

## General Dental Council consultation

### Dentist and Dental Care Professional annual retention fee level for 2016

### Response from the Faculty of General Dental Practice (UK)

November 2015

#### Consultation questions

**1. Based on the principle that we will only charge dentists what it costs us to regulate them, do you agree that the ARF for dentists in 2016 should be £890 to enable the GDC to raise sufficient funds to operate effectively?**

No

**2. Based on the principle that we will only charge dental care professionals what it costs us to regulate them, do you agree that the ARF for Dental Care Professionals in 2016 should be £116 to enable the GDC to raise sufficient funds to operate effectively?**

No

**3. If you disagree that the 2016 ARF for dentists should be £890 and/or that the ARF for Dental Care Professionals should be £116 please tell us why and indicate the level you would consider appropriate**

Prior to this year's 55% increase in the ARF, the GDC was already the most expensive among the regulators of the large health professions. Following the increase, registrants now pay ARFs over twice that of doctors, three times that of opticians and pharmacists and seven times that of nurses.

The GDC's disproportionately high level of ARF, while regrettable, is a symptom rather than the problem. The problem remains that the GDC's unsatisfactory and overloaded Fitness to Practice process has lost the confidence of dentists, creating disillusionment and fear within the profession which may precipitate a reluctance to treat patients with even moderately complex care needs. This in turn would reduce the range and level of skills within the profession, and cultivates a working environment where judgement may be clouded by a concern of falling foul of inappropriate or vexatious complaints. The net result will be that patients themselves suffer.

This view of the Care Quality Commission (CQC) is that "compared with other sectors, dental services present a lower risk to patients' safety... the majority of dental services are safe and that the quality of care is good". It is

notable that as a result of these findings the CQC decided to reduce the proportion of dental practices inspected on a randomised basis to 10% from April 2015.

Over the same period during which the CQC has been inspecting dental practices, the GDC has overseen a rise in Fitness to Practise cases of 121%, and it has still not either fully explained the rise or considered the inconsistency with the findings of the CQC. With the GDC now processing over 3,000 cases a year, it seems incredible that in a sector providing 'safe' and 'good quality care', every year one in thirteen dentists will face a complaint which the GDC considers might call into question their continuing fitness to practise.

While we will welcome the anticipated Section 60 Order, which will give the GDC greater scope to adapt its Fitness to Practise procedures, we do not believe that the GDC's current proposals to reform its procedures on receipt of these powers will solve the fundamental problem. The GDC should aim to be considered a 'right touch regulator' by patients and dental professionals alike.

The GDC's pilot promoting local resolution implicitly acknowledges that its processes have not yet achieved the 'right touch', and we would encourage the GDC to publish the data and findings of its pilot, along with any proposed changes to its procedures, and the financial saving expected from such changes, as early as possible in 2016. However, while we welcome progress towards local resolution, we still believe that the GDC could be doing more to support resolution of complaints at the practice level.

We also understand the need for prudent financial planning, but do not believe there is a need to build up further financial reserves at the present time, and on the backs of registrants, by the maintenance of the extraordinarily high 2015 ARF. We note that the building up of reserves was not among the reasons cited for the original significant increase in ARF.

The consultation document states that the GDC already has sufficient reserve to fund an additional 2.7 months of activity. This is sufficient to cover an unanticipated increase in activity of 22.5% in a given year, which is well beyond the worst case scenarios for increases in caseload and conversion rates outlined in the consultation documents. We therefore do not understand the urgency with which the GDC is seeking to re-establish a reserve equivalent to 4-6 months' activity, not least given that the GDC is projecting a reduction in costs of 1.3% in 2016, as well as £1.8m per annum of savings by 2017 from the introduction of Case Examiners, and can anticipate additional savings from changes promoting more local resolution.

We therefore believe that the maintenance of the ARF at its 2015 level is unnecessary, and that the GDC is not doing its utmost to use appropriate opportunities to reduce the ARF from its current peak. While we welcome the statement that such savings will be passed onto dental professionals 'in due course', we are concerned that the GDC is in reality attempting to establish the current level as a new 'baseline'.

While we welcome the publication of more detailed financial information, which FGDP has previously called for, the GDC should also publish comparative information on the proportionate number of cases (and the levels of ARFs or their equivalents) brought against dentists and dental care professionals in comparable countries, and also information on how the GDC's proposed changes (following the anticipated passing of the Section 60 Order) will leave its Fitness to Practise processes in comparison to those of the UK's other healthcare regulators.

Without such information, consultees are not in our view in a position to support the sustenance of the 2015 ARF increase into 2016. In the context of the GDC's poor performance, the ARF level being significantly higher than that of similar health professions, and the continuing lack of understanding of the doubling of the GDC's caseload, the onus is on the GDC to provide this information, and the financial burden from the GDC's failings should not continue to be shouldered by dentists and dental care professionals.

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