

Response to the General Dental Council's consultation on its educational processes

May 2018

1. About us

- 1.1 The Professional Standards Authority for Health and Social Care promotes the health, safety and wellbeing of patients, service users and the public by raising standards of regulation and registration of people working in health and care. We are an independent body, accountable to the UK Parliament. More information about our work and the approach we take is available at www.professionalstandards.org.uk
- 1.2 As part of our work we:
- Oversee the nine health and care professional regulators and report annually to Parliament on their performance
 - Conduct research and advise the four UK governments on improvements in regulation
 - Promote right-touch regulation and publish papers on regulatory policy and practice.

2. General comments

- 2.1 We welcome the opportunity to comment on the General Dental Council's (GDC) consultation on its educational processes.
- 2.2 The consultation builds on the GDC's *Shifting the Balance* in looking for a risk-based approach to ensuring preventative regulation. We are broadly supportive of the direction it is taking. We are pleased that the consultation document shares many of the priorities of our recent publication *Right-touch reform* such as: an outcome rather than an input based approach and a proportionate approach to quality assuring education providers¹.
- 2.3 We have mentioned before that whilst we might agree in principle to regulatory innovations an early stage of their development, clearly implementation is key. We might at a later stage in their implementation have reservations about how they are put into practice.²

¹ Professional Standards Authority 2017, *Right-touch reform*. [Online] Available at: https://www.professionalstandards.org.uk/docs/default-source/publications/thought-paper/right-touch-reform-2017.pdf?sfvrsn=2e517320_5 [Accessed: 15/03/2018]

² Professional Standards Authority, 2017, Comments from the Professional Standards Authority on 'Shifting the Balance' from the General Dental Council, pg. 2. Available at: https://www.professionalstandards.org.uk/docs/default-source/publications/consultation-response/others-consultations/2017/psa-response-gdc-discussion-paper.pdf?sfvrsn=eb657020_8 [Accessed 14/05/2018]

3. Answers to questions

1. Do you support the GDC's proposals as outlined? Please provide comments.

- 3.1 Yes. We are broadly supportive of the GDC's proposals which as we have highlighted echo some of the principles we outlined in *Right-touch reform* to guide change or wider reforms in this area.
- 3.2 The GDC regulates a range of professions and under its legislation there are different requirements for dentists and dental care professionals (DCPs). As the consultation document notes, this means that a 'one-size-fits all' approach may not be the right one to assuring the education of dental professionals and DCPs. As we have outlined in our principles of right-touch regulation, regulatory measures should be proportionate to the risk they are mitigating.³
- 3.3 Whilst the GDC and other professional regulators play an important role in ensuring that students qualifying from approved education and training are safe and competent to join the register we have highlighted that, for some professions, particularly those operating primarily in the NHS, the regulatory landscape for education is crowded. We are encouraged by the attempt in this consultation to lay out proposals for a more risk based approach to regulation of dental education. However, we would have welcomed further clarity from the GDC on how it currently works with other organisations, including institutions themselves to share information that may be relevant to their own assurance of programmes and whether there is scope to do this more and consider the role that other bodies play in this area.
- 3.4 We would also suggest that other changes currently taking place, particularly in higher education with the establishment of the Office for Students, are likely to pose challenges for all of the regulators and it may be helpful for the GDC to consider how it might respond to any issues that arise in this area. The GDC's proposal to make use of the of QA inspectors to review monitoring returns and assess the quality of evidence provided seems sensible to allow it to clearly identify gaps or where further detail is required to identify any potential risks or issues. It is positive that the GDC is seeking to learn from the experience of other regulators and understand any potential problems it may face when implementing this process, however it will need to be assured that any changes made are suitable for the risks specific to the dental and DCP professions.
- 3.5 We recognise that any attempt to move towards a more risk based system must be balanced against the need to be assured that students completing recognised qualifications are safe and competent to join the GDC's register. We look forward to hearing more details about the proposals.

2. Are the proposals clear? Please provide comments.

- 3.6 At this stage, the proposals are reasonably clear to us. However, we welcome more details to better understand the proposals and how it will operate in

³ Professional Standards Authority, 2015, *Right-touch regulation*. Available at: <https://www.professionalstandards.org.uk/docs/default-source/publications/thought-paper/right-touch-regulation-2015> [Accessed 23/05/2018]

practice. It may be helpful for the GDC to produce a sample timetable to demonstrate how they would envisage the different elements of the quality assurance process fitting together. For example, the annual declaration by institutions, the bi-annual monitoring of return by QA inspectors and the rolling, risk based cycle of inspections and thematic reviews.

3. Do you have any comments on how the proposed approach could affect each element of the QA process as outlined above?

- 3.7 Whilst we support the direction of these proposals in principle, it will be important for the GDC to monitor the implementation of the changes closely to assess the impact on its ability to meet its statutory duties and to effectively protect the public.

4. Are there other risks that we have not included?

- 3.8 We do not have a view on whether there are other specific risks that should be included but we welcome the GDC highlighting that its' understanding of the risks to be considered throughout the process would be updated regularly based on the intelligence gathered from monitoring activity.

5. Are there any risks that the GDC should be concerned with that do not fall under the *Standards for Education*?

- 3.9 No view.

6. Do you agree with the indicators of risk that might feed into a risk assessment?

- 3.10 We do not comment on whether all the indicators displayed should feed into a risk assessment or whether this is a comprehensive list of indicators. However, we consider the list compiled by the GDC to be a good range of indicators due to its breadth. As well as information gained from complaints and whistleblowing it may be helpful for the GDC to consider whether there is further intelligence about risk that could be gathered from patients and the public.

7. Are there other indicators of risk that the GDC could or should consider?

- 3.11 See our answer to question six.

8. Are there areas that we should explore collecting information about, to use in the longer term? Please provide comments?

- 3.12 As highlighted in our answer to question 6, there may be benefits in ensuring that feedback collected from patients and the public is effectively utilised. In *Right-touch reform* we suggested that regulators should actively involve and seek perspectives from patients and other members of the public in quality assurance processes and the development of training courses.⁴ These

⁴ Professional Standards Authority 2017, *Right-touch reform.*, pg. 113 [Online] Available at: https://www.professionalstandards.org.uk/docs/default-source/publications/thought-paper/right-touch-reform-2017.pdf?sfvrsn=2e517320_5 [Accessed: 15/03/2018]

perspectives may be useful for assessment of risk. As noted 'complaints and whistleblowing' is one indicator listed but patients and the public may provide feedback through non-complaints channels.

9. Do you agree that thematic reviews would be beneficial for the exploration of issues and to help inform programme development? Please provide comments?

- 3.13 We consider that thematic reviews have the potential for the exploration of issues and help inform programme development. This will be helpful in sharing learning and ensuring consistency of approach across institutions.

10. How do you believe that the GDC should seek information to inform the subjects for thematic review? Please provide comments.

- 3.14 The seven sources of information outlined in the consultation document could provide a good start. It may also be beneficial to consider any issues arising from feedback provided through engagement with patients.

11. Are there any practical issues with the proposed process, including the two-year period proposed? Please provide comments.

- 3.15 We welcome the intention to introduce regular reviews of learning outcomes to ensure that these are up to date and fit for purpose based on evidence and current practice. We would suggest that clear communication with providers in advance and at the time of any changes will be crucial to ensure that they are able to respond to any changes in a timely manner.

12. Are there potential sources of evidence that are not included in the above list that should be considered?

- 3.16 No view.

13. What do you understand to be the difference between a minor and major change to the learning outcomes?

- 3.17 The difference between a minor and major change is not clear at the moment, however we hope it will be made clear when the thresholds to determine the difference are published.

14. What expertise do you believe should be sought for this group? Please provide comments.

- 3.18 No view.

15. How useful do you find the Annual Review of Education? Do you have any comments about this review being integrated into a wider ranging publication – or State of the Nation report? Please provide comments?

- 3.19 We welcome the GDC's efforts to share relevant information and data with other organisations as this is essential in allowing effective 'upstream' harm prevention activity by a range of stakeholders. The Annual Review of Education is a useful overview of quality assurance activity and any issues arising. We have no specific view on it being incorporated into a wider publication but it

would be useful to retain the detail that is currently provided and any further information that the GDC makes available as it develops the thematic reviews.

16. What educational information would you wish to see in future annual reviews (or State of the Nation report)? Please provide comments.

3.20 See answer to question 15.

17. What engagement with students do you think would be most beneficial to students and education providers? Please provide comments.

3.21 We welcome GDC initiatives to engage with students. In *Right-touch reform* we recommended that regulators actively involve and seek perspectives of students in quality assurance processes and the development of training courses.⁵

3.22 We note that regulators are taking steps to include, engage and understand the perspectives of students and trainees. For example, in between their six yearly approval visits to educational and training bodies, the General Pharmaceutical Council and the Pharmaceutical Society of Northern Ireland carry out interim three yearly monitoring visits to check up on delivery of the course and talk to students involved in the design and/or delivery of courses.⁶ The General Medical Council has a National Training Survey which provides a source of data on the views and experiences of doctors in training and trainers across the UK.⁷

18. Do you have any comments regarding the GDC's plans for the 2018/19 academic year? Please provide comments.

3.23 We have no comments on this but would be interested to hear if there are any risks related to the timescale of this programme.

19. What do you believe would be suitable subjects for a thematic review in 2018/19? Please provide comment.

3.24 Subjects of thematic reviews could be shaped by problems the GDC is encountering 'downstream' in fitness to practise. For example, if the GDC is finding many issues with registrants' candour at fitness to practise, it may be worth exploring lack of candour in a thematic review. Thematic reviews may help enable education and training to best be used to mitigate the chance of individuals practising poorly in areas such as notetaking. Thematic reviews, therefore, could have a role in the GDC's preventative regulation agenda.

⁵ Professional Standards Authority 2017, *Right-touch reform.*, pg. 113 [Online] Available at: https://www.professionalstandards.org.uk/docs/default-source/publications/thought-paper/right-touch-reform-2017.pdf?sfvrsn=2e517320_5 [Accessed: 15/03/2018]

⁶ Professional Standards Authority 2017, *Right-touch reform.*, pg. 127 [Online] Available at: https://www.professionalstandards.org.uk/docs/default-source/publications/thought-paper/right-touch-reform-2017.pdf?sfvrsn=2e517320_5 [Accessed: 15/03/2018]

⁷ Professional Standards Authority 2017, *Right-touch reform.*, pg. 135 [Online] Available at: https://www.professionalstandards.org.uk/docs/default-source/publications/thought-paper/right-touch-reform-2017.pdf?sfvrsn=2e517320_5 [Accessed: 15/03/2018]

4. Further information

- 4.1 Please get in touch if you would like to discuss any aspect of this response in further detail. You can contact us at:

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