



Annual review of performance 2016/17

General Dental Council



About the Professional Standards Authority

The Professional Standards Authority for Health and Social Care¹ promotes the health, safety and wellbeing of patients, service users and the public by raising standards of regulation and voluntary registration of people working in health and care. We are an independent body, accountable to the UK Parliament.

We oversee the work of nine statutory bodies that regulate health professionals in the UK and social workers in England. We review the regulators' performance and audit and scrutinise their decisions about whether people on their registers are fit to practise.

We also set standards for organisations holding voluntary registers for people in unregulated health and care occupations and accredit those organisations that meet our standards.

To encourage improvement we share good practice and knowledge, conduct research and introduce new ideas including our concept of right-touch regulation.² We monitor policy developments in the UK and internationally and provide advice to governments and others on matters relating to people working in health and care. We also undertake some international commissions to extend our understanding of regulation and to promote safety in the mobility of the health and care workforce.

We are committed to being independent, impartial, fair, accessible and consistent. More information about our work and the approach we take is available at www.professionalstandards.org.uk.

¹ The Professional Standards Authority for Health and Social Care was previously known as the Council for Healthcare Regulatory Excellence

² *Right-touch regulation revised (October 2015)*. Available at www.professionalstandards.org.uk/policy-and-research/right-touch-regulation

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About the General Dental Council

The General Dental Council (the GDC) regulates the dental professions (dentists, dental nurses, dental hygienists, dental technicians, dental therapists, orthodontic therapists and clinical dental technicians) in the United Kingdom. Its work includes:

- Setting and maintaining standards of practice and conduct
- Maintaining a register of qualified professionals. Only those appropriately registered with the GDC may practise dentistry in the UK
- Assuring the quality of dental pre-registration education and training
- Requiring dental professionals to keep up their skills up to date through continuing professional development
- Taking action to restrict or remove from practice registrants who are not considered to be fit to practise.

As at 30 June 2017, the GDC was responsible for a register of 111,128 dental professionals. Its annual retention fee is £890 for dentists and £116 for dental care professionals.



At a glance

Annual review of performance

Regulator reviewed: **General Dental Council**

Standards of good regulation

Core functions

Met

Guidance and Standards

4/4

Education and Training

4/4

Registration

6/6

Fitness to Practise

9/10

1. The annual performance review

- 1.1 We oversee the nine health and care professional regulatory organisations in the UK, including the GDC.³ More information about the range of activities we undertake as part of this oversight, as well as more information about these regulators, can be found on our website.
- 1.2 An important part of our oversight of the regulators is our annual performance review, in which we report on the delivery of their key statutory functions. These reviews are part of our legal responsibility. We review each regulator on a rolling 12-month basis and vary the scope of our review depending on how well we see the regulator is performing. We report the outcome of reviews annually to the UK Parliament and the governments in Scotland, Wales and Northern Ireland.
- 1.3 These performance reviews are our check on how well the regulators have met our *Standards of Good Regulation* (the Standards) so that they protect the public and promote confidence in health and care professionals and themselves. Our performance review is important because:
- It tells everyone how well the regulators are doing
 - It helps the regulators improve, as we identify strengths and weaknesses and recommend possible changes.

The Standards of Good Regulation

- 1.4 We assess the regulators' performance against the Standards. They cover the regulators' four core functions:
- Setting and promoting guidance and standards for the profession
 - Setting standards for and quality assuring the provision of education and training
 - Maintaining a register of professionals
 - Taking action where a professional's fitness to practise may be impaired.
- 1.5 The Standards describe the outcomes we expect regulators to achieve in each of the four functions. Over 12 months, we gather evidence for each regulator to help us see if they have been met.
- 1.6 We gather this evidence from the regulator, from other interested parties, and from the information that we collect about them in other work we do. Once a year, we collate all of this information and analyse it to make a recommendation to our internal panel of decision-makers about how we believe the regulator has performed against the Standards in the previous 12

³ These are the General Chiropractic Council, the General Dental Council, the General Medical Council, the General Optical Council, the General Osteopathic Council, the General Pharmaceutical Council, the Health and Care Professions Council, the Nursing and Midwifery Council, and the Pharmaceutical Society of Northern Ireland.

- months. We use this to decide the type of performance review we should carry out.
- 1.7 When considering information relating to the regulator's timeliness, we consider carefully the data we see, and what it tells us about the regulator's performance over time. In addition to taking a judgement on the data itself, we look at:
- any trends that we can identify suggesting whether performance is improving or deteriorating
 - how the performance compares with other regulators, bearing in mind the different environments and caseloads affecting the work of those regulators
 - the regulator's own key performance indicators or service standards which they set for themselves.
- 1.8 We will recommend that additional review of their performance is unnecessary if:
- We identify no significant changes to the regulator's practices, processes or policies during the performance review period; and
 - None of the information available to us indicates any concerns about the regulator's performance that we wish to explore in more detail.
- 1.9 We will recommend that we ask the regulator for more information as part of a targeted review if:
- There have been one or more significant changes to a regulator's practices, processes or policies during the performance review period (but none of the information we have indicates any concerns or raises any queries about the regulator's performance that we wish to explore in more detail); or
 - We consider that the information we have indicates a concern about the regulator's performance in relation to one or more Standards.
- 1.10 This targeted review will allow us to assess the reasons for the change(s) or concern(s), and the expected or actual impact of the change(s) or concern(s) before we finalise our performance review report.
- 1.11 We have written a guide to our performance review process, which can be found on our website www.professionalstandards.org.uk

2. What we found – our judgement

2.1 During July 2017, we carried out an initial review of the GDC’s performance from June 2016. Our review included an analysis of the following:

- Council papers, including performance reports and updates, committee reports and meeting minutes
- Policy, guidance and consultation documents
- Statistical performance dataset (see sections 2.8 to 2.10 below)
- Third party feedback
- A check of the GDC register
- Information available to us through our review of final fitness to practise decisions under the Section 29 process.⁴

2.2 As a result of this assessment, we recommended that a targeted review be carried out of Standard 2 for Registration and Standards 3, 5, 6, 8 and 10 for Fitness to Practise. The panel agreed that further information should be sought about each of these Standards.

2.3 We obtained further information from the GDC relating to these Standards. As a result of a detailed consideration of this further information, we recommended that the GDC had met all of the Standards except for Standard 10 for Fitness to Practise. This recommendation was accepted and the reasons for this are set out in the following sections of the report.

Summary of the GDC’s performance

2.4 For 2016/17 we have concluded that the GDC:

- Met all of the *Standards of Good Regulation* for Guidance and Standards
- Met all of the *Standards of Good Regulation* for Education and Training
- Met all of the *Standards of Good Regulation* for Registration
- Met nine of the ten *Standards of Good Regulation* for Fitness to Practise. The GDC did not meet Standard 10.

2.5 The GDC’s performance this year represents a further improvement since last year, when it met all but three Standards in Fitness to Practise. We are pleased to note that the GDC has been able to build on the improvement that we reported on last year.

⁴ Each regulator we oversee has a ‘fitness to practise’ process for handling complaints about health and care professionals. The most serious cases are referred to formal hearings in front of fitness to practise panels. We review every final decision made by the regulators’ fitness to practise panels. If we consider that a decision is insufficient to protect the public properly we can refer it to Court to be considered by a judge. Our power to do this comes from Section 29 of the [NHS Reform and Health Care Professions Act 2002 \(as amended\)](#).

GDC consultation: *Shifting the balance*

- 2.6 In January 2017, the GDC published *Shifting the balance*, a discussion document which sets out proposals to change the GDC's model of regulation and invited stakeholders to contribute their views. The GDC proposed to move the emphasis of its work 'upstream', to prevent harm from occurring rather than taking action after something has gone wrong.
- 2.7 We responded to the GDC's consultation about *Shifting the balance*.⁵ At the time of writing, the GDC is considering the initial responses to its proposals. We will watch its progress with interest and contribute to further consultations as appropriate.

Key comparators

- 2.8 We have identified with all of the regulators the numerical data that they should collate, calculate and provide to us, and what data we think provides helpful context about each regulator's performance. Below are the items of data identified as being key comparators across the Standards.
- 2.9 We expect to report on these comparators both in each regulator's performance review report and in our overarching reports on performance across the sector. We will compare the regulators' performance against these comparators where we consider it appropriate to do so.
- 2.10 Set out below is the comparator data provided by the GDC for the year from April 2016 to March 2017, the last full year for which the comparator data is available. Some of the data in the table falls into our previous review period. Where we took data into account in making decisions about the GDC's performance against the Standards last year, we have not used it again this year.

1	The number of registration appeals concluded, where no new information was presented, that were upheld	0
2	Median time (in working days) taken to process initial registration applications for <ul style="list-style-type: none">• UK graduates• EU (non-UK) graduates• International (non-EU) graduates	11 18 55
3	Time from receipt of initial complaint to the final Investigating Committee/Case Examiner decision <ul style="list-style-type: none">• Median• Longest case• Shortest case	41 weeks 314 weeks 7 weeks

⁵ Our response to the consultation is published on our website: www.professionalstandards.org.uk

4	Time from receipt of initial complaint to final fitness to practise hearing <ul style="list-style-type: none"> • Median • Longest case • Shortest case 	90 weeks 33 weeks 367 weeks
5	Median time to an interim order decision from receipt of complaint	19 weeks
6	Outcomes of the Authority's appeals against final fitness to practise decisions <ul style="list-style-type: none"> • Dismissed • Upheld and outcome substituted • Upheld and case remitted to regulator for re-hearing • Settled by consent • Withdrawn 	1 0 1 1 0
7	Number of data breaches reported to the Information Commissioner	3 ⁶
8	Number of successful judicial review applications	1

3. Guidance and Standards

3.1 The GDC has met all of the *Standards of Good Regulation* for Guidance and Standards during 2016/17. Examples of how it has demonstrated this are indicated below each individual Standard.

Standard 1: Standards of competence and conduct reflect up-to-date practice and legislation. They prioritise patient and service user safety and patient and service user centred care

3.2 There have been no significant changes to the GDC's standards for registrants this year. We have seen nothing to suggest that the standards have become out of date.

⁶ Two of these breaches occurred during our last review period, and we took them into account then. Therefore, as explained in paragraph 2.10, we have not taken those two breaches into account again this year. There was one breach reported to the Information Commissioner during the period under review in this year's report.

Standard 2: Additional guidance helps registrants apply the regulator's standards of competence and conduct to specialist or specific issues including addressing diverse needs arising from patient and service user centred care

- 3.3 The GDC has not published any additional guidance documents for registrants this year. However, it has continued to update its *Focus on Standards* microsite for registrants, which features resources to illustrate how the GDC's standards apply in a variety of situations that might arise in the course of a registrant's practice. This includes case studies and learning points about, for example, the use of social media.

Standard 3: In development and revision of guidance and standards, the regulator takes account of stakeholders' views and experiences, external events, developments in the four UK countries, European and international regulation and learning from other areas of the regulator's work

- 3.4 As it has not published any updated guidance this year, the GDC has had limited opportunity to demonstrate how it takes stakeholders' views into account in revising guidance. However, *Shifting the balance* (see paragraphs 2.6 to 2.7 above) emphasises the importance of working effectively in partnership, and we have seen that the GDC engaged with a range of relevant organisations as part of developing those proposals.

Standard 4: The standards and guidance are published in accessible formats. Registrants, potential registrants, employers, patients, service users and members of the public are able to find the standards and guidance published by the regulator and can find out about the action that can be taken if the standards and guidance are not followed

- 3.5 The GDC redesigned its website this year. The new format is designed to be more accessible. The website highlights information aimed at patients and professionals respectively, and includes quick links to popular topics for each group. Patient leaflets in languages other than English and with enhanced accessibility features are available on the website.

4. Education and Training

- 4.1 The GDC has met all of the *Standards of Good Regulation* for Education and Training during 2016/17. Examples of how it has demonstrated this are indicated below each individual Standard.
- 4.2 We have seen that the GDC's Council has discussed potential concerns in relation to the dental foundation year. This is a year's vocational training which is required for a UK-qualified dentist to be able to practise in the NHS. The dental foundation year is not required for dentists who qualified abroad, or those who will not be working in the NHS. It is intended to help newly-qualified dentists make the transition to practice within the NHS. Graduates

from recognised training courses are required to have the skills and knowledge to practise as safe beginners.

- 4.3 At its meeting in March 2017, the GDC's Council discussed concerns about the dental foundation year, including reports of foundation year trainers expressing concern about the skills and knowledge of newly-qualified dental graduates.⁷ However, the available information is very limited, and we have not as yet seen objective evidence that there is a significant problem. We note that the GDC's Council is aware of the issue. We understand that the GDC intends to consider the matter further through its Policy and Research Board, which oversees the development of strategy and policy initiatives.
- 4.4 On the basis of the available evidence, we were satisfied that the Standards for Education and Training were met this year, without the need for a further review. We will continue to monitor how the GDC considers these matters and what action, if any, it takes as a result.

Standard 1: Standards for education and training are linked to standards for registrants. They prioritise patient and service user safety and patient and service user centred care. The process for reviewing or developing standards for education and training should incorporate the views and experiences of key stakeholders, external events and the learning from the quality assurance process

Standards for education and training

- 4.5 We noted in last year's report that the GDC had published updated guidance for education providers and learning outcomes for students. These documents, *Standards for Education* and *Preparing for Practice*, both draw clear links between the requirements for training and the standards for practising registrants. There is nothing to suggest that the standards have become outdated in the last year.

Specialty training curricula

- 4.6 In December 2016, the GDC decided to update its specialty training curricula. These set out the additional training a dentist must complete in order to be eligible to join one of the GDC's 13 specialist lists.⁸ All but one of the present training curricula are at least five years old, and the GDC decided that a review was necessary to ensure that they reflect up-to-date good practice. It worked with the specialist advisory committees which are responsible for the content of each curriculum to develop and agree a standard template which all the curricula would follow. The GDC expects to receive the draft curricula for approval in late 2017 and early 2018.

⁷ An article on a similar topic was published in the British Dental Journal in March 2017 (Oxley C J, Dennick R, Batchelor P, *The standard of newly qualified graduates – foundation trainer perceptions*. British Dental Journal 2017;222:391–395).

⁸ More information about the GDC's specialist lists is available on its website: www.gdc-uk.org/professionals/specialist-lists

Student fitness to practise guidance

- 4.7 In October 2016, the GDC published updated guidance about student fitness to practise. It replaced a single document with a suite of documents targeted at different audiences: there is now separate guidance for students and training providers, both of which make clear links to standards and guidance for registrants. The GDC also published an introductory leaflet for students about the basic concepts of fitness to practise, and information for patients who will receive care from a student. We have seen that the GDC took the views of a range of stakeholders into account in designing the updated guidance.

Standard 2: The process for quality assuring education programmes is proportionate and takes account of the views of patients, service users, students and trainees. It is also focused on ensuring the education providers can develop students and trainees so that they meet the regulator's standards for registration

- 4.8 As planned, the GDC published in 2017 its third annual review of education, covering its quality assurance activity from 2014 to 2016. The *Annual review of education 2014-16* explains that most training providers continued to meet the relevant requirements, particularly in relation to patient safety. It includes examples of good practice by training providers, and makes a number of recommendations, both for the GDC and for training providers.
- 4.9 The GDC delivered a workshop for providers of dental hygiene and therapy programmes, to enable them to share good practice and discuss solutions to common challenges they face in meeting the GDC's standards. We understand that the GDC intends to continue with a series of workshops aimed at providers of training courses for different professions.
- 4.10 The GDC has also been working on a new, risk-based approach to quality assuring training programmes for dental nurses. It engaged with the organisations that award dental nursing qualifications to develop a questionnaire for training providers, which would help it determine which providers to visit as part of the inspection of each awarding body. During 2017, it has been piloting the new approach with the organisations that deliver the dental nurse training accredited by one large awarding body. We will look at the GDC's progress with this work in the course of our next performance review.

Standard 3: Action is taken if the quality assurance process identifies concerns about education and training establishments

- 4.11 The GDC's *Annual review of education 2014-16* includes evidence that the GDC has taken action when its inspections identified concerns about training programmes. It confirms that in 2015/16 one programme was found not to meet the relevant requirements and so it was not permitted to continue.
- 4.12 Three other programmes inspected in 2015/16 were approved but with a need to be re-inspected. The review includes a digest of information about the outcomes of re-inspections over the past four years. This shows that,

where programmes were re-inspected, they performed significantly better against the relevant standards at the re-inspection than in the first inspection. We consider that this provides some assurance that effective action is being taken when the GDC's quality assurance activity identifies concerns.

Standard 4: Information on approved programmes and the approval process is publicly available

- 4.13 The GDC continues to publish information about approved training programmes for dentists and dental care professionals. Its website includes details of the institutions offering approved training programmes, as well as information about the approval process.

5. Registration

- 5.1 As we set out in Section 2, we carried out a targeted review of the GDC's performance against Standard 2 for Registration. The reasons for this, and what we found as a result, are set out below. Following the review, we concluded that Standard 2 was met and therefore the GDC has met all of the *Standards of Good Regulation* for Registration in 2016/17.

Standard 1: Only those who meet the regulator's requirements are registered

- 5.2 We have not seen any evidence to suggest that the GDC has added to its register anyone who has not met the registration requirements. We also noted that the GDC had carried out an internal audit of registration decisions. The internal audit looked at the handling of over 400 applications, and gave a full assurance rating.
- 5.3 In November 2015, the GDC gained the legal power to require applicants to demonstrate that they would have appropriate indemnity cover in place when practising. In 2016/17, the GDC refused over 200 applications for renewal on the grounds that applicants had not demonstrated that appropriate cover would be in place.

Standard 2: The registration process, including the management of appeals, is fair, based on the regulator's standards, efficient, transparent, secure, and continuously improving

- 5.4 We decided to carry out a targeted review of the GDC's performance against this Standard because the dataset showed that the number of registration appeals it received continued to increase, as the following table shows:

	2014/15	2015/16	2016/17
Registration appeals received	10	22	48
Registration appeals concluded	9	20	31

- 5.5 We wanted to know if the GDC had identified why the number of appeals had increased, and if its processes for dealing with registration appeals could cope with the greater volume of cases.
- 5.6 The GDC told us that it had identified two main causes for the increase in registration appeals.
- 2016/17 was the first year that the GDC had the power to refuse an application because the applicant had not provided satisfactory evidence of their knowledge of English. It received 11 appeals against decisions to refuse applications on this basis.
 - The GDC received 20 appeals from dental care professionals who qualified outside the UK, an increase from nine last year. This was in the context of an increase in the number of applications from dental care professionals qualified outside the UK, from 249 in 2015/16 to 350 in 2016/17.
- 5.7 The GDC explained that it has reviewed and changed its internal processes for dealing with registration appeals. It restructured its legal teams and increased its capacity for dealing with registration appeals. It also introduced a new standard operating procedure for registration appeals. The GDC said that the average time it took to resolve registration appeals in 2017 was three months, compared with an average of around five months in 2015 and 2016.
- 5.8 From the further information the GDC provided, we were satisfied that it has an understanding of why the number of registration appeals increased this year. The two factors cited by the GDC accounted for most of the increase from last year. The change in the GDC's legal powers introduced a new type of appealable decision. It would not be surprising for that to result in an increase in appeals.
- 5.9 We have also seen that the GDC has learnt from appeals, particularly in relation to its new powers to require evidence of applicants' knowledge of English. It has introduced a revised template for applicants to provide a reference from their employer, to help ensure that the most relevant information is obtained in support of the application. We also understand that the GDC is keeping under review the evidence it will accept as demonstrating knowledge of English, drawing on learning from registration appeals.
- 5.10 We have seen no evidence of a backlog of registration appeals building up, despite the increase in the number of appeals received. The reduction in the average time taken to resolve appeals indicates that the GDC is coping with the increase in its appeal caseload. Although the table at paragraph 5.4 shows that significantly more appeals were received than closed during 2016/17, most of those appeals were received in the second half of the year, meaning it was less likely that they would be closed within the same reporting period.⁹

⁹ The data we received for the first quarter of 2017/18 shows that the GDC made progress in resolving registration appeals. It closed 15 registration appeals in the quarter, against only five new appeals received.

- 5.11 Furthermore, despite the increase in appeals, we have not seen any evidence of a problem in the initial decisions about applications for registration. As part of our dataset we ask regulators to confirm how many registration appeals succeed without further information being provided, as this might indicate that the original decision to refuse the application was flawed. In 2016/17, no appeals against GDC registration decisions succeeded without further information being provided.
- 5.12 The GDC's median registration processing times (shown in the key comparators table at paragraph 2.10 above) were, overall, slightly faster than last year. We did not have any concerns about the time taken and so we did not seek any further information about it. The absence of evidence of problems in the way the GDC makes decisions about registration applications contributed to our assessment of the GDC's performance against this Standard.
- 5.13 We were therefore satisfied that this Standard is met this year.

Standard 3: Through the regulator's registers, everyone can easily access information about registrants, except in relation to their health, including whether there are restrictions of their practice

- 5.14 From October 2016, the GDC stopped publishing registrants' addresses on its online register. The register still includes information about restrictions on a registrant's practice, and the GDC website tells members of the public about other ways they can look for a local dentist.
- 5.15 We checked a sample of cases on the GDC's register, to see whether it correctly displayed restrictions on registrants' practice where appropriate. Our check found no errors.

Standard 4: Employers are aware of the importance of checking a health professional's registration. Patients, service users and members of the public can find and check a health professional's registration

- 5.16 The register is easy to find on the redesigned GDC website. We have seen nothing to suggest that employers or the public are unable to find and check the registration of dentists or dental care professionals.

Standard 5: Risk of harm to the public and of damage to public confidence in the profession related to non-registrants using a protected title or undertaking a protected act is managed in a proportionate and risk-based manner

- 5.17 The GDC continues to prosecute individuals who practise dentistry while unregistered. In January 2017, it published its policy statement on the enforcement of Dentists Act offences (these include the practice of dentistry by individuals not registered with the GDC). The statement sets out the purpose of the GDC's enforcement activity and the principles it will apply, which are informed by our right-touch principles.¹⁰

¹⁰ See footnote 2, above.

Standard 6: Through the regulator’s continuing professional development/revalidation systems, registrants maintain the standards required to stay fit to practise

- 5.18 In June 2017, the GDC sealed new rules for its continuing professional development (CPD) scheme. This followed the pilot scheme which the GDC ran last year and which we noted in our last performance review report. The feedback from the pilot scheme was mostly positive, and the GDC made some changes to its new rules in the light of feedback from the pilot.
- 5.19 The new scheme is now due to come into operation in 2018. The GDC had planned to implement it in 2017. We understand that it chose to defer implementation to reduce the risk of delays arising out of the legislative changes needed to change its CPD rules. The GDC also said that it wanted time to engage with registrants about the changes, so that they would be ready for the new system to be introduced.
- 5.20 We understand that the GDC wanted to minimise the risks associated with the introduction of its new CPD scheme. However, its overall progress towards a new scheme has been slow: its Council originally agreed new draft CPD rules in 2013. Taking a long time to introduce a new process increases the risk that the new process will itself become outdated relatively quickly after its implementation. We have seen, for example, that the GDC is already planning another phase of revision of its CPD scheme. This is based on proposals outlined in *Shifting the balance* (see paragraphs 2.6 to 2.7 above). Nevertheless, we are satisfied that this Standard remains met, as the GDC has continuously had in place a CPD system which requires registrants to maintain their fitness to practise.

6. Fitness to Practise

- 6.1 As we set out in Section 2, we carried out a targeted review of the GDC’s performance against Standards 3, 5, 6, 8 and 10 for Fitness to Practise. The reasons for this, and what we found as a result, are set out under the relevant Standards below. Following the review, we concluded that Standards 3, 5, 6 and 8 were met but Standard 10 was not met.

Standard 1: Anybody can raise a concern, including the regulator, about the fitness to practise of a registrant

- 6.2 The GDC continues to open fitness to practise cases based on concerns from a wide range of sources. In 2016/17, patients were again the most common source of cases, accounting for over 60 per cent of the total. There were over 300 cases opened as a result of concerns identified by the GDC or by other regulators or employers such as the NHS.

Standard 2: Information about fitness to practise concerns is shared by the regulator with employers/local arbitrators, system and other professional regulators within the relevant legal frameworks

- 6.3 Last year, we saw that the GDC had agreed information-sharing agreements with a number of relevant organisations. This year, we have seen that it has shared information about nearly 50 cases with other professional and systems regulators, including the Care Quality Commission (CQC), the General Medical Council, and the Dental Council of Ireland. It also shared information with the NHS on over 500 cases.

Regulation of Dental Services Programme Board

- 6.4 The GDC participates in the Regulation of Dental Services Programme Board (RDSPB), a joint venture with the CQC, NHS England, the NHS Business Services Authority, Healthwatch and the Department of Health. The RDSPB's aim is to improve dental regulation in England by making it more streamlined, joined-up and effective.
- 6.5 In June 2017, the RDSPB published a report of its recent work. The report explains that the GDC has contributed to developing an operational protocol with its RDSPB partners so that they can work more effectively together and reduce duplication. The protocol encourages routine information-sharing and is intended to provide clarity about the respective roles and responsibilities of RDSPB members. The RDSPB has also set up a Risk and Oversight Board, in which the GDC takes part, to build on existing joint working arrangements.

Standard 3: Where necessary, the regulator will determine if there is a case to answer and if so, whether the registrant's fitness to practise is impaired or, where appropriate, direct the person to another relevant organisation

- 6.6 We decided to carry out a targeted review of the GDC's performance against this Standard. There were two principal issues we wanted to understand in more detail.

Case examiners

- 6.7 The GDC's process for deciding whether there is a case to answer in a fitness to practise complaint changed in November 2016. It introduced case examiners, who work in pairs (one registrant, one lay) to consider cases and decide whether there is a case to answer. Previously, this decision was made by the Investigating Committee (IC).¹¹ This was a significant change to the GDC's fitness to practise process, with the potential to affect its performance against Standards 3, 5 and 8 for Fitness to Practise. There is further discussion of case examiners in relation to Standards 5 and 8 below.
- 6.8 In relation to this Standard, we wanted to know how the GDC managed the risk to the public interest that might arise from this change in its fitness to practise process. In particular, we wanted to understand how it made sure

¹¹ The IC will still consider cases where the two case examiners cannot reach a unanimous decision.

that the case examiners were equipped to take over from the IC in deciding whether there is a case to answer in fitness to practise cases.

- 6.9 We had already received some information from the GDC during last year's review about how it intended to recruit and train the case examiners. All the case examiners were required to complete a targeted programme of training (with a final assessment against the identified learning objectives) before they started considering live cases. The GDC confirmed that all the case examiners had successfully completed the training programme.
- 6.10 We sought further information from the GDC about how it assured the quality of the case examiners' decisions. The GDC explained that for the first six months after November 2016, every decision by the case examiners was reviewed by one of its quality assurance managers. The quality assurance managers used a review template to assess whether the decision was reasonable and consistent with the GDC's guidance for decision-makers. The review included considering whether the case examiners had applied the correct tests at each stage of their consideration of a case. In total, 274 case examiner decisions were reviewed in this way. The GDC said that over 90 per cent of the decisions reviewed were considered to be reasonable. It outlined the remedial action taken when a quality assurance manager's review identified a concern: this included referring cases for review under the GDC's amended statutory process.¹² The GDC said that it held monthly meetings with the case examiners to consider the learning points from the quality assurance managers' reviews.
- 6.11 The GDC also arranged for an independent external audit of a sample of fitness to practise cases, including case examiner decisions. It reported a high level of assurance: it identified no concerns about over 90 per cent of the case examiner decisions audited. We discuss the outcomes of the independent audit in more detail in relation to Standard 8 for Fitness to Practise (see paragraphs 6.48 to 6.50, below).
- 6.12 After the case examiners had been making decisions on cases for six months, the GDC reviewed the quality assurance arrangements for their work. Following this review, it no longer required all case examiner decisions to be reviewed by the quality assurance managers. Instead, case examiners' decisions were incorporated into its routine casework quality monitoring. This involves ongoing sampling of case examiner decisions. The GDC also told us that it plans to arrange another independent audit of its fitness to practise casework, including case examiners, in the next few months.
- 6.13 From the evidence we have seen, we are satisfied that the GDC had processes in place to assure itself that the case examiners were able to make decisions about whether there was a case to answer. There is evidence that these arrangements were thorough, in that they considered all the case examiner decisions for six months after the introduction of the new process, and robust, in that they incorporated an independent audit. Furthermore, it was reasonable for the GDC to review these arrangements

¹² Another change in the law at the same time as the introduction of case examiners gave the GDC's Registrar the power (under Rule 9 of its Fitness to Practise Rules) to review certain types of decision, including decisions by the case examiners that there is no case to answer.

after six months of operation, especially in light of the high levels of assurance reported.

NHS concerns scheme

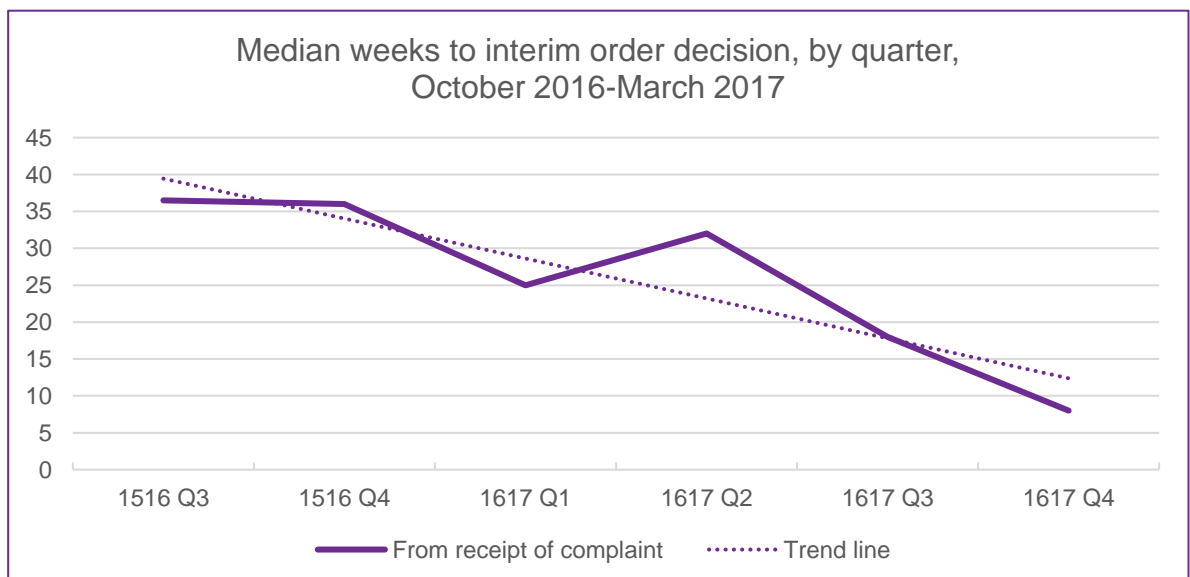
- 6.14 In last year's performance review report, we noted that the GDC had announced plans to refer '*low-level concerns*' about NHS dental care to the NHS for resolution. At the time, we said that we would seek more information about how the GDC made sure that it only referred cases that did not need to be considered as fitness to practise allegations, and how it would capture information about potential risks to the public.
- 6.15 We have seen that the GDC has proceeded with the NHS concerns scheme. The GDC confirmed that it referred 161 cases to the NHS under the scheme in its first year of operation (from June 2016 to June 2017). As part of our targeted review, we asked the GDC for more information about the issues we had highlighted in last year's report.
- 6.16 We looked at the GDC's internal guidance for staff about the NHS concerns scheme. This included the criteria used to decide which cases should be considered for referral under the scheme. The criteria identify characteristics likely to make a case suitable for the scheme, such as concerns about poor communication, inadequate complaints handling or minor instances of poor record-keeping. The guidance says that the decision to refer a case under the NHS concerns scheme must be agreed by two managers, one of them relatively senior. The GDC told us that decisions to refer cases under the concerns scheme are subject to its routine quality assurance procedures.
- 6.17 The GDC said that only cases where the risk to the public was assessed as being very low would be considered for referral under the scheme. It would not refer cases about registrants with a relevant fitness to practise history. The GDC also explained that when it refers a case under the scheme, it writes to the NHS and the person who raised the concern, making clear that they can return the case to the GDC if new information comes to light about possible fitness to practise concerns, or if the registrant does not co-operate with the NHS investigation. The GDC said that none of the cases referred under the scheme in its first year had been referred back to it.
- 6.18 The GDC has developed a joint Calibration Group with NHS England. The group's role is to monitor how the concerns scheme works, to identify learning opportunities from the cases considered for referral and to feed back to the GDC and NHS England accordingly. The GDC told us that the group's first quarterly meeting included looking at how the NHS handled the cases referred to it and how intelligence from those cases could be shared by the NHS and the GDC.
- 6.19 Based on the available information, we are satisfied that the GDC has measures in place to ensure that only suitable cases are referred into the NHS concerns scheme. The Calibration Group means that the GDC has a way of learning from the cases it refers under the scheme, including about how to capture and share intelligence. We have not seen any evidence to suggest that cases have been referred inappropriately.

Conclusion on performance against the Standard

- 6.20 We have seen evidence that the GDC had assurance measures in place for the introduction of case examiners. It has also provided further information about how it manages the potential risks associated with its NHS concerns scheme. Therefore, we are satisfied that this Standard is met. By the time we carry out our next review of the GDC's performance, it will have had time to embed its new processes for deciding whether there is a case to answer. Accordingly, we will likely want to review this aspect of its work in more detail, to satisfy ourselves that they are working effectively in practice to protect the public.

Standard 4: All fitness to practise complaints are reviewed on receipt and serious cases are prioritised and where appropriate referred to an interim orders panel

- 6.21 This Standard was not met last year because we were concerned about how long it was taking the GDC from receiving a complaint to making a decision about an interim order. In that review, we took into account five quarters of data from our dataset. The GDC told us about the action it had taken to enable it to make interim order decisions sooner, and we noted that its performance appeared to have improved in the fifth quarter under review, after those steps had been taken. However, we decided that it had not met this Standard on the basis of its performance over the review period as a whole.
- 6.22 This year, we have seen that the GDC has continued to make decisions about interim orders more quickly than before. The annual median time taken from receipt of a complaint to an interim order decision in 2016/17 was 19 weeks, as against 35.5 weeks in 2015/16. Whereas last year the GDC took significantly longer than any other regulator we oversee to make interim order decisions, this year its performance was within the range of the other regulators' performance. The following graph shows the downward trend in how long it took the GDC to make a decision about an interim order from the point it received a complaint.



- 6.23 We also record the time it takes each regulator to make interim order decisions from when it receives the information that indicates the need for an interim order. The GDC's performance against this measure has remained stable over recent years, at around three or four weeks. This year it reported a median time of three weeks. We do not have concerns about its performance in relation to this measure, which is around the middle of the range of other regulators' performance.
- 6.24 The information the GDC gave us last year assured us about the robustness of its processes for risk-assessing and prioritising cases. The only reason it did not meet the Standard then was because for the majority of the period under review it was taking too long to make decisions about interim orders. In view of the significant improvement in how soon after receipt it made decisions about interim orders, we are satisfied that the GDC has met this Standard this year.

Standard 5: The fitness to practise process is transparent, fair, and proportionate and focused on public protection

- 6.25 As explained in paragraph 6.7 above, we carried out a targeted review of this Standard because of the introduction of case examiners. Case examiners have the power to resolve fitness to practise cases by inviting a registrant to agree to undertakings. This means that the registrant agrees to a course of action to address the issue(s) which would otherwise have been considered at a hearing. The case is then closed without a hearing. This can save time and money, as well as stress for those who would be involved in the hearing, but there are some potential risks. We support the principle of consensual disposal of fitness to practise cases (such as agreeing undertakings or issuing warnings about future conduct), but we have expressed concerns about its implementation in practice.
- 6.26 The Authority reviews fitness to practise cases that are resolved at a final hearing. We have the power to appeal against a hearing decision if we think it is insufficient for public protection. We do not have the power to appeal against a decision to resolve a case by agreeing undertakings. As decisions to agree undertakings will not be subject to the same level of independent scrutiny, we wanted more information about how the GDC ensures that its new process is fair, transparent and focused on public protection.
- 6.27 We noted that the GDC has published on its website copies of the guidance and resources used by the case examiners. The guidance sets out factors the case examiners should take into account when deciding whether to try to resolve a case by agreeing undertakings.¹³ Among the published resources is a bank of undertakings for the case examiners to use. There are standard undertakings to be applied in certain situations: for example, where the case involves clinical concerns, the registrant's undertakings must include a personal development plan to address the deficiencies in their practice. Publishing these documents means that information is available to registrants

¹³ The GDC carried out a public consultation about its guidance for case examiners in early 2016. We responded to the consultation, identifying a number of concerns about the proposed guidance. The GDC made some changes to the guidance following consideration of the consultation responses.

and the public about the types of cases where undertakings might be agreed, and examples of what they might entail.

- 6.28 The GDC shared with us some examples of cases which had been resolved by agreeing undertakings.¹⁴ We checked that details of all the cases in the sample were published on the GDC's register, showing that the registrant in question had agreed to undertakings to resolve a case about their fitness to practise. All of the cases in the sample were published, including details of the undertakings (but with any matters relating to the registrant's health kept private).
- 6.29 Publication is important because transparency is key to ensuring public confidence in the use of undertakings. The evidence we have seen shows that the GDC is publishing information about how it uses the power to agree undertakings, both generally and in individual cases. We have not seen evidence that a risk to the public has arisen in any individual case because of the decision to resolve it by undertakings. Therefore, we are satisfied that this Standard is met.
- 6.30 Clearly, it is important that the GDC is able to effectively monitor registrants' compliance with undertakings, and to take further action where necessary.¹⁵ At this early stage in the new process, we can expect there to be little evidence available about how the GDC's compliance monitoring arrangements work in practice. We will seek further evidence about the GDC's use of consensual methods of disposal of fitness to practise cases in future reviews. We also intend to work with the regulators we oversee, and other stakeholders, to reach a consensus about this issue, and will be publishing a report setting our position on consensual disposal later in 2017.

Standard 6: Fitness to practise cases are dealt with as quickly as possible taking into account the complexity and type of case and the conduct of both sides. Delays do not result in harm or potential harm to patients and service users. Where necessary the regulator protects the public by means of interim orders

- 6.31 In 2015/16, the GDC met this Standard, following a targeted review. We carried out a targeted review against this Standard this year because we wanted to understand the available performance data in more detail, and to seek further information about the GDC's plans to improve how quickly it deals with fitness to practise cases.

The dataset

- 6.32 We collect a set of annual and quarterly performance data from each regulator. The GDC's performance against the key measures of timeliness in fitness to practise cases is shown in the key comparators table at paragraph 2.10 above. The following table compares the GDC's performance against

¹⁴ We have not reviewed the material the GDC considered in deciding to resolve these cases by agreeing undertakings, and we have not taken a view on the appropriateness of the outcomes of these cases.

¹⁵ This was a key issue that we highlighted in our response to the consultation.

the dataset over the last three years, and shows that this year's performance was similar to last year's:

Median time in weeks:	2014/15	2015/16	2016/17
From receipt to IC/case examiner decision	48	40	41
From IC/case examiner decision to final panel or other disposal	39.1	41	42
From receipt to final panel or other disposal	93.3	94	90

- 6.33 The dataset also captures the number of old cases each regulator has open at the end of the business year. As the following table demonstrates, the GDC has made further progress this year in reducing the number of old cases it has open:

Number of open cases:	2014/15	2015/16	2016/17
More than 52 weeks old	335	288	252
More than 104 weeks old	95	95	79
More than 156 weeks old	43	40	46

- 6.34 We are aware that closing more old cases has an impact on the overall median closure time. The fact that the GDC has reduced the number of open older cases without a significant impact on the overall median case closure time indicates that it has at least maintained last year's level of performance in relation to timeliness.

The GDC's internal performance reporting

- 6.35 During 2016, the GDC revised how it reports performance to its Council. It developed a new balanced scorecard report, which gives details of the organisation's performance against its internal targets each quarter. The revised balanced scorecard report was first used to report to Council in March 2017. The papers presented to Council meetings are published on the GDC's website, so the balanced scorecard report is available to the public.
- 6.36 We could see from the balanced scorecard reports during our review period that the GDC was a considerable way from meeting its internal targets for timeliness in fitness to practise. We wanted to know if the GDC's internal reports were an early warning of performance issues that would impact on the dataset in future reviews. We noted that the GDC said that it had identified timeliness in fitness to practise as an organisational priority. We asked the GDC for more information about what it was doing to reduce how long it takes to deal with fitness to practise cases.
- 6.37 The GDC explained that its new balanced scorecard report gave it a more detailed insight into performance at each stage of the fitness to practise process. This enabled it to identify where in the process delays were occurring, and to take targeted action accordingly. It gave the example of its standard directions for hearings, which set out the timetable by which the parties should disclose information and respond to one another prior to a

hearing. The GDC's internal reporting showed that whether it met its first disclosure target or not had a significant impact on compliance with the rest of the standard directions, and consequently on the timeliness of hearings. Therefore the GDC incorporated into its balanced scorecard report a measure of its legal teams' compliance with the initial disclosure requirement. It said that it had subsequently seen an improvement in performance against this measure, though it is too early yet to gauge the impact on the time taken to complete final hearings. It proposes to use a similar approach to identify and address other points of the fitness to practise process where it could make improvements.

- 6.38 The GDC outlined some other actions it will be taking. For example, it will be changing how it seeks clinical advice in the early stages of cases, by introducing an in-house team of clinical advisers rather than commissioning advice externally. It expects this to reduce the time it takes to carry out the initial investigation of complaints before they are passed to the case examiners.
- 6.39 The GDC also plans to undertake an end-to-end review of its fitness to practise process, in line with the wider changes proposed in *Shifting the balance* (see paragraph 2.6, above). This review is expected to take place in three phases, and is due to be completed in late 2019.

Interim order extensions

- 6.40 In our last performance review report, we noted with concern that the number of interim order extensions the GDC applied for had increased sharply, from ten in 2014/15 to 37 in 2015/16. This year, the GDC applied for 41 interim order extensions. Although this is slightly higher again than the number reported last year, the rate of increase has levelled off. The number of interim order extensions sought has stabilised, in the context of a slight increase in the total number of open cases with interim orders in place. All the interim orders applied for were granted. Therefore, we are satisfied that no additional risk to the public arose from the need to apply for interim order extensions.
- 6.41 The GDC told us last year that it was taking action to address the rise in the number of cases needing extensions to interim orders. This year, it said it has continued to emphasise to its case presenters the importance of seeking interim orders for the 18-month maximum, except where there are good reasons to think that a shorter order will be sufficient. It has provided further training for its legal advisers and panellists. However, it will necessarily take some time before changes to the way interim orders are imposed start to have an effect on the number of extensions required. The GDC said that it expects next year's dataset to demonstrate the positive impact of the measures it has taken. We will be able to monitor that through our performance review.

Conclusion on performance against the Standard

- 6.42 We are satisfied that this Standard is met this year. The GDC's performance against the dataset is similar to last year, when it met this Standard, and it is developing a number of initiatives to improve the speed with which cases are

resolved. We have seen evidence that it is able to use intelligence from its internal reporting to direct process improvements. The GDC continues to take action to address the need for interim order extensions, and there were no cases this year where interim orders lapsed.

Standard 7: All parties to a fitness to practise case are kept updated on the progress of their case and supported to participate effectively in the process

- 6.43 The GDC met this Standard last year, following a targeted review. As part of that review, the GDC told us about a programme of work it planned to carry out to update its witness support arrangements, for which demand had greatly increased over time. Its plans included publishing updated guidance and providing further training for staff.
- 6.44 We have seen that the GDC has made progress in reviewing its witness support arrangements. In November 2016, it published updated guidance for registrants who are facing a fitness to practise hearing without a representative. In February 2017, it published updated guidance for witnesses at fitness to practise hearings. We understand that staff have received refresher training from the Samaritans and the mental health charity MIND.
- 6.45 We have also seen that the GDC continues to seek feedback about people's experience of the fitness to practise process. It invites the parties to fitness to practise cases to complete a survey about the customer service they received. The findings of its fitness to practise customer survey were, on the whole, slightly better this year than last, although the number of responses to the survey remains small. The GDC has developed an action plan in response to the survey findings. This includes ensuring that feedback is provided promptly to the relevant teams so that they can take any opportunities to learn from it, and considering ways to encourage more people to use the survey to give their feedback. We concluded that this Standard was met without the need for a further review.

Standard 8: All fitness to practise decisions made at the initial and final stages of the process are well reasoned, consistent, protect the public and maintain confidence in the profession

- 6.46 We carried out a targeted review of this Standard. This was partly because, as noted above, the introduction of case examiners changed how the GDC makes some initial stages fitness to practise decisions, and we wanted to know how it assured the quality of the case examiners' decisions. Moreover, the GDC had not met this Standard in any of the past three years, because we had concerns about the reasoning and consistency of its decision-making. While we noted last year that it had systems in place to promote consistent and well-reasoned decision-making, we concluded that there was insufficient evidence of improvement for it to meet the Standard at that point.
- 6.47 We considered whether to audit the GDC's fitness to practise casework this year. We decided not to do so, because the introduction of case examiners was so recent that it would have made it difficult for us to audit a fair sample

of the cases they had considered: few cases referred by the case examiners for a hearing would be closed yet. Instead, we sought information from the GDC about its quality assurance activity.¹⁶

6.48 We described at paragraphs 6.10 to 6.13 above how the GDC assured itself about the case examiners' decision-making. The quality assurance managers' reviews, which looked at every decision for the first six months, reported a high level of assurance; so did the independent audit. As well as looking at a sample of the case examiners' decisions, the independent audit looked at decisions from other stages of the fitness to practise process. In total, it reviewed a random sample of 160 cases. It assigned a red-amber-green rating to each decision. Overall, 90 per cent of the decisions reviewed were rated green; only one case was rated red.¹⁷ The following table sets out the findings of the independent audit by stage:

Stage	Green	Amber	Red
Triage	31	9	0
Assessment	40	0	0
Case examiners	37	3	0
Hearing	36	3	1
Total	144	15	1

6.49 The GDC shared with us a copy of the independent audit report and findings. The audit considered whether decisions were well-reasoned, including whether they applied the appropriate tests and had due regard to public protection. As we have not seen the evidence on which the audit based its findings, we cannot determine whether we would have reached similar findings if we had audited. But the fact that this external audit was carried out provides assurance that its findings are objective. We noted that the report recommended further action where it identified concerns in the cases it reviewed. The GDC told us that it had arranged further training for the case examiners in light of the audit findings. The GDC plans to arrange another independent audit of fitness to practise cases.

6.50 As we explained above, taking into account the high level of assurance reported by its audit, we consider that the GDC's current approach to monitoring the quality of the case examiners' decisions is appropriate.

6.51 We understand that the GDC's routine procedures for quality assurance in fitness to practise cases were revised in June 2017. The GDC introduced a Decision Scrutiny Group alongside its existing Quality Assurance Group. The Quality Assurance Group reviews cases referred to it, usually because potential concerns have been identified about the case (although it also reviews cases selected at random when it has capacity to do so). We have seen that the Quality Assurance Group has arranged for further action to be

¹⁶ If we had identified serious concerns about the outcomes or process of the GDC's quality assurance activities, we could have decided to carry out an audit notwithstanding the limitations associated with the case examiners. In the event, we did not identify such concerns.

¹⁷ This was a case which went to a final hearing, and so we had already reviewed it under our section 29 powers (see footnote 4, above). We decided not to appeal against the decision.

taken when it considered that the handling or outcome of a case was flawed. This includes arranging further training for staff, considering revisions to guidance and referring individual cases for a review of the decision.¹⁸

- 6.52 The work of the Quality Assurance Group demonstrates that the GDC has systems in place to identify, address and learn from shortcomings in fitness to practise decisions. Because the Quality Assurance Group reviews cases selectively, it does not necessarily see a representative sample of the GDC's fitness to practise casework. We understand that the role of the Decision Scrutiny Group is to give the GDC insight into the overall levels of casework quality throughout its fitness to practise process. It does this by reviewing a sample of 10 per cent of decisions made across the fitness to practise process. The GDC told us that the Decision Scrutiny Group will have quarterly meetings, under an independent chair, to consider the outcomes of its monthly reviews.
- 6.53 Under the revised arrangements for case examiners, a random sample of eight case examiner decisions each month is reviewed by its Decision Scrutiny Group. A further five case examiner decisions each month are considered by the Quality Assurance Group. According to the GDC's figures, this amounts to a combined sample of about 15 per cent of case examiner decisions being reviewed each month. This would seem to be a reasonable sample size for the GDC to monitor the quality of case examiner decisions.
- 6.54 We noted another change in the GDC's quality assurance processes. During this year, the GDC's internal compliance team moved its focus from auditing cases to overseeing the implementation of quality and risk management activities by operational teams. The compliance team's annual report to Council for 2015, published during the period of our last review, gave a '*limited*' assurance rating for casework quality in initial stages fitness to practise cases; that contributed to our view that this Standard was not met last year. We have not seen similar evidence of widespread concerns this year.
- 6.55 We also considered the other available information about the quality of decision-making in the GDC's fitness to practise casework. This included our reviews of final hearing decisions. We shared learning points with the GDC in a relatively small number of cases where we had identified concerns about the handling of a case by the GDC or one of its panels. The GDC engaged with the learning points we raised with it, and told us about action it was taking to learn from points we raised. The issues we identified during the year did not give us concerns about the overall standard of the GDC's decision-making.
- 6.56 From the information we have received, we are satisfied that the GDC continues to have in place measures to assure the quality of decisions in fitness to practise cases, including those made by the case examiners. The independent audit, based on a significant sample of cases, indicates a reasonable standard of decision-making in fitness to practise cases. None of the evidence we have seen indicates significant ongoing problems.

¹⁸ Under the revised Rule 9 process we referred to at footnote 12, above.

Therefore, we have concluded that this Standard is met this year. As noted above, it is likely that in our next review we will look in more detail at case examiners' decisions in fitness to practise cases.

Standard 9: All fitness to practise decisions, apart from matters relating to the health of a professional, are published and communicated to relevant stakeholders

- 6.57 The GDC continues to publish the outcomes of fitness to practise cases. In a small number of cases earlier this year, there were problems with the GDC notifying us of hearing decisions in a timely way so that we could consider whether to refer them to Court in accordance with our legal powers. The GDC took further action in light of these issues and no further problems have been experienced. We are satisfied that this Standard is met.

Standard 10: Information about fitness to practise cases is securely retained

- 6.58 The GDC has not met this Standard this year. Last year, the Standard was not met because of three serious data breaches and because the GDC had to carry out further work following an undertaking it had given to the Information Commissioner's Office (the ICO).¹⁹ At that time, the GDC told us that it expected to complete this work by September 2016. This year, we carried out a targeted review of this Standard because we wanted to understand what progress the GDC had made in relation to information security.
- 6.59 In response to our targeted review, the GDC confirmed that it has updated its information security training policy, as recommended by the ICO. The updated policy includes mandatory annual refresher training for all staff and sets out the specialist roles that require additional training. It confirms that new staff have to complete information security training before they are able to use the GDC's case management system. We understand that this new policy was formally approved in August 2017, after the end of our review period and over a year after the ICO's follow-up assessment in March 2016.
- 6.60 In our last review, we noted that the GDC had said that it intended to work towards accreditation under ISO 27001, the international standard for information security management. In this year's review, the GDC explained that its intention was to work in stages towards complying with the principles of ISO 27001, though it might not seek full accreditation. It said that the first stage of this work would be, later in 2017, to start measuring compliance with the NHS information governance toolkit, which it said was aligned with ISO 27001. We understand that this programme of work has not yet started at the time of our review, although the GDC has taken some steps to improve information security, such as appointing a dedicated information governance team.

¹⁹ The Information Commissioner's Office is the UK's independent authority set up to uphold information rights in the public interest, promoting openness by public bodies and data privacy for individuals.

- 6.61 It is for the GDC to decide how it will ensure that it keeps information about fitness to practise cases secure. But from the available evidence, its progress during the period of this review towards compliance with an established information governance framework has been limited.
- 6.62 We saw from the dataset that the GDC had reported one serious data breach to the ICO during the review period. That was fewer than in the previous review period, when it reported three serious data breaches to the ICO. Nevertheless, the fact that such breaches continue to occur highlights the need for the GDC to have robust systems in place. In that context, its slow progress in developing a new information governance framework is of some concern. As a result, we have concluded that this Standard is not met.

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