

General Dental Council

Consultation response

**Department of Health and Social Care
consultation: Regulating healthcare professionals,
protecting the public**

Published: 16 June 2021

Published 16 June 2021

© Copyright General Dental Council 2021

The General Dental Council is a public body created by statute.

This information is licensed under the Open Government Licence v3.0.

To view this licence visit:

www.nationalarchives.gov.uk/doc/open-government-licence/version/3/



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

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

All enquiries regarding this publication should be sent to:

General Dental Council
37 Wimpole Street
London
W1G 8DQ

Phone: 020 7167 6000

Email: information@gdc-uk.org

Web: gdc-uk.org

When you use this information under the Open Government Licence, you should include the following attribution: GDC consultation response: Regulating healthcare professionals, protecting the public, licensed under the Open Government Licence:

www.nationalarchives.gov.uk/doc/open-government-licence/version/3/

General Dental Council consultation response to: Regulating healthcare professionals, protecting the Public

1. Introduction

- 1.1. The GDC supports the ambitions of the UK government to increase flexibility and enhance accountability for the organisations which, in partnership with others, are responsible for protecting the public. We have sought, for some years, a programme of reform which would unlock the prescriptive and restrictive legislation under which the GDC currently operates, as this limits our ability to respond to changes in dental practice, to operate an effective and efficient regulatory system and, most importantly, to ensure public protection.
- 1.2. We therefore welcome this consultation and many of the proposals which it contains. Our responses to the consultation questions follow, but before turning to them we think it is important to make a number of broader points.
- 1.3. These proposals will need to provide sufficient flexibility not just to ensure effective regulation today but also to adapt to changes over the years – and perhaps decades – to come. The Dentists Act is almost 40 years old, and it has taken over 10 years of activity to reach this point in the reform programme. It may be many years before another opportunity arises to reconsider the overall regulatory approach, so it is vital that the framework strikes the right balance of accountability and flexibility.
- 1.4. Even in the time since the current reform agenda began to emerge, much has changed in how healthcare is delivered. The increasing utility of remote and patient-driven forms of care, new roles and responsibilities for the wider healthcare team, and the application of technology and innovation to healthcare practice suggest that the pace of change and diversification of services and providers is only accelerating. In addition, the pandemic and the UK's departure from the European Union demonstrate that public bodies need autonomy and flexibility to respond to rapidly changing situations that have an impact on the health, safety and well-being of the UK public.
- 1.5. We therefore support the principles set out in paragraph 8 of the consultation document, particularly that the regulatory system should be responsive to changing contexts and should not be overly detailed. There is clearly a balance to be struck between the need for flexibility and the need for legislative clarity and consistency. In our view, that balance has not always been struck appropriately. The legislative detail apparently contemplated by these proposals remains very granular in some areas, bringing a real risk of perpetuating the inflexibility the reform process aims to remove.
- 1.6. We also recognise that for differently regulated professions working in the same teams or environment, consistency of the approach to regulation is important for members of the public and professionals. But that principle needs to be applied pragmatically. There are important differences between the professions and the environments in which they operate that must be reflected in different regulatory approaches. The GDC regulates the entire dental team, so in the overwhelmingly majority of clinical care settings for dentistry, there is already a common and consistent approach to professional regulation. With that consistency already in place for the sector, we think the real opportunity of reform for dentistry is to consider the powers required to effectively and flexibly regulate a diverse range of services and,

providers, working under different business configurations, that push at the boundaries of the current model of regulation and public protection.

- 1.7. Outdated legislation has fettered the GDC's ability to be a fully effective regulator for a considerable time. For example, although we have made good progress on improving our fitness to practise process by introducing case examiners, there are limitations on how cases may be resolved without new legislation. A legislative framework set four decades ago is ill-adapted to the changing patterns of dental service provision we see today. In many areas, the Dentists Act effectively provides separate legal frameworks for dentists and dental care professionals, which carries inherent inefficiencies because of the requirement to perform the same activities under differing primary legislation and rules for the professions.
- 1.8. Progress on reform has been slow and the need for it increasingly urgent. It is disappointing and concerning that the prospect of regulatory reform has further receded as a result of the government's decision to review the number of healthcare professional regulators. That review is itself entirely and properly a matter for government, but we are in no doubt that better regulation and better protection of the public will more rapidly and more effectively be achieved by implementing the regulatory reform proposals contained in this consultation than through structural changes to the number of regulators. We very strongly urge the government to reconsider its approach and give regulatory reform the priority it needs.

2. About the GDC

- 2.1. The GDC works on behalf of the public to regulate the dental team, maintaining a framework of standards to support the delivery of high-quality care.
- 2.2. The dental team is made up of diverse roles, each playing a different part in the provision of a wide range of different dental services with different risk profiles, in a multitude of settings, and to varying degrees of autonomy. The dental team includes:
 - dentists
 - dental nurses
 - dental hygienists
 - dental therapists
 - orthodontic therapists
 - dental technicians
 - clinical dental technicians.
- 2.3. Our overarching purpose when exercising our functions is the protection of the public, which involves the pursuit of the following objectives to:
 - protect, promote and maintain the health, safety and well-being of the public
 - promote and maintain public confidence in the dental professions, and
 - promote and maintain proper professional standards and conduct for members of those professions.
- 2.4. Our role in meeting these objectives is to regulate around 115,000 members of the dental team, which involves carrying out some specified mandatory functions. These are to:

- set standards for dental education
- maintain a register of dentists and dental care professionals who meet the registration requirements
- set and promote professional standards
- investigate allegations of impaired fitness to practise.

3. Responses to the consultation questions

3.1. Responses to the consultations are provided below, using the section headings and numbering from the consultation document. Where possible we have provided examples of how the proposed reforms might address current restrictions on effective regulation. We would be happy to provide further detail if that would be helpful in developing the proposals further.

Governance and operating framework

(Q1) Do you agree or disagree that regulators should be under a duty to co-operate with the organisations set out above? Please give a reason for your answer.

The GDC already has a duty to co-operate under s2A of the Dentists Act. We agree that duty should continue but consider that our existing duty already covers the range of organisations listed in para 56.

(Q2) Do you agree or disagree that regulators should have an objective to be transparent when carrying out their functions and these related duties? Please give a reason for your answer.

We agree that transparency is important and that there should be a duty on regulators to act transparently. GDC already operates under a strong presumption that board meetings and hearings should be held in public. Since 2018, the GDC has consistently held between half and two thirds of its Council business in public and continues to focus on ensuring that it only discusses matters that require confidentiality in the closed session of Council. All papers for the public session of Council are published on the GDC's website in advance of its meetings and minutes of the public and closed sessions are published shortly thereafter. But it is important that any new duty should not be expressed in a way which unduly constrains a regulator's discretion to consider matters in private, such as in exploratory discussions at an early stage of policy development. A narrow test of confidentiality risks being unduly restrictive, a broader public interest test would be more appropriate.

(Q3) Do you agree or disagree that regulators should be required to assess the impact of proposed changes to their rules, processes and systems before they are introduced? Please give a reason for your answer.

Although we are not currently subject to a formal duty to assess proportionality, we undertake research, evaluation, stakeholder engagement and consultation on a regular basis to ensure that the impact of proposed change is understood before decisions are made. Doing so is clearly an element of good governance and as such we do not see a strong need for a specific statutory duty. In fact, placing the proportionality assessment on a statutory footing may result in the disproportionate impact of the Courts having to intervene.

It is important that impact assessments are themselves proportionate. There are many relatively minor changes – for example amending application forms, systems changes that do not affect registrants or members of the public directly, publishing supporting information to standards and guidance to respond to emerging and changing practice – in respect of which undertaking a full impact assessment would be burdensome without providing clear value. We therefore propose that the duty to assess impact should be set in proportion to the change in policy or procedure being considered.

(Q4) Do you agree or disagree with the proposal for the constitution on appointment arrangements to the Board of the regulators? Please give a reason for your answer.

It is ultimately for the government to make the judgement, reflecting the wider public interest, about the governance model for the regulators.

Professional healthcare regulators exercise significant statutory powers in the public interest. It is essential that their accountability is proportionate to their responsibilities and their governing bodies play a critical part in that. We are confident that the GDC's current two-tier structure already delivers high standards of accountability and governance, so question the benefit that any change to the governance structure will produce that outweighs the impact of its establishment. It would be important in a unitary board structure to retain independence between the executive and non-executive members for effective oversight and accountability. We welcome the continued requirement to appoint members from the four UK nations.

We note that regulators would continue to be able to appoint registrants to the board up to 50% of the membership but this would not be a requirement. Our current Council is appointed on merit and is not intended to be, and does not, represent the professions we regulate because its primary objective is the protection of the public. The organisation benefits from a breadth of voices and types of expertise, including from dental professionals, in making its decisions. Any change to governance arrangements would result in work to consider and create supporting structures to provide the board with perspectives and insights from registrants, from patients and from other groups with an interest in effective dental regulation.

Further thought will be needed on transitional arrangements. The cap on board membership combined with an immediate requirement to appoint the Chief Executive would lead to the displacement of a non-executive member whose term may not have expired, for example, unless there is a degree of additional flexibility in the transitional period.

(Q5) Do you agree or disagree that regulators should be able to set their own fees in rules without Privy Council approval? Please give a reason for your answer.

We agree very strongly with this proposal as it will maintain our current powers to set fees for registration and annual retention without Privy Council approval. We suggest that the proposal is made clearer and explicitly includes fees charged for all routes to registration and their administration costs, for example, readmission / restoration to the register.

The GDC has a [fee setting policy](#) which contains three principles to which the organisation adheres. The three principles are:

- **Fee levels should be primarily determined by the cost of regulating each registrant group:** We will seek to minimise the ways in which registrants fund regulatory activity that is not generated by them by removing, as far as practicable, cross subsidy between different groups. We will do this by allocating costs, as far as

possible, where they fall. Where a degree of cross subsidy is necessary, we will explain this through our policy.

- **The method of calculating fee levels should be clear:** We will be open with registrants about how we allocate the income we receive from them and why, and provide sufficient information about cost drivers, giving them the opportunity to contribute to the debate. We will seek to show a clearer link between fee income and regulatory activity.
- **Supporting certainty for registrants and the workability of the regulatory framework:** We need to make sure that decisions on the allocation of costs do not lead to undesirable outcomes in the form of unacceptably high or variable costs for some groups of registrants. For example, in determining whether cross subsidy is necessary or desirable we will need to consider the impact on the volatility of fee levels (i.e. how much small changes in workload would cause the fee to change). This is likely to be of particular relevance to small registrant groups, where distribution of costs among small numbers of registrants has the potential to give rise to significant levels of volatility (and therefore uncertainty) and/or prohibitively high fees.

(Q6) Do you agree or disagree that regulators should be able to set a longer-term approach to fees? Please give a reason for your answer.

We agree very strongly with this proposal. Currently, as described in our [fee setting policy](#), the GDC consults upon the high level objectives and associated expenditure plans that underpin our annual retention fee every three years.

(Q7) Do you agree or disagree that regulators should be able to establish their own committees rather than this being set out in legislation? Please give a reason for your answer.

We agree with this proposal. If implemented, the earlier proposal to establish a Unitary Board, would make this proposal essential in fulfilling the overall ambition for regulatory reform.

Flexibility to establish committees will support the GDC to adapt to the new Unitary Board, give the legally responsible Board the discretion to deliver public protection in the most effective way and the opportunity to adapt governance of the regulatory model as dental practice changes.

(Q8) Do you agree or disagree that regulators should be able to charge for services undertaken on a cost recovery basis, and that this should extend to services undertaken outside of the geographical region in which they normally operate? Please give a reason for your answers.

We agree with this proposal. Currently, there are limitations on the fees that we may charge for services that we provide. This causes a number of issues that this proposal will help to resolve:

Currently we are unable to set a fee to recover costs for the Overseas Registration Exam (ORE) for dentists because the fees are set in rules that are subject to Privy Council approval. At present, the costs of the ORE outstrip the income that we receive from applicants. As a result, we must constrain the capacity of the ORE to a level lower than that needed to meet the demand for places, as otherwise there would have to be an unreasonable level of cross subsidy from the annual retention fee paid by current registrants. This leads to a bottleneck in the flow of supply of qualified dentists to the professional workforce.

While we have powers to appoint visitors to inspect international dentist education and training and make a recommendation on recognition of qualifications, we do not have powers to charge fees for cost recovery of this activity. This means that we are unable in practice to recognise qualifications in jurisdictions where a recognition decision may be possible, which places an additional burden on our existing routes for international registration.

There are some administrative services that we provide for which we cannot currently recover costs, so are unavoidably funded by registrants' fees rather than by the beneficiaries of the services.

We do not currently have the power to charge fees for the quality assurance of education and training. Currently, these costs are cross-subsidised by fees charged to registrants for registration and annual retention.

(Q9) Do you agree or disagree that regulators should have the power to delegate the performance of a function to a third party including another regulator? Please give a reason for your answer.

We agree with the proposal. The ability to delegate non-statutory and statutory functions will provide opportunities for enhanced collaboration between the regulators which has the potential to drive efficiencies by reducing duplication of effort and cost.

(Q10) Do you agree or disagree that regulators should be able to require data from and share data with those groups listed above? Please give a reason for your answer.

We agree with these proposals, where they will support lawful, safe and more efficient sharing of data across organisations in health and social care and not impinge upon the GDC's ability to perform its statutory functions or increases costs that may impact upon fees charged to registrants for registration and retention.

Regulators occupy a unique position in the healthcare system, often having access to data, information and insight that is not available to other organisations. For example, regulators have access to data and insight derived from information held about an entire profession or in some cases a whole sector's professionals, which organisations responsible for workforce planning do not hold. There can be challenges in sharing information in some instances, owing to the lack of specificity of our current powers to share information with some organisations, because of our underlying responsibility to process, hold and share data lawfully. We also encounter situations where other parts of the healthcare system, in their efforts to comply with their own responsibilities for lawful processing of data, are hesitant to share information with the regulator.

More detailed consideration will be needed in relation to data sharing with professional bodies, a term which can have significantly different meanings in different contexts. For some professions, professional bodies are incorporated into the regulatory framework, while for other professions these organisations stand apart from it and fulfil a different function. These differences will need to be reflected in the more detailed legislative proposals for each regulator.

(Q11) Do you agree or disagree that regulators should produce an annual report to the Parliament of each UK country in which it operates? Please give a reason for your answer.

The GDC is a UK wide regulator and recognises the importance of its accountability to all four nations. We have a statutory duty to produce an annual report for the UK and Scottish Parliaments and we additionally submit the same single report to the Welsh Senedd and to the Northern Ireland Assembly. GDC is a unitary organisation, applying the same regulatory standards and approaches across the whole UK, given which we consider that it would be proportionate to continue to produce a single report covering all four nations.

(Q12) Do you agree or disagree that the Privy Council's default powers should apply to the GDC and GPhC? Please give a reason for your answer.

We welcome the greater flexibility which the reform proposals provide and recognise that this needs to be balanced with greater accountability. We therefore would have no concern about the Privy Council's power being extended to cover the GDC.

As we noted in the introduction to this response, the proposals set out in this consultation are still very detailed in some areas, with a corresponding risk that they become outdated in a changing environment. The existence of the default power should allow the government greater confidence in stepping back from detailed regulation and making a reality of greater flexibility.

Education and training

(Q13) Do you agree or disagree that all regulators should have the power to set:

- **standards for the outcomes of education and training which leads to registration or annotation of the register for individual learners;**
- **standards for providers who deliver courses or programmes of training which lead to registration;**
- **standards for specific courses or programmes of training which lead to registration;**
- **additional standards for providers who deliver post-registration courses of programmes of training which lead to annotation of the register; and**
- **additional standards for specific courses or programmes of training which lead to annotation of the register?**

Please give a reason for your answer.

We agree that regulators should have the powers proposed.

These proposals provide helpful opportunities for the dental education sector to make changes to the design of dental education and for the regulator to play a more direct role in approval and quality assurance of education at all stages. Currently the legal framework for approval of qualifications is different for pre-registration and specialist qualifications for dentists, and pre-registration dental care professional qualifications. As a result the GDC plays a different role in assuring quality for each type of qualification. Any changes to the role that GDC may play would require comprehensive development of proposals, with the input of the education sector and employers, before they are implemented.

There are some components of the existing dental education model that provide elements of public protection that will need to be considered carefully if the GDC's role changes. Dental authorities play a multi-faceted role for pre-registration and post-registration education and training, routes to international registration and exemptions from offences for illegal practice for

undergraduate and postgraduate dental training. It will be essential that these important roles are appropriately incorporated into any new arrangements for regulation of dental education.

(Q14) Do you agree or disagree that all regulators should have the power to approve, refuse, re-approve and withdraw approval of education and training providers, qualifications, courses or programmes of training which lead to registration or annotation of the register? Please give a reason for your answer.

We agree with this proposal. The powers to approve, refuse, re-approve and withdraw approval from education and training leading to eligibility to apply for registration or annotation are important for public protection. The GDC currently has only a power to make representations to the Privy Council to withdraw approval in respect of undergraduate training for dentists, and it is for the Privy Council to decide on whether to act. This is a cumbersome and inflexible approach and it would be more appropriate for GDC to have the direct power, as it already does for dental care professionals.

Learning from the recent experience of the pandemic has demonstrated that in extreme and unforeseen circumstances there may be pressures placed on dental education which restrict the opportunity for students and trainees to acquire the full breadth of experience required for safe and effective practice. We suggest that in these rare circumstances there may need to be an accelerated route to suspend approval for education and training until shortfalls can be addressed. This would have benefits above withdrawal of approval, as it would provide a clearer route for students to be able to apply for registration once a suspension is lifted.

(Q15) Do you agree that all regulators should have the power to issue warnings and impose conditions? Please give a reason for your answer.

We agree with this proposal and suggest that more clarity is required to explain the intended effects of warnings on approval and the difference between the effects of conditions. The GDC currently has powers to impose conditions, but the proposals will increase the effectiveness and clarity of the requirements that the GDC may place on providers of dental education.

(Q16) Do you agree or disagree with the proposal that education and training providers have a right to submit observations and that this should be taken into account in the decision-making process? Please provide a reason for your answer.

We agree with this proposal. Observations on reports are an important component of the effective governance of the education quality assurance process and provides an opportunity to address matters that may otherwise reach an appeal stage, creating a disproportionate burden on the GDC and education providers.

(Q17) Do you agree that:

- education and training providers should have the right to appeal approval decisions;
- that this appeal right should not apply when conditions are attached to an approval;
- that regulators should be required to set out the grounds for appeals and appeals processes in rules?

Please provide a reason for your answer.

We agree with this proposal. An appeal process set out in rules by the regulator is a proportionate means for education providers to challenge decisions on professional education. It is also proportionate for conditions on approval to be excluded, owing to the earlier opportunity to provide observations on a report, and because appeals should be isolated to the final outcome of the education quality assurance process.

(Q18) Do you agree or disagree that regulators should retain all existing approval and standard setting powers? Please provide a reason for your answer.

We agree with this proposal. The landscape of dental education is complex, and change takes many years to implement owing to the duration of training. The retention of all existing approval and standards setting powers will provide continuity as the GDC engages with the sector in preparation for the exercise of new powers.

There will need to be some specific consideration made in respect of this proposal and its effect beyond the Dentists Act on the European Primary and Specialist Dental Qualifications Regulations 1998 and any interaction with the end of the EU Exit “stand-still period”.

(Q19) Do you agree or disagree that all regulators should have the power to set and administer exams or other assessments for applications to join the register or to have annotations on the register? Please provide a reason for your answer.

We agree with this proposal. Currently, the GDC has no plans to introduce an examination or assessment for UK qualified applicants to join the register. However, the flexibility to establish an examination or assessment in future will provide a greater range of options to respond to changes in dental education or develop new arrangements for annotations to the register.

(Q20) Do you agree or disagree that this power to set and administer exams or other assessments should not apply to approved courses or programmes of training which lead to registration or annotation of the register? Please provide a reason for your answer.

We agree with this proposal. The framework for quality assurance of education is dependent on the separation between the education provider and the regulator and the independence that brings in decision-making on quality of education. Were examinations and assessments set by the regulator incorporated into approved education, it would erode the independence central to the model of assurance of quality of education providing eligibility for access to registration or annotation.

(Q21) Do you agree or disagree that regulators should be able to assess education and training providers, courses or programmes of training conducted in a range of ways? Please provide a reason for your answer.

We agree with this proposal. Flexibility to develop proportionate quality assurance processes will enhance the GDC's ability to regulate effectively and efficiently. For example, many models of education quality assurance are specified in legislation to require site inspections. The experience of the pandemic has accelerated our efforts to consider how quality assurance processes can be conducted at a distance. Additionally, the model of periodic inspections has been superseded by more modern approaches to ongoing quality assurance using a range of methods. Flexibility to assess education and training in a range of ways will also support the GDC to explore new methods of quality assurance that emerge from the education sector in future.

(Q22) Do you agree or disagree that the GMC's duty to award CCTs should be replaced with a power to make rules setting out the procedure in relation to, and evidence required in support of, CCTs? Please give a reason for your answer.

We have not provided a response to this question because the GMC approach to CCTs is not a matter for the dental professional regulator.

However, there are parallels between the GMC CCT and the GDC Certificate of Completion of Specialist Training, which is awarded by the GDC and provides eligibility to apply for entry into one of GDC's specialist lists. The proposals set out that annotations will be used in place of specialist lists, which if applied in the same way to GDC may have an impact on the model of dental regulation which is explained in the response to question 28.

(Q23) Do you agree or disagree that regulators should be able to set out in rules and guidance their CPD and revalidation requirements? Please give a reason for your answer.

We agree with this proposal. Flexibility to set out CPD and revalidation requirements in rules and guidance will be an essential component of the GDC's ambition to move more of its regulatory activity upstream. Currently our CPD process is enshrined in inflexible rules, which has made adapting the model and embedding best practice for life-long learning and continuing fitness to practise challenging.

Additionally, the recent experience of the pandemic has demonstrated that in unforeseen significant events, dental professionals may be restricted in their ability to undertake CPD, and the discretion to amend rules in extreme circumstances would have the positive effect of providing assurance to dental professionals that their registration is not at risk.

Registration

(Q24) Do you agree or disagree that the regulators should hold a single register which can be divided into parts for each profession they regulate? Please give a reason for your answer.

The GDC currently maintains two registers, one for dentists and one for dental care professionals, which is presented as a single public facing register. We are not aware of this causing any problems, so see no particular advantage to merging them into a single register, and do not believe that there would be any practical consequences of doing so. But for the same reason, we see no objection in principle to merging the two registers, though doing so will require the investment of time from GDC staff and the Council in making a change which would be otherwise unnecessary.

The dental care professionals register is then sub-divided by specific dental care professional titles. The dentists register is not sub-divided, but is associated with 13 specialist lists. The proposed new structure of the register, especially when taken together with the proposals for annotations, will lead to a period of policy development on how best to adapt the current register structure and lists. This additional consideration of the structure of the register should be accounted for in the transitional arrangements for the GDC.

(Q25) Do you agree or disagree that all regulators should be required to publish the following information about their registrants:

- Name
- Profession
- Qualification (this will only be published if the regulator holds this information. For historical reasons not all regulators hold this information about all of their registrants)
- Registration number or personal identification number (PIN)
- Registration status (any measures in relation to fitness to practise on a registrant's registration should be published in accordance with the rules/policy made by a regulator)
- Registration history

Please provide a reason for your answer.

We agree with this proposal. The information that will be required to be published matches the information that is currently available on the GDC registers for dentists and dental care professionals. This information provides members of the public, employers and other organisations with relevant information to be able to identify registrants and understand their registration status.

(Q26) Do you agree or disagree that all regulators, in line with their statutory objectives, should be given a power allowing them to collect, hold and process data? Please give a reason for your answer.

We agree with this proposal. Collecting, holding and processing data in line with our statutory objectives will maintain our current capability to protect the public and is in line with existing data protection legislation.

(Q27) Should they be given a discretionary power allowing them to publish specific data about their registrants? Please give a reason for your answer.

We suggest that this proposal requires more clarity on the purpose of publishing additional information on a register. At the moment, the proposals do not adequately explain the reasons that regulators would choose to publish additional specific data and it is essential that the purpose of this discretionary power is made clear before it is included in legislation.

(Q28) Do you agree or disagree that all regulators should be able to annotate their register and that annotations should only be made where they are necessary for the purpose of public protection? Please give a reason for your answer.

We agree with this proposal. Annotations to the register which are associated with enhancements or restrictions provide an effective means for regulators to provide information to members of the public, employers and contractors about the scope of practice of registrants. Annotations also have the benefit of providing routes to increase the scope of practice when it is of benefit to members of the public, such as has been the case with extending independent prescribing entitlements to nurses, pharmacists and some allied health professionals.

The GDC currently has 13 specialist lists which are open to UK qualified dentist specialists who have been awarded a Certificate of Completion of Specialist Training or had an application assessed by the GDC if they have qualifications from outside the UK. Specialties do not currently have the effect of providing a legal enhancement to scope of practice meaning that any registered dentist is able to perform activities that may constitute specialty practice.

However, only dentists on specialty lists are able to refer to themselves as specialists. The inclusion of powers to annotate the register may provide an opportunity, following careful consideration of impact on members of the public and dental professionals, to enhance the model of public protection through clearer arrangements for enhancements to scope of practice. The work to adapt the complex arrangements for speciality training to the new structure of the register and powers for quality assurance and approval of education, will require a period of policy development which will need to be accounted for in transitional arrangements for the GDC.

(Q29) Do you agree or disagree that all of the regulators should be given a permanent emergency registration power as set out above? Please give a reason for your answer.

We suggest that more analysis of the value of emergency registers for different professions is required before this proposal is included in legislation. The immediate effect of COVID-19 on dentistry was to reduce the level of dental services on offer, so there was no crisis-driven workforce shortage which an emergency register would have addressed. Indeed many dental professionals made use of their skills and experience in other healthcare settings away from dentistry. A small number of former registrants did indicate a desire to reactivate their registration, but that too was with the desire of providing pandemic care, rather than with any intention of practising dentistry.

It would be odd to create an emergency register of dental professionals without any expectation that anybody who joined it would practice their registered profession. The resources needed for creating and maintaining such a register might be better used elsewhere.

(Q30) Do you agree or disagree that all regulators should have the same offences in relation to protection of title and registration within their governing legislation?

We disagree with this proposal. Consistency across regulators is undoubtedly a valid aim of the overall proposals for reform. It increases the likelihood that members of the public and healthcare professionals will understand the regulatory model and receive equitable outcomes from their interactions with it. However, consistency is not a goal in itself, and in some circumstances the context in which regulation and healthcare practice takes place leads to legitimate reasons for preserving distinctiveness of the approach to regulation.

Protected title offences are one area where we suggest that the proposals need to consider the specific context of dental practice before changes are made to legislation. The GDC has additional offences set out in the Dentists Act for the practice of dentistry by a layperson and carrying out the business of dentistry by a layperson, which point to the distinctive nature of dental practice and the real risk of illegal practice. The GDC receives on average between 850 and 950 concerns every year in relation to the illegal practice of dentistry. The concerns raised range from reporting illegal tooth whitening to reports of suspended or erased registrants continuing to practise despite imposed restrictions.

The GDC has a rigorous [prosecution policy](#) which sets out the approach to be taken when considering such concerns. In the first instance the GDC will seek to dispose of matters in the most appropriate and proportionate way which typically results in issuing a warning letter or conducting a compliance visit. Notwithstanding this, the GDC receive a number of complaints each year which warrant prosecution in the criminal courts.

We urge caution about an approach which may erode one of the mechanisms that is currently effective in our efforts to protect the public from the illegal practise of dentistry.

(Q31) Do you agree or disagree that the protection of title offences should be intent offences or do you think some offences should be non-intent offences (these are offences where an intent to commit the offence does not have to be proven or demonstrated)? Please give a reason for your answer.

We disagree with the proposal that protection of title offences should be intent offences in the context of dental practice. The GDC currently operates on a basis of strict liability for illegal practice cases and suggests that this is an effective means of addressing risks to the public in the context of dental practice.

It is understood that the purpose of this proposal is that it would provide a means for proportionate resolution of concerns related to misuse of protected titles where there is no intent to deceive. Within the current strict liability model, the GDC's [prosecution policy](#) provides alternatives to resolving concerns through criminal prosecutions and as a result there are already opportunities to take consistent and proportionate action when the GDC is assured that the public is protected and there is ongoing compliance with the Dentists Act.

It is also the case that there is still a precision of meaning of dental professional titles – and of 'dentist' in particular – which has been lost in respect of some other professional titles. There are circumstances in which people refer to themselves or others as 'doctor' or 'nurse' without being registrants and without any intent to deceive. That is not the case with 'dentist', where it is not easy to think of benign circumstances in which somebody described themselves as a dentist without being one. That clear delineation has value on both public policy and public protection grounds and is a further reason to treat the misuse of such titles as strict liability offences.

(Q32) Do you agree or disagree with our proposal that regulators should be able to appoint a deputy registrar and/or assistant registrar, where this power does not already exist? Please give a reason for your answer.

The GDC Registrar's existing powers of delegation are more flexible than is being proposed here and have proved effective. We would not want to adopt the model of a single appointed deputy but instead keep our current powers in their existing form.

(Q33) Do you agree or disagree with our proposal that regulators should be able to set out their registration processes in rules and guidance? Please give a reason for your answer.

We agree with this proposal. The GDC is currently able to make some rules relevant to registration and produce guidance for registration processes and therefore the proposal will preserve the current arrangements in those cases. In some cases the rules require approval from the Privy Council, as is the case for the dentists Overseas Registration Exam (ORE). The inflexibility of components of the GDC legislative framework is a key barrier to sustained efficiency and effectiveness and the capability to dynamically respond to events such as the pandemic.

(Q34) Should all registrars be given a discretion to turn down an applicant for registration or should applicants be only turned down because they have failed to meet the new criteria for registration? Please give a reason for your answer.

We agree that the Registrar should be given discretion to refuse registration. While this discretion would be used only exceptionally because criteria for registration should be

comprehensive for the majority of cases, allowing discretion for the Registrar will provide an additional means to take action to protect the public. It would be an essential safeguard that if the discretionary power were used, the Registrar would be required to provide reasons for their decision, which would be made available to the applicant and that, as proposed, any such decision could be appealed.

(Q35) Do you agree or disagree that the GMC's provisions relating to the licence to practise should be removed from primary legislation and that any requirements to hold a licence to practise and the procedure for granting or refusing a licence to practise should instead be set out in rules and guidance? Please give a reason for your answer.

We have provided no response to this question because the GMC approach to requirements to hold a licence to practise is not a matter for us.

(Q36) Do you agree or disagree that in specific circumstances regulators should be able to suspend registrants from their registers rather than remove them? Please give a reason for your answer.

We suggest that this proposal requires more clarity before it is included in legislation. The proposal has the potential to have a beneficial effect for registrants whose registration lapses for a short period. In these instances, registrants may simply have made an error, and though it is necessary for public protection to take action, removal from the register is associated with additional requirements for re-entry. A system based on suspension may assist registrants in these situations to return to practise with minimum disruption once they have met the requirements for continued registration.

However, the proposal does not explain the interaction between suspension and removal when the reasons are the same and therefore further explanation is required to inform the GDC's position.

(Q37) Do you agree or disagree that the regulators should be able to set out their removal and readmittance processes to the register for administrative reasons in rules, rather than having these set out in primary legislation? Please give a reason for your answer.

We agree with this proposal. Flexibility to make rules for removal and readmittance to the Registers will support the GDC's ability to adapt the regulatory model over time and will unlock currently prescriptive and restrictive legislation that reduces opportunities to make efficiency and effectiveness gains.

(Q38) Do you think any additional appealable decisions should be included within legislation? Please give a reason for your answer.

We do not suggest that there are further appealable decisions that should be included within the legislation. The appealable decisions that have been listed are comprehensive, both of currently appealable decisions and new routes for appeal.

(Q39) Do you agree or disagree that regulators should set out their registration appeals procedures in rules or should these be set out in their governing legislation? Please give a reason for your answer.

We agree that appeals procedures should be set out in rules. Flexibility to make rules for appeals will support the GDC's ability to adapt the regulatory model over time and will unlock currently prescriptive and restrictive legislation that reduces opportunities to make efficiency and effectiveness gains.

(Q40) Do you agree or disagree with our proposal that the regulators should not have discretionary powers to establish student registers? Please give a reason for your answer.

We agree with this proposal. The GDC does not currently hold a student register.

Dental students and trainees work under supervision of registered dental professionals and are not yet expected to meet the requirements for professional practice set out in the standards for the dental team. Therefore, registering students has no clear benefit for public protection. Further, a proliferation of registers, especially registers that do not denote that the individuals listed are autonomous health professionals have the potential to confuse members of the public.

Additionally, the costs of administration of student registers would need to be charged either to students, who are likely to be on low or no incomes, or cross-subsidised through payments made by registrants through their registration and retention fees, which would be in opposition to the GDC fees setting policy.

(Q41) Do you agree or disagree with our proposal that the regulators should not have discretionary powers to establish non-practising registers? Please give a reason for your answer.

We agree with the proposal. The GDC does not currently hold a non-practising register. Even when registrants choose to take roles which are not directly involved in clinical practice, such as in education or research, it is important for them to retain their professional currency. We think it is clearer to registrants and to patients that there is a clear binary choice between remaining on the register and leaving it.

(Q42) Do you agree or disagree that the prescriptive detail on international registration requirements should be removed from legislation? Please give a reason for your answer

We agree with this proposal and welcome the opportunity to unlock some of the restrictions contained in prescriptive, inflexible legislation through work being taken forward in parallel to make amendments to the Dentists Act in respect of international registration.

The current legislative framework for international registration, provides for only a limited range of routes to registration for internationally qualified dentists and dental care professionals. These restrictions have the following negative consequences that the reform proposals have the potential to address:

The Overseas Registration Exam (ORE) for dentists, governed by inflexible primary legislation and rules, is limited by restrictions on: the organisations that may perform the exams on behalf of the GDC; the fees that may be charged to candidates; the structure and sequence of the components of the assessments; and the assessment regulations. Flexibility will empower the GDC to address capacity restrictions in the medium term and work with stakeholders to develop more sustained improvements in the longer term.

The overseas dental care professional assessment process, set out in primary legislation, has been criticised by stakeholders who have reported concerns that the assessment does not include a test of competence as a mandatory component. Flexibility will support the GDC's efforts to review the assessment process and consider whether a test is a proportionate measure.

While the GDC has powers to appoint visitors to inspect international dentist qualifications, there are no corresponding powers to recover costs for the activity. This means the GDC does not currently exercise the power to recognise international dentist qualifications because it would result in cross-subsidy with registration and retention fees which is inconsistent with our fees policy and raises questions of fairness from cross-subsidy from fees paid by UK qualified dental professionals.

The UK's departure from the EU led to a temporary period of near-automatic recognition for some European dentist qualifications. The government's intention is for this to end within two years of the end of the implementation period. There is considerable risk that this will add further capacity pressure to the ORE, which will be the only route offered by the GDC to registration for dentists trained outside of the UK if the ambitions of the reform for international registration route, sponsored by the Department of Health and Social Care, or parallel measures to regulate the recognition of professional qualifications, sponsored by the Department for Business, Energy and Industrial Strategy, are not carried forward urgently.

Fitness to practise

(Q43) Do you agree or disagree with our proposal that regulators should be given powers to operate a three-step fitness to practise process, covering:

- **1: initial assessment**
- **2: case examiner stage**
- **3: fitness to practise panel stage?**

Please give a reason for your answer.

Whilst we believe that the three-stage approach is sensible and proportionate in current circumstances, we urge caution in fixing this – or any other model – in inappropriately detailed legislation. Our current fitness to practise processes are less effective in ensuring patient safety and fairness to registrants than we would like them to be, in part because the legislation has proved too inflexible to adapt to changing circumstances and expectations.

We suggest that legislation should set out the outcomes to be achieved through fitness to practise processes and that how those outcomes are delivered should be a matter for rules. There are some general characteristics and requirements of the fitness to practise scheme which it will undoubtedly be right to set in primary legislation. Within that framework, there should only be the minimum necessary further prescription, with the process detail set in rules which are required to comply with the framework, but are not unduly constrained beyond that. That would allow regulators to focus upon the thresholds for progressing cases through stages rather than the detailed breakdown of stages.

This enhanced flexibility could be balanced by the new accountability framework, particularly the Privy Council's power to intervene, or the accountability framework could be enhanced to support the increased flexibility.

We suggest that this flexibility would be consistent with the principles for the reform programme as it would remove overly detailed prescription from the regulators' legislation, and consistency could be assured through the new duty for collaboration.

(Q44) Do you agree or disagree that:

- **All regulators should be provided with two grounds for action – lack of competence, and misconduct?**
- **Lack of competence and misconduct are the most appropriate terminology for these grounds for action?**
- **Any separate grounds for action relating to health and English language should be removed from the legislation, and concerns of this kind investigated under the ground of lack of competence?**
- **This proposal provides sufficient scope for regulators to investigate concerns about registrants and ensure public protection?**

Please give a reason for your answers.

We believe that health should be maintained as a separate ground for action. There are two reasons for this:

- The existence of health as a distinctive ground for concern means that such cases can be taken forward in a way which can be more supportive and less stressful for affected registrants, in part because they are aware that there is a more limited range of potential sanctions. That means that it can be easier to create opportunities for remediation and to support registrants to remain in the profession. All of that in turn enhances patient protection, since there is an intervention route available which can pre-empt patient harm.
- Merging the separate ground for health into a combined ground of lack of competence may have two unintended effects. The first is that registrants with health conditions may respond negatively to the assertion that their competency has been affected and this may affect their interactions with the GDC and their ability to remediate. The second is that the proposal suggests that health matters will only be able to meet the grounds when there is a lack of competence, when failure to manage a health condition may in some circumstances become a matter of misconduct.

(Q45) Do you agree or disagree that:

- **all measures (warnings, conditions, suspension orders and removal orders) should be made available to both Case Examiners and Fitness to Practise panels; and**
- **automatic removal orders should be made available to a regulator following conviction for a listed offence? Please give a reason for your answers.**

We agree with the proposal for Case Examiners and Fitness to Practise panels to have the same measures. Resolution of cases at an earlier stage will have benefits to members of the public and dental professionals and employers / contractors involved in fitness to practise processes. Additionally, this may provide an opportunity for efficiency and effectiveness savings and rebalancing of regulatory effort towards upstream interventions if cases progress less frequently to the panel stage.

However, we suggest that further consideration is given to the utility of Case Examiners having available measures at the higher end of the scale. Experience from installing a process for voluntary undertakings suggests that the additional time to remediate and also the opportunity to present evidence at a hearing motivate registrants to progress their cases beyond the equivalent stage in the current GDC process. If this pattern is repeated under the new arrangements, it may inhibit the proposed benefits of the proposals. There may be opportunities to adapt the proposals, as they are carried forward into legislation, that may improve the likelihood of resolving cases at the earliest possible stage.

We agree that automatic removal orders should be made available to the regulator following conviction for a listed offence.

(Q46) Do you agree or disagree with the proposed powers for reviewing measures? Please give a reason for your answer.

We agree with the proposed powers for reviewing measures but suggest that further clarity should be provided in legislation that an early review of measures should only be permitted when there is new information that forms the basis of the request for the review. The opportunity to review measures early is an important element for dental professionals to be able to return to practice as soon as possible when the concerns over fitness to practise impairment have been resolved. It is important that this mechanism does not carry any unintended consequences for misuse as a result of repeated requests for early review when no new information has been presented for consideration at the review.

(Q47) Do you agree or disagree with our proposal on notification provisions, including the duty to keep the person(s) who raised the concern informed at key points during the fitness to practise process? Please give a reason for your answer.

We agree with this proposal. Parties to a concern must be kept informed of progress of a case to help them engage and to manage anxieties related to the fitness to practise process. The proposals present a proportionate approach to ensuring information is exchanged at key points during the fitness to practise process.

(Q48) Do you agree or disagree with our proposal that regulators should have discretion to decide whether to investigate, and if so, how best to investigate a fitness to practise concern? Please give a reason for your answer.

We agree with the proposal. Flexibility over whether and how to investigate a concern means that proportionate steps can be taken at different stages of the fitness to practise process to gather information and potentially resolve concerns sooner, identify risks to the public that may require interim measures, and address evidence gaps, if they arise, at later stages of the process.

We suggest that the flexibility to investigate is potentially constrained by the overall inflexibility of the three-step fitness to practise process and suggests there may be changes to be made to the accountability framework that would remove those constraints as previously stated in the response to question 43.

(Q49) Do you agree or disagree that the current restrictions on regulators being able to consider concerns more than five years after they came to light should be removed? Please give a reason for your answer.

We agree with this proposal. The GDC is not currently restricted from considering a concern from events that occurred more than five years before it is raised. Each concern needs to be considered individually, and although matters that have occurred more than five years before they are raised with the GDC are relatively rare, and can carry with them significant challenges to collection of evidence, in some circumstances they warrant consideration in order to protect the public and uphold confidence in the dental professions. Accordingly, the flexibility to be able to decide whether and how to investigate concerns that are raised with us is a critical requirement that will support proportionate and consistent decisions on concerns coming to light more than five years after an event.

(Q50) Do you think that regulators should be provided with a separate power to address non-compliance, or should non-compliance be managed using existing powers such as “adverse inferences”? Please give a reason for your answer.

We agree that regulators should be provided with a separate power to address non-compliance. An additional power, informed by clear rules for its application that recognise that registrants in fitness to practise processes may have mitigating factors affecting their ability to comply, will provide a further tool to address instances of wilful non-compliance. Additionally, non-compliance powers may have benefits in encouraging compliance if it is clear there is a route to take action.

(Q51) Do you agree or disagree with our proposed approach for onward referral of a case at the end of the initial assessment stage? Please give a reason for your answer.

We agree with the proposed approach. Flexibility to decide to refer a case onward to a Case Examiner and seek to apply interim measures will support the GDC’s ability to proportionately resolve cases. Making rules for the management of multiple concerns about the same registrant and to amend the grounds for action will support the GDC to respond to the changing risk profile of a case as new information comes to light.

(Q52) Do you agree or disagree with our proposal that regulators should be given a new power to automatically remove a registrant from the Register, if they have been convicted of a listed offence, in line with the powers set out in the Social Workers Regulations? Please give a reason for your answer.

We agree with this proposal. Automatic removal for conviction of a listed offence provides a proportionate and accelerated means for the GDC to act in cases where there may be significant risk to members of the public (particularly vulnerable people) and uphold confidence in the system of regulation and dental professionals. We also agree that other convictions should have the potential to be considered under grounds of misconduct.

(Q53) Do you agree or disagree with our proposals that case examiners should:

- **have the full suite of measures available to them, including removal from the register?**
- **make final decisions on impairment if they have sufficient written evidence and the registrant has had the opportunity to make representations?**
- **be able to conclude such a case through an accepted outcome, where the registrant must accept both the finding of impairment and the proposed measure?**

- **be able to impose a decision if a registrant does not respond to an accepted outcomes proposal within 28 days?**

Please give a reason for your answers.

We agree with this proposal, but as in the response to question 45, there is some evidence from our current process that accepted outcome measures at the higher end of the scale will be under-utilised.

We also suggest that an additional measure is considered, which is the giving of guidance to a registrant. Advice can be helpful in cases where a case does not warrant a warning, but the registrant's practice can be supported with reference to good practice or the standards for the dental team.

In respect of all other parts of the proposal, the arrangements for accepted outcomes provide a new opportunity to resolve cases sooner, which will bring benefits to the parties to a concern and facilitate the GDC's efforts to shift its emphasis towards upstream regulation.

(Q54) Do you agree or disagree with our proposed powers for Interim Measures, set out above? Please give a reason for your answer.

We disagree with the proposal that Case Examiners should be able to agree Interim Measures by agreement with the registrant. Interim Measures are applied in specific circumstances where the risks to the public are significant enough to warrant it. Inherently, those risks must be managed rapidly and there are rigorous timeframes for consideration and imposition of an interim measure. A model where a registrant's agreement is sought will introduce delays to this measure for public protection, and in many cases is unlikely to be accepted by a registrant. For this reason, we propose that Case Examiners should not be able to agree interim measures with a registrant.

We agree with all other elements of the proposed powers for Interim Measures. The powers, other than those for Case Examiners, will provide the flexibility to respond in a timely way to emerging risks to the UK public and preserve the current capability of the GDC to protect the public.

(Q55) Do you agree or disagree that regulators should be able to determine in rules the details of how the Fitness to Practise panel stage operates? Please give a reason for your answer.

We agree with this proposal. Flexibility to make rules for the Fitness to Practise panel stage will support the GDC's ability to adapt the regulatory model over time and will unlock currently prescriptive and restrictive legislation that reduces opportunities to make efficiency and effectiveness gains.

(Q56) Do you agree or disagree that a registrant should have a right of appeal against a decision by a case examiner, Fitness to Practise panel or Interim Measures panel? Please give a reason for your answer.

We agree with the proposals for appeal for the most part, but disagree that where a registrant accepts an outcome that it should be appealable. We suggest that for Case Examiner decisions only measures imposed following no engagement from a registrant should be appealable.

(Q57) Should this be a right of appeal to the High Court in England and Wales, the Court of Session in Scotland, or the High Court in Northern Ireland? Please give a reason for your answer.

We suggest that additional clarity is required to support proportionate resolution of appeals for Case Examiner decisions. There is an interaction, which is not well explained, between the proposed Registrar review power for Case Examiner decisions and the route of appeal to the relevant Courts. A more proportionate route of appeal for a measure imposed by a case examiner at the first stage would be the Registrar review power, where the option to refer the matter to a fitness to practise panel will provide an opportunity to revisit the matter if required.

We agree with the proposal for appeal of Fitness to Practise and Interim Measures panel decisions.

(Q58) Do you agree or disagree that regulators should be able to set out in rules their own restoration to the register processes in relation to fitness to practise cases? Please give a reason for your answer.

We agree with this proposal. Flexibility to make rules for restoration to the Registers will support the GDC's ability to adapt the regulatory model over time and will unlock currently prescriptive and restrictive legislation that reduces opportunities to make efficiency and effectiveness gains.

(Q59) Do you agree or disagree that a registrant should have a further onward right of appeal against a decision not to permit restoration to the register? Please give a reason for your answer.

We agree with this proposal. Decisions on restoration to the register have the same effect as decisions on application of measures for suspension or removal and therefore a right of appeal is necessary.

(Q60) Should this be a right of appeal to the High Court in England and Wales, the Court of Session in Scotland, or the High Court in Northern Ireland? Please give a reason for your answer.

We suggest that the right of appeal should be to the High Court in England and Wales, the Court of Session in Scotland, or the High Court in Northern Ireland. As in the response to question 59, the effect of decisions on restoration have the same impact as application of measures for suspension or removal and, accordingly, the appeals should have the same route for consideration.

(Q61) Do you agree or disagree that the proposed Registrar Review power provides sufficient oversight of decisions made by case examiners (including accepted outcome decisions) to protect the public? Please provide any reasons for your answer.

We agree with this proposal but suggest that it should be modified to include a time limit. The Registrar review power provides a proportionate and accessible route for anyone to request a review of an initial assessment or Case Examiner decision. Locating the first review with the Registrar provides the opportunity for independent assessment by an individual with legal responsibility for protection of the public. This has the potential to resolve the matters under review more rapidly. Additionally, for members of the public, they are not required to engage

with another body until internal routes to review a decision are exhausted, which is a proportionate means of addressing instances where a party disagrees with a decision.

A time limit on the request for a review should be included in the proposal to prevent the ongoing impact of the threat of review on registrants. A time limit of the same period to raise an appeal (28 days) will provide sufficient opportunity for anyone to make a request for review, but simultaneously support registrants who are able to return to practice do so without the potential for the matter to be reopened.

(Q62) Under our proposals, the PSA will not have a right to refer decisions made by case examiners (including accepted outcome decisions) to court, but they will have the right to request a registrar review as detailed above. Do you agree or disagree with this proposed mechanism? Please provide any reasons for your answer.

We agree with the proposal that the PSA should retain its review powers for panel decisions, but not have them extended to case examiner decisions. The Registrar review power is a more proportionate and accessible route for a member of the public or other party, including the PSA, to request a review of a decision.

There will be further measures that provide assurance on decisions made by Case Examiners that precede the opportunity to request a review from the Registrar. Case Examiners at the GDC already operate in a comprehensive decision-making quality framework that supports decision-making and learning. This quality framework would continue to be in operation and extended to the enhanced role that Case Examiners will have.

If the PSA's powers were to be extended it may lead to a disproportionate and confusing framework for review of Case Examiner decisions. For example, it would lead to the potential that a Case Examiner decision for an accepted outcome is subject to consideration at the High Court in England and Wales, the Court of Session in Scotland, or the High Court in Northern Ireland without there ever having been an opportunity for the case to be considered by a fitness to practise panel.

The existing PSA power in relation to GDC panel decisions is almost universally exercised in cases where the registrar has already identified a concern and has invited the PSA to act, so the additional safeguard provided by the PSA is more formal than substantive. It follows that there is no material risk to public protection to which the extension of the PSA's powers would be a proportionate response.

(Q63) Do you have any further comments on our proposed model for fitness to practise?

We have no further comments on the proposed model for fitness to practise. However, we would like to reiterate the point that parts of the proposals still include a level of prescription in primary legislation that has not yet been fully justified. The following areas are suggested for further consideration as the proposals are carried forward to determine if the level of prescription is required:

- holding a single register
- three-step fitness to practise process and further elements of prescription within the fitness to practise process
- the new Deputy Registrar role.

Wherever possible, we suggest that regulators be afforded the discretion to operate flexibly and make use of the new duties and accountability framework to ensure that there is a consistent and proportionate framework for protecting the public through the fitness to practise model, and the wider regulatory effort to meet our statutory objectives.

Regulation of Physician Associates and Anaesthesia Associates

We have not provided responses to **questions 64 to 67** because the regulation of Physician Associates and Anaesthesia Associates is not a matter for the dental professional regulator.

Impact Assessment and Equalities Impact Assessment

(Q68) Do you agree or disagree with the benefits identified in the table above? Please set out why you've selected your answer and any alternative benefits you consider to be relevant and any evidence to support your views.

We agree for the most part with the identified benefits but suggest some more consideration is made of the following matters:

Resolution of concerns should not be measured on speed alone, and the current benefit of “faster resolution of concerns” implies that it may be. Concerns necessarily require careful consideration because they have the potential to affect both members of the public and their safety and confidence in healthcare and regulation, and the rights of healthcare professions to work. It is suggested that this benefit is modified to recognise that concerns being resolved consistently and proportionately at the right time is the intended outcome of the proposals.

Excessively restrictive legislation has not only impacted on the experience of members of public and their perception of the regulators. Healthcare professionals, unfamiliar with the complexities of the prescriptive legislation have also found the system of regulation confusing and inaccessible and therefore may have a negatively framed perception of the regulator. It is suggested that an additional benefit is considered for inclusion related to the perception that healthcare professionals, and the sectors in which they operate, have toward their regulator.

The benefit related to lower central administrative costs of maintaining the legislation will only be realised if the accountability framework supports flexibility for the regulators to adapt to changes in professional practice and risk to the public. Therefore, it is essential that the balance struck as a result of these proposals will be resilient to the evolving landscape in which regulators will be working.

(Q69) Do you agree or disagree with the costs identified in the table above? Please set out why you've chosen your answer and any alternative impacts you consider to be relevant and any evidence to support your views.

We agree with the costs identified in the consultation document and have no additional costs to provide as a direct result of the proposals.

The consultation document acknowledges that costs to regulators will, in turn, become costs that are charged to registrants through registration and annual retention fees. However, we wish to impress that there must be clear justification for any costs that will land on healthcare professionals.

There may be costs associated with any new structures for dental professional education that arise from the opportunities within the revised regulatory framework. The GDC is not in a position to be able to provide information on the potential costs that may arise, and there will be a considerable period of time before there are any firm proposals that emerge from the sector, which would then impact on the system of regulation.

(Q70) Do you think any of the proposals in this consultation could impact (positively or negatively) on any persons with protected characteristics covered by the general equality duty that is set out in the Equality Act 2010, or by Section 75 of the Northern Ireland Act 1998?

- Yes – positively.
- Yes – negatively.
- No.
- Don't know.

Please provide further information to support your answer.

We suggest that there will be impacts on individuals and groups who share protected characteristics and that for the most part those impacts have the potential to be positive. Enhanced flexibility in the legislative framework for GDC regulation offers new opportunities to make changes to the ways that GDC operates.

In addition, the legal duties placed on the GDC for equality and diversity impact assessment, proportionality assessment and consultation will support the GDC's efforts to go beyond the minimum statutory requirements to provide equitable services to members of the public and fair systems of regulation to dental professionals as expressed in our recently published [equality, diversity and inclusion strategy for 2021-2023](#).