in early 2019.

Questions/comments:

Why does the GDC not replicate the GMC process?

The GDC is happy to learn from other regulators where relevant and appropriate. It is important to note that we have different powers to the GMC and, therefore, the same processes will not necessarily simply translate

over. We realise there are areas for improvement with regards to the mediated entry process, and in Q3 2019 we intend to form a working group under the auspices of the SWG to take this forward.

Who will analyse the evidence from the education advisors?

Members of the GDC policy and quality assurance teams and education associates will analyse the evidence.

It was mentioned that there are known issues with the GMC's 'Certificate of Eligibility for Specialist Registration (CESR) process and this should not just be duplicated.

Further to the response to question one, Manjula noted that the GDC will choose the elements that work for the organisation.

Regulatory intelligence and research at the GDC, developing our work together – David Teeman, Head of Regulatory Intelligence, GDC

- The GDC's intelligence function exists to inform and evaluate Shifting the balance. The focus is on Registration and FTP data. The team's priorities are contributing to moving upstream, placing the public at the centre of regulation and professionalism. Current research includes CPD review, the public and patients survey and EU Exit research.
- In 2019, the focus will be on developing codesign and coproduction and research partnerships and opportunities. We will also develop impact evaluations in order to explore what is successful in upstream activity. Investing in this research, sharing information and learning from outcomes ultimately gives us more traction.

Questions/comments:

Is this the GDC's role?

Our role is to protect the public, to protect and maintain their health, safety and well-being and to promote and maintain confidence in the dental profession by setting up standards. We are pursuing a model that is not based purely on enforcement, but on a range of upstream interventions including engagement, education CPD etc. The effectiveness of that model depends on building the best understanding we can of dentistry and how it is delivered..

Research on European qualified dental professional – David Teeman, Head of Regulatory Intelligence, GDC

- The GDC commissioned Eventure research to conduct a study to give insight into the impact of the UK exit from the European Union on dentistry, freedom of movement and the EU Directive on the Mutual Recognition of Professional Qualifications (MRPQ). The research aimed to provide statistically reliable data of European qualified GDC registrants' views and future intentions to help inform future GDC policy and strategy. All European qualified dental professionals on the GDC register were sampled (6,300) and we received 2,464 responses (39%).
- Key findings included that almost a third are considering leaving the UK in the next 5 years; just over half thought Brexit had a negative effect on dentistry, their workplace and healthcare in general.
- Next steps: a summary of the research will be published in the GDC Research Digest and the final report will be published in December 2018.

Questions/comments:

What do you do in a post MRPQ world?

The Department of Health and Social Care is working on a system of continued recognition at the point of departure. We may have to develop our own system. This raises the question as to who will pay for this.

A healthier Wales, the oral health and dental service response – Dr Colette Bridgeman, Chief Dental Officer for Wales

- The emphasis lies on a whole system approach in transforming dentistry in Wales. The government is in the process of refining a test stage of using flexibility in the existing GDS contract to support reform. Transformation plans in Dentistry are responding to the Parliamentary Review aims for all: to improve the population health and wellbeing through a focus on prevention; improve the experience and quality of care for individuals and families; enrich the wellbeing, capability and engagement of the health and social care workforce and increase the value achieved from funding of health and care through improvement, innovation, use of best practice, and eliminating waste. In order to realise this, there is among others a need for real political support, engaged clinicians and close relationships.
- The Welsh government invests close to £200 million in programmes for NHS dental services every year. Our priorities now are to build on what is working well; to set out key priorities, a direction on work programmes and a foundation for future plans.
- In terms of the business of dentistry, we have a corporate responsibility that contracts are supportive. We either embrace independent contractor status or we think of different models. Reform is needed in terms of shifting the focus to prevention instead of repair. Moreover, there is a need to make better use of existing resources.
- [The oral and dental services response](#), to the Welsh Government Strategic plan: A Healthier Wales, sets out 5 priorities to realise this reform: timely access to prevention focussed NHS dental care: sustained and whole system change underpinned by contract reform; expand teams that are trained, supported and delivering; oral health intelligence and evidence driving improvement; and to improve population health and well-being.
- The last point can be realised through the use of a risk assessment and patient-facing tool called the Assessment of Clinical Oral Risk and Need (ACORN). Dental teams can use this tool to plan appropriate care and recalls; and to communicate oral health need and risk to patients to improve oral health literacy
- In summary, we need to move to a preventive approach in NHS dentistry in a reformed system that encourages a shift in public/patients' behaviour simultaneously.

Open session: questions for all speakers and contributions from attendees

Will the GDC annual registration fee for dentists come down?

The Council would reduce fees when it was safe to make a meaningful reduction. For reasons discussed earlier in connection with Brexit, it was not currently safe to make a meaningful reduction.

The operational side of the GDC does not mirror the idealistic side as outlined by Tom Scott and Matthew Hill.

The GDC is working within its regulatory remit; within the constraints of the legislation. What we can do is to create improvement and we aim to do that through Shifting the balance. We need time to see the changes we are working on.

Who reviews the clinical reviewers?

We understand the opportunity that being assessed creates. We have previously been given this feedback and are exploring suitable organisations that may be in a position to provide a level of assurance equivalent to that gained through our semi-annual external audit of decision-making within FtP. Once a field has been identified, a business case can be prepared to let a suitable contract for services.

Location for the next meeting

The next meeting of the Dental Professional Forum will be held in **London** on **Thursday 16 May 2019**.