

General Dental Council policy response to the analysis of fitness to practise case data

1. Executive summary

- 1.1. In 2016, the University of Plymouth's Collaboration for the Advancement of Medical Education Research and Assessment (CAMERA) carried out a statistical analysis of GDC fitness to practise data.
- 1.2. The findings were provided to the GDC in February 2017, with an additional appendix provided in August 2017. A summary of the findings is set out in the *summary report* and the full analysis and outputs are provided in the *detailed report* and *appendix report* –which can be found in the [Research Library](#) on the GDC website.
- 1.3. The GDC is publishing this policy response alongside the analysis results. It sets out the GDC's proposed next steps in terms of how we plan to use the analysis findings and how we plan to build on the work already carried out. It also sets out our intention to work in close collaboration with our partners in the dental sector to deliver these next steps and to ensure the analysis insight can be as effective as possible in supporting dental professionals to provide safe and effective care to patients.

2. Background and objectives

- 2.1. In January 2017, the GDC launched [Shifting the balance](#) - a document which sets out the GDC's proposals to reform dental regulation to ensure it is fit for the future.
- 2.2. One of the commitments made in *Shifting the balance* was to improve our collection, analysis and use of data and intelligence by working with partners and the profession to understand what it tells us. Improved data analysis will enable the GDC to develop an intelligence-led approach to upstream regulation¹ - using data and intelligence to identify potential problems and to enable us, our partners, and the profession to take steps to address them, thus reducing the risk of harm.
- 2.3. The GDC currently holds rich data sets in the form of information on the composition of the registers of dental professionals and on individual fitness to practise cases. Historically, this data has been used to inform the GDC's operational processes and performance reporting, rather than to support policy development.
- 2.4. To address this issue, in 2016, the GDC commissioned a statistical analysis of our fitness to practise data, in order to develop a more comprehensive picture of the fitness to practise complaints we receive. The aim of this analysis was to help us get a better understanding of the main characteristics and key trends of the complaints we receive, including those who bring cases to the GDC, the dental professionals who are subject to a complaint, and the subject matter of those complaints.
- 2.5. The results of the analysis can then be used to inform our own internal processes, policy development and external engagement with our partners in dentistry to collaboratively formulate solutions to any emerging problems identified.

¹ *Upstream* regulation represents a move to a more supportive model of regulation, based on providing dental professionals with the information and tools they need to meet and maintain high professional standards. This includes putting a stronger emphasis on patient protection and learning within the system. The GDC sets out its commitment to focussing more resources upstream in [Shifting the balance](#).

3. Analysing the data

- 3.1. In spring 2016, the University of Plymouth's Collaboration for the Advancement of Medical Education Research and Assessment (CAMERA) undertook a statistical analysis of our fitness to practise data. The analysis was conducted on a sample of 8,855 fitness to practise cases². It answered a series of research questions set out by the GDC which were centred around the following four key themes:
- the characteristics of dental professionals who have allegations made against them;
 - the nature of individuals and the types of allegations they make;
 - how the characteristics of dental professionals relate to the types of allegations that are made against them; and
 - how the characteristics of dental professionals and the type of allegations made against them relate to the progress and outcomes of fitness to practise cases.
- 3.2. The analysis findings, which were provided in February 2017, are set out in the *summary report*, and the full analysis and outputs are set out in the *detailed report* and *appendix report* (August 2017) – which can be found in the [Research Library](#) on the GDC website.
- 3.3. Since being presented with the analysis results, the GDC has been formulating our plans to take this work forward and to use the insight to achieve our original objectives. This has included engaging with other regulators that have undertaken similar work and considering the results of their previous research to draw on any parallels; working with CAMERA to better understand some of the results we have seen; and examining our internal processes to consider whether further improvements may be required. As our work to deliver the *Shifting the balance* commitments develops, we have also been considering how the analysis results can be used to inform the various workstreams that sit under this programme of work, and how different *Shifting the balance* workstreams could help shape any future iterations of fitness to practise data analysis.
- 3.4. Whilst statistical analysis of this kind can establish *correlation*, it is not sufficient to isolate specific factors that may *cause* a fitness to practise referral/investigation. It cannot be used to infer, for example, inferior performance on the part of particular registrant groups. It can, however, provide important insights to guide supportive regulatory activity, for example in relation to induction of professionals who are new to the register.
- 3.5. The conclusion of this analysis and the publication of the findings does not represent the end of a piece of work, but the start of an ongoing programme of work in which the GDC will use the insight gained to inform both its internal work and its external engagement. We have published the analysis results and shared them with our stakeholders and partners in order to start a conversation about the use of this insight in developing our emerging model of upstream regulation.

² These were all cases which were open or received from 1 September 2013 (the date that the GDC's categorisation of type of allegation changed to align with the newly published *Standards for the Dental Team*) to 17 June 2016 (the date that the data was cut for analysis).

4. Informing policy development and *Shifting the balance*

- 4.1. *Shifting the balance* sets out a number of proposals for action – steps we, our stakeholders and the professions need to take over the coming years to build a proportionate system of regulation that is based on learning and has patient outcomes at its centre. This includes moving towards a more supportive model of regulation – supporting dental professionals to meet and maintain high professional standards by providing them with the information and tools they need to inform their decision-making.
- 4.2. The data, intelligence and insight gained from in-depth analyses of fitness to practise data will feed directly into development of several of the specific proposals for action outlined in this document. These include:
- working with partners to develop a data and intelligence strategy to enable upstream regulation to be intelligence-based by sharing learning with the professions;
 - developing materials for registrants who have trained outside the UK to ease their transition into practising here;
 - continuing to monitor trends in concerns coming to fitness to practise, particularly in relation to those standards which are not being met and the issues causing concern for registrants, and working out how the GDC and/or other organisations can better support them to prevent problems arising;
 - exploring the development of a quality-based model of Continuous Professional Development, based on professionals determining their development needs and on the GDC highlighting potential areas of focus through available data and evidence; and
 - using existing opportunities to engage with the profession to embed standards and learning, including, for example, considering developing tailored welcome packs for each of the individual registrant groups which include information and advice on the standards, guidance and sources of useful information.

5. Ensuring the GDC's processes are fair and consistent

- 5.1. Not all of the actions arising from this work will be external facing. The results of this analysis have prompted the GDC to consider whether our internal processes could be contributing to any of the trends we have seen, and, if possible, to rule out the possibility that organisational bias has impacted the results in any way.
- 5.2. The GDC has a robust approach to the quality assurance of our fitness to practise processes, designed to ensure that they are fair and unbiased. Our quality assurance measures provide an assessment of our performance and trigger improvement action where necessary, with a focus on high quality, accurate and consistent fitness to practise decision making. We are committed to continuous improvement and several further improvements to our internal processes have arisen as a result of the existing quality assurance processes we have in place.

- 5.3. Outside of procedural improvement, we are also considering what further measures we can implement to address any risk of organisational bias. Such measures will include reviewing the Equality Impact Assessment of fitness to practise which was last carried out in 2013 and revising as necessary, and making any subsequent recommendations.

6. Working with our partners to support the profession to protect patients

- 6.1. As the regulator of dental professionals, the GDC clearly has an important role to play in using the insight gained from this analysis to inform policies aimed at protecting patients. However, the GDC does not hold all the levers in this regard and many of our partners will be better placed to use this insight to inform the development of interventions to support dental professionals to provide safe, high quality care for their patients.
- 6.2. The GDC therefore intends to work closely with our partners to develop our understanding of the issues, facilitate a collaborative response and to build on the findings of this analysis. Such partnership working will be essential to ensure that any resulting actions or interventions are as effective as possible and can achieve the desired results.
- 6.3. We also plan to facilitate ongoing engagement and collaboration via a 'working group' comprised of interested partners who are willing and able to work together to use and build on the findings. This will not be a new, standalone group, we will build on the existing relationships we have with our partners and existing structures, in order to make the most efficient use of our, and our partners', resources.
- 6.4. We will use this working group to explore the results with our partners and what they mean for certain groups of dental professionals and consider any interventions that could be developed across the profession. We will also use the 'working group' to help define the aims of any future analyses and ensure that they will be designed in such a way as to provide maximum effectiveness, so that the results can be used to support the profession to provide safe and effective care for patients.

7. Building on the findings

- 7.1. As part of our work to deliver the *Shifting the balance* proposals, the GDC will work with our partners to develop a data and intelligence strategy to enable our work as a regulator – including upstream interventions – to be intelligence-led. One of the key components of the data strategy will be ongoing analysis of our fitness to practise data and is likely to include consideration of the following areas.
 - 7.1.1. Options for how we continue with the analysis in the future.
 - 7.1.2. How future analysis findings can be used to inform upstream initiatives such as learning-based regulation, intelligent CPD choices and developing a risk-based approach to quality assurance of education.

- 7.1.3. How the GDC can make best use of the expertise and experience of our partners, for example working with our stakeholders to help define the aims and structure of any future analyses. In doing so we will aim to maximise the effectiveness of any future analysis, and in turn, the potential impact of subsequent interventions on patient protection and support for the profession.
- 7.1.4. How to make wider improvements to data collection to provide a richer sample base to improve future analyses – the GDC currently has gaps in data which is provided on a voluntary basis, particularly with regards to protected characteristics such as ethnicity. The strategy may consider how we can better encourage dental professionals to provide such information to the GDC in order to enrich our data and subsequently the analysis findings.
- 7.1.5. How we can capture new, additional data which may be able to provide useful insight if analysed in the future. Such information may include basic demographic information about those who make allegations to the GDC; the route that informants take in bringing their concerns to the GDC, such as whether or not they have previously attempted to resolve their concern locally; and the setting in which dental professionals practise.
- 7.2. For the GDC, and our partners, to be able to gain the most from any future data analysis, we will need to look further than just considering information regarding fitness to practise. Given the relatively small number of professionals who are subject to fitness to practise proceedings we need to look more widely at the information available when designing interventions that affect the whole profession, and to include data from a range of sources. The GDC will aim to use the data and intelligence strategy and the proposed ‘working group’ to consider with our partners how we can collaborate with different data sources owned by different partners, to ensure that we maximise any benefit from future analysis. We have recently begun work in this area as part of the Regulation of Dental Services Programme Board³, but we will need to build on this work in order to be able to develop informed and targeted interventions aimed at the prevention of harm.

8. Next steps

- 8.1. In taking this work forward in the short term, we will be:
- continuing our work to deliver the proposals and commitments set out in *Shifting the balance* – we will be using the insight gained from the analysis of our fitness to practise data to feed into this work;
 - engaging with our partners to share the findings of this analysis;

³ The Regulation of Dental Services Programme Board (RDSPB) is a forum which has brought together the key players in dental regulation in England – the GDC, CQC, NHS England and the NHS Business Services Authority (NHSBSA). Its primary aim is to make dental regulation more coherent, streamlined and effective by addressing gaps and overlaps in the current system.

- considering the appropriate forum to use to work with key partners to interpret and use the insight gained from this analysis, and to develop any future analysis, and contacting the partners with which we hope to work;
- developing a data, intelligence and insight strategy, to support a range of upstream activity, including learning-based regulation, informing Continued Professional Development choices and developing a risk-based approach to quality assurance of education; and
- continuing with our commitment to better share data and intelligence with the dental sector by developing a 'state of the nation' report, to be published at the beginning of 2019.