General Dental Council

Corporate strategy 2023–2025:

Consultation outcome report

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Published January 2023

This publication is available in clear print, large print or audio formats on request.

This publication is available in Welsh and other languages on request.

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Corporate Strategy 2023-2025: Consultation outcome report

The GDC consulted on its Corporate Strategy 2023-2025 between 5 July and 6 September 2022. This outcome consultation report provides a summary of the responses that were received and the changes the GDC made to its strategy.

About the GDC

The core objective of our regulatory activities is public protection. This is a role given to us by Parliament and set out in the Dentists Act.

To protect the public, our work is focused on the following four areas. We:

- set and support standards in dental education and practice
- maintain a register of dental professionals who meet our standards
- ensure that nobody is admitted to that list if they do not meet the relevant requirements
- take action if any dental professional falls short of our standards.

About the consultation

Why we consulted

Developing our corporate strategy is the means by which we set the goals and medium-term objectives for the GDC and for the professional regulation of dental professionals. We review the strategy every three years to make sure that the GDC focuses its activities most appropriately to deliver its statutory objectives and adapts and responds to the changing environment in which oral healthcare is delivered in the UK.

Our strategy is strengthened by scrutiny from all those with an interest in ensuring that dentistry across the four nations of the UK continues to be delivered to a high standard and that patients can be confident in the quality of care they receive and in the professionalism of those who provide it. This consultation provided an opportunity to help shape GDC's strategy for 2023-2025.

We also have a policy on how we set our fees, which we consulted upon and agreed in 2019. As well as describing the approach we take to setting fees, it explains how we will consult in relation to our expenditure plans. Under this policy, we have committed to consult every three years on our high-level objectives and associated expenditure plans which were included in our draft strategic plan.

We explained the relationship between our regulatory activity by strategic aim, and the fees that we charge. For each strategic aim, we described its high level objective, what we will do and the costs associated with each aim. When the strategic plan is agreed, we will publish our Costed Corporate Plan that describes the programmes of activity, with timescales, required to deliver each aim. The Costed Corporate Plan covers a three-year rolling basis and we provide an annual update of our progress against it.

What we consulted on

We consulted on:

- Four strategic aims.
- Four high level objectives.
- The work we will do under those aims and objectives.
- Our expenditure plans to deliver the aims, high level objectives and work.

The questions that we asked and how we analysed them

The consultation was made up of eight main questions with sub questions to capture information about respondents and their views. You can see a list of the questions we asked in appendix one of this report.

We collected information about whether a respondent was:

- replying as an individual or on behalf of an organisation
- a dental professional (including the protected titles they work under)
- training or studying to become a dental professional, or
- a patient and/or member of the public.

We asked questions to determine the extent of agreement and disagreement with the strategic aims, high level objectives, and work we will do and understanding of our expenditure plans. We also asked open-ended questions to capture the reasons that people had provided the answers they chose, or any other comments.

Separately to the questions we asked about the Corporate Strategy, we provided an anonymous optional survey to collect information about the protected characteristics of the people making responses. We have reported a summary of this information in the analysis of respondents.

Once all responses were received, we started analysis of the responses. Where responses were quantitative, we prepared descriptive statistics in the form of tables that are presented in this report. Where responses were qualitative, we prepared a coding framework for each question, based on the responses that we received. Responses were coded using that framework. In some rare instances, where responses were completely unclear, or duplicated across all responses to the questions from the same respondent and therefore captured already, no code was provided.

The codes were then summarised in a table for each question to help identify where topics emerged. Where topics were consistent across questions, the same codes were used so that analysis can take into account the prevalence of the topic across different questions. We used those tables to describe the qualitative feedback we received in summary form in this report.

The report does not seek to quantify the qualitative feedback and therefore will not provide indicators of the number of responses that were attached to certain topics. This is in recognition that qualitative analysis, even when performed using a rigorous approach, inherently requires a subjective assessment of responses expressed in each respondent's own words. That means we cannot accurately report on the number of respondents who stated a particular opinion and instead seek to present the topics that emerged from the analysis.

How we promoted the consultation and engaged with stakeholders

Prior to the launch of the consultation we developed a communications and engagement plan and prepared our stakeholders using the the GDC's website.

At the launch of the consultation, we made the consultation materials available on our website and promoted them with correspondence to our stakeholders, social media posts and a press release. Near to launch, trade press articles and an interview were promoted by the GDC.

We used the opportunities in our regular meetings with stakeholders to introduce the consultation and encourage responses. We also held an online stakeholder event on 16 August 2022 which was attended by over 70 people. The feedback from this stakeholder event was consistent with the analysis of responses to survey provided in this report.

Throughout the consultation period, we promoted the consultation using social media.

After the consultation had been open for a few weeks, we identified that there were low numbers of responses from patients and members of the public in spite of sharing the details with patient and public representative organisations. In response, we contacted local Healthwatch bodies to further promote the consultation, which drove some additional responses.

Analysis of the respondents

Number of responses

We received 291 responses to the consultation. 287 of those responses were submitted to us using an online response form. Four responses were sent to us via email only.

Responses from individuals and organisations

Table 1 shows the number and percentage of responses we received from respondents who identified themselves as individuals or responding on behalf of an organisation.

Table 1: Responses broken down by type: individual/organisation

Response	No. of responses	%
An individual	267	91.8
On behalf of an organisation	24	8.2
Total	**291**	**100**

The organisations that made responses were:

- Association of Dental Groups
- British Association of Clinical Dental Technology
- British Association for the Study of Community Dentistry
- British Association of Dental Nurses
- British Association of Private Dentistry
- British Dental Association
- British Society of Dental Hygiene and Therapy
- Care Quality Commission
- Denplan, part of Simplyhealth
- Dental Protection
- Directors Group for Dental Hygiene and Dental Therapy
- General Medical Council
- Health Education England Dental Deans
- Healthwatch Middlesbrough and Healthwatch Redcar and Cleveland
- Healthwatch Somerset
- Healthwatch Southampton
- Healthwatch York
- NHS Education for Scotland
- Nursing and Midwifery Council
- Professional Standards Authority
- Royal College of Surgeons of Edinburgh, Faculty of Dental Surgery
- Society of British Dental Nurses
- University of Northampton
- University of Sheffield

Responses from current and future dental professionals and the public

Table 2 shows the number and percentage of responses we received from respondents who identified themselves as dental professionals, a patient or member of the public, or training or studying to join the GDC register.

Table 2: Responses broken down by type: professional/public/in training

Response	No. of responses	%
A UK registered dental professional	200	74.9
Dental patient or member of the public	6	2.2
Training or studying to join the GDC register	61	22.8
Total	**267**	**100**

Table 3 shows the breakdown of the dental professionals who responded broken down by the professional titles they indicated they were registered to use. Most of the responses were submitted by dentists and dental nurses.

Table 3: Responses broken down by type: dental professional titles

Response	No. of responses	%
Single title given		
Dentist	124	62.0
Dental nurse	58	29.0
Dental hygienist	3	1.5
Dental therapist	4	2.0
Dental technician	1	0.5
Orthodontic therapist	1	0.5
Multiple titles given		
Dental nurse, dental technician, orthodontic therapist	1	0.5
Dental hygienist, dental therapist	5	2.5
Dental hygienist, dental nurse	1	0.5
Dental hygienist, dental therapist, orthodontic therapist	1	0.5
Dental hygienist, dental nurse, dentist	1	0.5
Total	**200**	**100**

Respondents by protected characteristic

A separate, optional and anonymised survey was available to anyone who completed the consultation survey so they could provide information about their protected characteristics. We received 116 responses to all questions in this survey (39.9% of the total number of responses).

Tables 4 to 10 show the breakdown of respondents for this separate survey by protected characteristic.

Table 4: What is your sex?

Response	No. of responses	%
Male	42	36.2
Female	67	57.8
Prefer not to say	7	6.0
Total	**116**	**100**

Table 5: Is the gender you identify with the same as your sex registered at birth?

Response	No. of responses	%
Yes	109	94.0
No	1	0.9
Prefer not to say	6	5.2
Total	**116**	**100**

Note: The one respondent who indicated their gender was not the same as their sex registered at birth provided no further information.

Table 6: Do you consider yourself to have a disability?

Response	No. of responses	%
Yes	4	3.4
No	105	90.5
Prefer not to say	7	6.0
Total	**116**	**100**

Table 7: What is your legal marital or registered civil partnership status?

Response	No. of responses	%
Never married and never registered in a civil partnership	35	30.2
Married	62	53.4
Divorced	3	2.6
Separated, but still legally married	1	0.9
In a registered civil partnership	2	1.7
Formerly in a civil partnership which is now legally dissolved	2	1.7
Widowed	1	0.9
Prefer not to say	10	8.6
Total	**116**	**100**

Table 8: What is your religion?

Response	No. of responses	%
No religion	25	21.6
Muslim	22	19.0
Hindu	10	8.6
Christian (all denominations)	42	36.2
Sikh	1	0.9
Buddhist	2	1.7
Jewish	2	1.7
Any other religion	3	2.6
Prefer not to say	9	7.8
Total	**116**	**100**

Note: The three respondents who provided further information about their response that they held any other religion replied with: “Believe in God, but not religious”, “Baha'I” and “Pagan”.

Table 9: Which of the following best describes your sexual orientation?

Response	No. of responses	%
Straight/heterosexual	102	87.9
Bisexual	4	3.4
Gay/lesbian	2	1.7
Other sexual orientation	1	0.9
Prefer not to say	7	6.0
Total	**116**	**100**

Table 10: What is your ethnic group?

Response	No. of responses	%
Black, Black British, Caribbean or African	**7**	**6.0**
African background	**6**	**5.2**
Fully African	1	0.9
Nigerian	2	1.7
West African	1	0.9
(blank)	2	1.7
Caribbean	**1**	**0.9**
White	**54**	**46.6**
Any other White background	**9**	**7.8**
Ashkenazi	1	0.9
Baltic	1	0.9
Brazilian	1	0.9
Mixed	1	0.9
New Zealand	1	0.9
Scandinavian	1	0.9
Spanish	1	0.9
Ukrainian	1	0.9
(blank)	1	0.9
English, Welsh, Scottish, Northern Irish or British	**43**	**37.1**
Irish	**2**	**1.7**
Any other mixed or multiple background	**1**	**0.9**
Other ethnic group	**5**	**4.3**
Any other ethnic group	**3**	**2.6**
Irani	1	0.9
Persian (Middle East)	1	0.9
White Irish	1	0.9
Arab	**2**	**1.7**
Asian or Asian British	**41**	**35.3**
Any other Asian background	**5**	**4.3**
Indonesian	1	0.9
Japanese	1	0.9
Mixed Asian	1	0.9
Nepalese	1	0.9
(blank)	1	0.9
Chinese	**1**	**0.9**
Indian	**24**	**20.7**
Pakistani	**10**	**8.6**
(blank)	**1**	**0.9**
Prefer not to say	**8**	**6.9**
Total	**116**	**100**

Analysis of the responses

After answering questions about themselves, respondents were asked questions related to each of the four strategic aims and the expenditure plans. Respondents were also given the opportunity to make any other comments they wished and to contribute to our equalities impact analysis by indicating if they felt the proposals had positive or negative impacts on people who shared protected characteristics.

In some instances, respondents provided comments related to the expenditure plans or general criticism of the GDC under questions related to the aims. These have been summarised under the questions related to expenditure plans or general comments.

The four responses received via email did not express any definitive answers to the quantitative questions on the aims:

- two organisations expressed support for the aims but did not explicitly answer the quantitative question
- one organisation and one individual expressed no opinion on the aims.

Strategic aim one: Dental professionals reach and maintain high standards of safe and effective dental care

Tables 11 to 13 show the responses we received to the following question broken down by all respondents, organisational respondents and individual respondents:

2. Given what the GDC does and the strategic context in which we work, do you agree with the proposed strategic aim one, its high-level objective, and what we will do to deliver it?

- Yes/No/Don't know

Table 11: Strategic aim one: all respondents

Response	No. of responses	%
Yes	157	53.8
No	101	34.6
Don't know	30	10.3
No response	4	1.4
Total	**292**	**100**

Table 12: Strategic aim one: organisations

Response	No. of responses	%
Yes	17	68.0
No	1	4.0
Don't know	4	16.0
No response	3	12.0
Total	**25**	**100**

Table 13: Strategic aim one: individuals

Response	No. of responses	%
Yes	140	52.4
No	100	37.5
Don't know	26	9.7
No response	1	0.4
Total	**267**	**100**

The majority of respondents agreed with the aim, high level objective and the work we will do under the aim. A higher percentage of organisations (68%) expressed agreement with the aim than individuals (52.4%), as well as providing a higher proportion of don't know responses.

Where respondents tended to express agreement, they provided the following types of explanations:

- Setting and maintaining standards is consistent with the GDC's role.
- Support for the focus on dental education and training and lifelong learning.
- Support for taking steps to prevent harm from occurring rather than responding to its consequences.

Where respondents tended to express disagreement they provided the following types of explanations:

- The language under the aim implies that GDC is too focused on patients and not on dental professionals.
- The language of the aim carries connotations of threat.
- The expectations placed on dental professionals by the language of the aim are too high.
- There is no significant change from the current aim for upstream regulation.
- The GDC does not currently achieve the aim.
- The wider system of dental education and lifelong learning, including funding, makes the aim unachievable.
- The GDC's current approach to international registration and assessed applications for specialist listing is not as effective as it should be.

Respondents identified the following areas of work under the aim, which are already included in our plans:

- Make the routes to international registration more effective.
- Review the outcomes for newly qualified dental professionals and revisit the definition of safe beginner.
- Make the specialist list assessed application process more effective and embed new specialty curricula.
- Consult upon and embed clear principles of professionalism and guidance on scope of practice.
- Revise the standards for quality of dental education.
- Provide more detail on plans for principles of professionalism, scope of practice, learning outcomes and quality assurance for dental education and consult on proposals.

No new areas of work were identified and no existing areas of work were highlighted as not being appropriate.

Our response to the feedback on strategic aim one

We will make it clearer that our work under aim one is to positively foster professionalism and remove implications that made some respondents feel threatened. We will acknowledge the importance of context and wellbeing to effective safe and effective patient care.

We will make the work we are doing related to the dental specialties clearer by separating it out from the language related to lifelong learning.

We will explain what we mean by high standards in our consultations on Promoting Professionalism and the Safe Practitioner Framework and take feedback on them to make sure we have calibrated our expectations correctly by listening to the views of the professions, the dental sector and patients and the public.

Strategic aim two: Concerns are addressed effectively and proportionately to protect the public

Tables 14 to 16 show the responses we received to the following question broken down by all respondents, organisational respondents and individual respondents:

3. Given what the GDC does and the strategic context in which we work, do you agree with the proposed strategic aim two, its high-level objective, and what we will do to deliver it?

- Yes/No/Don't know

Table 14: Strategic aim two: all responses

Response	No. of responses	%
Yes	139	47.8
No	111	38.1
Don't know	37	12.7
No response	4	1.4
Total	**291**	**100**

Table 15: Strategic aim two: organisations

Response	No. of responses	%
Yes	17	70.8
No	1	4.2
Don't know	3	12.5
No response	3	12.5
Total	**24**	**100**

Table 16: strategic aim two: individuals

Response	No. of responses	%
Yes	122	45.7
No	110	41.2
Don't know	34	12.7
No response	1	0.4
Total	**267**	**100**

The majority of respondents agreed with the aim, high level objective and the work we will do under the aim. A much higher percentage of organisations (70.8%) expressed agreement with the aim than individuals (45.7%). Individual responses are more closely balanced with a similar proportion of respondents agreeing and disagreeing.

Where respondents tended to express agreement, they provided the following types of explanations:

- Support for local resolution of complaints before they become regulatory concerns, including in some instances recognition that the GDC has already taken some steps to achieve this.
- Support for proportionality and fairness in our fitness to practise processes.
- Recognition that the aim supports public protection and confidence.
- Recognition that the GDC has become more proportionate, as evidenced by the kinds of cases that reach a hearing and are published on the Dental Professionals Hearings Service website.

Where respondents tended to express disagreement they provided the following types of explanations:

- The GDC is not currently proportionate in its decisions to open investigations because the threshold is set too low.
- The GDC is slow to reach outcomes in its fitness to practise processes.
- Fitness to practise processes have negative impacts on the wellbeing of dental professionals under investigation and this is not recognised in the language of the aim.
- Using language like “most serious concerns” rather than “breaches of standards” and “public confidence” misrepresents the decisions that the GDC makes about concerns at different stages of the process.
- The aim should include language to show that the GDC supports and ensures professionalism through its concerns handling processes.
- The GDC does not currently achieve the aim and the respondents are sceptical of our ability to meet the aim.
- The aim does not address systemic factors that affect whether dental professionals appear in fitness to practise processes (discrimination, system over-stretch, perverse incentives).

Respondents identified the following areas of work under the aim, which are already included in our plans or current activities:

- Publish examples of the most serious concerns.
- Focus on education, improvement and lifelong learning before complaints and concerns.
- Work to resolve complaints locally before they become regulatory concerns.
- Progress concerns more quickly.
- Progress with change to fitness to practise processes without legislative reform, while continuing to press for it.
- Involve and consult with dental professionals on changes to fitness to practise processes.

No new areas of work were identified and no existing areas of work were highlighted as not being appropriate.

Our response to the feedback on strategic aim two

We recognise that the fitness to practise process currently operates too slowly and can have negative impacts on the people involved. For the most part, our processes are driven by legislation. We have made and will continue to make some improvements where it is possible. The challenge is that we will only be enabled to make more significant change through legislative reform. We have commissioned research about the experiences of people who have been involved with our fitness to practise processes, which we will be using to support efforts to make improvements where we can before legislative reform makes more extensive changes possible. We have amended the list of work we will do in 2023-2025 to make this work clearer.

We have also made some improvements to our processes already for which some respondents expressed satisfaction, while other respondents appear to be unaware the changes we have already made. For example, the Dental Professionals Hearings Service website publishes the outcomes of the most serious concerns already. We will make it clearer for our stakeholders to understand the work we have done and the work we plan to do to improve concerns handling.

We have amended the wording of the aim to reflect that complaints and concerns can also support professionalism.

We think it is important that the Corporate Strategy can be easily understood by everyone affected by it. In the objective for this aim we use the term seriousness, rather than explain all the legal tests we operate, because it makes sense to our stakeholders who are not familiar with our processes. The tests we use at the different stages of our processes are set in our legislation and we will continue to explain them at the time they are being applied and operate them as they are set out.

Strategic aim three: Risks affecting the public's safety and wellbeing are dealt with by the right organisations

Tables 17-19 show the responses we received to the following question broken down by all respondents, organisational respondents and individual respondents:

4. Given what the GDC does and the strategic context in which we work, do you agree with the proposed strategic aim three, its high-level objective, and what we will do to deliver it?

- Yes/No/Don't know

Table 17: Strategic aim three: all responses

Response	No. of responses	%
Yes	142	48.8
No	104	35.7
Don't know	41	14.1
No response	4	1.4
Total	**291**	**100**

Table 18: Strategic aim three: organisations

Response	No. of responses	%
Yes	16	66.7
No	2	8.3
Don't know	3	12.5
No response	3	12.5
Total	**24**	**100**

Table 19: Strategic aim three: individuals

Response	No. of responses	%
Yes	126	47.2
No	102	38.2
Don't know	38	14.2
No response	1	0.4
Total	**267**	**100**

The majority of respondents agreed with the aim, high level objective and the work we will do under the aim. A much higher percentage of organisations (66.7%) expressed agreement with the aim than individuals (47.2%). Individual responses are more balanced, but a majority agrees.

Where respondents tended to express agreement, they provided the following types of explanations:

- Recognition that sharing information and collaborating with different parts of the sector would support public protection and is consistent with our role.
- The GDC can use its position in the sector to influence and educate, even on matters outside of its remit.
- The costs associated with the aim are relatively small, but the potential impact could be significant.

Where respondents tended to express disagreement they provided the following types of explanations:

- The aim is not sufficiently clear, particularly around its costs and the organisations with which the GDC will work.
- The GDC should do more to support dental professionals and focus on their wellbeing.
- The GDC, and other organisations, have not acted in the past and therefore there is scepticism that anything will change now.
- The GDC is over-extending itself with the work associated with this aim.
- Focusing on younger dental professionals excludes older dental professionals.
- The staff at the GDC are not sufficiently qualified to identify and respond to risk.
- The aim feels didactic by telling dental professionals that the GDC knows best.

Respondents identified the following areas of work under the aim, which are already included in our plans:

- Make our data and insights more accessible.
- Improve understanding of the different national systems.
- Put more emphasis on influencing in the language of the aim.
- Support dental team skills mix to deliver dental care to patients.
- Bring dental professionals along with the GDC in achieving this aim.

No new areas of work were identified and no existing areas of work were highlighted as not being appropriate.

Our response to the feedback on strategic aim three

We have made this aim clearer in response to the feedback that we have received. We have:

- Identified examples of the organisations with whom we might collaborate and influence.
- Identified examples of the kinds of issues over which we might collaborate and influence, some of which affect all ages of dental professionals.
- Removed language that implies the GDC is taking a didactic approach.
- Recognised that the costs associated with aim are relatively small, but the impact could be significant if we successfully build trust and understanding of our role and collaborate with the right parts of the sector.

Strategic aim four: Dental professional regulation is efficient and effective and adapts to the changing external environment

Tables 20-21 show the responses we received to the following question broken down by all respondents, organisational respondents and individual respondents:

5. Given what the GDC does and the strategic context in which we work, do you agree with the proposed strategic aim four, its high-level objective, and what we will do to deliver it?

- Yes/No/Don't know

Table 20: Strategic aim four: all responses

Response	No. of responses	%
Yes	135	46.4
No	116	39.9
Don't know	36	12.4
No response	4	1.4
Total	**291**	**100**

Table 21: Strategic aim four: organisations

Response	No. of responses	%
Yes	19	79.2
No	0	0.0
Don't know	2	8.3
No response	3	12.5
Total	**24**	**100**

Table 22: Strategic aim four: individuals

Response	No. of responses	%
Yes	116	43.4
No	116	43.4
Don't know	34	12.7
No response	1	0.4
Total	**267**	**100**

The majority of respondents agreed with the aim, high level objective and the work we will do under the aim. A much higher percentage of organisations (79.2%) expressed agreement with the aim than individuals (43.4%). Individual responses are exactly balanced with the same number and proportion of respondents agreeing and disagreeing.

Where respondents tended to express agreement, they provided the following types of explanations:

- Support for the focus on improving efficiency and effectiveness.
- Support for adapting regulation to the changing nature of dental practice, with particular support for adapting to changes in skills mix of the dental team.
- The GDC has made some progress in improving fitness to practise processes.
- Support for driving forward change that is not dependent on legislative reform, but continuing to press the UK Government for it.
- Support for our goals to foster inclusion and diversity and eliminate discrimination in our processes and for our staff.

Where respondents tended to not to express agreement they provided the following types of explanations:

- The GDC has so far not demonstrated that it is efficient, effective or adaptable and there is scepticism that we can achieve the aim.
- Parts of the regulatory model are currently thought to be ineffective, and there is considerable work to be done to make them effective. Both international registration and timely and proportionate fitness to practise processes were mentioned in responses that expressed this view.
- The aim is jargonistic and should be merged with aim three.
- The aim should be given higher priority than all other aims.
- The GDC cannot totally eliminate discrimination and therefore it should not try.
- Equality and diversity goals should be integrated throughout the Corporate Strategy.

Respondents identified the following areas of work under the aim, which are already included in our plans:

- Examine over-representation of people from minority ethnic backgrounds in our fitness to practise processes.
- Work with other regulators to achieve common goals for legislative reform.
- Ensure Education Associates are trained for the different types of qualifications that the GDC quality assures.
- Speed up our responsiveness and our fitness to practise case handling.

No new areas of work were identified and no existing areas of work were highlighted as not being appropriate.

Our response to the feedback on strategic aim four

We acknowledge that there is considerable work to be done to modernise the GDC, and that the progress of the UK Government's plans for reform mean that we will need to be ready to take a different approach while we wait for that opportunity to materialise. With reform most likely to be further away, we will renew efforts to make changes under the current legal framework, even though it could be made redundant by an acceleration of legislative change. We also recognise that we have much work to do to make international registration and our fitness to practise processes more efficient and effective. Our plans include work to make these processes more effective, either as a component of legislative reform or through changes that we can make without reform.

We are pleased for the support for our equality, diversity and inclusion goals. We have agreed new shorter term action plans to drive forward delivery of our Equality, Diversity and Inclusion Strategy.

We have removed language that is jargonistic and made the aim more specific and been clearer that our plans to support the knowledge and skills of the people working at the GDC include Associates.

Expenditure plans

Tables 20-28 show the responses we received to the following three-part question on our expenditure plans:

6. Thinking about our expenditure plans, to what extent do you agree/disagree with the following statements (1 being strongly agree to 5 strongly disagree):
    - 6.1. I understand the explanations.
    - 6.2. I understand the assumptions underpinning the plan.
    - 6.3. I understand the approach to manage the risk of inflation on the costs of regulation and the Annual Retention Fee (ARF).

Table 23: I understand the explanations: all responses

Response	No. of responses	%
1 Strongly agree	52	18.8
2 Agree	82	29.6
3 Neither agree or disagree	58	20.9
4 Disagree	33	11.9
5 Strongly disagree	52	18.8
Total	**277**	**100**

Table 24: I understand the explanations: organisations

Response	No. of responses	%
1 Strongly agree	10	52.6
2 Agree	5	26.3
3 Neither agree or disagree	3	15.8
4 Disagree	1	5.3
5 Strongly disagree	0	0.0
Total	**19**	**100**

Table 25: I understand the explanations: individuals

Response	No. of responses	%
1 Strongly agree	42	16.3
2 Agree	77	29.8
3 Neither agree or disagree	55	21.3
4 Disagree	32	12.4
5 Strongly disagree	52	20.2
Total	**258**	**100**

The majority of respondents indicated they strongly agreed or agreed that they understood the explanations we provided (46% to 78% depending on the respondent type). For organisations, only one response was made to express disagreement. For individuals, around 32% of respondents expressed either disagreement or strong disagreement that they understood the expenditure plans. Around 15-21% of respondents, depending on type, expressed neither agreement or disagreement.

Table 26: I understand the assumptions underpinning the expenditure plan: all responses

Response	No. of responses	%
1 Strongly agree	39	14.1
2 Agree	85	30.7
3 Neither agree or disagree	60	21.7
4 Disagree	39	14.1
5 Strongly disagree	54	19.5
Total	**277**	**100**

Table 27: I understand the assumptions underpinning the expenditure plan: organisations

Response	No. of responses	%
1 Strongly agree	8	42.1
2 Agree	7	36.8
3 Neither agree or disagree	3	15.8
4 Disagree	0	0.0
5 Strongly disagree	1	5.3
Total	**19**	**100**

Table 28: I understand the assumptions underpinning the expenditure plan: individuals

Response	No. of responses	%
1 Strongly agree	31	12.0
2 Agree	78	30.2
3 Neither agree or disagree	57	22.1
4 Disagree	39	15.1
5 Strongly disagree	53	20.5
Total	**258**	**100**

The majority of respondents indicated they strongly agreed or agreed that they understood the assumptions that underpinned the expenditure plan (44% to 78% depending on the respondent type). For organisations, only one response was made to express disagreement. For individuals, around 35% of respondents expressed either disagreement or strong disagreement that they understood the expenditure plans. Around 15-22% of respondents, depending on type, expressed neither agreement or disagreement.

Table 29: I understand the approach to manage risk of inflation: all responses

Response	No. of responses	%
1 Strongly agree	35	12.6
2 Agree	55	19.8
3 Neither agree or disagree	42	15.1
4 Disagree	35	12.6
5 Strongly disagree	111	39.9
Total	**278**	**100**

Table 30: I understand the approach to manage risk of inflation: organisations

Response	No. of responses	%
1 Strongly agree	8	42.1
2 Agree	6	31.6
3 Neither agree or disagree	3	15.8
4 Disagree	1	5.3
5 Strongly disagree	1	5.3
Total	**19**	**100**

Table 31: I understand the approach to manage risk of inflation: individuals

Response	No. of responses	%
1 Strongly agree	27	10.4
2 Agree	49	18.9
3 Neither agree or disagree	39	15.1
4 Disagree	34	13.1
5 Strongly disagree	110	42.5
Total	**259**	**100**

The majority of respondents indicated they strongly disagreed or disagreed that they understood the approach to manage the risk of inflation on the costs of regulation and the ARF (52% to 55% for all respondents and individuals). The comments associated with negative responses from individuals often suggested disagreement was in fact with the projected fee amounts, and in some instances, it was acknowledged that respondents understood the approach, but were signalling disagreement with any fee increase. For organisations, there was a much higher level of agreement with 73% of respondents selecting strongly agree or agree. Around 15% of respondents, consistently across type of respondent, expressed neither agreement or disagreement.

Any other comments on the expenditure plans

Comments on the expenditure plans and general criticism of the GDC were provided throughout the opportunities to provide qualitative responses. This section of the report summarises the comments that were received about our expenditure plans and criticising the GDC for all questions.

Comments on the expenditure plans:

- Some respondents made statements that they had no further comments to make.
- Some respondents stated that they thought the fee levels in the consultation document were appropriate and justified.
- However, it was more common that respondents stated that they thought the fees were already too high compared to other similar regulators and that any increase could not be justified. This comment was often linked to statements that dental professionals (or particular professions) had seen no increase in pay for some time.
- Some of those respondents indicated that an increase in fees would undermine trust in the GDC and demoralise the professions.
- Dental nurse respondents often indicated that as a group they are underpaid, undervalued, and should not pay the same ARF as other dental care professionals. This comment was sometimes attached to statements that the ARF for dental therapists and dental hygienists should be increased. This comment was also often accompanied by statements that the total costs of regulation are too high when indemnity and CPD costs are included.
- Some respondents appeared to be unaware that the ARF had been reduced in 2019 and remained stable since that time.
- Some respondents stated that they thought the proposals in this consultation were a plan to return the ARF to its previous levels set in 2014, because they thought the GDC's sole motivation was to generate income.
- Some respondents appeared to be unaware that payment by instalment had been introduced, however in some responses its introduction was welcomed.
- Some respondents highlighted that the COVID-19 pandemic affected dental professional incomes and that the costs of living are increasing.
- Some respondents made comments that the costs of providing dental services are increasing. In some of those instances, statements were made that an increase in the ARF might impact organisations that pay the ARF on behalf of dental professionals as well as dental professionals.
- Often respondents commented that the GDC is inefficient and ineffective, slow to deliver, has underspent in previous years, and has healthy reserves. The comments suggested that the GDC so should challenge its costs, or use its reserves, before increasing the ARF. This comment was closely linked in some instances to respondents suggesting the GDC should move its office out of London to cut costs, however sometimes this was stated independently.
- Some respondents commented that the GDC should reduce the number of concerns it investigates, because many do not warrant regulatory intervention.
- Some respondents were solely focused on the GDC making international registration processes more effective so that the costs to applicants are not so high and waiting times shorter.
- Some respondents were opposed to the approach to managing ARF levels over the cycle.
- Some respondents felt the GDC did not do enough to represent its "members" in matters such as pay negotiations to justify them paying a fee. Similarly, some respondents felt the GDC did not offer enough services and support for dental professionals to justify a fee.
- Some respondents stated that the costs of regulation should be funded by the tax-payer, rather than the regulated professions.

General criticism of the GDC:

- Most common in the criticism were negative views of the fitness to practise processes. We recognise that the legal framework we operate under makes our processes too long and that they can have negative impacts on the people involved. Fundamental change can only come through reform, and we will continue to press the UK Government to make changes to our legal framework. In the interim, we have and will continue to make changes wherever is possible.
- Included in that criticism of the GDC's fitness to practise processes was the perception that the regulatory model is focused on enforcement, engenders defensive practice in dental professionals, and is heavy handed. In some instances respondents used the advert for the Dental Complaints Service in 2014, and in one instance an undercover investigation in 2016, as examples of the GDC looking for complaints. This perception was sometimes balanced by recognition that the GDC has become more proportionate by referring cases back to health service complaints bodies and by only progressing the most serious cases to later stages of the fitness to practise process. However, it was a common perception that the GDC's threshold for opening an investigation was set too low, with some acknowledging that this was a consequence of the legal framework.
- Related to this, respondents stated that they thought the fitness to practise process takes too long, and that the GDC does not acknowledge or effectively mitigate the negative impacts it can have on dental professional wellbeing. Often, respondents indicated that they felt the focus of the GDC was too much on patients and the public and not enough on dental professionals. Some respondents made it clear that they felt patient complaints and concerns were unreasonable in many instances and that there were "blue on blue" concerns being raised vexatiously.
- Many respondents felt that the GDC was not tackling illegal practice effectively in relation to tooth whitening and direct-to-consumer orthodontics. Some were aware of our work in this area, but felt it did not go far enough. Most had the perception however that the GDC had taken little to no action on illegal practice and had a preference toward taking action on dental professionals.
- Some respondents felt the GDC did not do enough during the pandemic to provide guidance to the professions or to establish an emergency register for older dentists to return to the register.
- Some respondents felt the GDC lacked accountability and did not seek the views of its stakeholders. In spite of the consultation process, some respondents stated that the GDC offered no opportunity to feed into the development of the Corporate Strategy and expenditure plans. Some respondents criticised the formulation of the consultation questions, suggesting there was an insufficient opportunity to provide explanations and free text responses.
- Some respondents stated that the staff at the GDC do not include enough dental professionals and therefore there was an insufficient understanding of the realities of dental practice. In some instances, these respondents felt that the only way the GDC could be effective was if it was controlled by dentists. Often these comments were linked to calls for the GDC to be abolished and for the existing staff to resign. In some instances, abusive language was used.

Our response to feedback on the expenditure plans

We recognise that increasing our fees in the current economic context is not welcome. Since the publication of the consultation, we have continued to develop our plans and budget, with the result that it has been possible to set the level of the ARF at a lower level than we had thought might be necessary.

In the majority of cases, our explanations and assumptions were understood by respondents. Organisational respondents tended to express higher levels agreement that they understood our plans for managing the risk of inflation, and we will work with dental professionals to make sure they understand the approach better in our communications and engagement activities over the next three years.

We have made improvements to the efficiency and effectiveness of the GDC, but acknowledge that there is more work to do. Strategic aim four recognises that the system of regulation must be made more efficient and effective. We will continue to challenge the costs of regulation, while also responding to the inefficiencies and impacts of the current systems and processes. Wherever possible we will do that under our current legal framework. We will also continue to press for the opportunities that legislative reform may bring.

There are expectations placed on us by some respondents that we will never be able to meet because of our role in the sector. Some respondents continue to believe we are a membership or representative body and should go beyond our remit to negotiate on behalf of the professions. This is something that we cannot do. While we plan to engage and collaborate more with our stakeholders, we will always be limited to our role in protecting the public, not least to direct our efforts to the things that only the GDC can do, but also to manage the costs of regulation and their impact on the ARF. We will continue with our plans to build understanding and trust in our role as the regulator of the dental professions.

We consulted on our fee setting policy in 2019. Following that consultation, the Council's policy is that the costs of regulation should be determined by the costs of regulating each group, but that decisions on allocation of costs should not lead to undesirable outcomes in the form of unpredictable variance for some groups of dental professionals. It is because of the potential for significant variation in the ARF for smaller groups that the fees that we charge for dental care professionals are the same irrespective of title.

Included in the 2019 consultation was our approach to managing exceptional circumstances. The GDC can adjust its fees in response to exceptional circumstances without the necessity of further consultation. In developing the Corporate Strategy and Costed Corporate Plan we seek to identify the costs of regulation over a three-year period to reduce the likelihood that we need to adjust the ARF and provide clarity and certainty for dental professionals. We have done this successfully over 2020-2022 and the ARF has remained stable.

However, volatility in the economy makes it more difficult to plan for costs that may increase unpredictably. As part of our work to prepare our forecast, Corporate Strategy and Costed Corporate Plan, we decided that we would prepare dental professionals for the impact economic volatility could have on the ARF. We have committed that any such increase will at most be in line with the rate of inflation at the time, unless further exceptional circumstances arise. Any decision to increase our fees over 2023-2025 will be preceded by activities to identify savings and challenge costs further.

Equalities impact analysis

Our vision for equality, diversity and inclusion over 2021-2023 is:

The GDC will be a champion of equality, diversity and inclusion inside our organisation, with the sector we regulate, and with the public.

We will achieve this vision through the effective delivery of the following strategic objectives:

- Ensuring that our regulatory activity is fair, transparent and accessible to all.
- Ensuring the public are able to engage effectively with our services.
- Embedding an inclusive workplace culture at all levels in the GDC where all staff feel valued, welcome, integrated and included.

At the level at the Corporate Strategy operates, there are few direct impacts on people who share protected characteristics. However, an equalities impact assessment was prepared. We identified an opportunity to collect information on potential positive and negative impacts through the consultation and included a broad consultation question so that respondents could provide their views.

We also collected, on a voluntary and anonymous basis, protected characteristic data from respondents and included it in this report.

The following potential impacts were identified in the equalities impact assessment:

- Digital exclusion for some people in certain age categories and people with disabilities. The consultation was promoted via multiple channels. Potential respondents were able to contact the GDC and request the consultation materials in alternate formats and responses could be provided in a diversity of formats.
- The GDC's fees setting policy applies to all dental professionals, irrespective of prospective characteristics. We recognise that equal application of the policy to all those with protected characteristics does not mean that there will be no differential impacts as a result of the proposed policy. Consultation, however, is an important element of undertaking a full equality impact assessment. We have taken account of the responses to the consultation as part of our continuing duties in respect of equality and diversity. The impacts identified have the potential to affect the following groups where there is understood to be correlation with income disparity:
    - Younger people on lower or no income.
    - Older people who may be reducing their work commitments.
    - Women.
    - People who are pregnant or on maternity leave.
    - People from minority ethnic communities.
- Potential for positive impacts from the integration of the Equality, Diversity, and Inclusion Strategy into the Corporate strategy by placing the goals at the centre of GDC's planning and performance reporting.

Responses from the consultation on impact of people who share protected characteristics

Some respondents indicated that they felt it was inappropriate, wasteful, or unimportant to seek to understand our impact on people who share protected characteristics. Other respondents expressed satisfaction that the GDC was taking positive steps to assess impact.

A consistent comment from respondents was that there would be limited or no impacts arising from the proposals in the consultation. Another group provided statements that they were making no comment or thought the question was "not applicable". There were also responses which used words that made it unclear if the respondent thought the impacts were positive or negative, which used terms such as "I agree" without qualification.

Where respondents identified positive impacts, their comments can be summarised as:

- Positive, with no further explanation.
- Support or recognition of fairness in our approach.
- Support for the equalities strategy being integrated into the Corporate Strategy (though one respondent thought each aim should have an equality goal).
- Support for treating dental professionals, members of the public and the people who work at the GDC equally, respectfully and without discrimination.

Where respondents identified negative impacts, their comments can be summarised as:

- Negative with no further explanation.
- The ARF may affect women, people who are pregnant or on maternity leave disproportionately, and younger people on lower or no income.
- Negative impacts on retention of the dental workforce (without reference to particular protected characteristics).
- Negative impacts on all groups because of the potential for increase in the cost of regulation.
- CPD requirements can be discriminatory by only accepting certificates for training in the UK, which can have a disproportionate effect on people with disabilities.
- International registration processes are not as effective as they should be and have high costs which affects people who qualified outside of the UK, which may correlate with people from minority ethnic communities.

Appendix one: Consultation questions

About you

1. Are you responding as:

   - On behalf of an organisation.
   - An individual.

1.a. Please tell us the name of your organisation, your name and job title, and contact details in case we need to ask you a question.

1.b. Please select the option that best describes you:

   - A UK registered dental professional.
   - Training or studying to join the GDC register.
   - Dental patient or member of the public.

1.b.i. Please tell us your registered title(s).

Strategic aim one

2. Given what the GDC does and the strategic context in which we work, do you agree with the proposed strategic aim one, its high-level objective, and what we will do to deliver it?

   - Yes/No/Don't know

2.a. Please explain your reasons.

Strategic aim two

3. Given what the GDC does and the strategic context in which we work, do you agree with proposed strategic aim two, its high-level objective, and what we will do to deliver it?

   - Yes/No/Don't know

3.a. Please explain your reasons.

Strategic aim three

4. Given what the GDC does and the strategic context in which we work, do you agree with proposed strategic aim three, its high-level objective, and what we will do to deliver it?

   - Yes/No/Don't know

4.a. Please explain your reasons.

Strategic aim four

5. Given what the GDC does and the strategic context in which we work, do you agree with proposed strategic aim four, its high-level objective, and what we will do to deliver it?

    - Yes/No/Don't know

5.a. Please explain your reasons.

Expenditure plans

6. Thinking about our expenditure plans, to what extent do you agree/disagree with the following statements (1 being strongly agree to 5 strongly disagree):

    6.1. I understand the explanations.

    6.2. I understand the assumptions underpinning the plan.

    6.3. I understand the approach to manage the risk of inflation on the costs of regulation and the Annual Retention Fee (ARF).

6.a. Please explain your responses.

7. Do you have any other comments to make on our expenditure plans?

Equalities impact analysis

8. To what extent do you think our proposals have the potential to impact positively or negatively on those with protected characteristics?

8.a. Please explain your responses.

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