



**British Dental Association response to
Regulating healthcare professionals, protecting the public:
DHSC regulation consultation March – June 2021**

Introduction

1. The British Dental Association (BDA) is the professional association and trade union for dentists in the UK. It represents dentists working in general practice, in community and hospital settings, in academia and research, in the armed forces, and includes dental students. The BDA promotes members' interests, advances the science, art and ethics of dentistry, and contributes towards improving the nation's oral health.
2. The BDA also provides indemnity cover and related advisory services and support to UK dentists through BDA Indemnity. The BDA's team of expert dento-legal advisers has contributed to the fitness-to-practise section of this response.
3. This consultation has been long-awaited and follows the healthcare regulation review by the Law Commissions 2012 - 2014 and the Department of Health consultation *Promoting Professionalism, Reforming Regulation*. The BDA provided responses to both exercises at the time.
4. We note that this consultation essentially sets out a 'blueprint' for future arrangements in healthcare regulation, but that further reviews are being undertaken before the regulators (except the General Medical Council) will see their legislation amended. Our comments and questions will in the main be in relation to the General Dental Council (GDC).
5. We welcome many of the proposals in this consultation that enable regulators to react swiftly to a changing world. The GDC has faced many issues in amending its processes to reflect changes, due to its inflexible legislation. However, there are also proposals within this document that create significant concern in the profession.
6. Regulation is of course about public protection, but it must also be a system that is trusted by the professions and promotes confidence in the professions.
7. It is important to note that dentistry is complex, being provided in a range of settings and is in many ways more analogous to medicine than other primary care professions. Therefore we have concerns about the prospect of an amalgamation of regulators. Dental undergraduate education is still very close to medical education in many ways but there are differences in the systems for postgraduate training, for regulation and recognition of qualifications, and in terms of the responsibility the clinician has from the moment they are first qualified and the career pathways available to them. While medicine is largely funded by the NHS, the majority of dentists are independent contractors with the NHS and many of the funding streams available to doctors do not apply to them. This creates

differences in the support dentists receive in comparison to their medical counterparts. At the same time, dentists are not comparable to optometrists or pharmacists. We would like to quote here from what we said about the possible amalgamation of regulators in the 2017/18 Department of Health consultation: “We realise that there is an assumption at the Department of Health that an amalgamation of regulators would lead to economies of scale and streamlined procedures. We are not convinced that there is evidence that costs would necessarily reduce, however. The fixed costs form a small percentage of the total expenditure of the regulators so at best only marginal efficiencies are likely to be achieved. The consultation document does not provide a sufficiently detailed analysis of the necessary factors [..]. The effect on morale of those professions who feel they will have lost their identity will be larger than the Department might anticipate. [...] We believe that suggestions of a ‘high street’ regulator are inappropriate particularly given the breadth of dentistry and specialisation in the profession. Suggestions that regulation of dentists could work in line with the HCPC has also found no support from the profession. [...]”

8. As in 2018, we would therefore like to highlight that the BDA is in favour of retaining a separate regulator for dentistry, able to take into account the wide variety of settings in which dentists and dental teams work. With the flexibilities that regulators might now receive as a result of this review, some parts of dental regulation might be significantly improved to how it has been over the last decade or so since the system was clearly shown to be outdated. We are not convinced that in any report (including “Busting Bureaucracy”) evidence has been shared that suggests that the number of regulators is too high; it is simply stated that it is believed to be the case. We would like to be involved in the review that has been announced as part of this consultation.
9. We also note that there will be a review about the number of professions currently being regulated per statute. Within dentistry, statutory regulation of dental nurses and dental technicians has been somewhat difficult. The payment of fees, the requirements for CPD and indemnity and the related costs are a major reason why individuals leave these professions, and we would suggest that a system of voluntary regulation might be more appropriate. For dental nurses with enhanced skills and further qualifications, and of course clinical dental technicians, statutory registration is clearly appropriate.
10. Some of the main concerns we have are around health no longer being considered as a separate fitness-to-practise ground, the case examiner powers being extended to suspension and erasure, and the implications of the proposals for ‘intent’ on prosecuting illegal practice and their impact on patient safety.
11. Although not a theme of this document, a clear patient safety issue in dentistry is the lack of regulation of corporate entities by the GDC. The situation is becoming ever more serious due to corporate bankruptcies and online/ remote prescribing and lack of suitable supervision. We would like this to be further considered as this and other consultations move forward.

Consultation questions

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

We agree in principle, subject to further clarification of the detail of the duty. The GDC already has a duty to cooperate. It is important that this duty works to avoid, not increase, the risk of double or even triple jeopardy, where cases against registrants are considered at individual regulator, systems regulator and NHS level (eg GDC, CQC and NHSE and related organisations in the devolved countries).

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

We agree with this proposal. While some of these requirements on transparency, on the publication of annual reports, and on public Board meetings already exist, we have highlighted over many years that the GDC had a transparency deficit. It had started addressing this in a significant way (in relation to Board papers) towards the end of 2019; unfortunately the pandemic has had the effect that fewer Board papers seem to be shared now and some of the decision trails on policy matters are only noted as they have been discussed by email. There continues to be a tendency to designate more subject matters as 'confidential' than necessary and we would like to see this addressed via this objective.

The level of consultation has also been variable, although the quality of the GDC's consultation exercises has markedly improved in comparison to five or six years ago. Meaningful consultation on any of the change or new rules to be developed as a result of the proposed changes are of the utmost importance.

We would also like to see the regulators to be bound by a duty of candour when they have made a mistake. To date, despite many improvements, it is very difficult for our regulator to accept and confirm that they have announced/decided something that in hindsight was problematic, and take responsibility by saying so publicly. If a duty of candour applies to health professionals, it should also apply to regulators.

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

We agree that it is important for the regulators to assess the impact of any changes to their rules, processes and systems. With an ever-reducing professional input into regulation, the scope for significant unintended consequences which will affect regulation and therefore patient care is at a high risk of increasing. Professional morale is already low and there is a real danger of an exodus of professionals in dentistry, and unpopular regulatory decisions can significantly affect this. Registrants also bear the costs of regulation, and in the case of the GDC there is existing criticism of registration fee levels and the reserves it holds; so very clear impact assessments are needed for any changes.

We are also concerned that the rule-making powers the regulators will have do not seem to be overseen by anybody. As outlined separately, in dentistry we have significant experience on decisions being made that were detrimental to the profession, and they were effectively unchallengeable. Consultations are often extensive but there is not always a notion that contributions are taken into account even though consultations

should happen at a formative stage of any proposals. As mentioned earlier, consultation on any changes and the rules that regulators will develop as a result of the current proposals are of utmost importance.

We do also wonder whether some sort of oversight should be put into the arrangements for all regulators. The PSA has suggested this as a role for itself in terms of improved patient protection. We are not entirely sure that it should be the PSA as it has no powers to assess issues that might be detrimental to the profession, but some sort of oversight might be useful nevertheless. If the PSA's own role could be reviewed to consider effects and impact of regulatory change on the professions rather than solely for the public, we would be happy to consider a role for it here. However, we do not think that the PSA as it is currently constituted and operates is appropriate for this purpose.

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

We strongly disagree with the proposal not to have a minimum number of registrant members on the Council or Board and do not see how the proposals promote greater accountability; they are more likely to do the opposite. We have a number of concerns in this context.

The dental profession has suffered a period of unprecedented lack of confidence in its regulator, from which it is yet to recover. A lot of the related problems were based on preconceived views amongst Council members and its first lay Chair (who took office in 2013) which were largely unevenced and led to a court case over fee levels won by the BDA in 2014. A lack of knowledge of professional systems, work, and personal experience of situations as faced by regulated professionals has a negative effect on decision-making at Council level and a directly-related devastating effect on the affected regulated professions. Mistakes in the regulatory system have a direct effect on patient care, especially if professional morale is so low that professionals lose confidence or suffer significant stress, which increases risk, or are leaving their profession, which reduces access to clinical care.

In addition, if there is only one Board member from each of the UK countries, this must be a registrant who must engage with the profession. As the dental systems within the UK have diverged, a lack of professional knowledge of the systems in all four countries of the UK is detrimental in policy and strategy development.

Our experience of lay chairmanship of the GDC has also taught us that the Chair of the GDC must be a dentist. The lack of knowledge of dentistry and dental systems that was for a long time demonstrable at the top of the GDC seems to be lauded by individuals who believe that in-depth understanding of the professions is not necessary as long as other leadership skills are present. The profession cannot withstand years of another 'learning curve' from future Chairs and Council/Board members while significant mistakes are made that lead to a loss of confidence in the regulator. If the profession does not have confidence in the regulator, it will affect patient care.

There should be more transparency with regard to the recruitment and appointment processes for Council and Chair, and there should be input into these processes from those with a dental background. As the Chair has input into the recruitment of Council members and, presumably, staff at director level, we are very concerned about the influence the

Chair would have on the composition of the Board and therefore its direction, with little control or accountability.

The need for significant professional representation on any Council/Board is even greater in situations where the appointed Chair is not a registrant. There should be an explicit constitutional requirement for a minimum number of registrants (at least 50%) on the Council/Board in general, but especially where this situation arises.

In order to allow for appropriate professional Council/Board appointments, the consideration of the inclusion of executive and non-executive members and/or maximum number of Board members needs to be reconsidered. We have no strong views about the inclusion of executive members as such, but as this is likely to limit the number of possible registrant members significantly, there is a need either to limit the inclusion of executive members or increase the maximum overall number of Council/Board members.

We have no concerns about former registrants being able to apply for Council positions as long as they fulfil other necessary requirements for leadership positions.

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

We disagree with this proposal as we can see situations where some level of oversight, through the Privy Council or another authority, would be needed. We welcome the explicit requirement to consult on the fees, and we would agree that the regulators should have the freedom to set their fees for registration exams in line with the cost of these exams, to avoid a situation where existing registrants subsidise these exams. However, our experience of the 2014 court case has shown that, despite consultation, votes of no confidence, approaches to government, parliament, the Privy Council and the Professional Standards Authority, not a single one of these authorities was able to hold the GDC to account over unevidenced statements and the decisions it had made, causing many people to refer to it as 'rogue' at the time and leading to a deeply founded mistrust within the profession which continues to this day. There needs to be some clarity as to how inappropriate decisions, on fees and other matters, can be challenged. If the Board proposals are implemented as outlined earlier in the document, the risk of inappropriate and unworkable decisions around policies and fees will increase.

Given the width of this consultation, the reference to fees might also be wider than just the annual retention fees charged to registrant. The consultation proposes to permit regulators to charge for services, and to charge for ongoing monitoring, for example of education providers. The relevance to education providers is not explained in depth in the consultation document and is, we believe, an omission that should be addressed with more information. We make comments elsewhere on our views on the charging of dental schools for the approval of their programmes, but are concerned on the lack of further information on the nature and level of fees to be charged for approval and ongoing monitoring, and the implications of non-payment, for example, on institutions and their registrants.

In summary, there should be some sort of oversight to prevent inappropriate fees levels and increases, and this needs to be more effective than it has hitherto been.

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

We would generally agree that fee-setting over a set period, for example three years and in line with a strategy and costed corporate plan, is good practice for a regulator. However, the costed corporate plan and any affiliated strategies need to be reasonable, within the regulatory remit, and supported by the profession if professionals are to pay for it through their fees.

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

Generally it would be appropriate to let regulators establish their own committee structures, subject to consultation. However, given that in the case of the GDC at least, statutory committees are directly linked to the fitness-to-practise procedures, it might be a concern if a regulator decided not to have any relevant committees. Similarly, a wish to set up high numbers of committees would presumably lead to increased regulatory costs. There should therefore be some form of oversight of the approach if the committees are no longer defined in legislation. There must also be appropriate professional involvement in any statutory committees.

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

We assume that this point is aimed at the regulators potentially approving educational institutions in the UK and abroad. There are a number of issues to cover in this context.

First, currently the GDC assesses and inspects UK dental schools. As regulators are funded from registrant monies, the associated costs are borne by the registrants. An introduction of charging for services would presumably lead to a reduction of registrants' annual retention fees. However, we are concerned that a move to charging for such assessments and inspections might destabilise the dental schools and other universities and education providers currently covered in this system; presumably universities would have to recoup such costs through its funding streams via the government, and other course providers, such as providers of courses for dental care professionals (DCPs) or further education colleges, would have to pass such costs on to their applicants, which might price some providers out of the market. There is too little information in this consultation for us to make comment on this, but generally we believe there are significant risks linked to this proposal.

Secondly, thinking beyond the approval of education providers, the 'services' the regulators would undertake should be within its remit.

There would have to be full transparency into these services; who they were being provided for, when and why; how much the charge was; and what the outcome was. For example, if an application for an approval were to be unsuccessful, there should be no pressure on the regulator to reconsider it because funds had changed hands. On the other hand, processes would also have to be fair and transparent. It is likely that there might be

a lot of interest for some regulatory services in some areas, and such an increased workload should never be detrimental to the core functions and services the regulators provide for existing registrants and education providers.

A permission to charge for services for example to accredit overseas degrees or institutions would also need to be seen in the context of its effects on wider workforce issues. Regulators should not have any role in workforce planning; however, the permission to charge for educational accreditation will have an effect on registration numbers, which will put pressure on other areas of the system, for example dental foundation and speciality training. Such issues need to be taken into account. We also feel that the 'permission' to charge might lead to government pressure on regulators to do such work. This would be detrimental to UK dental schools and their graduates, and the wider profession. It would also be inappropriate given that regulators are independent and should not have even an indirect role in workforce number considerations.

It is unclear what other sort of services beyond education approvals would be included in a range of services that a regulator could charge for, but presumably it could be that one regulator takes on, for example, registration responsibilities for another one. This then raises other issues around data protection, data sharing and transparency. However, in any case, it should not happen that such services were co-funded by registrant fees or that the workforce of the regulator prioritises chargeable services over the work it needs to do for its registrants.

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

We disagree with this proposal. Delegation of function to a third party (including, but apparently not limited to, another regulator) bears significant risks. These include a lack of knowledge of the relevant profession's needs, the systems in which the profession works, the reliance on the organisation to which a function is outsourced and the lack of power to remedy it if things go wrong. We have significant experience of outsourcing in dentistry through the use of CAPITA/PCSE to run the performers list arrangements in England. This led over several years to significant delays and dentists not being able to start work for months when and where they were needed, without either the NHS or the individuals being able to do anything to improve the situation.

In addition, while outsourcing/delegation is usually suggested to be of a cost-cutting nature, in reality it may lead to higher costs or at least an overall lack of value for money if parts of a contract are not carried out in line with expectations; costs that are currently covered by the registrants. It is unfathomable to think what would happen if registration, education or fitness-to-practise systems were outsourced to an entity that was then to be found wanting, or to overcharge for its services. It would destabilise and potentially paralyse the dental regulatory and educational system, and the cost to remedy the situation would fall to the regulated professions.

We therefore see no benefit to the regulators delegating any of their functions to a third party.

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

We disagree with this proposal. Clearly, some data sharing with some organisations is necessary, but this could already be covered as part of the duty to cooperate with a number of relevant organisations. The proposals on data sharing in this section carry significant risks. For one thing, the proposal is in the context of enabling regulators to carry out their statutory functions. However, there could be a situation where the request being made is considered by others to be irrelevant to the carrying out of the statutory functions, or to being outside its remit.

For example, we have recently been made aware that the GDC has tried to obtain full medical records for some registrants undergoing professional treatment and support. We have taken steps to counter this as the full medical records are completely irrelevant to the cases being considered by the regulator; all the relevant information has been provided through appropriate reports as agreed by the treating doctors. Full disclosure of medical records is completely inappropriate and unnecessary. Secondly, registrants are human beings and therefore must have a right to confidentiality and privacy especially where health matters are concerned, but also where they have tried to obtain legal advice and support on other matters. Therefore, we strongly disagree with any suggestion that regulators could force professional organisations, indemnity providers or even employers to provide confidential information on individuals. This would violate the individual's right to privacy and would be in contravention of the Data Protection Act 2018.

11. **Do you agree or disagree that regulators should produce an annual report to the Parliament of each UK country in which they operate? Please give a reason for your answer.**

We agree and would see this as good practice.

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

We agree that this would be a reasonable step as it would provide consistency with the other regulators.

13. **Do you agree or disagree that all regulators should have the power to set:**
- **standards for the outcomes of education and training which leads to registration or annotation of the register for individual learners;**
 - **standards for providers who deliver courses or programmes of training which lead to registration;**
 - **standards for specific courses or programmes of training which lead to registration;**
 - **additional standards for providers who deliver post-registration courses of programmes of training which lead to annotation of the register; and**
 - **additional standards for specific courses or programmes of training which lead to annotation of the register?**

Please give a reason for your answer.

We agree with the continuation of the arrangements for education outcomes and QA of training/education providers; setting standards for registration as a dentist, DCP and specialist. We are not convinced that regulators should have powers to accredit postgraduate courses and training. In dentistry, this would presumably apply to dental foundation training and dental core training, plus potentially many other programmes. The GDC would not have the resources or experience to quality-assure such programmes; such a role would also take away the autonomy of universities and postgraduate institutions. Would CPD provision also fall within this category? There is much too little information in this section of the consultation on which we could base a positive answer as we just see an increased workload, dilution of current processes, lack of expertise and significant potential problems for the postgraduate education of dentists and team members.

In specialty training, the GDC does have a role, but this is carried out through a close working relationship and long-standing Memorandum of Understanding with the specialty advisory committees of the Royal Colleges, and it is the latter who regulate the training of specialty trainees throughout the UK; the issuing of a Certificate of Completion of Specialist Training (CCST) then leads to inclusion on the relevant specialist list. The current proposals could jeopardise this current system that works very well and could have a huge detrimental effect on the quality and control of specialty training in dentistry.

For example, much of this accredited training is carried out in District General Hospitals (DGH). If these were to be asked to pay a set of new fees this could destabilise training, and the oversight of the issuing of training numbers and necessary workforce considerations would also potentially be affected.

As mentioned earlier, it is not the role of the GDC to control the UK workforce, it is to regulate and define the standards to which the professions work. This requires an overview and recommendations so that all specialties are equally represented within the UK specialist workforce in a cash-limited system and the quality of training posts is appropriately assessed. There are quite a few independent/private training providers who advertise their courses as being similar or akin to specialty training, but they are not registrable as they do not reach the high standards required by the SACs.

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

We agree with this proposal with the caveat that we do not agree with some of the provisions of question 13. It should not be within the power of the regulator to approve or refuse the legitimacy of dental foundation training and dental core training, for example, and our comments on specialty training need to be taken into account. The arrangements for standard setting and quality assurance in specialty training should not be jeopardised.

Clearly, if such provisions were introduced, the regulator would have to have the powers outlined, but we believe this should only be for pre-registration training and education, and their role in specialty education as per current arrangements. The consultation also does not make it clear how the financial aspects, for example the charging for approval and ongoing monitoring, will affect this role.

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

We agree with this proposal in as much as they relate to educational issues. As a financial aspect seems to be introduced to these processes, it would need to be clarified in how far this would be linked to these processes and their outcomes, or administrative issues. For example, would warnings be imposed on non-payment or late payment of a fee?

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

We agree with this proposal. It is important that education and training providers have the right to provide further information, explanation and commentary during the process.

17. **Do you agree that:**

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

Please provide a reason for your answer.

We agree with most of this proposal, subject to there being stakeholder consultation about the rules. We would also make the point that, where such appeals are being made by overseas institutions, the cost of such appeals should not fall to existing registrants.

We believe conditions should be appealable, however.

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

We agree with this proposal.

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

We agree with this proposal in principle subject to earlier comments and the assurance given that this will not be for programmes which lead to registration or annotation of the register (see question 20). We believe that this proposal will facilitate to resolve the problems the GDC has had for many years with the arrangements for its Overseas Registration Exam (ORE). The actual changes should be fully explained and consulted upon at the given time.

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

We agree with this proposal. Already approved courses should not be subject to further registration exams as this would be duplication and would undermine the regulators' powers in approving providers and courses. It would be disproportionate. (Also see question 33).

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

We agree with the flexible nature of the quality assurance processes in as much as they are deemed appropriate, but would expect the regulators to be respectful of the views of the education and training providers and their views on whether any given approach is deemed appropriate or disproportionate/unworkable. Ultimately, however, there is a need for diversity of programme design and its assessment.

We do not agree with the delegation of the quality assurance function to a (any) third party.

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

We have no specific view on this at the moment but would like to hear more about how this proposal would affect dentists registered with the GMC, for example as Oral and Maxillofacial Surgeons; and secondly, whether this proposal will have any effect on the GDC's work in reviewing its process for mediated entry to its specialist lists. We wonder whether there is scope here for some unintended consequences.

In dentistry, the route onto the specialist lists without a CCST is not straightforward and causes problems for applicants and assessors alike. It is currently the subject of an ongoing review, which we hope will continue and lead to an improved process.

Please also see our comments to question 13.

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

We agree with this proposal (subject to consultation on the rules and guidance).

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

We agree that there could be a single dental register which could be divided into parts for each profession regulated by a specific regulator. The registrant category and qualification level must be clear for each individual registrant.

We would not be supportive of a single register of all professionals held by a single regulator as we believe this would be confusing for the public, difficult to maintain appropriately, and lead to a cost increase rather than decrease.

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

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

Please provide a reason for your answer.

We agree with this proposal generally. However, we interpret the term 'registration history' as showing the date of first registration. We would not support a full visible registration history including any previous sanctions given to a registrant which are no longer current.

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

We agree in principle. However, we refer you to our answer to question 11 where we raise some serious concerns about the proposals for data collection. The nature of the data the regulators collect, hold and process must be limited to essential information for carrying out their statutory duties and must respect registrants' rights not to share personal information such as full medical records where summary records suffice. In addition, regulators should not have a power to force outside organisations to breach the confidentiality of their members, clients or patients.

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

We disagree with this proposal as it raises all kinds of questions around the protection of registrants. We were pleased when the GDC changed its policy some years ago about the publication of registrant addresses, for reasons of registrant safety. Publishing the information as suggested in this consultation has the potential of putting registrants at risk from identity theft and personal attack. It could also potentially lead to a registrant's practice being restricted due to administrative errors or delays in the system. We feel there is a disproportionate level of risk to registrants involved in this proposal, and there is no benefit to public protection.

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

There should be very clear processes for annotations in place, and these should be consulted

upon. As this will be largely a new feature in dentistry, the information provided in the consultation document is not detailed enough to provide an informed view, especially as it is not clear what will be deemed 'the purpose of patient protection' and what will not fit that definition, as views could be divided about this. Historically, it has been possible in dentistry to add some postgraduate qualifications to the register, although this option was closed around a decade ago. We are somewhat concerned about limitations to scope of practice if they are not due to a fitness-to-practise decision, as it is unclear how agile and reliable the annotation process will be. It is also unclear how the fees system for annotations should work and whether some professionals will be disadvantaged if they are unable to pay for an annotation. It is further unclear whether all annotations will be visible to the public or whether some will be available, for example, to responsible officers in the GMC's revalidation process only as they currently are.

29. Do you agree or disagree that all of the regulators should be given a permanent emergency registration power? Please give a reason for your answer.

We agree with this proposal.

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

We disagree with this approach. Protection of title is clearly of fundamental importance and should be part of every regulator's powers. However, in itself is not enough to protect the public from charlatans; they could simply use a similar, but unprotected title and carry out the work that only a regulated professional should undertake. The protection of function is therefore also necessary.

The consultation document suggests that government will review protected functions of the professions so as to 'ensure they reflect current practice'. We would argue that the protection of function, such as 'the practice of dentistry' and 'the business of dentistry' in our case, is equally important to the protection of title. Specific areas in dentistry where the protection of function has been of immense importance are tooth whitening and remote orthodontics. Companies and individuals are attempting to provide these treatments under a 'cosmetic' banner. The fact that they can be defined as the practice of dentistry is of huge importance to stop non-registrants from providing these treatments that make permanent and irreversible changes to a person's health and can lead to significant damage and health issues if done wrong. Few of those who currently engage in the provision of these treatments illegally will be using a protected dental title if they do not hold it.

If the government is serious about protecting the public, it must retain the protection of function as well as the protection of title. The removal of the function would also potentially remove the requirement on dental body corporates to have at least 50% of their board of directors as current registrants. In the absence of formal regulation of corporate bodies, this removal would enable a wide variety of people to set up dental businesses who have not idea of the regulatory environment in the healthcare sector and therefore put the public at significant risk.

In addition, there might be a need in the future to protect other titles, such as "NHS Consultant in...[a given specialty]". This might be useful as the title is subject to additional training. Some of the other titles used in NHS contractual arrangements might also benefit

from some sort of recognition because they may be in slight contradiction to regulators' approaches of specialty title protection.

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

We disagree with this proposal. The protection of title offences should be non-intent offences. This is important because in dentistry, as mentioned earlier, the area of tooth whitening is a specific problem; it poses a significant risk of danger to the public and yet is carried out illegally by unregistered persons such as beauty therapists. The level of sanction is already very low (usually a small fine). This is a great concern, and we would like to see this increased to reflect the actual danger to patients. If the GDC was required to prove the intent to deceive behind every case it would significantly affect its ability to prosecute illegal dentistry and therefore its ability to protect the public from dangerous practices.

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

We agree with this proposal. The role and powers should be clarified further.

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

We agree with this proposal. We would like clarification on the suggestion that 'applicants may still be required, by a regulator, to undertake an additional assessment or examination before being eligible for registration.' The document does not provide much further information. Under question 21 it was stated that qualifications already approved would not lead to additional registration assessments, and the role of the regulator in assessing non-approved qualifications has also been mentioned. We are therefore questioning whether this sentence is in contrast to earlier proposals.

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

We believe that this approach should be criteria-based, not discretionary; it is fairer and more transparent that way.

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

We have no comment on this proposal.

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

We agree that regulators should be given a new power to suspend in cases where they would currently use 'administrative removal', for example for non-payment of registration fees or non-compliance with CPD requirements, especially where human factors have played a part in the situation arising in the first place. These processes need to be proportionate. At the moment, the GDC administratively removes registrants for the reasons above. This entails the need to make a full new restoration application and processing times can be lengthy; the whole process leads to significant stress in practitioners who have no opportunity to resolve the issue faster. We are also concerned about follow-up action by the GDC where someone has been erased from the register due to an error/mishap on behalf of the registrant. This includes an immediate letter to the NHS which then leads to removal from the performers lists/NHS dental lists. The process for the return to these lists is significantly more onerous than the restoration application and leads to weeks, if not months, of loss of patient care being provided.

The change to a suspension would be welcome as the reinstatement would presumably be more straightforward. We would argue in this context that the immediate information being sent to the NHS should also be modified to allow for a smoother and quicker return to practice and make the whole process more proportionate. This is particularly important if payment by instalments is used by registrants.

We would also suggest that regulators should lose the power to immediately remove someone from the register and only retain a power of removal if there is no engagement from the registrant after a significant and agreed length of time.

We are less convinced that either suspension or erasure should take place for 'failure to maintain an effective means of contact and contact details with the regulator'. This is not currently a ground for removal as long as payment of fees and compliance with CPD requirements and other registration obligations are fulfilled. The term seems undefined and there could be significant unintended consequences if this was handled more strictly than it currently is.

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

We agree with this proposal.

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

We have no additions.

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

Clearly the right to an appeal must be set out in legislation as suggested, but the processes can be set out in rules to allow for flexibility when issues with processes are raised.

The suggestion that a removal of an annotation is not appealable because any time limit has lapsed is unclear. If the lapse is on the part of the regulator, the issue should be able to be addressed.

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

We disagree with this proposal. We are not currently in favour of student registration but this is an area that could, in the face of other changes in education, potentially be considered at a future point. Therefore it may be worth retaining the power even though it is not currently a policy aim.

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

We disagree with this proposal. There is a significant number of professionals in dentistry and other professions who believe non-practising registers would be useful. This is because while individuals might not work clinically, professional registration might be a requirement of their ongoing work in teaching, mentoring, research or indeed professional representation or politics. They pose no clinical risk to patients but their skills should be harnessed for other professional aims and the retention of such individuals in the profession would be beneficial. We believe regulators should have a power to establish non-practising registers.

- 42. Do you agree or disagree that the prescriptive detail on international registration requirements should be removed from legislation? Please give a reason for your answer.**

We agree with this proposal. The situation with the ORE has been untenable for many years and removing the specifics from legislation is important so that regulators can work on new recognition processes.

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

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

Please give a reason for your answer.

We agree in principle with the three-stage approach; however, we do not agree with the

suggestion that case examiners should have all sanctions, including suspension and erasure, at their disposal. Despite the fact that the process is due to be based on an 'accepted outcomes' approach, we do not believe that these significant sanctions should be available without the full legal considerations undertaken as part of a panel hearing. We make further comments below.

44. Do you agree or disagree that:

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

Please give a reason for your answers.

We disagree with the proposals in this section. First of all, the two grounds for action would need to have extremely detailed clarification of what constitutes a breach of each of them. The approach generally seems too simplified and binary for such a high-stakes situation. This leads us to disagreement with the second bullet point of whether these two terms constitute the most appropriate terminology. Competence may mean different things to different people, and could be lacking in relation to a specific area/restricted field or generally, and this may not be clear.

We strongly disagree that health will no longer be a separate ground for action and will be considered under the ground of lack of competence. This is an inappropriate approach as health cases are very different from lack of competence or misconduct and do not fit into either of these categories. One of the things that regulators including the GDC generally do better than other things is the handling of health cases. These issues are separated out from fitness to practise issues and are dealt with sympathetically and supportively; erasure is also generally not an option in such cases. These proposals would put people who are ill under inappropriate and unnecessary additional stress. Being unwell is not the same as being unfit to practise.

The way in which health cases are referred to healthcare regulators is not always the same as issues relating to competence and conduct. How health concerns are identified can also differ for employed registrants in healthcare professions, versus sole practitioners. It is often easier for employers to recognise and identify issues, making referrals to regulators, rather than those working on their own who may not always recognise their fitness to practise is compromised by their health. A separate channel for registrants to highlight health concerns, rather than suggesting they are not competent, is a much more appropriate, supportive and workable route.

In addition, with the problems with timeliness in the fitness-to-practise area, making health a part of 'lack of competence' would also mean that cases could be on the waiting list for a significant amount of time. We have heard from other professions that the Disclosure and Barring Service has suspended health cases from work for long periods of time; professionals could face being unnecessarily barred for 10 years through such routes. It is a regressive step

to consider health as a lack of competence and could have potential discrimination and human rights issues.

Lastly, we also disagree that these proposals provide sufficient scope for regulators to investigate concerns and protect the public. We would like to see more information on how regulators would deal with vexatious complaints and issues in which a complainant attempts to weaponise regulatory processes. The DHSC should work with regulators to consider how registrants can be protected in such circumstances.

45. **Do you agree or disagree that:**

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

Please give a reason for your answers.

We disagree with the proposal that all measures should be made available to Case Examiners.

This proposal would mean that case examiners would make a judgement on the facts, which is not something they currently do. Extending this level of judgement to the case examiners would mean that a lot more work would have to be done by the legal team in all cases, not just in the small proportion of cases that currently go to a panel hearing. Therefore, this proposal would significantly increase the time spent on each case (including obtaining the evidence in cases that would, under current systems, be closed by the case examiners) causing more stress to registrants; and the cost to the regulators and therefore to registrants who pay for regulation and for their indemnity cover. Some cases might be determined on written submissions but many require cross examination of witnesses to reach a conclusion. The way cases are investigated at case examiner level would have to change significantly. While it is stated that 'accepted outcomes' are not 'plea bargaining', it is important that registrants and their representatives might need to be able to modify conditions to make them workable. In addition, currently two case examiners consider cases; there will be a need to use more than two if this proposal goes ahead.

Having suspension and erasure available to case examiners could be helpful in cases where the registrant does not wish to engage or is seeking voluntary removal, however.

We specifically disagree with the stipulation that all warnings will be published for a period of two years. Currently, regulators have a certain level of discretion whether to publish or not, and for how long. This should be retained.

The wording around paragraph 269 in the consultation is misleading. There is a difference between a registrant who does not meet the threshold for impaired fitness to practise and someone whose fitness to practise has been found to be not impaired. The former is currently a decision by the Case Examiners, the latter by a Professional Conduct Committee hearing. Where fitness to practise is found not to be impaired there should be no sanction of any sort. It is where the fitness to practise has not been formally assessed that a warning, for example about future conduct, might be appropriate.

What would the effects be on unrepresented registrants? Would there be a danger that they accept an outcome which a panel might have deemed too harsh? There may be equality issues linked to this concern.

We agree in principle with automatic removal, however, there is a need to establish a process for the situation where a conviction is quashed on appeal. The effects of a removal from the register for a listed offence, followed by a quashed conviction, would be a situation of unsurmountable stress for a registrant. Regulators need to be absolutely sure that there is no chance of a quashing of a conviction and/or a miscarriage of justice before such an erasure.

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

We agree with the proposals in general. However, the ability to review measures at any point will lead to insecurities amongst registrants. Therefore, there must be very clear parameters for such reviews.

Secondly, there are questions over how an interested party might be aware that they could or should seek a review.

There is no reference to a minimum time period for sanctions (i.e. currently erasure is for a minimum of five years). There should be consistency between the regulators about such time scales.

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

We agree with this proposal as the process must be transparent for both the registrant and the person raising the concern. However, there is a need for a better definition of 'key points'. Also, notifications should be meaningful and contain relevant information. If rules differ between regulators, there should be some discretion as to at what stages people should be notified.

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

We agree with this proposal in principle and specifically welcome the exclusion of reflective material. However, we are concerned, as outlined earlier, about the powers to require third parties to provide information. Registrants must have a right to confidentiality of their personal matters, especially health matters, and must also have a right to raise any issues they have with professional bodies, trade unions, indemnity providers and employers/employment support services. Without these safeguards there can be no trust in the system and the regulated professions will be decimated in time.

We believe that complaints to the regulator should be required to go through robust local and regional investigatory procedures first. Complaints should not be made directly to the national regulator unless there is a demonstrable need for an interim suspension order for reasons of immediate public protection. They should only get to the regulator if the issue cannot be resolved locally or regionally, in a similar manner to complaints to SPSO. There are now some routes for referring NHS complaints back to local or regional procedures in the first instance and these must be continued and extended.

We strongly believe that the regulator should only investigate the complaint made. Currently, even if it is determined that there is no case to answer for a complaint, the GDC will often seek full records, or even other sample records from other elements of the registrant's practice. The GDC will then carry out a fault-finding exercise resulting in the registrant being investigated for matters that were not part of the original complaint. Many of these matters should reasonably fall to bodies such as the CQC (and its counterparts in the other UK countries), who are required to inspect practices, rather than the regulator.

We also believe that the current adversarial approach is not appropriate to professional regulation. There is little enquiry after the truth, rather it is argument to win the case. Professional regulation should be inquisitorial in nature.

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

We disagree with this proposal. We believe that investigating concerns that are over five years old is manifestly unfair to the registrant. Any matters impacting on fitness to practise to protect the public as well as to ensure fairness to the registrant from an evidential point of view should be dealt with as close to the time of the alleged incident as reasonably possible. There are statutory limitations within the NHS complaints system (12 months) for dealing with complaints for example for these very reasons. Fitness to practise may involve more serious issues but the registrant is prejudiced against by the lapse of time that will make any witness testimony less reliable.

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

We believe that non-compliance be managed via adverse inferences systems.

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

We agree with the approach; this is how the system currently works and it seems to work well.

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

As mentioned in our answer to question 45, we generally agree with this, but there must be safeguards in the system should the conviction be quashed.

53. **Do you agree or disagree with our proposals that case examiners should:**
- **have the full suite of measures available to them, including removal from the register?**
 - **make final decisions on impairment if they have sufficient written evidence and the registrant has had the opportunity to make representations?**
 - **be able to conclude such a case through an accepted outcome, where the registrant must accept both the finding of impairment and the proposed measure?**
 - **be able to impose a decision if a registrant does not respond to an accepted outcomes proposal within 28 days?**

Please give a reason for your answers.

We fundamentally disagree with the proposal that case examiners would have the full range of measures at their disposal. We have already commented on this in relation to question 45. Case examiners should not be able to issue suspension or erasure orders. This is because the process they go through is largely based on written representations. A decision on suspension or erasure is about the registrant's livelihood and impacts on those around them, both colleagues and family, and patients. Such decisions should only be made based on a full hearing, a formal conversation about the facts and the views from all sides. If case examiners were to be given those powers, their work would need to include the work that is currently being done at panel level; it would necessitate additional training, time to conduct the investigation, seek evidence and consider it, and would for those reasons not really bring any savings of cost and time. What sort of pressures could be put on the registrants to agree with a proposed outcome in order to find those savings? We think there are too many risks to registrants in this proposal for it to move forward.

There should be a balance between public protection and the rights of registrants. Although any sanctions would be agreed, it is important that access to justice for registrants is maintained as a fundamental human right - that is a fair hearing of an independent and impartial tribunal in relation to registrants' civil rights and obligations. It cannot be said that case examiners are sufficiently independent to determine sanctions that severely restrict registrants' rights, such as erasure, even if these are agreed. Registrants would be agreeing to something that would fundamentally restrict their rights, such as the ability to practise, without the benefit of access to justice. While agreeing to sanctions is not compulsory, the registrant may be agreeing to a sanction that would be deemed inappropriate when considered by an impartial, independent panel. These types of sanctions must be limited to a full panel hearing. The right of appeal of case examiners decisions does not maintain access to justice.

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

Interim measures are usually used as a means of protecting the public (or the registrant) whilst a case is investigated, not after FtP has been assessed and impairment found. Therefore it seems odd to suggest that an FTP panel would impose an interim order, as they would by definition have decided that there is an impairment.

If it is decided that case examiners may impose interim orders, these must be agreed by the registrant. An interim measure panel will be constituted differently from the Case examiners and therefore we do not see any logical reason for allowing Case Examiner to have the powers set out in paragraph 325. The proper place for imposing interim measures is before a panel where the registrant's case can be set out. This direct representation to the Case Examiner would not be possible where a registrant is opposing an interim measure.

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

While we believe setting out processes in rules would largely be appropriate, there needs to be some oversight over how the rules are developed. Fundamental principles should still be enshrined in legislation to ensure fairness of processes.

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

We agree with the right to appeal.

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

Yes, it should be through the courts.

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

We agree with this proposal.

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

We agree with this proposal.

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

Yes, it should be through the courts.

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

Provided that all parties can request a review, we agree with most of this proposal.

We agree that the PSA should not have its Section 29 powers extended to cover case examiner decisions. Use of Registrar Review, if done appropriately, will enable oversight of decisions made by case examiners to be reviewed, reconsidered and referred on as appropriate.

We are unclear however why a case being reopened after being closed by case examiners should automatically result in its referral to the fitness to practise panel [362]. This should depend on the basis of the registrar determining that it should be reopened. If new information is available or the decision was materially flawed, it is unclear why the added expense and stress of a fitness to practise panel will resolve something that could be remitted back to a new set of case examiners.

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

We agree that the PSA should not have its Section 29 powers extended to cover case examiner decisions. We believe the proposals for Registrar Review as set out in the document provide sufficient safeguards for ensuring the decisions made by case examiners are reviewed. All interested parties can seek a review of the decision. Involving High Court appeals with the PSA is cumbersome, expensive and unnecessary in our view.

- 63. Do you have any further comments on our proposed model for fitness to practise?**

There should be provision for practitioner safety in addition to patient safety. The GDC will consider fitness-to-practise cases even in special circumstances such as the pandemic. There should be a framework for practitioners to work within in such situations, including the express support of the regulator to take into account special circumstances.

- 64. Do you agree or disagree with the proposed approach to the regulation of PAs and AAs? Please give a reason for your answer.**

We have no comment on this proposal.

- 65. In relation to PAs and AAs, do you agree or disagree that the GMC should be given a power to approve high level curricula and set and administer exams? Please give a reason for your answer.**

We have no comment on this proposal.

- 66. Do you agree or disagree with the transitional arrangements for PAs and AAs set out above? Please give a reason for your answer.**

We have no comment on this proposal.

67. Do you agree or disagree that PAs and AAs should be required to demonstrate that they remain fit to practise to maintain their registration? Please give a reason for your answer.

We have no comment on this proposal.

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

As our answers to some of the questions within this consultation have shown, we believe that some of the proposals are generally on the right track, but that others will not fulfil the benefits you have outlined in this table.

- A change to the protection of function will increase patient risk.
- Not having health as a separate ground in the FTP process will not support registrants who currently do have this support.
- The approach to Unitary Boards will not lead to more efficient governance or improved patient safety if there is little or no professional expertise on them..
- Providing case examiners with the full range of sanctions, even if they are on the basis of accepted outcomes, will not lead to faster resolution of concerns or cost savings.
- Flexibility with statutory functions will not lead to cost savings if third-party delegation is brought in; there are severe risks for higher costs and failing processes within this.
- We are not sure why learners are better supported through these proposals than they are at the moment nor why there should be improved perception of the professions by the public. Healthcare professions are generally very highly regarded although the 'good news' stories seldom make it into the media.

On the positive side, we do welcome the move to 'upstream' regulation and more flexibility in some of the areas discussed in the consultation. We can also see that some FTP cases might be resolved more quickly but there will be others which will take longer for reasons outlined in earlier questions.

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

We disagree that regulators are bearing the costs for implementing changes. As the regulators are currently almost entirely funded by registrants, the cost will be borne by the registrants.

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

- Yes – positively

- **Yes – negatively**
- **No**
- **Don't know**

Please provide further information to support your answer.

As outlined earlier, we believe there will be some issues with some of these proposals around no longer having a separate FTP ground for health issues. This could have a negative impact on those suffering from health issues.