

Shifting the balance:

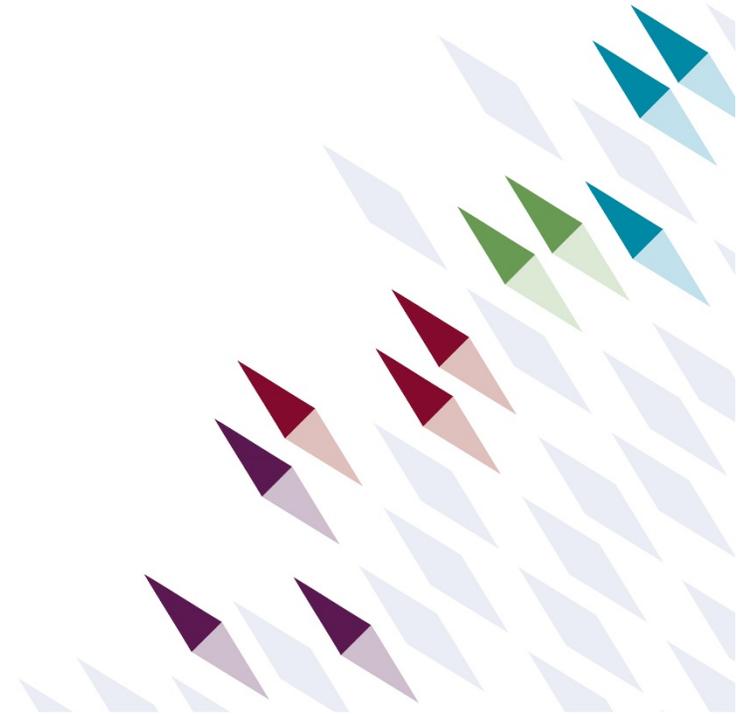
a better, fairer system
of dental regulation

General Dental Council

Matthew Hill
Executive Director, Strategy

International Society of Dental
Regulators

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What is the problem?

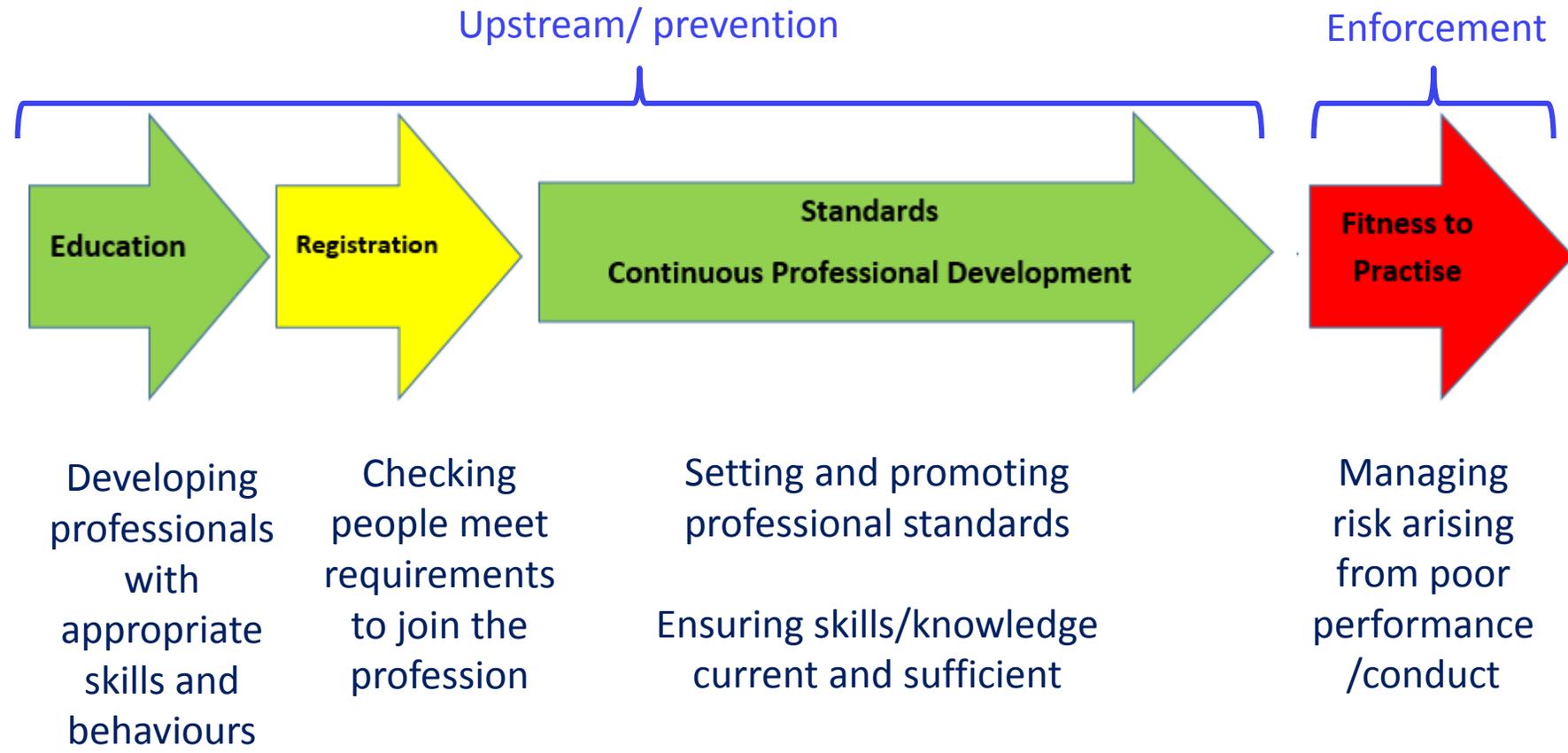
- Model of regulation needs to change:
 - difficulty in maintaining support of those regulated:
cumbersome and stressful for those subject to enforcement
 - does not do enough to promote learning;
 - patient protection benefits unclear; issues take too long to resolve
 - not flexible enough to enable a proportionate and graduated approach: reliance on expensive enforcement action
 - New routes need to be developed so patients are not left empty-handed

Scope of regulation

- Health and Social Care (Safety and Quality) Act 2015 – GDC must:
 - Protect, promote and maintain the health, safety and wellbeing of the public
 - Promote and maintain public confidence in the professions regulated
 - Promote and maintain proper professional standards and conduct
- Very broad remit – but some things we *must* do...

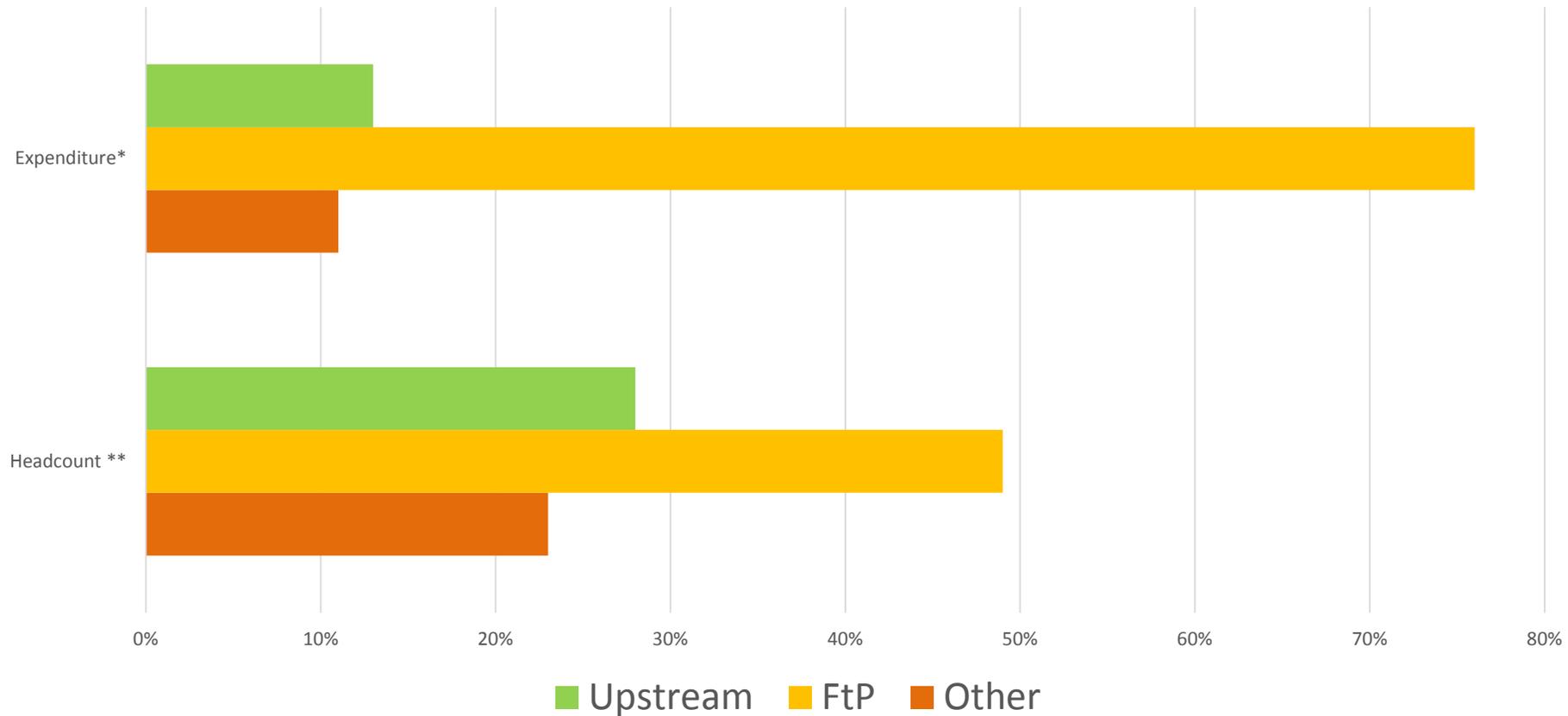
Regulating dental professionals

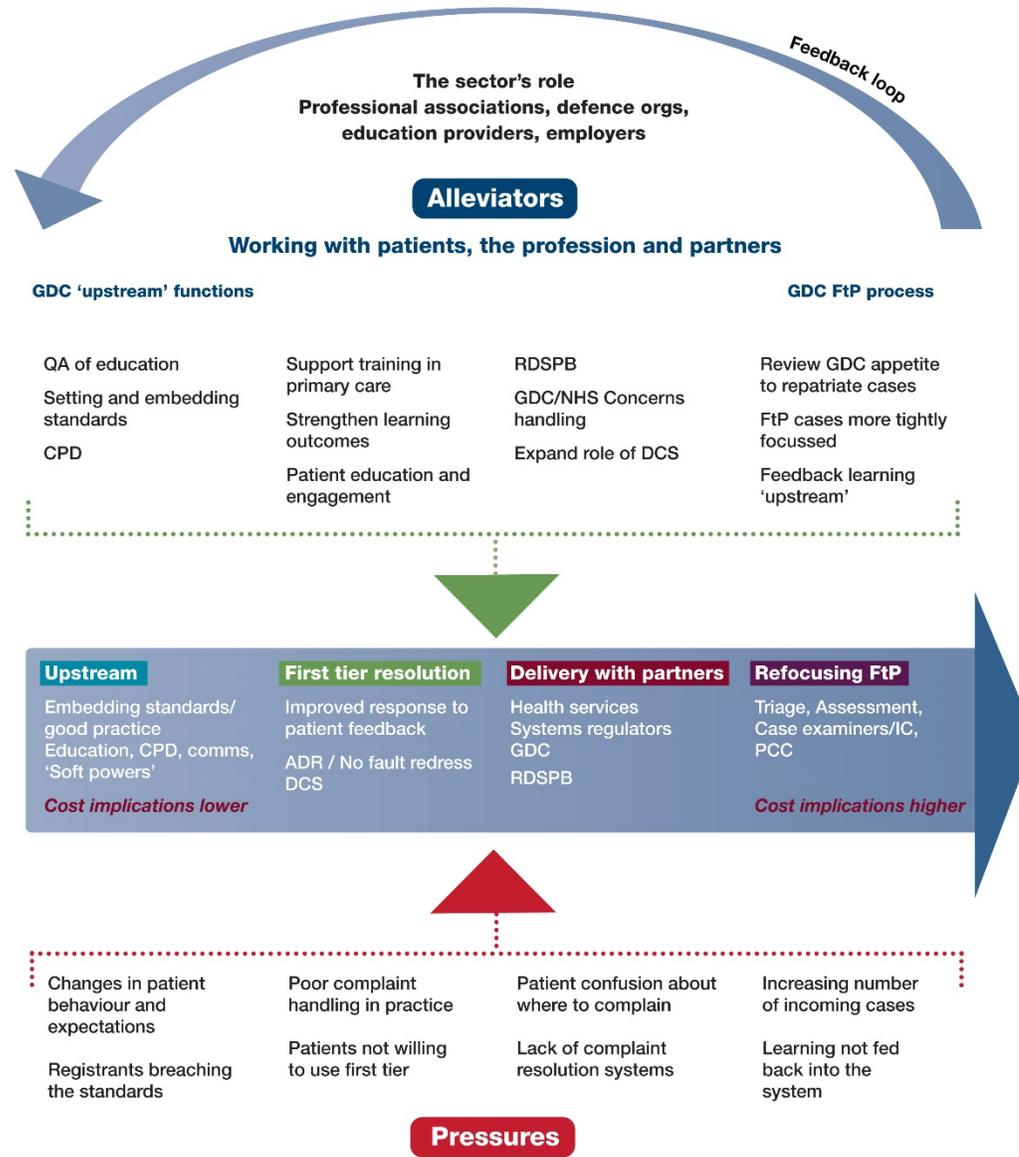
Four components of regulation:



Balance of effort

Comparison of effort as percentage of GDC total (2015 position)





Shifting the balance:

a better, fairer system of dental regulation

4 areas:

- Moving upstream
- First tier complaints
- Delivery with partners
- Refocusing FtP



Shifting the balance focuses on...

With **patient protection paramount**:

- Shift balance of regulation “**upstream**”: active promotion of professionalism as a patient protection measure
- Work with the profession and others to **improve handling of complaints and feedback**
- Improve “**delivery with partners**”: join up tools held by others to create more agile, proportionate system
- “**Refocusing FtP**” on the genuinely serious and routing other matters elsewhere

What is “upstream”?

- “Regulation” does not equal “enforcement”
- Focus on extracting and disseminating learning
- Communications and engagement *as a regulatory tool*
- New approaches to education *and career-long development*
- Based on re-positioning of professional standards: generate responsibility & ownership

Upstream: early engagement

- Promoting professionalism: engaging with students, trainees and education providers
 - Explain *why* professionalism important instead of creating fear of sanctions: early test in new “Student Professionalism” guidance
- More responsive learning outcomes that reflect real life in the practice

Upstream: new approaches to standards

- Current system “rules based”: can undermine ownership and personal responsibility
- Seen as “the GDC’s” standards
- Consider moving to outcomes-based standards
- Regulator builds consensus around outcomes, provides space for the professions to deliver

Upstream: CPD

- Current CPD based on quantity over quality
- Ideas for exploration:
 - Move to qualitative from quantitative
 - Strong emphasis on PDP with peer review/appraisal
 - Less “checking” by the regulator
 - More emphasis on peer to peer CPD – profession itself is the best learning resource
 - Providing data and intelligence to inform development plans

While we're on the subject: "enhanced CPD"

- Due to be introduced in January 2018 for dentists and July 2018 for other dental professionals
- Main differences:
 - Personal development plans
 - Peer review and reflection
 - Change in number of hours required
 - Only record verifiable CPD
 - Provides foundation for further potential improvements under *Shifting the balance*

Improving complaints/feedback handling

- Better outcomes for patients:
 - Enabling the resolution wanted by the patient
- Encourage feedback in the practice
 - Work with partners to utilise current mechanisms
 - Communicate benefits to registrants – trade press, newsletter, case studies
- Undergraduate training (QA) and registration
 - Student engagement
- Profession-wide complaints handling initiative: working group
- Expanding access to resolution service currently provided through DCS

Background

Quantitative

- **Sixth survey of patients and public**
- **Representative sample of 1,232 UK adults (from all 4 countries)**
- **Fieldwork dates: 31st March – 9th April 2017**
- **Includes tracker questions from previous waves and new topical and policy questions**

Qualitative

- **2 online discussion groups with the 9 members of the public following the quantitative survey**
- **Provide a more in-depth understanding of some of the topics**

Half of people see barriers:

What, if anything, would concern you about making a complaint?

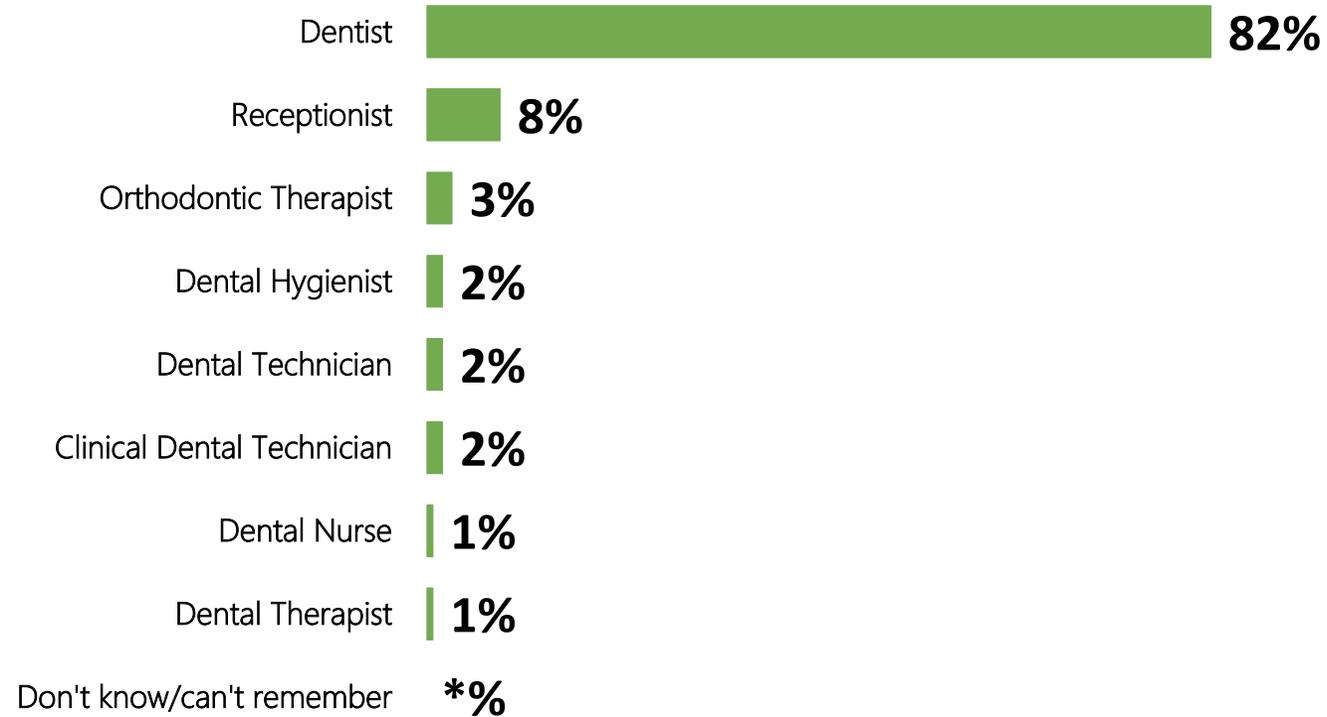


Base: People who have not, don't know or prefer not to say if they have complained about a dental professional (1,149). Respondents may give multiple answers.

Those who have complained (or considered it)

are most likely to have complained about a dentist

Thinking about the most recent time you complained or considered complaining, what type of dental professional did you complain or consider complaining about?

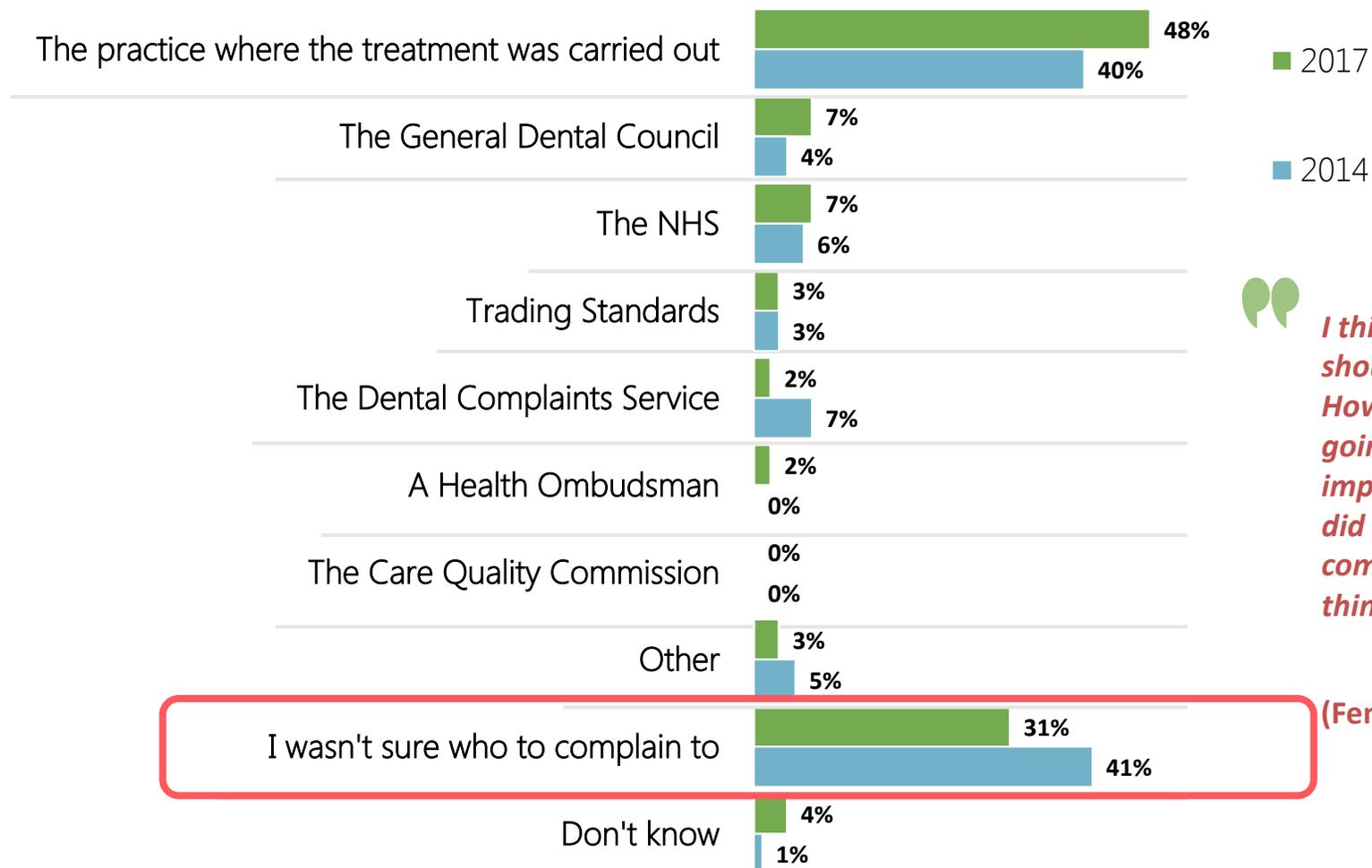


Base: People who have complained or considered complaining about a dental professional (142). Respondents may give multiple answers.

Nearly half of people who have complained (or considered it)

did so at the dental practice: but many unsure

Thinking about the most recent time you complained or considered complaining, who did you complain or consider complaining to?



I think people should complain. How are they going to change or improve what they did if people don't complain when things go wrong?



(Female, 18-24, social grade C2)

Base: People who have complained or considered complaining about a dental professional: 2017 (142), 2014 (119), 2013 (165), 2012 (116). Respondents may give multiple answers.

...and many are put off doing so...

...because they:

- question if the practice staff would be impartial
- think practice staff might side with colleagues who are the subject of a complaint regardless of the complaint
- are concerned they might be in a vulnerable position the next time they have treatment
- think it is unfair to complain about a dental professional with a good previous track record
- are concerned about how hard it might be to find a new dental practice if they want to move to a new one afterwards
- sometimes feel too much time has passed between an incident for them to complain



How do you know they're going to do anything about it? Aren't most dental practices owned by the dentists themselves?...I'm not sure it would be, as Claire put it, impartial. After all a dentist makes the business money, you're just one person.



(Female, 25-34, social grade B)



If the outcome reflects unfavourably on the practice financially or in terms of reputation then it's hard to see how they can be objective and independent.



(Female, 25-34, social grade B)

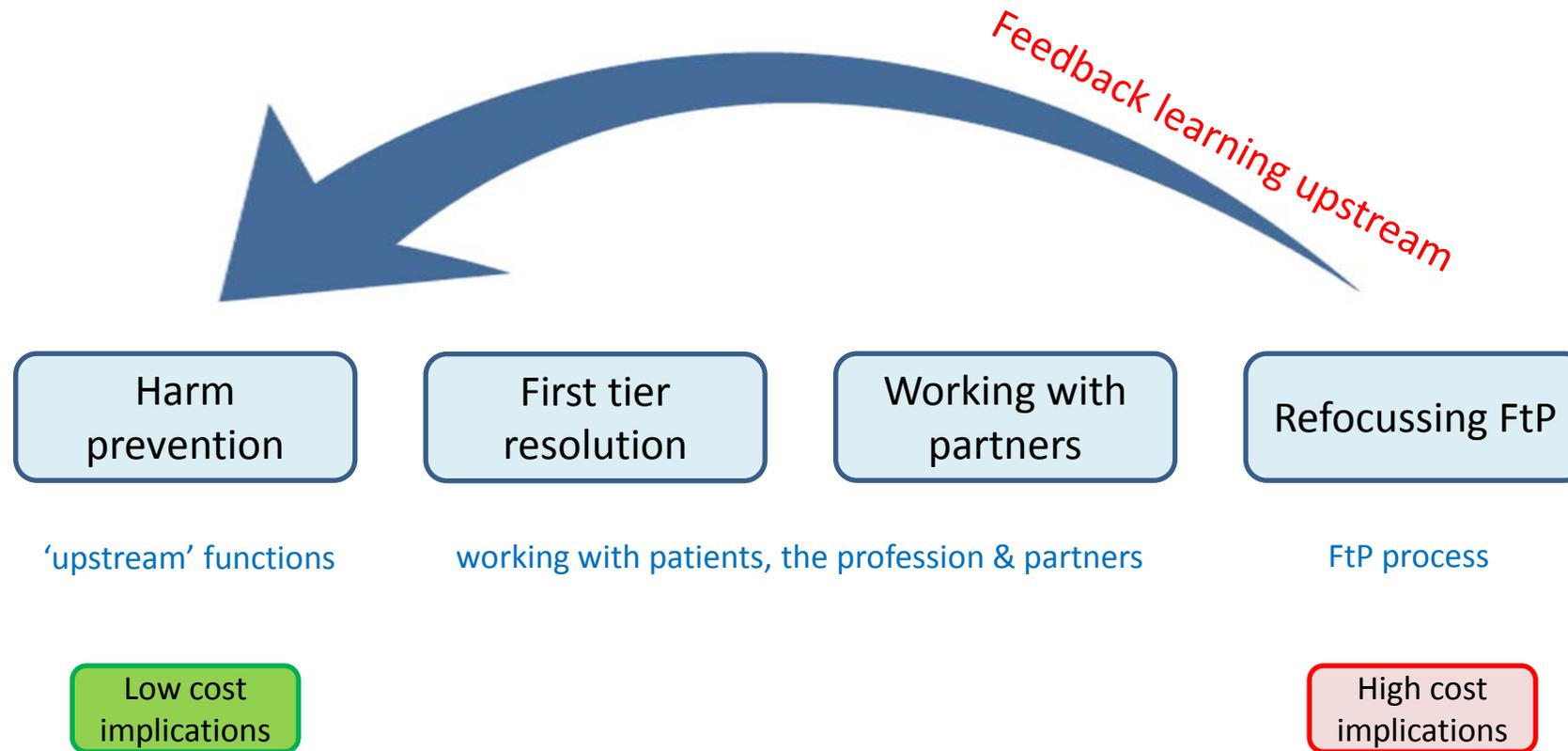
Delivery with partners

- Legal framework leaves us with a very fragmented system
- Lots of bodies with different powers to deal with different types of issue
- Can we make a more proportionate, graduated system by exercising leadership to join those systems up?
- Regulation of Dental Services Programme Board (in England)
 - Main players round the table – GDC, CQC, NHS England, Healthwatch
 - Early progress:
 - Joint operational protocol
 - Joint statement on complaints: same information for patients
- Look at role of businesses in promoting standards

Refocusing FTP

- Re-articulate serious nature of impaired fitness to practise: reflect in policies/procedures/public interfaces
- Focus GDC activity on patient protection and public confidence (shift away from “reputation of the profession”)
- Better use of data to inform decision making
- Introduce external calibration reference group with key standard setters – common view of “good enough”
- Restore link with the standards (both ours and others’)
- End-to-end review of FTP processes with stakeholder input

In summary



From ISDR 2015 (Boston)

Regulatory Style: Presented as Dichotomy

"Old Model"

- Enforcement
- Reactive
- Adversarial
- Incident-Driven
- "Hard"

"New Model"

- Compliance Assistance
Customer Service
- Preventive
- Partnerships
- Problem-Solving
- "Soft"

Effects:

- Schism within organization
- Enforcement Agents disenfranchised, demoralized
- Precipitous drop in enforcement numbers (the "Bean-Dip Bunker")
"We don't do enforcement any more"
- "Get the numbers back up"...

Questions

Matthew Hill

mhill@gdc-uk.org

0207 167 6188