

**General
Dental
Council**

protecting patients,
regulating the dental team

Patients Professionals Partners Performance

The General Dental Council's
road map for 2016 – 2019



Our road map for 2016 – 2019



What we do

The General Dental Council (GDC) is the UK-wide statutory regulator of just over 100,000 members of the dental team, including approximately 40,000 dentists and 60,000 dental care professionals (DCPs) - dental nurses, clinical dental technicians, dental hygienists, dental technicians, dental therapists, and orthodontic therapists.

The GDC is overseen by a Council of 12 members, six lay and six dental professionals.

Our legislation, the Dentists Act 1984, sets us the following objectives:

- to protect the public
- to protect, promote and maintain the health, safety and well-being of the public
- to promote and maintain confidence in the dental profession
- to promote and maintain proper professional standards and conduct for members of those professions.

Our purpose

We want patients and the public to be confident that the treatment that they receive is provided by a dental professional who is properly trained and qualified and who meets our standards. Where there are concerns about the quality of care or treatment or the behaviour of a registrant, we will investigate and take action if appropriate.

We do this by ensuring that dental professionals meet our standards, which reflect patient expectations, and deliver safe and appropriate care to patients.

Our legislation currently provides us with powers to:

- grant registration only to those dental professionals who meet our requirements on education and training, health and good character. Only those who are registered with us can practise dentistry in the UK
- set standards for providers of dental education and training in the UK
- set standards of conduct, performance and ethics for the dental team
- investigate complaints against dental professionals and where appropriate take action through our Fitness to Practise process
- require dental professionals to keep their skills up to date through our continuing professional development requirements.

In addition, we provide the Dental Complaints Service (DCS) which resolves complaints between private patients and dental professionals.

Our values

We aim to demonstrate the following in all that we do:



Fairness

We will treat everyone we deal with fairly



Transparency

We are open about how we work and how we reach decisions



Responsiveness

We can adapt to changing circumstances



Respect

We treat dental professionals, our partners, and our employees with respect

Our road map for 2016 - 2019

This document sets out the General Dental Council's strategy from 1 January 2016 to 1 January 2019. It sets out our ambition in four key areas:



We will put patient and public protection at the heart of what we do. We will empower patients to make informed choices about the care they receive



We will work closely with the dental profession to identify priority areas for action and use collaborative approaches in tackling them



We will work with our partners in the dental sector to protect patients and make the system of dental regulation in the UK more effective



We will continue to strive to become a high performing, proportionate regulator which has the confidence of patients, the public and dental professionals

We aim to be a high performing and efficient regulator, ensuring the quality of dental care for patients through supporting dental professionals to deliver high standards of care and through providing better information to patients. We will also work with our partners to reform the overall system of dental regulation in the UK, and the dental complaints system, so that it works more effectively and efficiently, promoting local resolution of complaints where possible. We will base all of this on evidence and make the most of the data that we have available to us.

Dentistry in the UK in 2016 – the context for this strategy

The GDC has developed this strategy at a time when a number of significant

changes are occurring in the way dental care is provided. Patients' needs and expectations about the quality of care are also changing. These changes, which are set out below, have informed our thinking about what we want to achieve over the next three years and how the GDC as a patient-focussed regulator ought to respond to these challenges.

Dental care and the changing nature of provision

Oral health in the UK has improved steadily over the last 40 years although there are still wide variations both regionally and demographically. The highest levels of dental disease can be seen in more economically disadvantaged areas^{1,2,3} and tooth extraction is the number one cause

1. Health and Social Care Information (2009) Centre Adult Dental Health Survey <http://www.hscic.gov.uk/pubs/dentalsurveyfullreport09>

2. Health and Social Care Information Centre (2013) Dental Health Survey of Children and Young People <http://www.hscic.gov.uk/article/3740/Dental-Health-Survey-of-Children-and-Young-People>

3. NHS England (2013) The NHS belongs to the people A call to action pg.10 https://www.england.nhs.uk/wp-content/uploads/2013/07/nhs_belongs.pdf

of hospital admissions for children, which suggests a need for a greater focus on preventative dentistry particularly for young children.⁴ The oral health of people aged 16-24 is much better than those who are over 45, and as a result those over 45 are more likely to continue to require remedial and restorative work (such as dentures and replacing fillings) than the younger generation.

At the same time, cosmetic dental treatments – including tooth whitening, veneers and some implant cases – are becoming more commonplace, and those who choose these treatments often see themselves more as consumers than patients.

We will work with the public, patients, professionals and partners to develop a fuller understanding of drivers and consequences of change in the dental sector. We will improve our understanding of patients' needs and expectations across the range of settings in which dental care is provided, and the challenges faced by dental professionals working for different organisations and in different settings. We will use this knowledge to inform our approach to setting standards; quality assurance of education and training of dental professionals; and our requirements for continuing professional development.

Dental services in the UK are delivered through a mixed economy – of private and NHS provision (when we refer to the NHS in this document, we are referring to the respective health services in each of the four nations). The value of the dental market in the UK is approximately £5.73 billion per annum, with NHS spending accounting for around 58% and private spending accounting for 42%. Around 80% of the total amount of treatment provided to UK patients is carried out under the NHS and about 20% provided outside NHS services.⁵

For many years, the most common model of dental provision has been an independent practice owned by a practising dentist or associates, who have a contract with the NHS, and who employ, or contract with, a range of other dental care professionals – such as dental nurses, dental hygienists and technicians.

However, this model is changing. In 2010 it was estimated that corporate groups operating three or more dental practices provided 12% of primary dental care (as measured by the number of practices and the number of dentists). By February 2014, this had increased to 22%.⁶

Settings for treatment are also changing. A rise in the elderly population means more treatment is being carried out in the homes of elderly patients or in care homes. In 2014, over 100,000 domiciliary dental visits took place in England alone and this trend towards care outside of the traditional dental practice is likely to increase as the population ages. In addition, dental professionals will need to be equipped to meet the challenge of providing care to the one million people expected to have dementia by 2021.

4. Faculty of Dental Surgery, Royal College of Surgeons (2015) The state of children's oral health in England pg. 8 <https://www.rcseng.ac.uk/fds/policy/documents/fds-report-on-the-state-of-childrens-oral-health>

5. Office of Fair Trading (2012) Dentistry - An OFT market study pg. 4 http://webarchive.nationalarchives.gov.uk/20140402142426/http://www.of.gov.uk/shared_of/market-studies/Dentistry/OFT1414.pdf

6. Laing and Buisson Dentistry UK Market Report (2014) pg. 109 not available online

The dental workforce

The dental workforce is changing. For example, the numbers of dental nurses, dental technicians and orthodontic therapists have been increasing since 2008.⁷ The government departments responsible for health and associated workforce planning bodies in each of the four countries are looking at ways in which the skills mix in dentistry might be adjusted so that DCPs can play a greater role in providing care, including leading on preventative programmes and helping to improve links with patients and the community. In England, many of the changes to the role of DCPs and the restructuring of the dental team are likely to be reinforced by planned changes to the NHS dental contract.⁸

The GDC has encouraged this new flexibility by enabling Direct Access, whereby patients can gain access to care provided by a dental care professional without first being referred by a dentist. However, the changes expected as a result of this have been slow to arrive, due mainly to legislative restrictions (for example in prescribing legislation) and NHS regulations.

The UK is a net importer of dentists – currently around 17% of the dentists registered with the GDC qualified in other parts of the European Economic Area and around 11% qualified outside Europe. Whilst this is of significant benefit to dentistry and patients in the UK, the GDC and the NHS need to ensure that those who trained outside the UK have sufficient language skills to communicate effectively and are able to adapt effectively to working, in particular, within the NHS systems. From 2016 the GDC will have new powers to assess the English language competence of European dental professionals and will need to work more closely with European regulators to share information about dental professionals who have failed to meet our standards.

We will work with education and training providers and workforce planning bodies across the UK to help ensure that the dental workforce is fit for the challenges of the 21st century. We will ensure that our own continuing professional development and registration requirements reflect these changes.

Patients' concerns and expectations about dentistry

The vast majority (96%) of patients who have been to see a dentist in the last year are satisfied with the treatment they received, with over 60% saying that they are very satisfied.⁹ However, these satisfaction rates differed according to the background of patients – for example, 65% of white patients were very satisfied compared to 39% of patients from black and minority ethnic groups, while older people were more likely to be very satisfied than younger people.¹⁰

However, patients do have concerns about treatment costs and being unable to judge whether those costs are reasonable. Many also doubt their ability to judge the quality of the care they receive. We know from our research that patients want a better understanding of the standards they should expect.

7. Centre for Workforce Intelligence (2013) A strategic review of the future dentistry workforce <http://www.cfwl.org.uk/publications/a-strategic-review-of-the-future-dentistry-workforce-informing-dental-student-intakes>

8. Centre for Workforce Intelligence (2013) A strategic review of the future dentistry workforce <http://www.cfwl.org.uk/publications/a-strategic-review-of-the-future-dentistry-workforce-informing-dental-student-intakes>

9. General Dental Council (2014) Patient and public survey <http://www.gdc-uk.org/Newsandpublications/research/Documents/2014%20Annual%20Patient%20and%20Public%20Survey%20Full%20Report.pdf> pg. 13

10. General Dental Council (2014) Patient and public survey <http://www.gdc-uk.org/Newsandpublications/research/Documents/2014%20Annual%20Patient%20and%20Public%20Survey%20Full%20Report.pdf>

Patients are also dissatisfied with the dental complaints system, and tend not to know the best route to pursue their complaint or whether it would be acted upon. These concerns about dentistry are reflected in a growing number of complaints which tend to go to a range of different organisations across the dental system. As an illustration, in 2013-14, there were over 12,000 complaints made about dentists in England, including 3,099 made to the GDC, 6,973 to NHS England¹¹, 1,043 to the Care Quality Commission (CQC) and 1,068 to the Dental Complaints Service. It is possible that there is some overlap between these figures – where complaints are dealt with by multiple organisations simultaneously – but we are currently unable to establish whether or not this is the case. However, we do recognise that the overall system of handling patient complaints in dentistry is inefficient, sometimes ineffective, and requires reform.

Our handling and resolution of complaints (other than fitness to practise matters) about private dentistry through the Dental Complaints Service has very high satisfaction rates amongst dental professionals and patients. We consider that this conciliation model, which seeks to find a mutually acceptable outcome for the patient and the dental professionals, could have wider applications.

Over the next three years we will listen more closely to patients about their concerns. We will provide patients with more information about what they can expect when they visit a dentist. We will identify the issues of most concern to patients and work with the dental profession to address those concerns.

We will work with our partners to improve the system of dental complaints in the UK, promoting local resolution where possible, so that patients have their concerns addressed in a timely fashion and by the right organisation.

Our overall understanding of the nature and causes of dental complaints is limited, yet they could provide an excellent data source for understanding which areas of dental practice may require improvement. Knowing more about the nature of complaints could lead to changes in how dental professionals are trained and educated and how we set our standards.

We want to shift our emphasis to reducing the issues that give rise to a complaint. In order to do this we aim to build our knowledge of the nature and causes of complaints and the barriers which dental professionals face in meeting our standards, including whether they vary between different treatment settings. We will do this through analysing and sharing our data and carrying out research which we will use to inform our standards and the training and education of dental professionals.

The overall system of dental regulation in the UK and the case for reform

The GDC is just one of several organisations involved in regulating dentistry in the UK.

The NHS in England and Wales holds National Performers Lists of NHS dentists who they deem to be suitably trained and fit and proper to provide NHS dental treatment to patients. Around 95% of registered primary care dentists in England and Wales are on the National Performers Lists. The NHS in England and Wales manage the performance of dentists who are on these lists and can remove them from the lists, preventing them from carrying out NHS work, if they are no longer considered suitable. Similar powers exist in the NHS in Scotland and the Health Service in Northern Ireland. Dentists working for the NHS are also held to account for their performance under their contracts with the health service.

The systems regulators – the Care Quality Commission (CQC) in England, the Healthcare Inspectorate Wales (HIW), Healthcare Improvement Scotland (HIS), and the Regulatory and Quality Improvement Agency (RQIA) in Northern Ireland - inspect and regulate some or all of the premises where dental services are provided.

The Francis report into sub-standard care at the Mid Staffordshire NHS Foundation Trust made it clear that collaborative working between the professional regulators and those that regulate dental practices (CQC, HIW, RQIA, HIS) and the NHS is necessary if patients are to be protected.¹² Since then the GDC has made significant efforts to develop better joint working across the system through putting in place information sharing agreements and is currently piloting arrangements with the NHS in England to ensure more effective collaboration at local level.

However, the system of dental regulation in the UK was not designed from a blueprint but developed over a number of years, with new layers of regulation being added on to older ones. Many who work in the system believe that more can be done to delineate the roles and responsibilities of each organisation and dental professionals frequently express concerns that the overall system of dental regulation is fragmented, overly burdensome, and inefficient. They also believe that the professional regulator deals with too many issues which could better be resolved at local level.

Reform is needed if the overall system of dental regulation is to work as efficiently and effectively as it can. The GDC is committed to working with its partners to make the case for and develop an improved model of dental regulation.

12. The Mid Staffordshire NHS Foundation Trust Public Inquiry (2013) Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry <http://webarchive.nationalarchives.gov.uk/20150407084003/http://www.midstaffpublicinquiry.com/sites/default/files/report/Executive%20summary.pdf> pg. 67-68

Trust and confidence in the performance of dental regulation

Our research¹³ with patients and the public indicates that confidence in the regulation of dental professionals is high. When asked about confidence in the GDC's ability to regulate dental professionals, 77% said that they had confidence.

However, our surveys also indicate that dental professionals are less satisfied with the performance of the GDC. Our 2013 registrant survey¹⁴ found that 67% were in some way confident in the GDC's ability to regulate dentists and DCPs effectively, but just over a quarter (26%) were not confident. We recognise that the GDC has much to do to rebuild trust in us and the regulatory system for which we are responsible. The challenge we have faced has arisen, in significant part, from the difficulties of resourcing an organisation with sufficient speed to handle an unprecedented increase in fitness to practise complaints between 2010 and 2014. We are determined to do everything we can do to improve our performance in fitness to practise, and to enhance the quality of our engagement with the public we serve and the profession we support.

However, while we intend to do everything we can to improve our performance within the existing legislative framework under which we and other professional regulators operate, the framework itself – now nearly 35 years old – prevents us from achieving many of the innovations and efficiencies that characterise modern, risk-based, cost-effective regulation. That is why we will continue to be a strong advocate for legislative change while recognising competing pressures on parliamentary time. We will seek to build a consensus for change, working with the dental profession and our partners.

We will continue to work with the dental profession, other regulators and the government to push for legislative changes which will result in professional regulation that effectively protects patients and is not overly burdensome to the health professions.

Over the next three years we will focus on delivering further improvements to the performance of all our statutory functions, so that patients and professionals can be more confident in the way we regulate.

13. Ipsos MORI (2013) Patient and public survey
<http://www.gdc-uk.org/Newsandpublications/research/Documents/2013%20Annual%20Patient%20and%20Public%20Survey%20Full%20Report.pdf> pg. 42

14. Enventure (2014) Annual survey of registrants 2013
<http://www.gdc-uk.org/Newsandpublications/research/Documents/GDC%20Annual%20Survey%20of%20Registrants%202013.pdf> pg. 40

Patients, professionals, partners, performance: turning our ambitions into action

We have chosen to set a number of objectives in relation to the four key aspects of our work. We have set out below the activities that we will undertake to deliver these objectives over the next three years. Our intention is that we will be held to account by patients, professionals and our partners for delivering on these aims and objectives.



We will put patient and public protection at the heart of what we do and use our powers to maintain and, if necessary, improve the standards of dental care in the UK



We will support dental professionals to deliver good quality dental care



We will work with our partners in the dental sector to protect patients and make the system of dental regulation in the UK more effective



We will become a high performing regulator which has the confidence of patients, the public and dental professionals

Patients

We will put patient and public protection at the heart of what we do and use our powers to maintain and if necessary improve standards of dental care in the UK

We will continue to be a patient-focussed organisation that takes into account the views and experiences of patients when making decisions. We will make sure our efforts are focussed on issues of genuine concern to patients and we will work with the profession and partners to address those concerns. In this way we aim to ensure that patients are enabled to make informed choices about their dental care.

Patients: Objective 1

To gain a full understanding of patients' needs and expectations so these can be reflected in all the work we do.

Over the next three years we will do the following to meet this objective:

- continue our work to understand issues of concern to patients through direct engagement, through analysis of complaints data, and by undertaking research to understand patients' experience of dental care in a range of settings
- improve our engagement with patient bodies and consumer groups – such as Healthwatch England, Community Health Councils in Wales, the Patient Advice and Support Service in Scotland, the Patient and Client Council Northern Ireland, the Patients Association, National Voices and Which? – to inform our understanding of dental care quality

- draw on our UK-wide, online public and patient panel to gather views on individuals' experiences of dental care. We will also use other direct channels of communicating with patients, for example through hosting consultation events
- review our governance arrangements to ensure that there is an effective way for patients' views to be heard in our decision making.

Patients: Objective 2

To promote and enforce standards that take full account of patients' needs and legitimate expectations.

Over the next three years we will do the following to meet this objective:

- engage constructively with the profession to find solutions to the problems which lead to complaints, issuing revised standards and new guidance where necessary
- work with our partners in the NHS, the systems regulators, and the dental profession to help ensure that patients are provided with clear information on the costs of dental care, a treatment plan, and all the information that they need to make informed decisions about their care.

Patients: Objective 3**To increase the information we provide to help patients make better informed judgments about their dental care.**

Over the next three years we will do the following to meet this objective:

- improve the information we provide on our website so that patients can find out more information about dental professionals
- produce guidance for patients and their carers about what they can expect from a visit to a dental professional and what questions they could ask. We will tailor this guidance to the type of treatment and the setting where dental care is provided.
- expand the role of the Dental Complaints Service so that it covers those who have pre-payment plans for private dental care and promote the Dental Complaints Service as an example of an highly effective means of handling less serious concerns
- work with our partners (the NHS, the systems regulators and the professional bodies) to ensure that each dental practice in the UK has an effective complaints system in place so that complaints are addressed appropriately at local level
- work with our partners to ensure that support is available to patients who make fitness to practise complaints.

Patients: Objective 4**To direct patients who have concerns to the most appropriate organisation, so that problems can be resolved quickly, fairly and cost effectively.**

Over the next three years we will do the following to meet this objective:

- improve the information we provide to patients on how to resolve their complaints and concerns about dental care with the aim of removing any unnecessary barriers to speedy and fair resolution. For example, where the concern is not one we can resolve, we will redirect the patient to a more appropriate body, promoting local resolution where possible

Professionals



We will support dental professionals in delivering good quality dental care. We will work closely with the profession to identify and devise solutions to issues of most concern to patients.

By 2019 our ambition is to have a much stronger working relationship with the dental professionals we regulate. We will better understand the circumstances in which dental professionals practise, we will provide a better service to them, and deliver effective and proportionate regulation.

Professionals: Objective 1

To gain a full understanding of the implications for dental professionals, and current dental practice, of the regulatory decisions we take.

Over the next three years we will do the following to meet this objective:

- continue to engage with dental professionals, their representative bodies and indemnity providers to help us understand more thoroughly the impact of our regulatory decision-making
- we will improve the transparency of our regulatory decision making by embedding in our culture and processes an imperative to engage and explain
- undertake research and gather data to gain a better understanding of the circumstances in which dental professionals currently practise and the challenges they face. We will use this information to inform the standards that we set and to ensure that there is a better understanding of dentistry right across the GDC.

Professionals: Objective 2

To help ensure that dental professionals are properly trained in the skills necessary to practise dentistry safely from the outset.

Over the next three years we will do the following to meet this objective:

- gather data and undertake research to inform our approach to quality assuring the education and training of the dental profession
- make any required amendments to our Standards for Education and learning outcomes to ensure that all newly qualified dental professionals are fit to practise in accordance with the demands on current practice
- continuously use the data that we have about the performance of education and training providers to identify areas of training which can be improved and to share examples of best practice. We will set out our observations about good practice and areas for improvement in an annual report on the state of dental education and training in the UK.

Professionals: Objective 3

To support dental professionals in keeping their skills up to date throughout their career.

Over the next three years we will do the following to meet this objective:

- introduce a new scheme of enhanced Continuing Professional Development for dental professionals aimed at providing clearer guidance and support to enable them to keep their skills up to date
- work with the dental sector to improve the quality of Continuing Professional Development training and courses which dental professionals can access
- publish an annual report on the types of complaints we receive with the aim of highlighting issues that need to be addressed through education, training and Continuing Professional Development.

Professionals: Objective 4

To guide dental professionals in meeting the standards we set for them, taking into account patients' current needs.

Over the next three years we will do the following to meet this objective:

- share with dental professionals our understanding of patients' needs and provide guidance on how to meet these needs through complying with the standards we set
- continue to make information about our standards available to dental professionals in an engaging and accessible format using the most effective channels so that the standards become embedded in everyday practice
- continue to make information about work with our partners in the NHS and other regulators to ensure there is support for dental professionals who are experiencing stress and signpost them to places where they can receive support.

Professionals: Objective 5

To take timely, fair and proportionate action through our fitness to practise process when dental professionals do not meet the required standards.

Over the next three years we will do the following to meet this objective:

- reduce to the greatest extent possible the length of time it takes to investigate a complaint under our fitness to practise process
- use a change in the law to introduce case examiners with the effect of streamlining the handling of fitness to practise cases and potentially reducing the number which go to a final hearing. We will also continue to campaign for wider changes in the law to make our fitness to practise processes more efficient and effective
- put in place improved measures to ensure that dental professionals receive good customer care when they are involved in the fitness to practise process
- explore how we can minimise the stress caused by the fitness to practise process itself, as well as improving signposting to appropriate means of support. We recognise that being the subject of a fitness to practise investigation can be very stressful for a dental professional, with effects on both health and professional performance
- We will support those dental professionals who raise concerns with us when patients or colleagues may be at risk, and will provide additional support to dental professionals who make Public Interest Disclosures to us. We will also publish guidance for dental professionals in relation to the duty of candour.

Partners

We will work with our partners in the dental sector to help ensure that dental patients receive good quality care and to make the system of dental regulation and complaints in the UK more effective.

We recognise that the GDC can only be effective in protecting patients and supporting professionals if the wider system of dental regulation, which includes the NHS and the systems regulators, is effective. We intend to play our part in influencing and shaping policy, to work with our partners to improve the regulation of dentistry in the UK and in particular to improve the way complaints about dental care are managed. We will work with our partners to build a regulatory and complaints system which ensures that issues of concern are dealt with effectively and at the most appropriate level.

Partners: Objective 1

To develop stronger, more effective, collaborative relationships with all our key stakeholders including: our partners in the NHS; professional bodies; patient groups; other regulators including competent authorities across the EU; and providers of education and training and the wider dental sector.

Over the next three years we will do the following to meet this objective:

- actively support the royal colleges in their work to improve standards in dentistry and we will work with Health Education England, NHS Education Scotland and other workforce planning bodies to ensure that the dental workforce meets the healthcare needs of the population both now and in the future
- contribute to, and actively support, the development of new models of regulation by the Care Quality Commission, the Healthcare Inspectorate in Wales, Healthcare Improvement Scotland and the Regulation and Quality Improvement Agency in Northern Ireland
- further our engagement with dental bodies corporates to ensure that we have a full understanding of the characteristics of their model of care delivery, and any impacts that this may have on patient care
- continue to work with competent authorities across the EU on relevant European legislation and initiatives, including the Alert Mechanism, English language testing and issues related to mutual recognition of professional qualifications.
- establish a stakeholder reference group of all our partners in the dental sector which we will use to develop new and more effective ways of working

Partners: Objective 2**To work with the NHS, regulators, and other stakeholders to improve the overall system of dental regulation.**

Over the next three years we will do the following to meet this objective:

- work with partner bodies to ensure that concerns about the performance and conduct of a dental professional are dealt with by the appropriate body, which could be the employer, the NHS, the system regulator or the GDC
- evaluate the pilots that we have in place with the NHS in England to promote effective collaboration between the GDC and the NHS at local level where there are concerns about an NHS dentist's performance or fitness to practise. We will use the findings of these pilots to inform the best approach to complaint resolution in the future in England and across the UK
- play our part in implementing the recommendations of the national Regulation of Dental Services Programme Board in England which seeks to reduce overlap, duplication and unnecessary burdens on dental professionals. We will look to extend this approach, suitably adapted, to the other three countries of the United Kingdom
- build on the information sharing agreements that we have in place between the GDC and the NHS and systems regulators to ensure that all relevant organisations are made aware of potential risks and issues of concern about dental practice, as and when they arise.

Partners: Objective 3**To work with partners to improve the overall system of handling patient complaints about dental care.**

Over the next three years we will do the following to meet this objective:

- carry out research and gather data to gain a better understanding of the pattern of complaints about dental care, both NHS and private, in the UK with the aim of making recommendations for improvement
- use this data to inform work with our partners, including the government departments responsible for health, the NHS and the Parliamentary and Health Service Ombudsman to design and develop a more effective system for handling complaints so that it works effectively for patients and professionals, promoting local resolution where possible.

Performance



We will be a high performing regulator which has the confidence of patients, professionals and our partners.

Our aim is to be an efficient, effective and innovative regulator which meets the standards set by the Professional Standards Authority. We will be transparent about our performance. We will seek to reduce our costs without jeopardising the quality of the regulatory services we provide to dental professionals and patients. We will learn from examples of best practice elsewhere and share our examples of best practice with others. We will seek feedback on our performance so that we can continuously improve.

Performance: Objective 1

To improve our performance across all our functions so that we are highly effective as a regulator.

Over the next three years we will do the following to meet this objective:

- reduce the time taken to investigate a fitness to practise complaint. We will improve the timeliness and accuracy of all of our fitness to practise decisions and we will assure the quality of decisions at all stages of our fitness to practise process
- introduce case examiners to our fitness to practise process with the effect of streamlining the earlier stages of the process and potentially reducing the number of cases going to fitness to practise panels
- improve the customer service experience by ensuring that by 2019 dental professionals will be able to manage all aspects of their registration online
- review how we inspect education and training providers, learn lessons for improvement, and implement changes as necessary
- improve our communication with dental professionals, patients and our partners – including re-developing our website. We will measure how successful we have been using a range of feedback gathering methods
- improve our communication with hard to reach groups to ensure our policies and decisions take the needs of the entire population into account
- establish a comprehensive approach to the talent management of staff through high quality recruitment, induction, learning and development, and reward mechanisms
- ensure we have a strong leadership team with a clear and shared sense of purpose and clear roles and accountabilities.

Performance: Objective 2

To improve our management of resources so that we become a more efficient regulator.

Over the next three years we will do the following to meet this objective:

- reduce costs through reviewing each aspect of our business and the organisational structure as a whole
- continue to ensure that we only charge dental professionals the amount it costs us to regulate them whilst maintaining an appropriate level of reserves
- review the location of and accommodation for our staff. We will consider innovative solutions to ensuring that our estate delivers value for money whilst meeting the needs of our operations effectively
- continue to review and develop our internal IT systems to ensure they meet the needs of our operations, and deliver value for money
- benchmark our performance against other regulators and learn from their best practice and how they have achieved efficiencies.

Performance: Objective 3

To be transparent about our performance so that the public, patients, professionals and our partners can have confidence in our approach.

Over the next three years we will do the following to meet this objective:

- in addition to our annual report, we will publish an annual statement setting out how our funds are spent on each of our statutory functions and what we have done to keep costs under control
- further develop our performance reporting data, which will reflect challenging Key Performance Indicators for all aspects of our operations to ensure continuous improvement and publishing how our teams are performing against these indicators
- deliver our statutory functions with a clear focus on service users, undertake regular customer satisfaction surveys and implementing what we learn from them
- seek patients', professionals' and partners' views on the kinds of information about our performance that we should make available
- be transparent about how we set our budget and our fee levels. For example we will publish the model used to forecast our fitness to practise caseload and other key drivers of our cost base.

**General
Dental
Council**

protecting patients,
regulating the dental team

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