Horizon scanning report

Purpose of paper	This is the latest GDC horizon scanning report. It provides Council and staff visibility of the external environment that the GDC is operating within, to inform decision making and to facilitate discussions about possible activity that will allow the GDC to shape and prepare for external events.
Status	For noting.
Action	For noting.
Corporate Strategy 2016-19	Having an enhanced understanding of our external environment is integral to the successful delivery of <i>Patients</i> , <i>Professionals</i> , <i>Partners</i> , <i>Performance</i> .
	An improved understanding of the external environment is Objective A of the Communications and Engagement Strategy.
Business Plan 2019	Having an improved understanding of our external environment is integral to the successful delivery of the business plan, as set out in Moving upstream .
Risk register	Not applicable.
Decision trail	On 27 January 2016, Council approved the <i>Communications</i> and <i>Engagement Strategy</i> . Objective A of this Strategy is to achieve an improved understanding of the external environment. The horizon scanning report is designed to support this objective.
Next stage	This paper will be distributed to staff for information and discussion and an abridged version will be made available to key stakeholders.
Recommendations	There are no recommendations in this paper.
Authorship of paper and further information	Various contributors from the Strategy Directorate. For further information please contact <u>Lisa Bainbridge</u> x6384.
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1. European Union updates

The European Commission

- 1.1. In September 2019, the president-elect of the European Commission, Ursula von der Leyen, presented her new team of commissioners for the 2019/2024 term.
- 1.2. There are three portfolios that may be of significance to the GDC, contingent upon the nature of EU-exit:

Commissioner: Sylvie Goulard (France), Internal Market

- 1.3. The 'letter of mission' for this commissioner asks her, as part of ensuring the functioning of the internal market, to focus upon:
 - The implementation of European law which will include the Professional Qualifications
 Directive (PQD) and the (to be implemented) Proportionality Test Directive which will
 apply to professional regulation. This priority was also pre-announced by <u>DG GROW</u>¹ at
 the February Healthcare Professionals Crossing Borders (HPCB) meeting in Dublin.
 - The elimination of obstacles to the free movement of services, specifically, to 'also look
 at the remaining barriers relating to goods and services and help remove any artificial
 distinctions between new digital markets and more established markets.' This remit
 could include corporate dentistry as well as the various approaches to professional
 advertising in member states.

¹ DG GROW is the European Union's Directorate-General for Internal Market, Industry, Entrepreneurship and Small and Medium-sized Enterprises (SMEs). It is one of the Directorates General and specialised services which make up the European Commission. DG GROW develops and carries out the Commission's policies on business and industry, and the single market.

Commissioner: Stella Kyriakides, (Cyprus), Health

- 1.4. The letter of mission opens by considering the demographic challenge of Europe e.g. 'we are becoming older and more complex and expensive', before concluding with the 'need to support the health sector and the professionals who work there'.
- 1.5. The contents of previous missions are also revisited: 'investing in new technologies, promoting healthy lifestyles for health and [for Member States] better cooperation with the EU'. Some familiar issues are put forward e.g. the implementation from May 2020 of the Medical Devices Regulations (MDR) and the fight against antimicrobial resistance.
- 1.6. However, there is an interesting reference to the creation of a European Health Data Area. The scope and remit of this project are not yet clear.

Commissioner: Mariya Gabriel, (Bulgaria), Education

- 1.7. There are encouraging references within the letter of mission to further development of the European Area of Higher Education by 2025; it would appear to entail the establishment of a system of accreditation and quality assurance for universities across Member States. This initiative would include dental education and might address emerging GDC concerns about potential gaps in such systems across Europe.
- 1.8. The letter's further objective of updating the Action Plan for Digital Education could influence the updating of the PQD. The objective is common to both Commissioners in charge of Education and of Internal Market i.e. 'as part of a transition that supports people, I want you to contribute to an updated Digital Education Action Plan. This should focus on digital literacy and equipping young people and adults with the skills they need for life and work in the digital age.'

Federation of European Dental Competent Authorities and Regulators (FEDCAR)

- 1.9. We hope to learn more about these initiatives at the forthcoming winter meeting of FEDCAR on 29 November 2019:
 - A member of DG GROW from the European Commission will be attending to give an update on the PQD, with a focus on Annex V, which covers automatic recognition of professions including dentistry.
 - There will be a further focus upon accreditation processes in dental education across Europe, with a national report from Belgium as well as consideration of a joint statement from ADEE/CED/EDSA/FEDCAR² on the subject.
- 1.10. FEDCAR will also be considering the results of an internal survey of its members which seeks to establish their individual regulatory remits.

² (Association for Dental Education in Europe (ADEE), Council of European Dentists (CED), European Dental Student Association (EDSA), Federation of European Dental Competent Authorities and Regulators (FEDCAR).

2. Developments in professional regulation

- 2.1. Following on from their previous report into the state of oral health care in care homes, the Care Quality Commission (CQC) have now confirmed that they will include two new questions which inspectors must ask when they are visiting. The first is to assess how many of the staff have received training in oral health care, and the second is to probe how oral health is assessed, considered and delivered as part of a patient's care plan. The report was published in June 2019.
- 2.2. Working together, the health and care regulatory bodies (including the GDC) have produced a set of <u>principles on remote consultations and prescribing</u>. These principles are underpinned by existing standards and guidance from professional and system regulators. Health and care professionals are directed to continue to follow guidance from regulatory bodies and take clinical guidance into account in their decision making. (Please also see paragraphs 3.8, 4.5-4.6 below.)

3. Developments in dentistry

- 3.1. **Health Education England** held a patient engagement workshop on 28 November where they sought views on local dental services and looked to measure awareness of the different roles within the dental team. They will use the information they gather to inform training and education programmes. This is part of a wider programme of engagement on future dental education and training. Further <u>information is available online</u>.
- 3.2. The **BDA** has welcomed the recommendations contained in the Northern Ireland Affairs select committee's report 'Health funding in Northern Ireland'. The BDA was particularly welcoming of the commitment from the NI Department of Health commitment 'to developing a new oral health strategy for Northern Ireland, in collaboration with the dental profession' which would be published in draft in early 2021.
- 3.3. The Health funding in Northern Ireland report also refers to Northern Ireland as having some of the worst children's dental health outcomes in the UK. It gives a critique of the current oral health strategy, 'being based on obsolete data from 2003', and says that it 'does not contain any up-to-date targets for optimising services and improving outcomes'. It goes on to say: 'fresh direction and impetus are needed to improve Northern Ireland's oral health. This will not be achieved with a piecemeal approach, but requires an overarching, evidence-based strategy with associated targets to work towards'.
- 3.4. The BDA welcomed the Chief Dental Officer's announcement at the Oral Health Matters symposium in Stormont to establish two new Oral Health Options Groups (children and older people). They describe these as an important first step in looking at where progress can be made to improve outcomes amongst children and older people.
- 3.5. The **Mouth Cancer Foundation** is continuing its campaign to improve the early detection of mouth cancer, and to raise awareness of the risks and signs and symptoms. <u>Mouth Cancer Action Month</u> was held in November (as it is every year) and was supported by the British Dental Health Foundation and the Mouth Cancer Foundation.

- 3.6. Dental health professionals are the natural leaders in the fight against mouth cancer.

 <u>Leaflets and posters</u> on lowering the risk of mouth cancer are available free of charge from the Mouth Cancer Foundation and can be used as discussion tools during consultations or displayed in the dental practice waiting rooms.
- 3.7. The Faculty of General Dental Practitioners (FGDP) UK has launched the second edition of its <u>Standards in Dentistry</u>, which is a free online collection of standards and guidelines for primary care dentistry. The author group was led by and comprised contributors from Peninsula Dental School in Plymouth.
- 3.8. The issue of tele-dentistry (mainly direct-to-consumer orthodontics) has been attracting a lot of attention from various commentators in the dental sector. The British Orthodontic Society is running a joint campaign with the Oral Health Foundation to raise public awareness of the potential dangers of direct to consumer or 'DIY' orthodontics. (Please also see paragraphs 4.5-4.6 below.)
- 3.9. The two organisations are now working on further content on direct-to-consumer orthodontics and would like to hear from both clinicians and patients who have had experience of, or who have used, any of these systems. They are interested in all experiences, both positive and negative. We (the GDC) have already been in touch with the CQC, as a component of our review of the legal and other implications of new services being offered to patients.

4. Summary of media issues and coverage achieved

GDC reduces ARF

4.1. The announcement of the reduced ARF for dentists and dental care professionals gained widespread positive coverage in dental trades and stakeholder news channels including <u>The Dentist</u>, <u>Dentistry</u>, <u>Dental Review</u>, <u>Dental Tribune</u>, <u>BSDHT</u>, <u>MDDUS</u> and <u>BADN</u>. Although generally positive about the reduction, the <u>BDA</u> response also included historic criticism, and this formed the basis of the <u>BDJ</u> coverage. Similarly, the BADN's reaction, covered in <u>Dental Nursing Magazine</u>, was generally positive, although still raising questions about the affordability of the DCP ARF level for its members.

GDC's use of 'undercover' investigators

4.2. Indemnifier, Dental Protection, worked initially with <u>The Telegraph</u> and then issued a wider <u>trade press release</u> about the GDC's use of 'undercover' investigators in fitness to practise investigations. Their narrative featured a number of misleading and inaccurate lines and initial effort was focussed on ensuring any coverage also featured GDC messaging. Trade coverage was wide and overwhelmingly negative including in <u>Dentistry</u>, <u>The Dentist</u>, <u>Dental Review</u>, <u>The Probe</u> and <u>Dental Tribune</u>, and further commentary continues to be seen. The issue also saw the <u>BDA</u> weighing into the debate with characteristic hyperbole accusing the GDC of deploying 'stasi tactics'. Further activity to address misconception is underway.

GDC publishes outcome report on strategy consultation

4.3. The outcome report of the GDC's consultation on its three-year strategy gained coverage in The Dentist and Dental Review.

Overseas Registration Exam (ORE) access – BBC London

4.4. BBC London ran a story about refugees facing difficulty accessing the ORE in its evening TV news on 17 October. Although resources were spent on aiding the understanding of what is a complex issue, the report was misleading and featured several factual errors. A complaint has been lodged.

DIY orthodontic treatment

- 4.5. Several media enquiries were received relating to US company Smile Direct, which recently begun operating in the UK and offers teeth aligning services. The following holding statement has been issued:
- 4.6. A spokesperson for the General Dental Council said: "We are aware of a number of organisations offering services remotely, which could constitute dentistry as defined in the Dentists Act 1984. We are looking into a number of regulatory issues in relation to this and we look forward to sharing our position once that work is complete. While this work is ongoing, should we receive information that could amount to an allegation of impairment, we will of course continue to refer registrants to fitness to practise as appropriate."

Fitness to practise coverage

- 4.7. Several fitness to practise determinations saw coverage in this period. Of note:
 - Tushar Patel, in the <u>BBC</u>, <u>Daily Mail</u>, <u>The Sun</u>, <u>Wales online</u>.
 - Miodrag Mitic in <u>Kent Online</u>
 - The cases of five Scottish dentists which were held together relating to plagiarism.
 Coverage in <u>Scottish Dental Magazine</u>.

Dentists' annual renewal now open

4.8. The announcement of the opening of the Annual Renewal period for dentists saw coverage in <u>Dental Review</u>, <u>The Dentist</u>, <u>The Probe</u> and <u>Dentistry</u>.

Dental Complaints Service (DCS) 2015-2018 performance review

4.9. The publication of the DCS 2015-2018 Performance Review saw coverage in a number of trade and stakeholder channels including <u>Dentistry</u>, <u>BDJ</u>, <u>The Probe</u> and <u>BSDHT</u>.

GDC announces new executive appointments

4.10. The announcement of executive appointments, Sarah Keyes and Stefan Czerniawski, was picked up by Dentistry and Dental Review.

5. Parliamentary updates

5.1. The Department for Health and Social Care (DHSC), Dental Service, is currently working closely with NHS England and NHS Improvement to pilot and introduce a new **dental** contract. In reference to this work and <u>responding to a parliamentary question</u>, the Health Secretary confirmed that no decision had been taken yet on expanding coverage of the

current pilot scheme in England. There was a <u>further question raised</u> in the House of Lords, which asked if the new contract focused on prevention. In response, the Minister stated that the government was committed to reforming the current contract to focus on preventing, as well as treating, dental disease. The Minister also confirmed that the contract was being piloted in 101 'prototype practices' in England.

- 5.2. In early October, the Health Secretary was asked a parliamentary question about discussions with the GDC on increasing **capacity for the ORE**. The <u>Health Secretary reported</u> that the DHSC was working with us to determine the legislative changes needed to ensure registration processes were effective and proportionate, and stressed that any legislative change would be subject to a public consultation.
- 5.3. On 2 October, Members of the <u>Welsh Assembly debated</u> the **Health, Social Care and Sport Committee's report on dentistry in Wales**. The Committee had completed a one-day inquiring at the end of May, to highlight dental and orthodontic services in Wales, as well as workforce issues within the dental profession, including training places and recruitment. The Chair of the Committee, Dai Lloyd AM, reported that all six recommendations made to the Welsh Government had been accepted. The six recommendations were, that the Welsh Government:
 - Replaces the current Unit of Dental Activity (UDA) targets with a new, more appropriate
 and more flexible system for monitoring outcomes to include a focus on prevention and
 quality of treatment, and to provide an update on the progress of these considerations
 to this Committee in six months.
 - Ensures and monitors the consistent reinvestment of clawback money recovered by health boards back into dentistry services, until a new system for monitoring outcomes is in place.
 - Undertakes an evaluation to determine if the UK wide recruitment system effectively supports a strategy to increase the recruitment of those who are Welsh domiciled and the levels of retention of students generally following training.
 - Works with health boards to develop a clear strategy to ensure that the e-referral system for orthodontic services in Wales has a positive impact on ensuring appropriate referrals, prioritising patients and reducing waiting times.
 - Funds the Designed to Smile programme sufficiently to enable children over five years old to receive the same benefits of inclusion as they did prior to the refocus of the programme.
 - Builds upon existing oral health improvement programmes to address and improve the oral health of older children and young teenagers in Wales.
- 5.4. The government has announced new dedicated mental health support for all NHS doctors and dentists. More than 180,000 doctors and dentists can get confidential advice and support, in person or over the phone, if they've faced a stressful incident at work or feel they are struggling with their mental health.
- 5.5. At the end of October, a question was raised in the House of Lords asking what steps the government was taking in **response to the shortages of NHS dentists**. The Minister provided the following statement:

"The latest headcount data published by NHS Digital show that the total number of dentists actively delivering National Health Service services increased from 24,308 to 24,545 during the period 2017/18 to 2018/19.

"Both NHS England and HEE have initiatives in place to tackle recruitment and retention issues. HEE's current programme Advancing Dental Care is exploring the opportunities for flexible dental training pathways that can better serve patients as well as improving dental workforce retention. NHS England is introducing 'flexible commissioning', which allows local NHS commissioners to commission a wider range of services from dental practices which is expected to make NHS dentistry more attractive to newly qualified dentists.

"These initiatives sit alongside the Department's and NHS England's work to reform the current NHS dental contract to support dentists to deliver preventatively focussed care. The patient pathway in the new model makes greater use of the whole dental team including nurses and therapists which moves away from needing dentists to complete every course of treatment.

"The interim NHS People Plan, published in June 2019, sets out plans for the future dental workforce. This commits to creating a capable and motivated multidisciplinary dental workforce, of a sufficient size, to meet population health needs."

- 5.6. The 2017-2019 Parliament was dissolved on 6 November 2019 for the General Election being held on 12 December. The following points are for noting:
 - The Health Service Safety Investigations Bill reached the second reading stage only, and therefore, will make no further progress.
 - The Health and Social Care Committee was conducting an inquiry into dentistry services. The Committee was unable to report on this inquiry. This select committee will elect new members and office holders when the new Parliament session begins.
 - Sir Lindsay Hoyle has been elected as Speaker in the House of Commons, replacing John Bercow, whose last day in the Chair was 31 October 2019.
- 5.7. The <u>Labour Party has issued a press statement</u> announcing plans to provide free NHS dental check-ups for everyone in England. The BDA has estimated the cost at £450 million per year. Labour has stated that charging 'puts people off from going to their dentists' and actively undermines prevention. They also point out that not attending regular check-ups means urgent or acute problems are then often dealt with by GPs and hospitals, putting additional strain on these services. At the time of writing, the Labour manifesto had not been released, so we have limited detail.