

NMC response to consultation on the General Dental Council's strategic plan for the next three years

Consultation description

- 1 The GDC invited views on its strategic plans for the next three years.
- 2 The context in which the GDC and the professionals they register has changed considerably since they consulted on the last strategic plan.
- 3 Read the draft [Corporate Strategy 2023 - 2025 \(gdc-uk.org\)](https://www.gdc-uk.org/corporate-strategy-2023-2025)
- 4 There are 7 consultation questions.
- 5 The consultation closed on **Tuesday 6 September 2022**.

Our response to consultation questions

Strategic aim one: Dental professionals reach and maintain high standards of safe and effective dental care

- 6 Objective: We protect the public by ensuring that dental professionals are well-trained and deliver care to high standards, supported by a regulatory approach which enables prevention of harm and lifelong learning.
 - 6.1 The dental professional registers play an essential part in ensuring that patients and the public can be confident in the professional knowledge, skills and behaviours of the dental team. The single most important thing we do is to ensure that dental professionals admitted to the register meet the required standards for them to provide safe and effective dental care.
 - 6.2 Trust in dental professionals can be undermined by the actions of a small number of people, but the vast majority of dental professionals are dedicated, highly skilled, compassionate practitioners who work in the interests of their patients and the public.
 - 6.3 We will continue to support public trust in dental professionals by ensuring that our processes for setting standards and guidance, quality assurance of education, admitting new dental professionals to the register and maintaining registration mean that dental professionals are prepared for the context in which they are working.
 - 6.4 Core to delivering this objective will be our work to embed new principles of professionalism and the guidance which will underpin them. We will be implementing new learning outcomes for education and training of dental

professionals trained in the UK. Subject to the necessary legislative change, we will review and revise our processes for the registration of those who qualify outside of the UK. We will also be continuing to review our approach to lifelong learning ensuring we are prepared for the opportunity improve with the new flexibility that regulatory reform is intended to bring.

6.5 Further, we will continue to use our regulatory processes and evidence to identify risks to the patients and the public, and feed that intelligence into our work to increasingly support dental professionals to practise in a way that prevents harm from occurring.

6.6 In 2023-2025, we will:

- Embed the principles for professionalism and their underpinning guidance framework to support safe and effective practice by dental professionals.
- Implement new standards and learning outcomes for education and training for dental professionals to prepare new entrants to the profession for safe and effective practice.
- Make our international registration processes more effective while continuing to assess the knowledge and skills required for safe practice.
- Support lifelong learning for the whole dental team, including our approach to specialty education, with the aim of prevention of harm.

Q 1 Given what the GDC does and the strategic context in which we work, do you agree with proposed strategic aim one, its high-level objective, and what we will do to deliver it

Select from: Yes / No / Don't know:

Yes

Please explain your reasons.

We support the proposed strategic and objective. However, we think there needs to be stronger emphasis on working closely with the dental industry and educators to provide a supportive environment for dental professional's professionalism. We have found real benefits to forging closer links and working in collaboration with those leading education and employing healthcare professionals. By having closer contact with our professionals, their employers, and their educators we can regulate with a deeper understanding of the environment and challenges in each country of the UK.

You may also wish to articulate more strongly that the development of standards and policy will be achieved in co-production with the public, professionals, and partners.

In 2019 we embarked on developing our five-year strategy to support the delivery of excellent nursing and midwifery. We involved thousands of people across the UK, including the professionals on our register, our

partners and stakeholders, people using health and care services, and our NMC employees. Our [Strategy 2020-2025](#) is based on five strategic themes which guide how we plan our work, and our investment in people and resources. They are: Improvement and innovation; Proactive support for our professions; More visible and informed; Engaging and empowering the public, professionals and partners; and Insight and influence.

The priorities and actions set out in this plan help people to understand the kind of regulator we want to be and the steps we are taking to progress our ambitions. In terms of the work we have undertaken that is helping to improve perceptions of us and our work, some examples are:

- We have recently implemented new nursing and midwifery [standards](#) that are much more ambitious and future focused than previous standards. Standards need to reflect and respond to the rapidly changing and challenging environment in which registered healthcare professionals are working.
- We published '[Enabling professionalism in nursing and midwifery practice](#)' guidance in 2018. It was led by the Chief Nursing Officers of the four countries and sets out what professionalism looks like in everyday practice through the application of the Code. Additionally, we've developed a series of bite-sized animations which focus on how the Code can help professionals to feel confident about their decisions and actions in these challenging times and beyond.

Strategic aim two: Concerns are addressed effectively and proportionately to protect the public

- 7 Objective: We protect the public because we are part of an effective and accessible system for resolving complaints with only the most serious being dealt with as fitness to practise concerns.
 - 7.1 The public expects professions to be regulated and for action to be taken if things go wrong. This builds trust in the professions we regulate and gives the dental team confidence that the things that can bring a profession into disrepute are dealt with.
 - 7.2 Regulation is therefore a benefit to professionals themselves. It protects patients from bad practice and, by addressing fitness to practise concerns and ensuring standards of education and practice, underpins the reputation of the profession as a whole and maintains public confidence.
 - 7.3 Patients and the public must be able to give feedback and make complaints about their dental care. In addition, everyone must be able to raise concerns with us if they think that a dental professional may be putting patients and the public at risk.

- 7.4 When handled well, feedback and complaints drive improvement in dental care, give the public confidence in professionals and services, and help to restore trust when things have gone wrong. We have been working to ensure that, as much as possible, feedback and complaints are resolved before they become regulatory concerns.
- 7.5 The benefits of this approach are that:
- patients and the public can reach satisfactory resolutions sooner
 - dental professionals and providers can address issues quickly and effectively without any need for the regulator to become involved
 - we can better manage the costs of our fitness to practise investigations process.
- 7.6 We will always consider every concern we receive but, through our work to support feedback and complaints processes, we anticipate over time we will receive fewer concerns that could have been resolved earlier.
- 7.7 However, when we do receive concerns, we will continue to consider them fairly and proportionately to protect the public and their confidence in the dental professions.
- 7.8 In 2023-2025, we will:
- continue to support patients and the public, through the dental sector, so they can find accurate and useful guidance that explains how to provide feedback and make a complaint about their dental care before raising a concern with us
 - ensure concerns are raised with the GDC because our involvement is required to protect to the public and, wherever possible, have already been considered through feedback and complaints processes
 - ensure concerns raised with us are addressed fairly and proportionately using our investigation and enforcement powers.

Q2 Given what the GDC does and the strategic context in which we work, do you agree with proposed strategic aim two, its high-level objective, and what we will do to deliver it?

Select from: Yes / No / Don't know

Yes

Please explain your reasons

As regulators we need to be able to hold professionals to account to achieve our overarching objective to protect the public and maintain public confidence in the professions we regulate.

We have made significant changes to our approach to fitness to practise

process:

- **We have implemented a person-centred approach to our fitness to practise. Our new person-centred approach puts people, families, and the public at the heart of what we do. Whilst we appreciate that the objectives are intentionally not prescriptive, it's important that concerns are addressed with people at the centre. Listening to what people, their families and loved ones tell us about their experience enables us to understand what the regulatory concerns about nurses, midwives and nursing associate might be and it helps us to make sure we are in the best position to protect the public. We think that there could be greater emphasis a person-centred approach in this strategic plan.**
- **We agree that encouraging openness and learning among health and care professions are good foundations to improve care and keep the public safe. We want to ensure that professionals can be open about their mistakes and are both encouraged and supported to learn from them. A key part of these changes has been the introduction of taking account of context, understanding the role of other people, the culture and environment a professional was working in when something went wrong.**
- **We published '[Managing Concerns](#)', a new resource to support employers to take effective action when concerns are raised about someone's practise. It outlines best practice principles for employers to consider when they are investigating and managing concerns locally and sets out when it is not appropriate to make referrals to us, and supports employers to act first, with fairness and kindness, so that regulatory involvement only occurs when necessary.**

Strategic aim three: Risks affecting the public's safety and wellbeing are dealt with by the right organisations

- 8 Objective: We protect the public because we are using our insight to highlight risks to their safety and wellbeing and encouraging the right parts of the sector to respond.
- 8.1 Dentistry and its regulation are complex. There are many organisations performing different functions and the systems across each of the nations are different. We regulate the professionals who work in the dental team across the whole of the UK. However, we do not regulate the organisations providing dental care – or those activities performed by dental professionals that are not dentistry.
- 8.2 There are important issues of widespread concern that do not fall within our regulatory remit. For example, we cannot control or influence the number of dental professionals who are trained in the UK, or the distribution of dental

professionals across the UK. We will work with our stakeholders to ensure that our role is understood and to make appropriate contributions to issues of shared concern across dentistry. We also aim to improve the trust and respect that dental professionals have in the system of regulation through our communications and engagement activities.

8.3 Our authority and powers are restricted to our regulatory functions and by concentrating on these we deliver better protection for the public and avoid expenditure on activity that is the responsibility of other organisations. We also need to guard against raising expectations that we can solve issues which require different parts of the sector, or the whole sector, to address.

8.4 However, as we undertake our regulatory functions and work with our stakeholders, we will do two things that will address issues affecting the patients and the public:

- Where it is appropriate, we will share information and the evidence we collect as we do our work with the right organisations and encourage them to work collaboratively to address issues facing the public and dental professionals.
- Use our regulatory functions to influence the knowledge, skills and behaviours of the dental team to respond to risks to the public.

8.5 In 2023-2025, we will:

- Work with our stakeholders to support their respect and trust of our role so that we can encourage openness and address risks to the public co-operatively with the sector.
- Share insights with the agencies with the powers to respond, using our evidence about risks to the public.
- Equip dental professionals to respond to current and emerging risks to the public, through appropriate skills, knowledge and behaviours assured and encouraged by our regulatory functions.

Q3 Given what the GDC does and the strategic context in which we work, do you agree with proposed strategic aim three, its high-level objective, and what we will do to deliver it?

Select from: Yes / No / Don't know

Yes

Please explain your reasons

Our strategic priorities are similar. You could consider making the emphasis more positive and putting a stronger focus on the role regulators play in supporting and influencing, in addition to regulating.

The NMC is actively seeking to learn from data and research to improve

what we do and working collaboratively to identify opportunities to help improve the wider health and care system. We have found benefits in using our insight to support, influence and shape outcomes within the limits of our role as a regulator.

We would suggest that the third bullet in paragraph 9.5 is drafted in a way that makes it difficult to know what you are planning to do to achieve the strategic aim. We also think the use of the term ‘wellbeing’ in paragraph 9 is potentially unclear in the context in which it is being used. Greater clarity would be helpful here.

Strategic aim four: Dental professional regulation is efficient and effective and adapts to the changing external environment

- 9 Objective: We protect the public because we maintain or improve our performance and are ready to adapt to changes to our legal framework and risks to the public.
 - 9.1 Regulation must be efficient and effective in order to protect the public and to manage the impact of the costs of regulation on dental professionals. There is still more to do in 2023-2025 to continue to improve our performance and increase efficiency in our processes.
 - 9.2 Regulation must also adapt to the changing context of risk to patients and the public. Dental practice is not static. It evolves as the needs and behaviours of patients and the public change, as the evidence underpinning practice grows, as technology and dental businesses advance, and as the roles, knowledge and skills of the dental team develop. This means regulation must keep pace with the changing risks to the public. We will continue to develop our organisation, policy framework, use of evidence and stakeholder engagement so that we have the information, capability and tools we need to adapt to any changes in the risks to patients and the public.
 - 9.3 The UK Government’s plans to reform health professional regulators have been delayed when proposed in the past, and we must recognise that this may happen again. However, reform is needed to address some of the restrictions that affect our performance. We will continue to make preparations but will keep these at a level which recognises that they may not come soon or at all, and be ready to improve how we operate without reform.
 - 9.4 All of this affects how we operate, and we will continue to develop the organisation to improve its performance, resilience and agility. We will develop the people in the organisation so that they are ready to respond to the risks that the public faces or deliver the improvements our regulatory functions and processes require.
 - 9.5 Being an efficient and effective regulator means that we must foster inclusion, support diversity and eliminate discrimination as we perform our

work. It also means we must use data, research and evidence to inform our approach to undertaking our work and measuring our performance.

9.6 In 2023-2025, we will:

- Continue to ensure our regulatory functions and processes are as efficient and effective as they can be.
- Prepare to maximise the potential of reform to improve our efficiency and effectiveness, taking into account the uncertain timetable and scope of the UK Government's plans.
- Foster equality, diversity and inclusion, and continuously work to eliminate discrimination, in our regulatory functions and processes.
- Use data, research and evaluation to inform the design, measurement and performance of our functions and processes.
- Support the people who work in the GDC to ensure they have the right knowledge and skills and are part of an inclusive culture focused on improving performance and adapting to the changing external environment

Q4 Given what the GDC does and the strategic context in which we work, do you agree with proposed strategic aim four, its high-level objective, and what we will do to deliver it?

Select from: Yes / No / Don't know

Yes

Please explain your reasons.

We agree with the proposed strategic aim, but it could be clearer on the measures you anticipate using to monitor progress in delivering the strategy and what success looks like.

Expenditure plans

- 10 As we prepared this draft strategy, we also developed draft plans for the expenditure necessary to deliver it. Those plans inform our forecast of the fees that we will need to charge.
- 11 We are not consulting on those fees, but we are explaining our fee setting policy, expenditure plans and the assumptions we have made. We are also forecasting a figure for the Annual Retention Fee (ARF), derived from the draft expenditure proposals at the time of writing, to make this consultation meaningful to dental professionals.
- 12 Current economic challenges affect everyone whether they are members of the public, dental professionals, or bodies such as the GDC. We have already worked to ensure our expenditure plans are sensitive to that context, and we will continue

to drive efficiencies and challenge our cost assumptions and expenditure plans before our fees are set this year and in future years.

- 13 However, it is highly probable that we will need to increase our fees to dental professionals. We know this is not a good time (and indeed there is no good time), to take this action. So we have taken steps to minimise the impact of economic volatility and potential high inflation, in order to minimise any increases we need to make to the ARF in the first year of our three year plan, and to provide certainty that if it is increased in years two and three that it will be limited to specific situations that outline below.
- 14 This consultation on our strategy and the costs of delivering it is in line with the commitments we made in our fees policy, both in relation to how we calculate the fees we charge and how we explain it to registrants.
- 15 The fees policy sets out three key principles:
 - 15.1 **Fee levels should be primarily determined by the cost of regulating each registrant group:** we will seek to minimise the ways in which registrants fund regulatory activity that is not generated by them by removing, as far as practicable, cross subsidy between different groups. We will do this by allocating costs, as far as possible, where they fall. Where a degree of cross subsidy is necessary, we will explain this.
 - 15.2 **The method of calculating fee levels should be clear:** we will be open with registrants about how we allocate the income we receive from them and why, and provide sufficient information about cost drivers, giving them the opportunity to contribute to the debate. We will seek to show a clear link between fee income and regulatory activity.
 - 15.3 **Supporting certainty for registrants and the workability of the regulatory framework:** we need to make sure that decisions on the allocation of costs do not lead to undesirable outcomes in the form of unacceptably high or variable costs for some groups of registrants. For example, in determining (as our policy requires) whether cross subsidy is necessary, we will need to consider the impact on the volatility of fee levels (i.e. how much small changes in workload would cause the fee to change). This is likely to be of particular relevance to small registrant groups, where distribution of costs among small numbers of registrants has the potential to give rise to significant levels of volatility (and therefore, uncertainty) and/or prohibitively high fees.
- 16 Determining expenditure and allocating it to dentists or dental care professionals is complex. We closely examine our expenditure, challenge our costs and efficiency, and make a robust forecast about the number of dentists and dental care professionals on our register since all of these affect the fees we charge. We have also developed new strategic aims and objectives and established what delivering them will cost. This required us to make certain assumptions, which we set out below.

Financial assumptions: inflation

- 17 Inflation is the rate at which the average price of a basket of selected goods and services in an economy increases over a given period of time.
- 18 The last period of very high inflation in the UK was the 1970s but it took until 1997 for the rate of inflation to drop below the target of 2%. Over the course of that time, the rate of inflation was volatile and changed significantly. The period of high inflation in the 1970s was caused by a combination of factors including severe external shocks to the economy such as increases in oil prices, strike action, and stock market crashes, which occurred alongside high public debt and continued high public expenditure.
- 19 Some broadly similar factors are playing out now and so we have included in our forecast the financial risk that inflation will peak in 2022 at around 10%, remain well above 2% for a period of years and fluctuate unpredictably over that time. However, we must be able to adapt to changing circumstances: the only predictable impact of inflation is that a given sum of money will buy a lesser amount of goods or services.
- 20 Everyone is being impacted by inflation and that means that members of the public, dental professionals and dental service providers will be affected as they make choices about seeking and providing dental care and making other decisions in their daily lives. We recognise the need to be even more careful than normal about the impact of the cost of regulation on dental professionals over the coming years.
- 21 For the GDC, inflation causes a particular challenge because its consequences occur throughout the year whereas we establish the ARF level for a three year cycle and set it annually, normally set two months in advance of collection for dentists and eight months ahead of collection for dental care professionals. This has the advantage of providing clarity and predictability to dental professionals and has worked well in recent years when price inflation has been low and stable. We have been able to make a limited but prudent risk provision to meet the low inflation levels we encountered and the level of the ARF remained unchanged over the strategy period from 2019 to 2022, following a reduction in 2019.
- 22 But this approach works less well during a period of higher inflation because we budget for our income well ahead of the time when we incur expenditure, leading to a significant risk to our ability to sustain our activities if our fixed income (including the costed provision for inflation) is unable to meet increasing costs.
- 23 If we used this approach to manage high inflation, we would need attempt to forecast now the effects of inflation over the whole three year period. That would likely to lead to two negative consequences. The first that we would need to make a robust provision for that three-year inflation risk, which would require the ARF to be higher from 2023. The second that the volatility in the rate of inflation means there is a significant possibility that the forecast would be inaccurate, so as a result, we would not be able to guarantee that the fee would not increase further in 2024 and 2025.

- 24 Our existing fees policy allows for fees to be increased without further consultation in exceptional circumstances when unforeseen costs arise. This is a mechanism we have not needed to use previously. We think that the rate of inflation remaining elevated over the strategy period is now probable. However, we think that the problem is that the degree to which inflation will be elevated, and the duration of particular rates, is unpredictable. This combination of an increased and volatile rate of inflation constitutes an exceptional circumstance. The volatility in the rate of inflation means there is an increased risk that any forecast we make now will turn out to be too high or too low in the second and third years of our expenditure plan. That could mean we under or overestimate our expenditure plans and therefore the level of the ARF.
- 25 We are therefore taking a different approach under our existing fees policy to provide greater certainty, more accurately respond to the current economic volatility and thus prevent significant under or over recovery of fees. We can increase the ARF to respond to any shortfall but we think it's important to provide a level of certainty to dental professionals about the impact of inflation so we are including in this consultation information about how we will manage this exceptional circumstance.
- 26 We will take the following steps:
- As our fees policy requires, the level of the ARF due for 2023 will be set at the level needed to meet the costs of delivering the Costed Corporate Plan due to be agreed by Council in October 2022, taking account of prevailing levels of prices at that time and including a limited risk provision for inflation.
 - In the two subsequent years, we will consider our expenditure plans in the light of the prevailing level of prices and any opportunities to make efficiency improvements. We may then increase the ARF for the following year, but any such increase will, *at most*, be in line with the rate of inflation at the time.
 - We will only otherwise change the level of the ARF over this three year period if exceptional circumstances arise which are not related to the rate of inflation.
- 27 To maximise transparency and predictability for registrants, we will base increases on the published index which most closely tracks our costs, acknowledging that the variety of the types of cost we incur are impacted differently. The index that we will use to make this decision is the Consumer Price Index (CPI). We have chosen CPI for the following reasons:
- CPI more closely tracks the kinds of costs of that we incur as an organisation than other published indices, such as the Retail Price Index (RPI) or the CPI including owner occupiers' housing costs (CPIH)
 - many of our contracts with service providers include CPI adjustments, so our costs in some areas will be increasing directly in line with this indicator
 - it is the most widely used and best understood indicator for inflation, so we think it is more transparent.
- 28 Prior to the annual decision on our fee levels for 2024 and 2025 in October of each year we will use the CPI index in September to review and set a fee that recovers the costs related to our expenditure plans.

- 29 Our current expectation is that we will repeat this pattern for subsequent three-year strategy periods, setting the ARF in the first year in relation to planned expenditure for the period, and limiting changes in the second and third years to the effects of inflation, other than in exceptional circumstances.

Financial assumptions: expenditure

- 30 We anticipate receiving around 1,420 fitness to practise concerns, annually, over the three-year period. This represents an increase in the levels of incoming concerns following a period of reduction during the COVID-19 pandemic when dental care provision was reduced. Now that dental services are more accessible, our assumption is that the number of concerns will return to and may exceed pre-pandemic levels.
- 31 It is important to understand that the number of incoming concerns does not necessarily translate into cases being opened or cases reaching a hearing, which is where costs tend to be concentrated. Furthermore, the number of cases reaching hearing is not the only driver of cost; the complexity of cases is also a significant factor. Thus, changing levels of concerns does not lead to an equivalent change in expenditure.
- 32 The fees charged to dental professionals will include the cost of funding the activity over the three-year period, and of maintaining our level of free reserves within the range specified in the Council's Reserves Policy. The Council reviews the level of free reserves necessary every year to ensure we remain a viable organisation. The current assessment is for free reserves to be equivalent to 4½ months of operating expenditure over the same period. This is our current planning assumption and is the level assessed by Council as delivering the necessary financial resilience.
- 33 Our fees policy includes setting fee levels for first registration to cover the costs of these activities. The costs associated with first registration have been calculated separately.
- 34 For the purposes of calculating the ARF, costs have been apportioned between the two registrant groups of dentists and dental care professionals, according to how they were generated (e.g. the cost of investigating fitness to practise concerns related to each group).
- 35 Where it has not been possible to apportion costs directly in this way (for example, in relation to fixed costs such as premises or communications activity), they have been apportioned in line with the average split of measurable activities across the whole of the GDC.
- 36 The fee calculations seek to limit cross-subsidy in line with the fee setting policy. However, as the dental care professional group comprises a number of discrete professions, some limited internal cross-subsidy between them is necessary to avoid the risk of large and unpredictable fluctuations in the ARF if it were set separately for each of the individual titles.

Financial assumptions: income

- 37 Our calculations have been based on the premise that the number of professionals on the registers will remain as they were in 2022. No increase or decrease has been incorporated into the projections. Therefore, we are assuming that income will vary materially over the period only as a result of changes in the level of the ARF and other fees. In the exceptional circumstances of a change in the number of registrants which resulted in a significant reduction in income, we would first seek to reduce our costs where possible, but might also need to increase the ARF for 2024 or 2025.

What this means for ARF levels

- 38 Our policy requires us to apportion costs to reflect the cost of regulation. In practice the cost of regulating dental care professionals has increased since the ARF was last set, while the cost of regulating dentists has reduced very slightly. Overall though, the effect of a currently high level of inflation and the risk of its continuation mean that the cost of regulation has increased and is likely to increase further. Other than in exceptional circumstances, we will not increase the ARF in real terms over the planning period.
- 39 The impact of this is an increase to the ARF for both dentists and dental care professionals. We cannot know the precise level of the ARFs until later in the year, when we have consulted upon and agreed the strategic plan and completed the detailed planning for the Costed Corporate Plan. We will be continuing to challenge our costs over the course of the consultation period before decisions are made about the level of the ARF.
- 40 Additionally, the consultation may lead to changes in the strategy which impact on costs. However, the current draft plan implies that the 2023 ARF is likely to be around £730 for dentists, and around £120 for dental care professionals. These are our current best estimates of the level at which the fees will be set, but it must be emphasised that the actual level will be set in relation to the final expenditure plan adopted by the Council following this consultation.
- 41 All expenditure is allocated to one of the strategic aims. The table and graph below show how our expenditure is allocated the proposed strategic aims that we are consulting upon. See tables [here](#).

Q5 Thinking about our expenditure plans, to what extent do you agree/disagree with the following statements (1 being strongly agree to 5 strongly disagree):

- I understand the explanations.

Agree

- I understand the assumptions underpinning the plan.

Agree

- I understand the approach to manage the risk of inflation on the costs of regulation and the ARF.

Agree

Please explain your responses

We don't have a view on this question, however, we feel the explanation provided is long and complex and professionals might benefit from a more concise explanation.

The NMC has pledged to keep the annual fee at current levels for 'as long as possible'. We will continue to review the need to fee changes each year, using our rolling three-year budget to identify when fee increases are necessary and plan for them as to minimise the impact on nursing and midwifery professionals. Any proposed changes to our fees require a public consultation and approval by the Privy Council.

Q6 Do you have any other comments to make on our expenditure plans?

No

Measuring our success

- 42 We have implemented several ways to measure our success as an organisation since we last consulted on our strategic plan.
- 43 We publish our strategic plan every three years. Each year we prepare and publish a three-year rolling Costed Corporate Plan and our Annual Report and Accounts where we set out our strategic aims and objectives, our plans, progress and expenditure. We make our work transparent so that we are accountable to patients and the public, and the dental professionals through the UK and Scottish Parliaments.
- 44 Underpinning these documents is a framework of performance monitoring integrated into our way of working and scrutinised through our governance framework. Our Council meetings are held in public, and the papers published on our website so that everyone can see how we are performing throughout the year as well as when we publish the Costed Corporate Plan and Annual Report and Accounts.
- 45 We have also taken steps to implement a framework for long-term evaluation of our impact, with monitoring and evaluation increasingly being built into our routine processes and research activities being undertaken to inform how this can be done most effectively. To do this we have developed evaluation frameworks for our fitness to practise and preventative work.

46 This has included research into:

- stakeholder perceptions of GDC
- research into how we capture, analyse and report fitness to practise data
- an evaluation of our fitness to practise process
- cross-regulatory research into how professional health and care regulators define and apply definitions of seriousness.

Equality, diversity and inclusion

47 To realise our equality, diversity and inclusion (EDI) objectives we have also built EDI measures into all our monitoring and evaluation, which has also led improvements to our capture of data about the characteristics dental professionals and is being used to improve capture of information about other people engaging with our processes.

Q7 We intend that our strategy will foster inclusion, promote diversity and further eliminate discrimination in line with our Equality Diversity and Inclusion Strategy. Thinking about the following:

- the four aims and the high-level objectives and what we will do
- our expenditure plans

To what extent do you think our proposals have the potential to impact positively or negatively on the protected characteristics protected in law:

- age
- disability
- gender reassignment
- marriage and civil partnership
- pregnancy and maternity
- race
- religion or belief
- sex
- sexual orientation?

Please explain your responses.

We don't have a specific view on these questions, but we support the inclusion of clear EDI measures in the strategy to monitor progress and be transparent about the issues facing professionals and colleagues. As

regulators it's important we recognise our responsibility to address the causes of inequalities experienced by professionals, our colleagues and members of the public, and meaningfully integrate EDI into how we regulate, support and influence. Our strategic plans play an important role in setting out what we aim to achieve and in ensuring we hold ourselves accountable for our progress.

About us

- 48 We are the UK's independent regulator of nursing and midwifery professions. We regulate around 745,000 nursing and midwifery professionals. Our purpose is to promote and uphold the highest professional standards in order to protect the public and inspire confidence in the professions. Our vision is safe, effective and kind nursing and midwifery that improves everyone's health and wellbeing. Our core role is to **regulate**. To regulate well, we **support** our professionals and the public. Regulating and supporting our professionals allows us to **influence** health and social care.
- 49 Our website has further information about who are and what we do at: www.nmc.org.uk/about-us/our-role/.