

Moving Upstream Conference

Wednesday 12 February 2020

Friend's House, 173 Euston Road, London, NW1 2BJ

1. Welcome – Stefan Czerniawski, Executive Director, Strategy

Stefan welcomed all to the second Moving Upstream Conference and explained the purpose and format of the event. As it had been four months since Stefan started in his role, he hoped that the day would be filled with learning and an opportunity to meet new stakeholders.

Stefan introduced Dr William Moyes, Chair of the GDC, onto the stage to introduce the Moving upstream report.

2. Introduction to this year's Moving upstream report – Dr William Moyes, Chair of Council

Dr William Moyes, GDC Chair, said that he was extremely pleased that everyone had made the effort to attend the conference. He explained that the event was designed to create a dialogue between the Council, the Executive team and the wide range of organisations responsible for dental services. He expressed how pleased he was to be joined by such a large range of stakeholders and how he looked forward to an open debate on the key issues facing dentistry and professional regulation.

The Chair noted that we had listened to feedback from the previous year's event and extended the conference to a full day. This would provide time for smaller breakout workshops, and allow attendees to discuss important issues and provide, an opportunity to talk to Council members and the Executive team.

The Chair went on to speak about the Moving upstream report, and outlined the transition from the work carried out under Shifting the balance (Stb) to our new corporate strategy.

He talked about the commitments made under Stb and highlighted that this year's report outlined the progress made. He outlined some of the initiatives now underway, such as the establishment of the data and intelligence team, delivery of an engagement strategy to improve relationships with all stakeholders, a new risk-based approach to quality assurance of education, and a conversation on lifelong learning.

The Chair highlighted the positive response to the reforms made, while noting that the changes would take some time to fully realise. He also recognised the fact that there were new challenges to address and more work to be done. He concluded by stating that we looked forward to continuing to work with the profession to deliver a better, fairer system of dental regulation.

3. Panel session on public and patient expectations of professionalism

Key panel discussions

Professor Jonathan Cowpe (Association for Dental Education in Europe (ADEE)) outlined the professionalism research project, commissioned by the GDC, which entailed a rapid evidence assessment of literature, scoping interviews of topic experts, a Delphi survey, focus groups with members of the dental team and the public. The aim of the panel session was to consider a small selection of the findings from the Delphi survey. They chose four areas to discuss and the panellists were each given a question to address.

Nikki Patel (Chair of British Dental Association (BDA) Young Dentists Committee) talked about the line between professional and personal life and described an inevitable overlap. She highlighted social media usage as an area where boundaries were blurred for dental professionals and where they were vulnerable to criticism. She also touched upon the concept of personal brand building and sharing one's character to gain an audience. She concluded by saying that, inevitably, dental professionals had different views on where the line was or should be drawn between personal and professional life.

Jonathan Cowpe stood in for Michaela O'Neill, Vice President, International Federation of Dental Hygiene, who was not able to attend due to travel disruption. He highlighted the differing expectations between dentists, dental care professionals (DCPs), and patients on when professional life ends, and private life begins. He continued by stating that trust was a common theme expressed amongst the three stakeholder groups with regard to professionalism.

Simon Morrow (GDC Council member and dentist) addressed the idea of who decided and influenced what was considered professional and unprofessional behaviour. In his opinion, the GDC had a key role and a legal duty in helping to define professionalism. The corporate strategy set out the initiatives that would help to meet this aim. He concluded that everyone could influence and help to develop standards of professionalism. This included system regulators, health services, professional organisations, education providers, employers, indemnifiers and dental professionals. Simon stated that one of the biggest challenges we faced was engagement. Noting the need to get to professionals working 'on the ground' and he encouraged everyone in the room to work toward improving engagement, to ensure a common understanding so that we get a workable definition of what it means to be a professional.

Rachel Lopata (Director of Community Research) gave perspectives from the public and patients, based on research carried out by Community Research. She highlighted the diverse views held by the public and patients on what professionalism means and their expectations on professionals. Rachel noted that most research found that healthcare professionals with significant education and training requirements and links to the NHS, such as doctors and dentists were the most trusted professions, followed by other health professions, such as chiropractors. Essentially, the public considered the length of training, the impact on people, and other factors when deciding on what they expect in terms of professionalism. She highlighted some of the unique elements to dentistry which may create greater complexity. For example, where a patient was paying for a treatment, they could have a higher expectation of the service and of the professional. The consumer versus patient dynamic had also raised issues around the necessity of treatment, with some patients reporting a 'sense of mystery' around dentistry. There were also some generational differences identified, e.g. younger patients often had a more relaxed attitude on professionalism than older people, who often had traditional or paternalistic views of professionalism. Other elements specific to dentistry included the

close personal contact with patients, the anxiety or fear that some people experience when visiting the dentist and how painful the treatment is. These issues meant a higher standard of communication was needed and expected.

Dr Nishma Sharma (Dental Clinical Fellow, Office of the Chief Dental Officer), said that she thought professionalism was about aligning our moral compasses, so that we were always putting the patient first. Nishma also highlighted the importance of lifelong learning. Dentists had the right to a private life, even though the line could get blurred. Nishma hoped that the GDC would use the findings from the research to develop some principles for professionalism, which did not necessarily mean needing to create a very black and white definition or be overly prescriptive on what it means to be a professional in dentistry.

Summary of comments from the floor

The following points were raised during the open forum for this session:

- What we mean by 'private lives' is changing constantly. It's important to recognise that when people choose to post pictures online, it is no longer private, and they are exposing themselves to scrutiny.
- We shouldn't underestimate the scale of the challenge. The NHS contract is incredibly archaic, and we could make it easier for ourselves by addressing it.
- It is not in the GDC's gift to make some of these differences. We must work within the system to provide a voice and influence change.
- The ability to deal with challenging patients in the most professional manner comes with experience.
- Social media is here to stay, and we need to also consider the positives it brings, such as providing a platform to share and interact with likeminded peers, in what can be a very isolating environment.
- We have a very rich and diverse professional pool, as well as a very diverse public. This means that cultural differences have an impact on professional expectations.
- With regards to public versus private life, there are those who think issues outside of work are of no concern, but the public has nuanced views and mostly appear fair and relaxed with regards to issues outside of work, recognising that dental professionals are humans too.
- The public don't understand cost implications. This is an area where more can be done to educate people.
- Sometimes other people post information about dental professionals and certain things get highlighted to which you have no control. This shows that it's not always possible to control what happens in an online forum.
- We must help students to build cultural sensitivity, as we all have conscious and unconscious bias. This will help us to understand individual patient expectations.
- We need to consider and embrace human factors in this context, for instance people, and particularly new graduates, don't set out to do something unprofessionally. Sometimes the setting can trigger different reactions.
- Dentists are human, but professionals need to respond to their lapses in a professional manner, by acknowledging it and thinking about how it could be avoided in the future.
- There should be more support for young dentists, as it is very tough for newly qualified professionals.
- We keep talking about undergraduate and postgraduate students but forget that DCPs undergoing vocational training. Let's not forget this group of professionals.

Responding to some of the comments from the floor:

- Rachel Lopata commented that she agreed with the points on the diverse views of the public, elaborating that a dentist's conduct may be interpreted differently by different patients, based on their own age, experience or cultural background. Rachel said that there was a hardcore minority of people who always expected dentists and others to act professionally, even outside of work.
- Simon Morrow stated that any definition of professionalism needed to be realistic and workable.
- Rachel Lopata noted that a patients not knowing whether they needed treatment, in combination with payment for treatment could cause issues of concern for patients. These issues were specific to dentistry, when compared to other parts of healthcare.
- Nishma Sharma identified a perception that dentists were 'money grabbing' individuals and until this perception changed, there would be issues.
- Jonathan Cowpe highlighted the importance of the transition period from being a graduate to a practicing professional. It was a huge jump and could be very challenging. Jonathan also noted, with reference to human factors, that in the aviation industry, such situations were called a 'lapse', and provide a learning opportunity to be shared.

Stefan Czerniawski concluded the session by highlighting that Ipsos MORI carried out a survey on trust levels of the different professions each year, and that dentists came third in the table, with a trust level of 90%. He went on to say that while there were individual cases of concern about dental professionalism, there was evidence to suggest that the public, as a whole, had a good opinion of dental professionals.

4. Panel session on demonstrating commitment to right-touch regulation

Key panel discussions

Dr Toby Ganley (Head of Right Touch Regulation, GDC) stated that the aim of the panel session was to share different perspectives and discuss what right touch regulation meant and how it was being put into practice. The principles of right touch regulation had been created and embedded by the PSA. Right touch regulation was a tool developed by the PSA and was based on adopting a set of principles, which regulators then needed to consider and understand what they meant in practice. The GDC had instigated work to develop the principles of right touch regulation for dentistry and to would be using them to underpin our regulatory decision-making.

Mark Stobbs (Director of Scrutiny and Quality, PSA) explained that the PSA oversaw fitness to practise decisions across professional regulators and had the powers to refer cases to the high court, if they identified what they saw as failings. Right touch regulation was a tool to help regulators decide what actions to take in response to patient risk. There was a risk of issues or concerns arising whenever a professional was undertaking a clinical invasive treatment. Patients often didn't know what treatment was needed and needed to put a high degree of trust in the professional. He highlighted that in some instances, fitness to practice processes were not suitable, and other regulatory measures may be required. He noted the Nursing and Midwifery Council's work to refer low-level concerns back to employers and the General Pharmaceutical Council's risk-based approach both as good examples of right-touch regulation in action. He closed by acknowledging that regulators were bound by statute, which was in urgent need of reform.

Amanda Downing (Head of Policy and Planning, General Medical Council (GMC)) opened by noting that applying right touch regulation was not a simple matter, it was complex and involved every function. It required regulators to consider engagement, to listen, to be open to feedback and to take learning and feedback on board. For instance, the GMC's education team had recently moved to a risk-based and a more targeted approach to quality assurance. They recognised that they were not the only organisation responsible for

regulation and that others had a role to play. Therefore, they worked with partners and employers to help resolve matters, without the need for escalation or enforcement. The GMC felt that it was important to support doctors, to help them understand and meet standards; this was achieved through outreach projects. Another example of right touch in practice was the new approach of gathering more information at early stages of a fitness to practise complaint, to assess whether the cases could be closed at a much earlier stage, and without unnecessary escalation. By acting only when the evidence suggests it to be necessary, the GMC is focused on right touch principles. Amanda noted that the GMC also faced challenges, with legislation being the most significant barrier to them focusing on the issues they feel that they should be addressing.

Julian Graville (Head of Inspections, General Pharmaceutical Council), described the GPhC's unique role as a regulator of professionals and systems. This unique role amongst regulators allowed them to complete a holistic analysis of risk to the public and allowed them to develop options to manage the risks identified. Julian noted that the GPhC had recently been given greater powers to enforce standards, and since March 2019, had implemented a new enforcement policy, which was more targeted and underpinned by the principles of right touch regulation. Although the GPhC had boosted their enforcement activity, this was driven by the right touch analysis. Right touch regulation was risk-based and they discovered in application that the higher the risks the greater the intervention. The GPhC's main route of enforcement was through non-statutory improvement action plans, which they had found worked well. As a result, they rarely needed to use their statutory enforcement powers.

John Makin (Head of Dental Defence Union (DDU)) provided an indemnifier's perspective. John highlighted the Ipsos MORI Public and Patient Survey, commissioned by the GDC, which showed how public expectations evolve over time. He said that the DDU's members wanted and expected right-touch regulation. He went on to outline examples to illustrate how the GDC is committed to right touch regulation. Improved signposting for concerns had helped to ensure people were not put through the fitness to practise process unnecessarily. John stated that proportionality was key to right touch regulation and meant that interventions only occurred when necessary. John noted positively that only 2% of cases were proceeding to full hearing at the GDC. Small changes were having a big impact. Being able to dispose of a concern quickly by contacting professionals was helpful, when considering the huge mental impact on individuals. This was an example of the sort of reform that was within the remit of right touch regulation. John concluded by stating that we needed to ensure that we did not cause unnecessarily worry for professionals.

Summary of comments from the floor

The following points were raised during the open forum for this session:

- There has been a dramatic improvement in the GDC, but you must re-examine your commitment to transparency and listening. Do not just listen when you want to, but when others want to tell you something.
- In the aviation industry, they don't see a failing as an individual matter. We should perhaps investigate a matrix approach, like the aviation industry.
- There is a grey area between fitness to practise issues and those related to performance management. Who owns the performance management of an individual professional?

Responding to some of the comments from the floor:

- Some panel members felt the dental sector was a long way away from the aviation industry's approach, while others showed some scepticism that such a model would work in dentistry.

- Last year, the GMC trained all its fitness to practise decision makers on human factors.

5. Panel session on the future challenges of dentistry

Key panel discussions

Margie Taylor (former Chief Dental Officer of Scotland) introduced the members of the panel and spoke about the work she was doing with the GDC on the future challenges and opportunities in dentistry. A common theme arising throughout her work was the anxiety felt by the younger generation of professionals with regards to litigation, fitness to practise investigations and record keeping. As part of her work, Margie was speaking to younger dentists and appealed to the audience for more associates to get in touch and contribute to the work. The existence of a 'dread list' had become common parlance and referred to treatments that had not gone to plan in the past and led to practitioners not wanting to carry them out. Professionals needed to find a way of addressing this emerging issue.

Mick Armstrong (Chair of the Principal Executive Committee, BDA) highlighted that we needed to take stock of where we have come from and acknowledge the 'climate of fear' that continued to exist. Mick noted that professionals were practising defensive dentistry in response to a fear of litigation or investigation. This was not all down to the GDC, but the regulator had played its part. The BDA was determined to improve the NHS contract, as this continued to cause significant issues, and work with regulators to ensure right touch regulation was in place. However, the BDA would always challenge regulators when the need arose. Mick concluded by stating that 'doing the right thing' was essentially an agreement between the professional and the patient on the outcome of their treatment.

Dr Colette Bridgman (Office of the Chief Dental Officer, Wales) explained that we needed to have a positive emphasis on what it meant to be a professional. Self-regulation was at the core of being a professional and this involved being aware of your own skills. Colette referred to defensive dentistry, saying that she found it difficult to hear younger dentists speak of their fear of litigation. The mitigation for this was for professionals to do the right thing for their patients. Colette understood that this was often easier said than done, but there was a duty of care to patients, customers or the public, irrespective of the industry you serve. She added that some responsibility for self-care needed to be placed on patients; not all of the responsibility was on the professional. She added that professionalism included leadership. Every single professional should ensure that the environment they work in allowed people to thrive in their chosen profession. Professionals needed to develop their leadership skills, at every level, and had a responsibility to contribute their views.

Vinay Chavda (Clinical Fellow and member of the BDA Young Dentists Committee) talked about the future of dentistry, which he believed would change dramatically over the next few years, particularly with the advent of remote or tele-dentistry and changes to how we store and record data. His message to the regulator was to keep up with these technological developments. Vinay referenced generational theory and how to communicate with patients who can simply Google treatment options and come in with an expectation of what they want. Vinay closed by highlighting that people are influenced by their leaders, and when professionals hear horror stories, they run with them. He stated that we all needed to work together to ensure the right messages were being communicated to the professions.

Kirstie Moons (Council member at the GDC) highlighted the fact that DCPs were not one homogeneous group, but six different professions. One of the challenges for DCP's was growing their voice in the sector. Kirstie noted that the GDC has recently instigated a review of the Scope of Practice guidance to take account of the evolving role that DCPs play within the dental team. There were emerging models of practice for DCPs

and the GDC needed to keep pace with these changes. Professional associations had a key part to play in education, and there were professional boundaries, which had the potential to hinder collaboration. Kirstie identified the need to better understand each of the roles within the dental team, and that this would help to provide patients with the best possible care. Kirstie ended by noting that DCPs made up the largest proportion of GDC register and that, collectively, we needed to harness and grow the next generation.

Summary of comments from the floor

The following points were raised during the open forum for this session:

- Dental nurses can be taken on with very minimal training but are expected to be very professional. This is clearly a problem.
- We are our own worst enemies. We need to be more positive about ourselves for the sake of the next generation of dental professionals.
- We need better representation of practicing professionals in this room and we need to speak to them more. A lot of them are associates and are hard to get to. We need more notice to attend these events; six months would be ideal.
- Sometimes we don't always see that other activities, beyond patient care, as legitimate and we need to make time for these in primary care. Time away from patient care is important.
- A lack of leadership in practices feeds defensive practice. A lot of practices have remote leadership, which leads to several defensive associates working together contributing to a climate of fear.
- The 'Google generation' could be a positive thing, as patients need to realise what is and what is not normal. Increased information must be a good thing.
- Sometimes dental nurses are taken in as a young teenager with very little experience and could work in a practice for a year before starting training. How can we expect them to be professional?
- The culture of fear is whipped up by social media and we need to tackle this.
- The art of dental communication is to bridge the gulf of knowledge between the dental profession and the patient so that the patient leaves knowing what they need and are on board with the treatment plan.
- One of the future challenges is with recruitment and retention. One reason for this may be that dentists feel working in dentistry, day in, day out, is boring and they want to use their transferable skills. We need more emphasis to be placed on the fact that we are not just clinicians.
- I think dental care professionals are side-lined. Even the language used separates us from dentists. Why not say all registrants. Stop separating us, we really need to work together, we are a team after all.
- I see so many great practices doing great things, but we just don't talk about it. Surely, we need to talk more to lift this image we have of ourselves.

Responding to some of the comments from the floor:

- With reference to the points raised about training for dental nurses, Kirstie Moons noted that there were innate issues with training dental nurses, and this posed a clinical risk. Kirstie also stated that there were very good systems in place for dentists but not for dental care professionals. There was a real lack of provision.

6. Feedback from workshop sessions

Following lunch, four breakout workshops were held to consider the question: **How well does the system in which dental services are provided protect the public?** Following the workshops, the conference

reconvened to feedback on the discussions.

What elements of the system are most effective?

- Professional standards and guidelines.
- The individual practitioner and the dental team.
- Care Quality Commission (CQC) supports patient safety well.
- Undergraduate and post graduate education is very good.
- There is an effective link between the GDC, NHS England, Health Education England (HEE) and others.
- Dental care professional training is very effective in some parts, but not others.
- The existence of a UK Register.
- The broad framework of the regulatory system.

Where is the system most vulnerable?

- General lack of understanding of dentistry by members of the public.
- There are some aspects of care that are going unregulated.
- Law limits what can be done by regulators and the legal framework in which they operate.
- There is a lack of connectivity between health care professions.
- The system is reactive when dealing with problems, rather than proactive.
- There is a lack of mediation services and support networks for dental professionals.
- Lots of people do not understand the complexity of the healthcare system.
- The NHS contract. The nature of the contract can contribute to a situation where patient safety is not prioritised.
- The current health care system is disjointed and lacks coordination.
- A lack of coordination with investigations, such as private and NHS investigations of the same professional. The same could be said for the GDC and the NHS, some complaints being raised with the health services may not be properly triaged.
- Validation and revalidation of skills, CPD is not being utilised by those that need it the most.
- Some graduates can bypass foundation training.
- Communications skills amongst professionals needs to improve.
- The lack of formal clinical oversight for dental teams.

What safeguards can we put in place to address these issues?

- The GDC is now far more proactive in engaging with its stakeholders and the public; and could do more.
- To have a patients' charter to know what to expect from dentists and what is not to be expected.
- Better risk management within dental practices.
- Having a central repository of information for dental professionals (such as guidelines).
- Updating existing legislation.
- Post qualification training pathways for all practitioners.
- Increasing trust in the system.
- Better support for dental professionals.
- Reforming the NHS dental contract.
- Better embracing lapses and near-misses, and learning from these incidents.

Dr William Moyes, Chair of the GDC, closed the session by highlighting that a lot of the points raised had an educational or training element to them and that this had been a reoccurring theme of the day. He added that

there appeared to be fewer issues around legislation or government policy than expected. He also noted the positive commentary on inspections carried out by the CQC and their equivalents. The Chair noted that everyone in the sector had a responsibility to work together to find ways of addressing the points raised and to build on the positive work already underway. This was not just a role for the GDC and that we all had a role to play.

Finally, the Chair thanked everyone for their input through the day.

7. Closing comments

Ian Brack, Chief Executive Officer and Registrar began by commenting on what an immensely useful and productive day it had been. He noted that it was also an example of how the sector can come together to explore and understand system issues. He thanked the panel members for their participation and the useful discussions they led.

The discussions around professionalism highlighted the issue of perception and the distinction between being either a consumer or a patient and how this could alter expectations. Summarising the session, Ian noted the multi-faceted and evolving nature of professionalism.

Ian also highlighted the continuing fear among the professions, but that this now appeared to be primarily driven by a rise in litigation. As with fear of fitness to practise, often, this was driven by history, rumour, misunderstanding and storytelling, which could be very difficult to tackle. This was a challenge for everyone.

Ian closed by noting that the GDC had now folded the remaining elements of the Shifting the balance agenda into the Corporate Strategy 2020-2022 and the newly published Costed Corporate Plan. For the first time the GDC had published fully costed plans and linked these to the ARF, providing greater transparency and accountability to those they regulate. Ian noted, that although this would be the final Moving upstream report and event, the GDC would continue to engage with stakeholders at an annual event, like this one, to provide the profession with a forum to discuss key issues.

Finally, Ian thanked the audience for their attendance and the enthusiastic and honest way in which they had engaged in the discussions.