

## Public Council Meeting

Questions from members of the public relating to matters on this agenda should be submitted using the form on the Council meeting page of the GDC website. When received at least three working days prior to the date of the meeting, they will usually be answered orally at the meeting. When received within three days of the date of the meeting, or in exceptional circumstances, answers will be provided in writing within seven to 15 working days. In any event, the question and answer will be appended to the relevant meeting minute and published on the GDC website.

Confidential items are outlined in a separate confidential agenda; confidential items will be considered in a closed private session.

### PART ONE - PRELIMINARY ITEMS

<b>1.</b>	<b>Welcome and apologies for absence</b>	Toby Harris, Chair of the Council	13:45 – 13:50pm (5 mins)	Oral
<b>2.</b>	<b>Declarations of Interest</b>	Toby Harris, Chair of the Council		Oral
<b>3.</b>	<b>Questions Submitted by Members of the Public</b>	Toby Harris, Chair of the Council		Paper
<b>4.</b>	<b>Minutes of Previous Meetings</b> To note approval of the full minutes of the public meeting and the abbreviated minutes of the closed session held on 22 September 2023	Toby Harris, Chair of the Council		Paper
<b>5.</b>	<b>Matters Arising and Rolling Actions List</b> To note any matters arising from the public meeting held on 22 September 2023 and review the rolling actions list	Toby Harris, Chair of the Council		Paper
<b>6.</b>	<b>Decisions Log</b> To note decisions taken between meetings under delegation	Toby Harris, Chair of the Council		Paper

### PART TWO - ITEMS FOR DECISION AND DISCUSSION

No	Item & Presenter	Tabled for?	Time	Status
<b>7.</b>	<b>Assurance Reports from Committee Chairs</b>  a. Audit and Risk Committee b. Finance and Performance Committee c. Remuneration and Nomination Committee	For noting	13:50 – 14:10pm (20 mins)	Papers

No	Item & Presenter	Tabled for?	Time	Status
8.	<p><b>Costed Corporate Plan 2024-2026 and Budget 2024</b></p> <p>Samantha Bache, Associate Director, Finance</p> <p>David Criddle, Head of Business Intelligence, Delivery &amp; PMO</p>	For decision	14:10 – 14:25pm (15 mins)	Paper
<b>Comfort Break – 10 minutes – 14:25 – 14:35pm</b>				
9.	<p><b>Annual Retention Fees Regulations</b></p> <p>Clare Paget, Associate Director, Legal</p>	To make regulations	14:35 – 14:45pm (10 mins)	Paper
10.	<p><b>Equality, Diversity and Inclusion Strategy – 2024-2026 Planning Principles</b></p> <p>Richard French Lowe, Head of OD and Wellbeing</p>	For discussion	14:45 – 15:15pm (30 mins)	Paper
11.	<p><b>Chair &amp; Chief Executive Objectives Setting 2024</b></p> <p>John Middleton, Head of People Services</p>	For approval	15:15 – 15:30pm (15 mins)	Paper

### PART THREE - CONCLUSION OF BUSINESS

12.	<b>Any Other Business</b>	Toby Harris, Chair of the Council	15:30 – 15:35pm (5 mins)	Oral
13.	<b>Date of Next Meeting</b>	Friday 7-8 December 2023 (Wimpole Street)		

**Minutes of the Meeting of the  
General Dental Council  
held at 10:30am on Friday 22 September 2023  
in Open Session at 37 Wimpole Street, London**

**Council Members present:**

Lord Harris	Chair
Terry Babbs	
Ilona Blue	
Donald Burden	
Anne Heal	
Angie Heilmann MBE	
Jeyanthi John	
Sheila Kumar	
Mike Lewis	
Caroline Logan	
Simon Morrow	
Laura Simons	

**Executive Directors in attendance:**

Ian Brack	Chief Executive and Registrar
Gurvinder Soomal	Chief Operating Officer
John Cullinane	Executive Director, Fitness to Practise
Stefan Czerniawski	Executive Director, Strategy
Theresa Thorp	Executive Director, Regulation

**Staff and Others in attendance:**

Samantha Bache	Associate Director, Finance (item 9 only)
Rebecca Ledwidge	Deputy Head of Governance
John Middleton	Head of People Services (items 11 and 12)
Clare Paget	Associate Director, Legal
Joanne Rewcastle	Associate Director, Communications and Engagement
Katie Spears	Head of Governance (Secretary)

**Others in Attendance:**

Sir Ross Cranston	Chair of the Statutory Panellists Assurance Committee (SPC)
Timea Milovecz	Incoming Council Member (as observer)

Members of the public attended as observers.

## Apologies

Lisa Marie Williams      Executive Director, Legal and Governance

### 1. Welcome and apologies for absence

- 1.1 The Chair welcomed everyone to the meeting, including members of the public who had joined to observe, and noted apologies from Lisa Marie Williams, Executive Director, Legal and Governance. Clare Paget attended in her stead via MS Teams. The Council agreed with the Chair's suggestion that Sir Ross Cranston should be invited to attend the closed session of the Council.

### 2. Declaration of interests

- 2.1 The following declarations of interest were received:
- a. Item 10 – Committee Appointments and Appointment of the Senior Independent Council Member (SICM). All Council Members declared an interest and Terry Babbs declared an interest and agreed to step out of the meeting for the discussion on the SICM appointment.
  - b. Item 11 – Chair and Chief Executive Objectives Setting 2023. The Chair and Chief Executive and Registrar declared an interest.
  - c. Item 12 – Council Member and Associates Remuneration. All Council Members declared an interest in this item.

### 3. Questions Submitted by Members of the Public

- 3.1 No questions had been received.

### 4. Approval of Minutes of Previous Meeting

- 4.1 The full minutes of the public meeting and the abbreviated minutes of the closed meeting held on 23 June 2023 had been **approved via correspondence**.

### 5. Matters Arising and Rolling Actions List

- 5.1 The Council **noted** that there were no live actions at present.

### 6. Decisions Log

- 6.1 The Council **noted** that two decisions had been taken by correspondence since the last Council meeting:
- a. On 15 September 2023, the Council commissioned the recruitment process to appoint a new registrant Member of the Statutory Panellists Assurance Committee (SPC) to replace Serbjit Kaur, and a new independent Member of the Remuneration and Nomination Committee (RemNom) to replace Ann Brown in 2024.
  - b. On 20 September 2023, the Council had noted the Joint Regulators Whistleblowing Report.

### 7. Assurance Reports from the Committee Chairs

- 7.1 The Council heard from the Committee Chairs in respect of the assurance taken from work conducted in Committee since the last Council meeting.

Audit and Risk Committee

- 7.2 The Chair of the Audit and Risk Committee (ARC) updated the Council that the Committee had met once since the last Council meeting, had considered the Strategic Risk Register (SRR), and approved the internal audit recommendations and plans for the remainder of 2023. The Committee had also discussed the merits of using risk tolerance versus risk appetite, given certain long-standing risks and the external uncertainties, and whether the SRR fully captured the risk horizon.

Finance and Performance Committee:

- 7.3 The Chair of the Finance and Performance Committee (FPC) updated the Council that the Committee had met twice since the last Council meeting and had discussed the Costed Corporate Plan and Budget for 2024-2026. The Committee had scrutinised and provided feedback on the plans. This had been incorporated into the iteration of the work that was before the Council at its closed meeting later that day. The Committee would meet again shortly to review the final iteration of the work. The Committee had also conducted an in-depth review in respect of the Legal and Governance directorate and had noted that there had were no issues to report.

Remuneration and Nomination Committee

- 7.4 The Chair of the Remuneration and Nomination Committee (RemNom) informed the Council that the Committee had met once since the last Council meeting. The Committee had heard an update on the Workforce Development Plan and Total Reward Project and would receive more detailed update at its next meeting. The Chair of RemNom thanked Caroline Logan and Jeyanthi John for their service on the Committee.

Statutory Panellists Assurance Committee

- 7.5 The Chair of the Statutory Panellists Assurance Committee (SPC) informed the Council that the Committee had met once since the last Council meeting. The Committee had appointed two tranches of panellists and had appointed and reappointed legal advisors. The Committee had received and considered some useful diversity monitoring information and would use this to inform future appointments exercises. The Committee had also discussed a pilot exercise in respect of legally qualified Chairs within the confines of the existing legislation.
- 7.6 The Council **noted** the assurance reports.

Sir Ross Cranston left the meeting.

## 8. Remote Hearings

- 8.1 The Chief Executive and Registrar presented the paper outlining the plans to consult on moving to a position where remote hearings for the Dental Professionals Hearings Service cases was the default position for the GDC. Guidance to this effect had been in place since 2020 but this had been developed as an interim response to the pandemic and the GDC needed to adopt a long-term policy position. The Council heard that if this approach was adopted, parties would continue to be able to make representations as to the most appropriate hearings forum for their matter. This would be decided by a Panel Chair or Committee at a preliminary meeting.
- 8.2 This was a Registrar decision, and the Registrar was keen to understand the experience of the wider public of the existing approach, whether there were any issues that had not been hitherto identified and to establish if there were any equality, diversity or inclusion implications.

8.3 The Council **discussed** the following:

- a. There was merit in including an analysis of any potential benefits of moving to this policy position in the longer term (such as, accessibility, timeliness, costs savings or increased participation). This could include any learning from other sectors that had moved to mainly holding hearings remotely and the fairness of the proceedings would be a highly important consideration in weighing the appropriate approach to take.
- b. The consultation paper would benefit from a clearer timeline for when a decision might be taken, and when the Council will be informed of the outcome of the consultation exercise.
- c. It would be helpful to build in a review of any longer-term policy position at an appropriate juncture to analyse any impacts.
- d. Separate to the review of policy, there should continue to be a cross-analysis of how any policy position in this area impacted other strategic areas, such as the Estates Strategy and the EDI Strategy.

8.4 The Council **noted** the approach.

The Associate Director, Finance joined the meeting.

## 9. Reserves Policy

9.1 The Associate Director, Finance presented the paper seeking approval for the 2024 Reserves Policy. The paper had been detached from the wider discussion of the Costed Corporate Plan and drew out key considerations, such as uncertain economic assumptions, restricted use of contingency function and an increased likelihood of the organisation needing to draw on its reserves than in previous years.

9.2 The Executive Management Team (EMT) and FPC had discussed and recommended the policy to the Council for approval. Given the financial climate, it was also planned to bring the policy back to the Council for further review in early 2024. This would be in respect of both the range of reserves and target reserves level.

9.3 The Council **approved** the proposed policy and **noted**, for the next review, that it would be prudent to consider reasonably wide benchmarking data, and that which considered the direction of travel of other organisations (i.e., whether they were moving to a more, or less, cautious approach to reserves). The Council also noted that benchmarking data was useful but not determinative. Individual organisations had individual requirements and challenges.

The Associate Director, Finance and Terry Babbs left the meeting.

## 10. Committee Appointments and Appointment of the Senior Independent Council Member

10.1 The Chair of Council proposed the appointments of Council Members to the non-statutory Committees of the Council until 30 September 2025 and proposed the appointment of Terry Babbs as the Senior Independent Council Member (SICM) until 30 September 2024.

10.2 The Council **discussed** the following:

- a. Council Members should discuss their development needs and future ambitions in their appraisals or other conversations with the Chair of Council. These discussions helped inform future decisions about Committee composition,

Committee Chairing and the SICM appointments. The Chair welcomed these discussions.

- b. The mechanisms existed to express interest in these roles and the ongoing Board development work was designed to support Council Members in identifying their strengths, areas for development and building confidence to seek new opportunities whilst on the Council.
- c. There was useful learning to be gathered from the developmental Council Member role that had been created to broaden diversity on the Council.

10.3 The Council **approved** the appointments of Council Members to the following Committees, for the period of two years (until 30 September 2025):

- a. Audit and Risk Committee: Sheila Kumar (Chair), Serbjit Kaur, Simon Morrow, Laura Simons, Elizabeth Butler (independent Member).
- b. Finance and Performance Committee: Terry Babbs (Chair), Donald Burden, Anne Heal, Ilona Blue.
- c. Remuneration and Nomination Committee: Anne Heal (Chair), Angie Heilmann, Mike Lewis, Ann Brown (independent Member).

10.4 The Council also **approved** the appointment of Terry Babbs as the Senior Independent Council Member (SICM) until 30 September 2024.

Terry Babbs rejoined the meeting, and the Head of People Services joined the meeting.

## 11. Chair and Chief Executive Objective Setting 2023

11.1 The Head of People Services presented the paper that outlined the process for setting the objectives of the Chair and Chief Executive. The process had been reviewed and approved by the RemNom. The Council was also asked to approve the objectives for the Chief Executive for the remainder of 2023.

11.2 The RemNom terms of reference delegated review and approval of the process for objective setting, not review of the objectives themselves. These were proposed through the appraisal conversations between the Chief Executive and Chair (and Chair and SICM) and approved by the Council.

11.3 It had been agreed that in future the Chief Executive would give an update on progress against his objectives at each quarterly Council meeting and that a formal review would be tabled at the Council every six months. The objectives for the Chair and Chief Executive for 2024 would be tabled at the next Council meeting, to align with the approval point for the Costed Corporate Plan and Budget.

11.4 The Council **discussed** the following:

- a. The linking of the objectives to the Costed Corporate Plan and Corporate Strategy was a sensible approach, as was the cascading of the objectives to the organisation.
- b. For the 2024 objectives, they should be timebound and measurable where possible. For example, measuring the Council's understanding of something was difficult but the re-phrasing of the objective could allow it to be more measurable. e.g., 'the Council has the necessary data to scrutinise and challenge the Executive'. Additionally, it would be useful for the objectives to be higher-level and focused on outcomes.

- c. There was potentially merit in drawing a distinction between what was the ‘business as usual’ work of the Chief Executive and Chair – for which there was an implicit expectation that would be conducted effectively – and a short list of additional activities that were planned for delivery over a particular time frame. The objectives could also more explicitly reference the organisation’s commitment to equality, diversity and inclusion.
- 11.5 The Council **noted** the approved process and **approved** the objectives for the Chief Executive for 2023.

## 12. Council Member and Associates Remuneration

- 12.1 The Head of People Services presented the paper which proposed no change to the remuneration of the Chair of Council, Council Members and the wider Associates group. The Council noted that benchmarking data from the other healthcare regulators suggested that the Chair’s allowance was marginally below average. The allowance for Council Members was above average and the rates for the wider Associates group remained appropriate. It was recommended that no changes were made to the remuneration for these groups. The RemNom had scrutinised and recommended the proposals to the Council.
- 12.2 The Council **discussed** the following:
- a. Although remuneration rates had not changed since around 2014, the Council agreed that no change should be made to the remuneration levels at this time.
  - b. For the next full review of remuneration, consideration should be given to any impacts on attracting good quality candidates to these positions, wider benchmarking data across other sectors and whether there should be any changes to the additional remuneration for the Chairs of the non-statutory Committee (given their additional workload).
  - c. There could also be merit in using an independent reviewer to consider remuneration levels and to attaching the remuneration levels to a measure that moved slowly over time, rather than freezing levels for a significant period of time and then raising them sharply.
- 12.3 The Council **approved** the recommendations that there was no change to the remuneration of the Chair of Council, Council Members or Associates.
- The Head of People Services left the meeting.

## 13. Any Other Business

- 13.1 There was no other business. The Chair thanked outgoing Council Members, Jeyanthi John and Caroline Logan, for their service on the Council.
- 13.2 The meeting was closed at 11:50am.



**Minutes of the Meeting of the  
General Dental Council  
held at 13:25pm on Friday 22 September 2023  
in Closed Session at 37 Wimpole Street, London**

**Council Members present:**

Lord Harris	Chair
Terry Babbs	
Ilona Blue	
Donald Burden	
Anne Heal	
Angie Heilmann MBE	
Jeyanthi John	
Sheila Kumar	
Mike Lewis	
Caroline Logan	
Simon Morrow	
Laura Simons	

**Executive Directors in attendance:**

Ian Brack	Chief Executive and Registrar
Gurvinder Soomal	Chief Operating Officer
John Cullinane	Executive Director, Fitness to Practise
Stefan Czerniawski	Executive Director, Strategy
Theresa Thorp	Executive Director, Regulation

**Staff and Others in attendance:**

Samantha Bache	Associate Director, Finance (item 8 only)
David Criddle	Head of Business Intelligence, Delivery & PMO (item 8 only)
Rebecca Ledwidge	Deputy Head of Governance
Clare Paget	Associate Director, Legal
Joanne Rewcastle	Associate Director, Communications and Engagement
Ross Scales	Head of Upstream Regulation (item 10 only)
Katie Spears	Head of Governance (Secretary)

**Apologies**

Lisa Marie Williams	Executive Director, Legal and Governance
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## 1. Welcome and apologies for absence

- 1.1 The Chair welcomed everyone to the meeting and noted apologies from Lisa Marie Williams, Executive Director, Legal and Governance. Clare Paget attended in her stead via MS Teams.

## 2. Declaration of interests

- 2.1 All Council Members and staff present declared an interest in respect of the budgetary provision for salaries and fees contained within Item 8 – the Costed Corporate Plan 2024-2026 and Budget 2024. Registrant Council Members also declared an interest in respect of the impact of any budgetary discussions on the level of the Annual Retention Fee (ARF).

## 3. Approval of Minutes of Previous Meeting

- 3.1 The full minutes of the closed meeting held on 23 June 2023 had been **approved via correspondence**.

## 4. Matters Arising and Rolling Actions List

- 4.1 The Council **noted** that there were no live actions.

## 5. Decisions Log

- 5.1 The Council **noted** that no decisions had been taken by correspondence since the last Council meeting.

## 6. Minutes of the meetings of the Non-Statutory Committees

- 6.1 The minutes of the following non-statutory Committees were **noted** by the Council:
- a. The Audit and Risk Committee (ARC) meeting of 10 August 2023.
  - b. The Finance and Performance Committee (FPC) meeting of 20 July 2023. A supplementary assurance report was also tabled in respect of the defined benefit pension scheme.
  - c. The Remuneration and Nomination Committee (RemNom) meeting of 29 June 2023.
  - d. The Statutory Panellists Assurance Committee (SPC) meeting of 5 September 2023.
- 6.2 The Council **noted** the updates.

## 7. Chief Executive's Report

- 7.1 The Chief Executive provided an update to the Council in respect of international registration, legislative reform, engagement with Government Departments, and on Storage Point.
- 7.2 In respect of international registration and legislative reform, the Council heard that the section 60 Order for the General Medical Council was making slow progress. It was unlikely to be in force by the end of the year.
- 7.3 The Council **noted** the updates.
- The Associate Director, Finance and the Head of Business Intelligence, Delivery and PMO joined the meeting.

## 8. Costed Corporate Plan 2024-2026 (CCP) and Budget 2024

- 8.1 The Associate Director, Finance and Head of Business Intelligence, Delivery and PMO presented the paper setting out the first view of the proposed CCP for 2024-2026 for discussion, alongside the proposed Budget for 2024 and the Accounting Officer's advice. The Finance and Performance Committee had scrutinised this work. The next iteration of the work, which incorporated the Council's feedback, would be considered by the FPC in October before presentation to the Council for approval later the same month.
- 8.2 The Council heard that the CCP was driven by a set of EMT priorities which had been aligned to the Corporate Strategy. The portfolio and workforce plans had been refined – and reflected both business-as-usual activities and change projects. These plans set out the associated budget requested to deliver 'Must' and 'Should do' activities, with contingency and apportioned risk provisions against the reserves, where required.
- 8.3 The Chair of FPC set out that the Committee had scrutinised the most recent iteration of the plans and given feedback. The Committee was assured that the structure and process of developing the CCP was appropriate and was pleased to see that there was a greater emphasis on business-as-usual activities and core capabilities.
- 8.4 The Accounting Officer's advice was given and the CCP, Budget, reserves levels and Annual Retention Fees were discussed by the Council.

The Associate Director, Finance and Head of Business Intelligence, Delivery and PMO left the meeting.

## 9. Communications Principles: Costed Corporate Plan and Budget

- 9.1 The Associate Director, Communications and Engagement presented the paper which asked the Council to discuss the communications principles in respect of its imminent decisions on the CCP, budget and Annual Retention Fee (ARF).
- 9.2 The Council **discussed** and indicated approval of the approach in the paper.

The Head of Upstream Regulation joined the meeting.

## 10. Expectations for New Registrants: Consultation Response

- 10.1 The Head of Upstream Regulation presented the paper which outlined the outcome of the consultation on the GDC's expectations for UK dental education and training programmes that provide eligibility to apply for registration as a dental professional. This was referred to as the Safe Practitioner Framework (SPF). The Council was asked to review the consultation outcome report and approve the SPF for publication.
- 10.2 The Council **discussed** the following:
- a. The change in approach was welcome and.
  - b. The input from patients was useful and well delivered,
- 10.3 The Council noted that the primary audience for these documents would be education providers, rather than individual practitioners, as this would support providers in designing courses that would deliver the necessary learning outcomes to meet registration requirements. It was also not a re-articulation of the Scope of Practice, so should not have a material impact on the way in which Fitness to Practise operated.
- 10.4 The Council **approved** publication of the Safe Practitioner Framework and **noted** that the consultation outcome report would be published. This would take place in late October, to early November 2023.

The Head of Upstream Regulation left the meeting.

**11. Any Other Business**

11.1 There was no other business, and the meeting was closed at 15:35pm.

## Audit and Risk Committee (ARC) Assurance Report

Since the last Council meeting, the ARC has met once on 9 October 2023.

The Committee:

- **Noted** an update from the Chief Executive on engagement with the Department of Health and Social Care, data access in Storage Point, and Interim Order hearings.
- **Received** a verbal update on progress with the Change Programme and Cultural Change Plan. The Committee recommended to the Council to establish clear reporting arrangements for the Change Programme and Cultural Change Plan to ensure there was appropriate oversight at programme level and for the respective Committees to receive assurance on the elements of the plans that fall within their remit.
- **Requested** some further changes to the Whistleblowing policy to reflect internal contact points and also requested that at the new review consideration be given to whether this should be changed to a policy on Freedom to Speak Up.
- **Scrutinised and discussed** the Strategic Risk Register (SRR) and Board Assurance Framework in detail. Discussions continued about whether the risks on the register reflected the strategic risk to the organisation. A recommendation was made for the EMT to consider a full refresh of the SRR to align it with the organisational objectives and the priorities set out in the Costed Corporate Plan for 2024-2026.

The Committee expressed concern about the level of strategic risk that was outside of appetite and recommended that the Council discuss how best to approach this at its annual Risk Appetite session when the Council should consider both the risks and appetite and tolerance.

- **Discussed** the Equality, Diversity and Inclusion (EDI) Strategy implementation report and the update on progress against the four priorities, which is to be superseded by a new EDI Strategy that is in development for 2024-2026. The Committee highlighted the need to co-produce the new strategy and noted the significant inter-dependencies with the cultural change piece and requested an update to be circulated on those planned activities which were not being taken forward.
- **Noted** the Internal Audit Progress Report from RSM.
- **Scrutinised and approved** the status of the Internal Audit Recommendations, **discussed** the In-House Internal Audit Quarterly Update and **noted** 2023 Internal Audit Plan.
- **Discussed** the current Independent External Auditor and the approach for future reviews. The Committee **approved** the formal contract extension to be delivered by haysmacintyre LLP for the period of two years.
- **Noted** the Significant Legal Developments update.

- **Conducted an in-depth review** into Financial risk and was assured that there was a robust internal control framework in place to manage operational risk. The Finance Team were congratulated for receiving substantial assurance on the New Finance System Audit. The COO was to have discussions with the CEO about more resilience being built into the Finance Team at senior level.
- **Noted** the Annual Reports on Declarations of Interest and Declarations of Gifts and Hospitality **and approved** minor policy amendments to the Gifts and Hospitality Policies for Staff and for Associates.

The next meeting of the ARC is on 23 November 2023 in person at Colmore Square.

Sheila Kumar, Chair of the ARC

## Finance and Performance Committee Assurance Report

The Council is asked to note that the Finance and Performance Committee (FPC) gives assurance that the items noted in this report have been scrutinised by FPC.

FPC met once since the last meeting of the Council on 12 October 2023 in Wimpole Street, London to discuss:

- Organisational Performance Reporting Update (Q2)
- Fitness to Practise Operational Update
- People and Organisational Development (OD) update
- Costed Corporate Plan (CCP) 2024-2026 and Budget- final draft
- Pensions Update
- Change Programme update
- In-depth review- Strategy

The discussions and actions are summarised below:

### 1. Organisational Performance Reporting Update

- The Committee received a verbal update on Q2 performance including Operational Delivery, CCP Portfolio Delivery, Workforce and People and OD and a Financial Summary.
- The Committee noted some the number of cases within Registration which had passed timeliness targets and heard these were largely due to timing and production of the report.
- The Committee heard that there were significant improvements to the portfolio in Q3 and requested that data should be shared via correspondence when available and that a forward look at portfolio health should be presented in future introductions to the report.
- In relation to the Hearings projects, the Committee heard that an IT plan was in place to secure resource within the next six months.
- The Committee discussed registration appeals and requested for a scenario plan detailing a scaled number of appeals and the resource required to be presented to the Committee.
- The Committee discussed Data Strategy project and requested a proposal on the timeline of implementation following EMT discussion.
- A summary paper containing the information provided as circulated to the Committee following the meeting.

### 2. Fitness to Practise (FtP) Operational Update

- The Committee received an update on the performance of the FTP Casework function and the performance of the team in addressing the caseload.
- The Committee noted a slight increase in concerns raised in Q3 which was a potential seasonal issue. Despite this increase, the team were continuing to reduce the number of older cases in the caseload.
- The Committee noted that there were different methods of utilising existing resource to build resilience.
- The Committee requested that a timescale should be developed for when a view could be taken on a sustainable caseload number which would feed into the Committee cycle.
- The Committee requested that the suite of metrics include data on individual and team productivity. The Associate Director, FtP would review caseload targets and present a detailed process paper and timeline as part of the next operational update.

### 3. People and Organisational Development (OD) Activity and Performance Update

- The Committee received an update on the progress of the People & Organisational Development function.
- The Committee noted that a key priority was to address capacity, and a continued focus on the delivery and sustainability of the function, which had largely been impacted by the Covid-19 Pandemic.
- The Committee noted that an Employee Experience Survey was planned from an external provider and the results would be available in 2024.
- The Committee was assured that the People Strategy remained current, and work was underway with IT enhancements, review of people policies and management training.
- The Committee raised concerns that the People Forum and Staff EDI Networks had not developed as anticipated. The Committee heard that support was being provided to reestablish the forum.

### 4. Costed Corporate Plan (CCP) 2024-2026 and Budget Setting – final draft plan

- The Committee received the final draft plan of the CCP 2024-2026 which detailed the budget, portfolio and workforce plans, including the 2024 annual budget ahead of presentation to the Council for approval.
- The committee noted that, contrary to usual practice, the paper did not include a change log recording changes made between each version of the draft. The Committee requested that this be produced and incorporated in future drafts submitted to FPC or Council.
- Following discussion around the risks and opportunities and the workforce plan, the Committee agreed that it could not endorse the CCP 2024-2026 draft plan and budget setting – final draft plan.
- The Committee agreed unanimously that Option 1 for a proposed 'rebate' of ARF should be pursued, so that it would not extend into the next strategy period.
- The Committee agreed that the Council could be assured that the draft plan and budget had been scrutinised and that the Accounting Officer and EMT were aware of the issues raised and would work to address them prior to the Council meeting.

### 5. Pensions Update

- The Committee received a progress update on the legacy pension scheme progression to insurer buyout.

### 6. Change Programme- update

- The Committee received an overview of the Change programme which identified projects within the CCP as having cross-organisational impacts and dependencies.
- The Committee noted the sequencing of the work and to ensure alignment between the committee chairs, committee agendas and forward plans.
- The Committee heard that the first set of focus groups on the Change Programme had taken place and had received a positive response.
- The Committee noted the importance for clear and continuous engagement from Internal Communications and to emphasise to staff that there were no predetermined outcomes in relation to the future of the organisation.



7. In-Depth Review – Strategy

- The Committee received a current overview of the performance of the Strategy Directorate. The in-depth review also included an annual report for 2022 and a mid-year report for 2023.

The next Committee meeting will be held on 16 November 2023 in Wimpole Street, London.

Terry Babbs

Chair of the Finance and Performance Committee

# Remuneration and Nomination Committee Assurance Report

Since the last Council meeting, the Committee has met once, on 18 October 2023. At the meeting the Committee **discussed** the following:

- Update on Workforce Development Plan

The Committee received an update on the Workforce Development Plan which was expected to be finalised by November 2023 and would be aligned with the Change Programme and wider Costed Corporate Plan (CCP) projects. Assurance was sought and received that Equality, Diversity and Inclusion (EDI) considerations would be factored into the work and a more systematic approach was planned to assess training needs at role and individual levels.

- Development of the Cultural Change Blueprint

The Committee received a report on the development of the cultural change blueprint. External consultants T-Three had been commissioned to develop the Cultural Change Blueprint and refresh the GDC's values and behaviours to support cultural change. A request was made for a heatmap to be provided to show the inter-dependencies between projects, and a dashboard to keep the Committee informed on project delivery, EDI considerations and recruitment and retention rates.

- Update on Total Reward Project

An update was provided on the Total Reward Project, for which an external consultant had been commissioned to deliver an analysis of the 'as is' position, an options appraisal for pay and grading, and a proposal for the benefits package. The Committee welcomed the significant progress made in relation to the project.

- In-Depth Review of Associates

The Committee noted the outcomes of the in-depth review of Associates and the proposal to proceed with Option 1, to retain the current model of utilising Associates as self-employed contractors. Assurance was sought on the tax arrangements for self-employed associates, this would be provided to the Committee in due course.

- Council Member and Independent Governance Associates Expenses Policy

The Committee approved the Council Member and Independent Governance Associates Expenses Policy and made a recommendation to Council to approve the wider 2024 policy.

- Pensions Report

The Committee received a report on legacy pensions which had also been considered by the Finance and Performance Committee.

- Annual Review of Committee Effectiveness

The Committee discussed the draft report on its effectiveness in 2023.

- Associate Fees

The Committee heard that a review of the business requirement for an operating policy to support quarter day payments for Associates was to be undertaken and a proposal would be presented for approval in due course.

The next Committee meeting will be held on 1 February 2024, via MS Teams.

**Anne Heal, Chair of the Remuneration and Nomination Committee.**

## Dentists and Dental Care Professionals Fees Regulations 2023

<b>Executive Director</b>	Lisa Marie Williams, Legal & Governance, Executive Director.
<b>Author(s)</b>	Clare Paget, Senior Counsel and Associate Director, Legal. Tey Hassan, Principal Advisory Lawyer
<b>Type of business</b>	To make regulations
<b>Purpose</b>	This paper encloses the revised fee regulations for both dentists and dental care professionals. The regulations have been revised to include the new annual retention fee levels.
<b>Issue</b>	The Council has approved a Costed Corporate plan and a budget, and amendments to the Fees Regulations are required to implement those changes.
<b>Recommendation</b>	The Council is asked to approve the Dentists and Dental Care Professionals Fees Regulations 2023, in order that they can be sealed by the Chair and Registrar.

### 1. Executive Summary

- 1.1 This paper encloses the revised fees regulations for Dentists and Dental Care Professionals to be approved and sealed.
- 1.2 The Council has the power to set retention fee levels by making Regulations (sections 19 and 36F of the Dentists Act 1984).
- 1.3 Following the Council's approval of the Costed Corporate Plan ('CCP') 2024-2026, the 2024 budget and the annual retention fee level, the changes to the fees are reflected in the revised fees regulations at **Appendix 1 and 2**.
- 1.4 The Council is asked **to approve and make** the General Dental Council (Dentists)(Fees) Regulations 2023 and General Dental Council (Dental Care Professionals) (Fees) Regulations 2023. If approved, they will then be signed by the Chair of Council and Chief Executive and sealed.
- 1.5 The General Dental Council (Dentists)(Fees) Regulations 2023 and General Dental Council (Dental Care Professionals) (Fees) Regulations 2023, if approved, will come into force on the date set out in paper titled 'Costed Corporate Plan 2024-2026' and Budget 2024 prepared by the Associate Director, Finance and Head of Business Intelligence, Delivery & PMO.

### 2. Legal considerations

- 2.1 We understand that the review of the annual retention fee by Finance has been carried out in

accordance with the GDC's fees policy and financial reserves policy.

2.2 The In-House Legal Advisory Service has drafted the revised fees regulations in accordance with instructions from Finance and, if Council consents, will complete the Regulations with the relevant information following Council's decision.

### **3. Equality, diversity and privacy considerations**

3.1 We understand that equality and diversity considerations have been considered for the development of the CCP. These Regulations, and the reduction in the retention fee, follow on from Council's decisions on the CCP and do not raise any separate or additional issues for consideration.

### **4. Risk considerations**

4.1 Changes to fee levels give rise to reputational and legal risks. These risks, and their mitigations have been set out in paper titled 'Costed Corporate Plan 2024-2026' and Budget 2024 prepared by the Associate Director, Finance and Head of Business Intelligence, Delivery & PMO, already considered by Council.

### **5. Next steps**

5.1 The Regulations will be published in line with the agreed communications plan.

## **Appendices**

- a. Appendix 1: The General Dental Council (Dentists) (Fees) Regulations 2023
- b. Appendix 2: The General Dental Council (Professions Complementary to Dentistry) (Fees) 2023.

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11 October 2023

## The General Dental Council (Dentists) (Fees) Regulations 2023

The General Dental Council make the following Regulations in exercise of their powers conferred by section 19(1) and (2) and section 52(1A) and (1B) of the Dentists Act 1984<sup>1</sup>.

### Citation and commencement

1. (1) These Regulations may be cited as the General Dental Council (Dentists) (Fees) Regulations 2023 and are made on XXX.

(2) These Regulations shall come into force on XXX.

(3) In these Regulations -

“instalment date” means the date each instalment falls due;

“renewal date” means 31 December in each year;

“retention fee” means the fee due under Regulation 2(1)(e);

“Swiss dentist” means a qualifying applicant who had not before Implementation Period completion day made a registration application (other than an application for registration under Schedule 4 to the Dentists Act 1984).

### Fees

2. (1) The Council hereby prescribe the following fees for the purposes of section 19 of the Dentists Act 1984 (Fees) -

- |  |   |
|--|---|
| (a) for the processing of an application for entry of a person's name in the dentists register:  | £ 36.33   |
| (b) for the assessment of an application for entry of a person's name in the dentists register, where applicable:  | a fee set out in Regulation 3   |
| (c) for the first entry of a person's name in the dentists register:   | a fee equivalent to £ XX for every month or part thereof from the first day of the month in which the entry is made until the renewal date of the year in which the entry is made.                                      |
| (d) for the entry of a person's name in the dentists register on the basis of temporary registration during such period as specified by a Direction made under Section 17: | a fee calculated by the following formula, where A is the length of the directed period in calendar days, B is the fee payable under regulation 2(1)(e) and C is 365: $(A \times B)/C = \text{fee}$ in pounds sterling. |
| (e) for the retention of a person's name in the dentists register during each period of twelve months following the renewal date:  | £XX   |

<sup>1</sup> 1984 c24; section 19 (1) was amended by S.I. 2007/3101; section 19(2) was amended and section 52(1A) and (1B) were inserted by S.I. 2005/2011.

(f) for restoration of a person's name to the dentists register:

a fee equivalent to £ xx for every month or part thereof from the first day of the month in which the entry is made until the renewal date of the year in which the entry is made.

(2) A person may, with the agreement of the registrar, pay the prescribed fee under regulation 2(1)(e) in such instalments and by such means of payment as the registrar may determine.

(3) For the purpose of sub-paragraph (2) the registrar may determine -

- (a) the amount of each instalment and the date by which each instalment is to be paid, and
- (b) that payment will be made by direct debit.

(4) When a person is erased for failure to pay the retention fee-

- (a) under regulation 8, or
- (b) under regulation 7 of the General Dental Council (Professions Complementary to Dentistry) (Fees) Regulations 2023,

they are disqualified from entering into an agreement under sub-paragraph (2) in respect of the retention fee that that falls due on the subsequent two annual renewal dates.

### Assessment fees

3. This regulation sets out the prescribed fee for the assessment of an application for entry of a person's name in the dentists register.

Section of the Dentists Act 1984 under which the application for registration is made.	Assessment fee
Section 15(1)(b) <sup>2</sup> – Swiss Dentists Section 15(1)(c )	£66.50
Section 15(1) (ba) <sup>3</sup> - Swiss Dentists	£662.40
Section 17	£66.50

### Refusal to make an entry etc.

4. The registrar may refuse to make in or restore to the dentists register any entry until a fee prescribed by these Regulations has been paid.

### Notice of retention fee

5. The registrar shall send to each person registered in the dentists register no less than 28 days before the renewal date -

- (a) notice of the retention fee, and
- (b) a warning that failure to pay either -
  - (i) the first instalment by the instalment date and the retention fee by the renewal date, or

<sup>2</sup> To the extent that it continues to apply to Swiss Dentists by virtue of the European Qualifications (Health and Social Care Professions) (Amendment etc.) (EU Exit) Regulations 2019/593 (as amended by) the European Qualifications (Health and Social Care Professions) (EFTA States) (Amendment etc) (EU Exit) Regulations 2020 S.I. 2020/1349.

<sup>3</sup> Same as above.

(ii) any subsequent instalment and the outstanding balance of the retention fee by the end of the calendar month within which the missed instalment date fell due,  
may result in that person's name being erased from the dentists register.

6. The notice and warning required to be sent to a person under regulation 5 shall be sent-
- (a) to that person's address in the dentists register,
  - (b) to their last known or any other address if it appears to the registrar that a notice and warning so addressed are more likely to reach the person, or
  - (c) by electronic means with the consent of that person.

7. The fact that the notice and warning required to be sent to a person under regulation 5 have not been received by them shall not -

- (a) prevent the registrar from erasing that person's name under regulation 8, or
- (b) constitute the grounds for the restoration of that person's name following erasure under regulation 8,

provided that notice and warning have been sent in accordance with regulation 5 and 6.

#### **Erasure for failure to pay retention fee**

8. Where a person fails to pay either -

- (a) the first instalment by the instalment date and the retention fee by the renewal date, or
- (b) any subsequent instalment and the outstanding balance of the retention fee by the end of the calendar month within which the missed instalment date fell due,

the registrar may erase that person's name from the dentists register, provided that notice and warning have been sent in accordance with regulations 5 and 6.

9. The registrar may decide not to erase a person's name under regulation 8 where there is an outstanding issue concerning-

- (a) that person's fitness to practise as a dentist, or
- (b) an entry in respect of that person in the dentists register.

#### **Revocation and transitional provisions**

10. The General Dental Council (Dentists)(Fees) Regulations 2022 are hereby revoked.

11. Any fees due to the Council under or by virtue of the General Dental Council (Dentists) (Fees) Regulations 2022 shall remain due to the Council as though they were payable under these Regulations and the powers contained in these Regulations in the case of non-payment shall apply in the case of such fees.

Given under the official seal of General Dental Council.

Lord Toby Harris

Chair

Ian Brack

Registrar

## The General Dental Council (Professions Complementary to Dentistry) (Fees) Regulations 2023

The General Dental Council make the following regulations in exercise of their powers conferred by section 36F(1) and (2) and section 52(1A) and (1B) of the Dentists Act 1984.<sup>1</sup>

### Citation and commencement

1. (1) These Regulations may be cited as the General Dental Council (Professions Complementary to Dentistry (Fees) Regulations 2023 and are made on XXX.

(2) These Regulations shall come into force on XXX.

(3) In these Regulations -

“application” means an application for entry of a person’s name within the dental care professionals register under a single title;

“instalment date” means the date each instalment falls due;

“renewal date” means 31 July in each year;

“retention fee” means the fee due under Regulation 2(1)(h);

“Swiss dental care professional” means a qualifying applicant who had not, before Implementation Period completion day, made a registration application (other than an application for registration as a visiting dental care professional).

### Fees

2. (1) The Council hereby prescribe the following fees for the purposes of section 36F of the Dentists Act 1984 (Fees) -

(a) for the processing of an application for entry of a person’s name in the dental care professionals register:	£36.33
(b) for the assessment of an application from a Swiss dental care professional <sup>2</sup> for first entry of a person’s name in the register:	£506.25
(c) for the assessment of an application for first entry of a person’s name in the dental care professionals register pursuant to subsection (4) of section 36C:	£512.76
(d) for the assessment of any subsequent applications from a Swiss dental care professional for entry of a person’s name in the dental care professionals register under an additional title:	£453.40
(e) for the assessment of any subsequent applications for entry of a person’s name in the dental care professionals register under an additional title pursuant to subsection (4) of section 36C:	£340.40

<sup>1</sup> 1984 c.24; section 36F was inserted by S.I. 2005/2011; section 36F(1) was amended and (1A) inserted by S.I.2007/3101

<sup>2</sup> Pursuant to changes enacted by S.I. 2020/1394, inserting S35A into S.I. 2019/593 or section 35A inserted into S.I 2019/593 by S.I. 2020/1394.



(f) for the first entry of a person's name in the dental care professionals register:	a fee equivalent to £XX for every month or part thereof from the first day of the month in which the entry is made until the next renewal date.
(g) for a subsequent entry of a person's name in the dental care professionals register under an additional title:	£12.00
(h) for the retention of a person's name in the dental care professionals register under a title or titles during each period of twelve months following the renewal date:	£XX
(i) for the restoration of a person's name to the dental care professionals register under a title or titles:	a fee equivalent to £XX for every month or part thereof from the first day of the month in which the entry is made until the next renewal date.

(2) Where two or more applications for entry in the dental care professions register are submitted together, only one fee is payable under sub-paragraph (1)(a).

(3) A person may, with the agreement of the registrar, pay the retention fee in such instalments and by such means of payment as the registrar may determine.

(4) For the purpose of sub-paragraph (3) the registrar may determine -

- the amount of each instalment and the date by which each instalment is to be paid, and
- that payment will be made by direct debit.

(5) When a person is erased for failure to pay the retention fee-

- under regulation 7, or
- under regulation 8 of the General Dental Council (Dentists) (Fees) Regulations 2023

they are disqualified from entering into an agreement under sub-paragraph (3) in respect of the retention fee that that falls due on the subsequent two annual renewal dates.

### **Refusal to make an entry etc.**

3. The registrar may refuse to make in or restore to the dental care professionals register any entry until a fee prescribed by these Regulations has been paid.

### **Notice of retention fee**

4. The registrar shall send to each person registered in the dental care professionals register no less than 28 days before the renewal date -

- notice of the retention fee, and
- a warning that failure to pay either -
  - the first instalment by the instalment date and the retention fee by the renewal date, or
  - any subsequent instalment and the outstanding balance of the retention fee by the end of the calendar month within which the missed instalment date fell due,
may result in that person's name being erased from registration under all titles under which that person is registered in the dental care professionals register.

5. The notice and warning required to be sent to a person under regulation 4 shall be sent to-

- (a) that person's address in the dental care professionals register,
- (b) their last known or any other address if it appears to the registrar that a notice and warning so addressed are more likely to reach the person, or
- (c) by electronic means with the consent of that person.

6. The fact that the notice and warning required to be sent to a person under regulation 4 have not been received by them shall not-

- (a) prevent the registrar from erasing that person's name under regulation 7, or
- (b) constitute the grounds for the restoration of that person's name following erasure under regulation 7,

provided that notice and warning have been sent in accordance with regulations 4 and 5.

#### **Erasure for failure to pay the retention fee**

7. Where a person fails to pay -

- (a) the first instalment by the instalment date and the retention fee by the renewal date, or
- (b) any subsequent instalment and the outstanding balance of the retention fee by the end of the calendar month within which the missed instalment date fell due,

the registrar may erase that person's name from registration all titles under which that person is registered in the dental care professionals register, provided that notice and warning have been sent in accordance with regulations 4 and 5.

8. The registrar may decide not to erase a person's name under regulation 7 where there is an outstanding issue concerning -

- (a) that person's fitness to practise as a member of a profession complementary to dentistry, or
- (b) an entry in respect of that person in the dental care professionals register.

#### **Revocation and transitional provisions**

9. The General Dental Council (Professions Complementary to Dentistry) (Fees) Regulations 2022 are hereby revoked.

10. Any fees due to the Council under or by virtue of the General Dental Council (Professions Complementary to Dentistry) (Fees) Regulations 2022 shall remain due to the Council as though they were payable under these Regulations and the powers contained in these Regulations in the case of non-payment shall apply in the case of such fees.

Given under the official seal of General Dental Council.

Lord Toby Harris  
Chair

Ian Brack  
Registrar

## EDI Strategy 2024-26: Planning Principles

<b>Executive Director</b>	Gurvinder Soomal, Chief Operating Officer
<b>Author(s)</b>	Richard French-Lowe, Head of Organisation Development & Wellbeing Constantinos Kypridemos, Senior Operations Manager
<b>Type of business</b>	For Discussion
<b>Purpose</b>	To provide an update to the Council on the planned approach to the development of the Equality, Diversity, and Inclusion Strategy for the 2024-26 period.
<b>Issue</b>	In February 2021, the Council agreed the Equality, Diversity & Inclusion (EDI) Strategy 2021-2023, which is due to conclude at the end of 2023.
<b>Recommendation</b>	To discuss the planning principles and planned timeline.

### 1. Introduction

- 1.1. This paper provides an overview of principles and plans to review and develop the Equality, Diversity, and Inclusion (EDI) Strategy for the 2024-26 period.

### 2. Background

- 2.1. In February 2021, the Council agreed the Equality, Diversity & Inclusion (EDI) Strategy 2021-2023, with a vision that the GDC will be a champion of diversity, equality, and inclusion inside our organisation, with the sector we regulate and with the public.
- 2.2. In June 2022 the Council, advised by the Audit and Risk Committee (ARC), concluded that the EDI Action Plan did not provide assurance of risk mitigation. The Council noted the issues that had arisen in relation to the implementation of the EDI Strategy and approved the suggested amendments to the delivery of the Strategy with an additional requirement that an update be provided on current activities. The Council required a prioritised action plan and requested that the executive also reported on the EDI deliverables over the last year.
- 2.3. In September 2022, Council approved a set of four priorities for the delivery of the Equality Diversity and Inclusion (EDI) Strategy. The priorities were:
- Priority 1 - Our people understand our statutory EDI obligations and what it means for them in their daily work.
  - Priority 2 - Registrants, witnesses and the public can all effectively engage with the new hearings service.
  - Priority 3 - To attract and retain talented people to work at the GDC.
  - Priority 4 - Complete the improvement of data collection of quality assured EDI data across the business.
- 2.4. An update on the implementation of the current EDI Strategy 2021-23 was presented to the Council in June 2023, with confirmation that a refreshed EDI Strategy for 2024-2026 was anticipated to be presented to Council before the end of the year.

### 3. Planning Principles

- 3.1. Over the last 12 months substantial work has been undertaken across the organisation in support of the current EDI Strategy and the linked Framework and Action Plan following presentation of the new prioritised Framework to Council at their September 2022 meeting.
- 3.2. In the next EDI Strategy 2024-26 greater emphasis is required on how EDI can be embedded into the organisation across the GDC's structures, priorities, and approaches.
- 3.3. It is suggested that a single point of accountability will be agreed for any EDI Framework and/or Action Plan. In line with project management methodology in place across the organisation, a single Executive Sponsor would enable a consistent and holistic progress review of the EDI Framework and Action Plan against the Strategy.
- 3.4. As part of a new EDI Strategy 2024-26, outcomes, outputs and actions across the Strategy and Framework must adhere to SMART principles. Enabling the Executive Sponsor to provide assurance to the Council that the Strategy is progressing, identifying its impact, and where appropriate take timely remedial or mitigating action should risks be identified.
- 3.5. Aligned to SMART based goals, consideration will also be given to the roles and responsibilities of key stakeholders and how effective and efficient reporting will be managed and maintained as part of the new Strategy. This will support the strengthening of the controls in place to manage associated operational risks in this area.
- 3.6. The next EDI Strategy 2024-26 will also consider and align to the Professional Services Authority (PSA) future approach towards their EDI standard, with an updated PSA Standard 3 expected from our next reporting year on 1 October 2023, with the first assessments against the 2023-24 indicators not expected until after March 2024.
- 3.7. Future iterations of any EDI Framework and Action Plan will require a cross check with ongoing activity and a gap analysis undertaking to identify what additional actions we may need to take so that we can evidence that GDC is meeting the requirements of the PSA in respect of EDI which remains 'The regulator understands the diversity of its registrants and their patients and service users and of others who interact with the regulator and ensures that its processes do not impose inappropriate barriers or otherwise disadvantage people with protected characteristics' .
- 3.8. During 2023, RSM undertook an external audit of EDI actions and the four priority areas, giving an independent view whether the framework and action plan were able to sufficiently support both the EDI Strategy and the wider corporate objectives, with the risk being that there is a misalignment between the EDI priorities and the organisational strategy, leading to potential gaps.
- 3.9. The outcome and recommendations of the external audit are expected to be confirmed during Autumn 2023, allowing for their inclusion and consideration as part of the review and drafting of the new EDI Strategy 2024-26.
- 3.10. Table 1 provides a high-level plan of key/milestone dates leading to the confirmation of a new EDI Strategy 2024-26.
- 3.11. It is suggested that across the end of Q3 to Q4 2023, the work to deliver a new EDI Strategy is aligned to three distinct phases:–
  - (i) agreement of these planning principles by the end of September 2023,
  - (ii) review and development of a draft Strategy including socialisation of the draft with key stakeholders by the end of December 2023, and
  - (iii) finalisation and approval of the new Strategy by December 2023.

**Table 1 - Milestone timeline for the development of the EDI Strategy 2024-26**

Milestone date	Milestone
7 September 2023	EMT Board: EDI Strategy 2024-26 Planning Principles
September 2023	Review RSM audit recommendations to incorporate into new Strategy
September 2023	Review current EDI Strategy 2021-23 – identifying strengths, weaknesses, gaps. Whilst also understanding what best practice looks like across other healthcare regulators
September 2023	Informal EMT workshop on future EDI Strategy
September/October 2023	Draft EDI Strategy 2024-26 developed
September/October 2023	Draft EDI Strategy 2024-26 socialised informally with key strategic stakeholders across EMT, ARC & Council
September/October 2023	Draft EDI Strategy 2024-26 socialised informally with People Forum and the Staff Networks.
TBC October 2023	ARC: EDI Strategy 2024-26 Planning Principles
27 October 2023	Council: EDI Strategy 2024-26 Planning Principles
7 November 2023	EMT Board: Draft EDI Strategy 2024-26
23 November 2023	ARC: Draft EDI Strategy 2024-26
8 December 2023	Council: Draft EDI Strategy 2024-26
<b>January 2024</b>	<b>New EDI Strategy 2024-26 launched</b>

- 3.12. Socialisation of the draft Strategy will seek to gain feedback from key strategic stakeholders including the Executive Management Team, Audit & Risk Committee, and the Council.
- 3.13. As part of our wider stakeholder engagement strategy, it is suggested that greater emphasis is placed on seeking and understanding feedback and insights from our staff networks. This includes the staff-elected People Forum representatives, and the employee networks including Rainbow, REACH, GET, and Enable.
- 3.14. Primarily focused on feedback and socialisation of the draft Strategy, our staff networks may also provide key insights into how to effectively embed EDI across the organisation.

#### **4. Legal, policy and national considerations**

- 4.1. The EDI Strategy is intended to ensure compliance with the Equality Act 2010 and our Public Sector Equality Duty (PSED), but the objectives go beyond our minimum legal obligations.
- 4.2. In delivering the next EDI Strategy 2024-26, the organisation will continue to utilise the robust data sets that the Research team are compiling during the EDI Strategy 2021-23 Action Plan. This will ensure the GDC is able to respond effectively to the PSA's new EDI focused standard.

#### **5. Equality, diversity, and privacy considerations**

- 5.1. The EDI Strategy covers the promotion and delivery of the EDI priorities across the GDC. The development of the new Strategy 2024-26 will be undertaken in line with the principles outlined in Section 3.

5.2. In the development of the new Strategy or its implementation, any personal data, specifically information relating to protected characteristic will be handled in line with the General Data Protection Regulations.

5.3. Any work that is undertaken as part of a new action plan will have consideration for any EDI impact and an Equality Impact Assessment will be developed.

## **6. Risk considerations**

6.1. The People & Organisational Development operational risk register confirms that ‘EDI considerations and responsibilities are not known or understood throughout the GDC’ and ‘appropriate actions and processes are not identified and implemented throughout the GDC to support EDI requirements and best practice’. The EDI Strategy 2024-26 and the accompanying framework to deliver the strategy will continue to act as mitigation and controls.

## **7. Resource considerations and CCP**

7.1 From August 2023, the People & Organisational Development team again has dedicated and experienced EDI subject matter experts in post.

7.2 Under the current EDI Action Plan, work was coordinated by the Organisational Development team until January 2023, and subsequently by the wider Corporate Resources directorate. As part of the future EDI Strategy 2024-26, roles and responsibilities of key stakeholders will be documented enabling effective resource planning.

7.3 EDI activity has previously been funded by the organisation/corporate learning and development budget. Moving forward, the corporate learning and development budget can provide a suitable source for the agreed work. However, the first deliverables of Team Work Package Workforce Development project are expected from 2024 and interdependencies between the Strategy and project should be considered going forward.

## **8. Monitoring and review**

8.1 The draft EDI Strategy will return to Council for consideration in December 2023.

## **9. Development, consultation, and decision trail**

9.1 The decision trail is as set out above.

## **10. Next steps and communications**

10.1 The milestone timeline, at Table 1, will continue to ensure that a new EDI Strategy for 2024-26 is proposed to Council at the 8 December 2023 meeting.

10.2 A communications and engagement plan will be developed to support the launch of the new EDI Strategy 2024-26, and the linked Framework and Action Plan.

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19 October 2023

**Chair and Chief Executive Objectives 2024**

<b>Executive Director</b>	Gurvinder Soomal, Chief Operating Officer
<b>Author(s)</b>	John Middleton, Head of People Services
<b>Type of business</b>	For Approval
<b>Purpose</b>	<p>The Remuneration and Nomination Committee (RemNom) is tasked with scrutinising and approving the process for setting the objectives of the Chair of Council and the Chief Executive and Registrar.</p> <p>The RemNom scrutinised and approved the objective setting process in June 2023, and this was presented to the Council in September 2023 to note.</p> <p>The Council is responsible for approving the objectives for the Chair of Council and Chief Executive and Registrar.</p> <p>The 2024 objectives for the Chair and Chief Executive and Registrar are presented to the Council for approval.</p>
<b>Issue</b>	The approval of the 2024 objectives for the Chair of Council and the Chief Executive and Registrar.
<b>Recommendation</b>	The Council is asked to approve the 2024 objectives for the Chair of Council and the Chief Executive and Registrar

## 1. Introduction

- 1.1. In June 2023, in line with its Terms of Reference, the Remuneration and Nomination Committee (RemNom) scrutinised and approved the objective setting process for the Chair of Council and Chief Executive and Registrar. The changes were noted by the Council in September 2023.
- 1.2. The Council is responsible for approving the objectives of the Chief Executive and Registrar, and the Chair of Council. The 2023 objectives for the Chief Executive and Registrar were agreed at Council in September 2023.
- 1.3. The Chair of Council and Chief Executive objective setting process will be reviewed again in 2024 in advance of the objective setting for 2025. It is proposed that the annual objectives setting process is aligned with the development and approval points of the Costed Corporate Plan.
- 1.4. The Council is asked to **approve** the 2024 objectives for the Chair of Council and the Chief Executive and Registrar.

## 2. Objectives

- 2.1. The objectives for the Chair and Chief Executive must reflect the objectives set out in the Costed Corporate Plan (CCP) and consequently deliver the strategic aims of the organisation. They will sit alongside the CCP.
- 2.2. The purpose of the objective setting process is to ensure there are robust goals in place to measure progress and to enhance the overall performance of the GDC.
- 2.3. The Chair of Council's objectives for 2024 have been developed in conversation with the Chief Executive and Senior Independent Council Member, in line with the approved the process. A full copy of the objectives is provided in **Appendix 1**.
- 2.4. The Chief Executive's objectives for 2024 have been developed in conversation with the Chair in line with the approved the process. A full copy of the objectives is provided in **Appendix 2**.

## 3. Equality, Diversity and Privacy Considerations

- 3.1. The objectives for both the Chair and Chief Executive should reflect their respective responsibilities for delivery of the GDC's obligations around Equality, Diversity and Inclusion.

## 4. Risk Considerations

- 4.1 Without robust, measurable and timebound objectives in place for these key roles, there is a risk to the delivery of the Costed Corporate Plan and Corporate Strategy as the objectives will be cascaded to the wider organisation to drive delivery and performance.

## 5. Resources and CCP considerations

- 5.1 This work is met within business-as-usual activities.

## 6. Monitoring and Review

- 6.1 Progress against objectives will be regularly reviewed during meetings between the Chair and Senior Independent Council Member and the Chair and the Chief Executive. The Council will receive formal updates at six monthly intervals and progress updates via the Chief Executive's quarterly report to the Council.

## 7 Next Steps and Communication



7.1 If approved, the objectives will be cascaded accordingly, and progress will be reviewed as outlined above.

**Appendices**

Appendix 1 – The Chair of Council Objectives 2024

Appendix 2 – The Chief Executives Objectives 2024

**John Middleton**

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19 October 2023

## Appendix 1 - Chair Objectives for 2023/2024

	<b>Objectives</b>	<b>Content</b>	<b>Timescale</b>	<b>Measures</b>
1	Oversee the implementation of the Corporate Plan through effective working relationships with the Chief Executive and the Executive Team	<ul style="list-style-type: none"> <li>• Continue weekly meetings with CE</li> <li>• Monitor CE's delivery of his objectives</li> <li>• Continue regular meetings with each member of the EMT and with other staff</li> <li>• Have periodic meetings with CEO and the whole ET especially prior to Council meetings</li> <li>• Monitor ET's delivery of the Corporate Plan</li> </ul>	Throughout 2023/2024	<ul style="list-style-type: none"> <li>• Meetings take place regularly and are purposeful</li> </ul>
2	Continue to develop and oversee the GDC's relationships with external stakeholders so that the step change in the nature and quality of those relationships is consolidated	<ul style="list-style-type: none"> <li>• Continue to meet regularly with CDOs in each of the four nations</li> <li>• Continue to meet regularly with representatives of the various professional associations, dental education providers, and other groups including the ADG and bodies representing patients' interests</li> <li>• Engage with the chairs of other regulators and with the PSA</li> <li>• Participate in meetings of the Dental Leadership Network</li> <li>• Encourage arrangements for other Council members to meet external stakeholders as ambassadors for the GDC</li> </ul>	Throughout 2023/2024 – on either a six-monthly or annual cycle	<ul style="list-style-type: none"> <li>• Productive relationships are in place with a wide range of relevant stakeholders and that this is seen as a key part of the way in which the GDC operates and is reflected in the way in which stakeholders engage with GDC initiatives (such as the Dental Leadership Network).</li> <li>• Arrangements for other Council members to meet external stakeholders as ambassadors of the GDC should be in place by March 2024.</li> </ul>
3	Oversee consideration of the structure of the GDC and senior succession planning	<ul style="list-style-type: none"> <li>• Consider the future structure of the GDC on a regular basis with the CE and with the Committee Chairs</li> </ul>	Throughout 2023/2024	<ul style="list-style-type: none"> <li>• Decisions on the future structure of the GDC and on succession planning issues are taken in a timely fashion and on</li> </ul>

		<ul style="list-style-type: none"> <li>Review arrangements for succession planning within the GDC at senior level</li> </ul>		a consensual basis as far as possible
4	Oversee improvements in the GDC's governance arrangements and the way in which the Council functions	<ul style="list-style-type: none"> <li>Continue to engage with external consultants to develop the ways of working of the Council and the EMT</li> <li>Oversee the induction of the new Council members and the recruitment process to be conducted to the Council in 2024</li> </ul>	Further Board Development Session to be held in December 2023 with additional follow-up work during 2024.	<ul style="list-style-type: none"> <li>Progress is made on ensuring that the EMT operates more collectively with a report back from the consultants engaged to demonstrate this</li> <li>Progress is made in ensuring that the Council and the EMT work together in an harmonious and productive way with mutual respect as demonstrated via feedback from Council members and EMT members</li> </ul>
5	Support work to improve GDC performance in respect of FtP and registration	<ul style="list-style-type: none"> <li>Meet regularly with CE and ED to discuss FtP and registration performance</li> <li>Discuss performance with Committee Chairs</li> </ul>	Throughout 2023/2024	<ul style="list-style-type: none"> <li>Progress continues to be made in improving GDC performance on FtP and registration and that this is demonstrated via FPC assurance.</li> </ul>
6	Oversee development of the GDC's Estates Strategy as part of the wider Corporate Strategy	<ul style="list-style-type: none"> <li>Discuss the development of a new Estates Strategy for the GDC on a regular basis with CE and COO</li> <li>Ensure Council have an opportunity to feed into this process and that appropriate consultation takes place with staff and with stakeholders</li> </ul>	Consensus on way forward to be achieved by spring 2024	<ul style="list-style-type: none"> <li>A consensus is developed on the way forward on Estates and that this is integrated into the Business Plan and the budgetary process</li> </ul>
7	Give overall lead on equality, diversity and inclusion for the GDC	<ul style="list-style-type: none"> <li>Act as visible lead for GDC on EDI issues as appropriate</li> </ul>	Throughout 2023/2024	<ul style="list-style-type: none"> <li>A revised EDI strategy is adopted by March 2024 and its principles are incorporated in</li> </ul>

		<ul style="list-style-type: none"><li>• Oversee work of CE and EMT on these matters and ensure progress is reported and monitored regularly</li><li>• Consider additional training needed for Council and EMT on EDI issues</li></ul>		<p>internal and external activities and communications</p> <ul style="list-style-type: none"><li>• Council has regular opportunities to receive assurance on the progress being made</li></ul>
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## Chief Executive Objectives for 2024

### Following feedback from Council, note that

- The objective are directly linked to GDC Statutory Objectives.
- These objectives relate to time-specific activities: operational, ‘throughout the year’ activities are not detailed here. Corporate reporting and BAU activities such as budget setting are built into the Governance timetable.
- Detailed timelines relating to discrete projects will be incorporated into the Corporate plan.
- Discrete CEO-led corporate initiatives will be subject to timetables agreed with Council.

	<b>Strategic Aim</b>	<b>Objective</b>	<b>Content</b>	<b>Timescale</b>	<b>Measure</b>
<b>1</b>	<b>Dental Professionals reach and maintain High Standards of safe &amp; effective Dental Care</b>	The Organisation proceeds with the elements of the Strategic Professionalism Agenda, supported by Stakeholder engagement	Professionalism Agenda is delivered to timetable across 2024	End Q2 and end 2024	Progress at half year and year end is proceeding to schedule
<b>2</b>	<b>Concerns are addressed effectively and proportionately to protect the public and support professional learning</b>	Internal systems enable GDC to respond in a timely and proportionate manner to concerns	Swift and effective action is taken to identify and remedy the causes of any persistent issues affecting the handling of concerns	End 2024	<ul style="list-style-type: none"> <li>• FTP active caseload maintained at sustainable run-rate</li> <li>• FTP case age profile has shown sustained improvement</li> <li>• FTP casework timeliness is showing sustained improvement</li> <li>• PSA annual review acknowledges that FTP timeliness is being successfully addressed</li> </ul>
<b>3</b>	<b>Risks affecting the public’s safety and wellbeing are dealt with by the right organisations</b>	GDC has in place systems and processes to: <ul style="list-style-type: none"> <li>• Clearly communicate the GDC’s powers and remit</li> <li>• signpost the public to appropriate bodies</li> <li>• refer cases to other bodies as appropriate</li> </ul>	External facing information is reviewed over year to inform planned refresh of website Review of MoU arrangements regarding referral of cases is undertaken	End 2024  End Q3 2024	<ul style="list-style-type: none"> <li>• External facing information is checked for currency and clarity.</li> <li>• Signposting information is updated and revised where necessary</li> <li>• Existing arrangements are reviewed for currency</li> <li>• Executive has considered whether any additional arrangements are needed</li> </ul>

4	<b>Dental professional regulation is efficient and effective and adapts to the changing external environment</b>	(a) The organisation's statutory duties and strategic objectives underpin its planning, budgeting, and the management of workforce and performance.	Council has a clear understanding of the Executive' short, medium and long term operational plans	End Q2 2024	Council understands direction of travel for organisation and is informed on significant plans or proposals in development
			Structure, processes and management of organisation are focused on efficient and effective delivery of Statutory and Strategic priorities	End Q1 2024	Phased transfer of functions to Regulatory Directorate is complete.
			<ul style="list-style-type: none"> <li>• The GDC develops and maintains an organisational culture that:</li> <li>• appropriate for an independent public sector regulatory body</li> <li>• Enables and supports good performance and value for money</li> </ul>	End 2024	<ul style="list-style-type: none"> <li>• Project to revitalise operational culture continues throughout year</li> <li>• Council has been regularly briefed on progress</li> <li>• Council consider there to have been discernible improvement in culture</li> <li>• EMT (programme of facilitated workshops and discussions)</li> <li>• SLT (collaborating with EMT to identify and develop better ways of working)</li> <li>• Key working groups (facilitated development work)</li> </ul>
				End Q2 2024	Training to improve staff understanding of public sector financial obligations and wider context of GDC financial controls has been incorporated into staff development and staff induction programmes.
		(b) The organisation is financially secure and maintains appropriate and effective financial controls	The organisation's budget, forecasting systems and processes are robust	End 2024	Forecast models have been reviewed and, where necessary, revisions have been made to the forecasting procedures – either by revising models or ensuring a post-modelling review and moderation phased is adopted.

		Budgets proposed to the Council are based on realistic and informed assumptions	End Q3 2024	Lessons learned from any unbudgeted expenditure in 2023 are, where appropriate, incorporated into budget for 2024
	(c) The organisation's design, systems and operations are fit for purpose	Changes to systems and structures are undertaken in a coherent, transparent and effective manner	End 2024	<ul style="list-style-type: none"> <li>• Corporate Change Programme delivered to timetable and elements scheduled for completion in 2024 are successfully achieved</li> <li>• Executive ensures that Council and Committees have appropriate reports to ensure that they are able to exercise stewardship and scrutiny functions in relation to the GDC's systems and operations</li> </ul>
		Flexible working arrangements to improve recruitment and retention are appropriately designed and managed	End Q2 2024	<p>In depth review of flexible working is undertaken to identify whether arrangements:</p> <ul style="list-style-type: none"> <li>- are being implemented as planned</li> <li>- are achieving expected impacts regarding recruitment and retention</li> <li>- are not impacting negatively on productivity or performance</li> <li>- are in need of revision</li> </ul>
		The organisation provides the best possible value for money in delivering its mission and the Council's strategic priorities.	Q4 2024	Consideration is given to whether a permanent or temporary reduction is necessary in relation to the ARF in 2025
		The wider systems and procedures of the organisation are appropriate and robust	End 2024	Internal auditors report satisfactory assurance at end of audit plan for 2024
		Equality, Diversity and Inclusion considerations are given appropriate emphasis in the	End 2024	<ul style="list-style-type: none"> <li>• The revised EDI Strategy is kept under regular review and revised as necessary</li> <li>• Council has sufficient information to take assurance that EDI is given appropriate emphasis</li> </ul>

		operations and procedures of the GDC		
		The executive is appropriately skilled and operates in the most effective manner to support delivery of the statutory mission and the wider strategic objectives, (collaborating as necessary with stakeholders and partners)	End 2024	<ul style="list-style-type: none"> <li>externally facilitated EMT development work continued throughout 2024</li> <li>EMT effectiveness and collective performance have improved over year.</li> </ul>
		Swift and effective action is taken to identify and remedy the causes of any persistent performance issues	End 2024	<ul style="list-style-type: none"> <li>exception of overseas qualified DCPs)</li> <li>Longer term options for streamlining and improving Registration have been actively explored and proposals are being developed</li> <li>Overseas-qualified DCP caseload is reducing to plan</li> </ul>
	The organisation is operationally effective and continues to improve in the number of PSA targets obtained, securing all possible standards by the close of 2022	Progress towards securing a complete set of achievable PSA standards is monitored regularly	End 2024	Performance against PSA Standards is improved compared to 2023.



# Whistleblowing disclosures report 2023

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Health and social care  
professional regulators

This report has been produced by the health and social care professional regulators



General  
Medical  
Council

General  
Dental  
Council



General  
Pharmaceutical  
Council

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## About the report

On 1 April 2017, a new legal duty came into force which requires all prescribed bodies to publish an annual report on the whistleblowing disclosures made to them by workers.

**“The aim of this duty is to increase transparency in the way that whistleblowing disclosures are dealt with and to raise confidence among whistleblowers that their disclosures are taken seriously. Producing reports highlighting the number of qualifying disclosures received and how they were taken forward will go some way to assure individuals who blow the whistle that action is taken in respect of their disclosures.”**

Department for Business, Energy and Industrial Strategy (2017)

As with previous years, we have compiled a joint whistleblowing disclosures report to highlight our coordinated effort in working together to address the serious issues raised to us.

Our aim in this report is to be transparent about how we handle disclosures, highlight the action taken about these issues, and to improve collaboration across the health and social care sector.

As each regulator has different statutory responsibilities and operating models, a list of actions has been devised that can accurately describe the handling of disclosures in each organisation (Table 1). It is important to note that while every effort has been made to align the ‘action taken’ categories, each regulator will have slightly different definitions, activities and sources of disclosures.

**Table 1: Types of action taken after receiving a whistleblowing disclosure**

Action type	Description
Under review	This applies to disclosures that have been identified as a qualifying whistleblowing disclosure but no further assessment or action has taken place yet.
Closed with no action taken	<p>This applies to disclosures that have been identified as a qualifying whistleblowing disclosure but no regulatory assessment, action or onward referral was required.</p> <p>This could be in cases where it was decided the incident was resolved or no action was appropriate at the current time.</p>
Onward referral to alternative body	This applies to disclosures that have been identified as a qualifying whistleblowing disclosure and forwarded to another external organisation without any further assessment or action by the receiving regulator.
Regulatory action taken	<p>This applies to disclosures where the regulator has taken an action which falls under their operative or regulatory remit.</p> <p>This may include but is not limited to:</p> <ul style="list-style-type: none"> <li>● referral to its Fitness to Practise team or any other fitness to practise process</li> <li>● opening an investigation</li> <li>● advice or guidance given to discloser, employer, education body or any other person or organisation</li> <li>● registration actions</li> <li>● other enforcement actions.</li> </ul> <p>In cases where the disclosure was assessed via a regulatory action but it was then found that there was not enough information to proceed, the disclosure is categorised as 'no action - not enough information'.</p>
No action - not enough information	<p>This applies to disclosures that have been assessed by the regulator and a decision has been made that there is not enough information to progress any further.</p> <p>This may be in cases where the disclosure was made anonymously with insufficient information to allow further investigation, a discloser is unable to provide more information or the disclosure was withdrawn before it could be investigated.</p>
Onward referral to alternative body and regulatory action taken	This applies to disclosures where a regulatory action was taken and the disclosure was referred on to another external organisation.

To protect the confidentiality of whistleblowers and other parties involved, no information is included here that would enable a worker who has made a disclosure or the employer, place, or person about whom a disclosure has been made to be identified.

The reporting period includes activity between 1 April 2022 and 31 March 2023.

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## General Chiropractic Council

The General Chiropractic Council (GCC) is the independent regulator of UK chiropractors. We are accountable to Parliament and subject to scrutiny by the Professional Standards Authority (PSA). Our statutory duty is to develop and regulate the profession of chiropractic, thereby protecting patients and the public.

- We maintain a UK-wide register of qualified chiropractors.
- We set the standards of education for individuals training to become chiropractors.
- We set the standards of chiropractic practice and professional conduct for individuals working as chiropractors.
- We investigate complaints against chiropractors and take action against them where necessary. The GCC has the power to remove a chiropractor from the register if they are found to be unfit to practise.

### Number of disclosures received

From 01 April 2022 to 31 March 2023 the General Chiropractic Council received no disclosures of information.

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## General Dental Council

**The General Dental Council (GDC) is the UK-wide statutory regulator of over 115,000 members of the dental team, including over 43,000 dentists and 72,000 dental care professionals (DCPs).**

An individual must be registered with the GDC to practise dentistry in the UK. Unlike other health professional regulators, we register the whole dental team including dental nurses, dental hygienists, dental therapists, dental technicians, clinical dental technicians, orthodontic therapists and dentists.

Our primary purpose is:

- To protect, promote and maintain the health, safety and well-being of the public.
- To promote and maintain public confidence in the professions regulated.
- To promote and maintain proper professional standards and conduct for members of those professions.

To achieve this, we register qualified dental professionals, set standards for the dental team, work to ensure the quality of dental education, and investigate complaints and concerns about dental professionals' fitness to practise.

We want patients and the public to be confident that the treatment they receive is provided by a dental professional who is properly trained and qualified and who meets our standards. Where there are concerns about the quality of care or treatment, or the behaviour of a dental professional, we will investigate and take action if appropriate.

In addition, we provide the Dental Complaints Service (DCS), which aims to support patients and dental professionals in using mediation to resolve complaints about private dental care.

### Number of disclosures received

From 01 April 2022 to 31 March 2023 the General Dental Council received 82 disclosures of information.

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## Actions taken in response to disclosures

Action type	Number of disclosures resulting in this action
Under review	0
Closed with no action taken	0
Onward referral to alternative body	0
Regulatory action taken	60
No action - not enough information	22
Onward referral to alternative body and regulatory action taken	0

## Summary of actions taken

The number of disclosures received has increased from 61 last year to 82 this year. This rise is partially the result of an increased number of conduct concerns received around dental professionals' behaviour, both in and outside the workplace. This is also a return to the level of disclosures we received in previous years, indicating that last year may have been an outlier.

All 82 disclosures were made directly to the Fitness to Practise team. In 60 of those disclosures, regulatory action was taken, namely the opening of fitness to practise cases. These opened cases could lead to a range of resolving actions determined by a statutory practice committee. These include removal (erasure) from the Register, suspension from the Register, conditions for a determined period, or the conclusion that fitness to practise is not impaired and the case can be closed, with no further action.

Of the 82 whistleblowing concerns we received:

- 31 cases were closed with no further action. Of these 31 cases, nine were merged with other live cases, and 22 were closed with no further action as there was not enough information provided to progress further.
- 9 cases have been referred to the Case Examiners.
- 42 cases are still at Assessment stage.

Of the 82 cases received, 47 were received from dental professionals, 16 were from non-registrants (who were employed in dentistry) and 19 were anonymous.

None of the disclosures have resulted in resolution via employer(s). This is largely because either we did not have jurisdiction to consider this option or because the nature of the disclosures made them unsuitable for resolution in this way.

## Learning from disclosures

The disclosures we have received have not had an impact on our ability to perform our regulatory functions and objectives during this period. Given our statutory framework the action we would take in response to a disclosure is the same as the regulatory action we would normally take.

The way initial concerns are reviewed through the initial assessment process has enabled us to identify whistle blowing complaints earlier and reduced the number of complaints we could not progress due to insufficient information, with only six falling into this category in 2022-2023.

Of the whistleblowing concerns received during this reporting period, we identified that conduct concerns appear in 70 of the 82 disclosures made to the GDC. This increased number of conduct concerns around dental professionals' behaviour, in and outside the workplace, may suggest that the standard dental professionals and those who work in dentistry hold the profession to, is higher than that of the general population.

Compared to some other regulators we have received a higher proportion of disclosures for the size of the register. It is worth noting that most dentistry is provided in a primary care setting and outside the more robust clinical governance frameworks that characterise some other forms of healthcare. This may mean that alternative disclosure routes are less present in dentistry, and a larger proportion are dealt with by the regulator.

We have also continued to review our processes and procedures for the identification of whistle blowers and have a more robust process for this identification at the point a concern is received, with support from internal legal services.

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## General Medical Council

We're the independent regulator of doctors in the UK. We work with doctors, their employers, their educators and others to:

- set the standards of patient care and professional behaviours doctors need to meet.
- make sure doctors get the education and training they need to deliver good, safe patient care.
- check who is eligible to work as a doctor in the UK and check they continue to meet the professional standards we set throughout their careers.
- give guidance and advice to help doctors understand what's expected of them.
- investigate where there are concerns that patient safety or the public's confidence in doctors may be at risk, and take action if needed.

### Number of disclosures received

From 01 April 2022 to 31 March 2023, the General Medical Council received 48 whistleblowing disclosures.

### Actions taken in response to disclosures

Action type	Number of disclosures resulting in this action
Regulatory action taken	47
No action - not enough information	0
Onward referral to an alternative body	1

The majority (47 out of 48) of the whistleblowing disclosures we received came in to our Fitness to Practise directorate, and one was received by Registration and Revalidation. Of all the disclosures we received, 24 were made by doctors, 11 were made by other healthcare professionals and 13 were made anonymously.

Of the 47 disclosures that were assessed by our fitness to practise team:

- 36 were closed after an initial assessment
- 11 resulted in either a preliminary or full investigation – 5 of these are still going through the investigation process and 6 have been closed

Of the 42 disclosures that closed after an initial assessment or a preliminary or full investigation, some of the reasons for closure included:

- The disclosure was or had already been handled locally
- Advice was given to the discloser
- The disclosure was outside of our remit to deal with e.g. a local employment dispute

No concerns were found from the information provided.

Our Registration and Revalidation directorate received one disclosure, that resulted in an outward referral to an alternative body.

## Update on disclosures from previous years

34 disclosures that we received prior to 1 April 2022 were concluded.

## Learning from disclosures

The information disclosed to us during the reporting period has not had an impact on our ability to perform our regulatory functions and deliver our objectives. We have an operational group that meets throughout the year to reflect on the disclosures we have received.

As with previous years, complaints covered a wide-variety of allegations – from staffing structures at particular locations, professional misconduct to individual dishonesty.

The number of anonymous complaints has fallen slightly compared with the previous year's report (14 in 2021-22, 13 in 2022-23). There has also been a reduction in the number of total whistleblowing complaints (62 in 2021-22, 48 in 2022-23 – a 23% decrease).

15 complaints were incorrectly labelled as meeting the criteria for whistleblowing, we continue to provide training and support for staff on how to recognise and act on whistleblowing disclosures.

We have guidance available to doctors on what to do if they have a concern and continue to support and encourage doctors to raise their concerns through appropriate channels.

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## General Optical Council

We are the regulator for the optical professions in the UK. Our charitable purpose and statutory role are to protect and promote the health and safety of members of the public by promoting high standards of professional education, conduct and performance among optometrists and dispensing opticians and those training to be optometrists and dispensing opticians.

We have four core functions:

- setting standards for optical education and training, performance and conduct;
- approving qualifications leading to registration;
- maintaining a register of individuals who are qualified and fit to practise, train or carry on business as optometrists and dispensing opticians; and
- investigating and acting where registrants' fitness to practise, train or carry on business is impaired.

### Number of disclosures received

From 01 April 2022 to 31 March 2023, the GOC received 15 disclosures of information. These were all via Fitness to Practise (FTP).

There was nil return from our Education and Legal team.

### Actions taken in response to disclosures

Action type	Number of disclosures resulting in this action
Under review	0
Closed with no action taken	3
Onward referral to alternative body	2
Regulatory action taken	4
No action – not enough information	6
Onward referral to alternative body and regulatory action taken	0

## Summary of actions taken

All 15 disclosures that we received in 2022-23 were placed into our FTP system for formal assessment. Of these 15 disclosures, 11 cases were closed with no further action being taken. Our decisions are outlined below:

- Six cases were closed as either consent was not given by the referrer for us to progress further, we were not provided with sufficient information to identify the referrer to obtain relevant evidence or the evidence collated did not support the allegation being raised;
- Two cases did not meet our acceptance criteria for onward referral:
- Two cases were referred for consideration by another body:
- One case was considered outside our jurisdiction as a regulator; and
- Four investigations were opened with three ongoing, one was closed at case examiner stage.

## Learning from disclosures

There was a 50 percent increase in the number of disclosures received during 2022-2023, however these still account for just 3 percent of our total receipts for the year and may be a slight over-estimation due to our cautious approach when identifying if the matter is a qualified disclosure.

Identifying a qualifying disclosure can be difficult when they come through fully anonymously, rather than a registrant seeking anonymity in the submission of their complaint. Proportionate investigation is still a priority and so, although an anonymous qualified disclosure is almost very challenging to investigate, we are satisfied that there was no direct impact on our ability to perform our regulatory functions.

There have been some difficulties with complainants withdrawing or not providing consent for fear of reprisal, and we have made some proactive steps to share the Speaking Up guidance where this had been raised, along with access to our Governance team. This is a difficult barrier to overcome, and we will need to consider if there is more proactive work we can do to emphasise this across our wider registrant population on an annual basis rather than to those who come through fitness to practise. We have shared our Speaking Up guidance at our annual student events but we will consider a wider annual refresh to ensure that there is less hesitation when raising issues that may give rise to a regulatory concern.

As noted previously, we have no powers of inspection or intervention and although we have powers under the Opticians Act 1989 to demand information, this is challenging in the absence of a discloser who can advise as to the relevant information to be sought. We remain mindful not to undertake activity that could be considered fishing for a complaint and that we are confident that we have identified the correct registrant before pursuing further enquiries against them.

## General Osteopathic Council

We are the statutory regulator of osteopaths in the UK and it is our overarching duty to protect the public.

We use a range of different ways to work with the public and osteopathic profession to promote patient safety including:

- setting, maintaining and developing standards of osteopathic practice and conduct;
- investigating serious allegations of misconduct which calls into question an osteopath's fitness to practise;
- assuring the quality of osteopathic education and ensuring that osteopaths undertake continuing professional development.

As part of our duty to protect the public, we investigate any concerns received about a registered osteopath's fitness to practise.

### Number of disclosures received

From 01 April 2022 to 31 March 2023, we received four disclosures of information.

### Actions taken in response to disclosures

Action type	Number of disclosures resulting in this action
Under review	1
No action - not enough information	3

### Summary of actions taken

Two disclosures were considered by a screener and closed under our Initial Closure Procedure. One of these was referred to us by an ambulance control room, another by a student on an osteopathic course.

Another disclosure was considered by a screener and was closed as it did not meet our threshold criteria. The matter related to an osteopath allegedly failing to pay staff salaries.

The fourth disclosure, received from a lecturer at an osteopathic education provider, is currently ongoing and waiting to be considered by a screener.

#### The Initial Closure Procedure (ICP)

If we consider that there is insufficient relevant, credible and detailed supporting material to enable

the screener to make a decision, we will refer the case to the screener under this procedure with a recommendation for closure. If the screener agrees with the recommendation, the case will be closed.

If the screener disagrees with a recommendation, the case will not be closed and the screener will go on to consider whether the allegation falls within section 20(1) of the Osteopaths Act 1993 instead.

## Learning from disclosures

The concerns received have not impacted on the General Osteopathic Council's ability to perform its regulatory functions or meet its objectives during the reporting period.

Following a general review of our Whistleblowing Policy in 2022, we published an updated version with practical changes to make it more accessible to those seeking to raise a concern with us. The updated policy was published in January 2023.

We continue to consider anonymous disclosures on a case-by-case basis and, where applicable, provide the complainant with appropriate detail of the fitness to practise process, so that they can make an informed decision as to whether they wish to engage with the process.

We also continue to provide a free and confidential support service, the Independent Support Service, to all those involved in our fitness to practise proceedings, as a result of previous learning and feedback.

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## General Pharmaceutical Council

We regulate pharmacists, pharmacy technicians and pharmacies in Great Britain. We work to assure and improve standards of care for people using pharmacy services.

### What we do:

- Our role is to protect the public and give them assurance that they will receive safe and effective care when using pharmacy services.
- We set standards for pharmacy professionals and pharmacies to enter and remain on our register.
- We ask pharmacy professionals and pharmacies for evidence that they are continuing to meet our standards, and this includes inspecting pharmacies.
- We act to protect the public and to uphold public confidence in pharmacy if there are concerns about a pharmacy professional or pharmacy on our register.
- We help to promote professionalism, support continuous improvement and assure the quality and safety of pharmacy.

### Number of disclosures received

From 01 April 2022 to 31 March 2023 General Pharmaceutical Council received 21 disclosures of information.

### Actions taken in response to disclosures

Action type	Number of disclosures resulting in this action
Under review	5
Closed with no action taken	1
Onward referral to alternative body	3
Regulatory action taken	12
No action - not enough information	0
Onward referral to alternative body and regulatory action taken	0

## Summary of actions taken

Out of the disclosures made we concluded our enquiries on 16 with a further five still under review.

We also concluded three qualifying disclosures that were raised during the previous reporting period.

The action we took included a full investigation through established fitness to practise processes and follow-up action through our inspection network. The former can result in any available outcome throughout the fitness to practise process. The latter can include guidance, a follow-up visit or an unexpected inspection.

Twelve cases were concluded by sharing information with inspection colleagues for follow-up action. Three were signposted to another organisation. The remaining concern was investigated and concluded with no further action.

Of the three concerns from the previous reporting period, all were concluded with no further action.

## Learning from disclosures

None of the disclosures had an impact on our ability to perform our regulatory functions and meet our objectives during the reporting period.

We use all concerns raised with us to inform our standards and guidance development.

Protected disclosures also inform our operational processes and approach to understanding what the most appropriate regulatory lever is to achieve the best outcome.

The concerns raised with inspectors and the associated guidance in response to the concerns, including those that arise through inspections, are widely shared to ensure learning across the organisation. These issues inform our work on understanding the experiences of pharmacy professionals in the working environment and also inform our work on ensuring safe and effective pharmacy teams.

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## The Health and Care Professions Council

The Health and Care Professions Council (HCPC) is a statutory regulator of health and psychological professions governed by the Health Professions Order 2001.

We regulate the members of 15 professions. We maintain a register of professionals, set standards for entry to our register, approve education and training programmes for registration and deal with concerns where a professional may not be fit to practise. Our role is to protect the public.

### Number of disclosures received

From 01 April 2022 to 31 March 2023 the HCPC received seven disclosures of information.

### Actions taken in response to disclosures

Action type	Number of disclosures resulting in this action
Under review	1
Closed with no action taken	1
Onward referral to alternative body	4
Regulatory action taken	1
No action - not enough information	0
Onward referral to alternative body and regulatory action taken	0

### Summary of actions taken

Seven whistleblowing disclosures were made to the Health and Care Professions Council (HCPC) during the financial year 2022/23. Four were made to the Policy and Standards Department and three were made to the Education Department.

The disclosures came from employees and former employees of referenced organisations. HCPC registrants from two professions made disclosures, physiotherapists, and paramedics. We also received one anonymous disclosure.

The disclosures to the Policy and Standards Department were all received via email and raised concerns about:

- an ongoing workplace investigation
- unsafe handover arrangements
- lack of training necessary to carry out new duties being requested by an employer
- a potential conflict between operational guidelines and HCPC standards.

In response to these disclosures we provided appropriate advice and guidance, and where relevant signposted the discloser to organisations that could further support them in raising a concern with their employer, including professional bodies, trade unions and in one case 'Protect' the whistleblowing organisation ([Protect - Speak up stop harm \(protect-advice.org.uk\)](https://protect-advice.org.uk)).

For the three reports received by our Education Department:

- One referenced a concern with the running of a department. This was addressed directly with the education provider and is currently under investigation. We will be following up with the provider in future education quality assurance activity.
- One raised a concern regarding several organisational issues, including staffing levels and resourcing. We addressed this directly with the organisation. We decided that a full review was not required at this time, but that the organisation needed to reflect on the issues raised in preparing for its next performance review.
- One was raised anonymously and raised concerns about programme delivery, including its complaints process, assessment moderation and staff suitability. We addressed this directly with the organisation via our triage process and concluded that the provider was performing as required.

## Learning from disclosures

We regularly review disclosures to see whether we need to improve any of our publicly available information, including guidance on our standards.

Since last years' report we have continued to implement our Whistleblowing module in induction eLearning for all new employees, which showcases how employees are protected by our policies and the law, the correct procedure to follow to maintain protection and what to do if employees feel that they have suffered because of the whistleblowing disclosure.

We are currently consulting on revising our Standards of Conduct, Performance and Ethics (SCPEs), and will use the insights gained from disclosures in shaping the new Standards which are likely to be implemented later this year or early in 2024.

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## Nursing and Midwifery Council

**Our vision is safe, effective and kind nursing and midwifery practice that improves everyone's health and wellbeing. As the independent regulator of more than 788,000 nursing and midwifery professionals, we have an important role to play in making this a reality.**

Our core role is to **regulate**. First, we promote high education and professional standards for nurses and midwives across the UK, and nursing associates in England. Second, we maintain the register of professionals eligible to practise. Third, we investigate concerns about nurses, midwives and nursing associates – something that affects a tiny minority of professionals each year. We believe in giving professionals the chance to address concerns, but we'll always take action when needed.

To regulate well, we **support** our professions and the public. We create resources and guidance that are useful throughout people's careers, helping them to deliver our standards in practice and address new challenges. We also support people involved in our investigations, and we're increasing our visibility so people feel engaged and empowered to shape our work.

Regulating and supporting our professions allows us to **influence** health and social care. We share intelligence from our regulatory activities and work with our partners to support workforce planning and sector-wide decision making. We use our voice to speak up for a healthy and inclusive working environment for our professions.

### Number of disclosures received

From 01 April 2022 to 31 March 2023 the Nursing and Midwifery Council received 137 disclosures we reasonably believed met the criteria and were 'qualifying disclosures'.

### Actions taken in response to disclosures

Action type	Number of disclosures resulting in this action
Regulatory action taken	167
Sharing information with another body	47

In all 'qualifying disclosures' we have taken action either by way of regulatory action; or both regulatory action and sharing information with another body.

Regulatory action taken on these disclosures is as follows (some disclosures have been dealt with by more than one team and so will be duplicated in the overall number):

- 128 disclosures were managed by our Professional Regulation Fitness to Practise team.
- Three disclosures were managed by our Professional Regulation Registration and Revalidation team
- 16 disclosures were managed by our Education team
- 16 disclosures were shared with our Employer Link Service team who engaged with employers in respect of the issues raised
- Two disclosures were handled by our Safeguarding Lead
- Two disclosures were handled by our Communications and Engagement team

We have shared information with Care Inspectorate Scotland, Care Quality Commission, General Medical Council, Healthcare Safety Investigation Branch, Health and Safety Executive, Healthcare Inspectorate Wales, Mental Welfare Commission for Scotland, Office for Standards in Education, Children's Services and Skills (Ofsted), Regulation and Quality Improvement Authority.

The main reason why information was not treated as a 'qualifying disclosure' was because it did not fall within our regulatory remit or did not meet the public interest criterion.

We still acted on many disclosures where we did not consider that the 'qualifying disclosure' criteria were met. We either took regulatory action or shared information with a range of other bodies including the Advertising Standards Authority, Care Inspectorate Scotland, Care Quality Commission, Health and Safety Executive, Healthcare Improvement Scotland, Healthcare Safety Investigation Branch, and Medicines and Healthcare products Regulatory Agency.

## Learning from disclosures

None of the disclosures had an impact on our ability to perform our regulatory functions and meet our objectives during the reporting period.

The number of 'qualifying disclosures' we received decreased from 152 last year (2021-2022) to 137 this year (2022-2023). Despite this our intelligence sharing activity has increased by 147% since last year (2021-2022: 19 to 2022-2023: 47).

The most common themes of these disclosures were: patient safety and care; unprofessional behaviour (including bullying, intimidation or harassment of colleagues) and health and safety.

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## Social Work England

**Social Work England is the specialist statutory regulator of social workers in England. Our purpose is to protect the public and raise standards across social work in England, so that people receive the best possible support whenever they might need it in life.**

Social Work England was established by the Children and Social Work Act 2017 and The Social Workers Regulations 2018 (as amended). Our overarching objective is to protect the public. We do this by (all of the following):

- Setting profession-specific standards for, and approving, courses of initial education and training to enable registration as a social worker.
- Setting professional standards for social workers, including those for proficiency, conduct and ethics.
- Maintaining a register of social workers in England.
- Running a proportionate and efficient fitness to practise process to deal with concerns raised about those on our register.
- Assessing continuing professional development, which promotes continuing fitness to practise.
- Approving post-qualifying courses.

### Number of disclosures received

From 15 December 2021<sup>1</sup> to 31 March 2023 Social Work England received two disclosures which we reasonably believe met the criteria of a 'qualifying disclosure'.

<sup>1</sup> Social Work England was added to the list of prescribed persons on 15 December 2022

## Actions taken in response to disclosures

Action type	Number of disclosures resulting in this action
Under review	2
Closed with no action taken	0
Onward referral to alternative body	0
Regulatory action taken	0
No action - not enough information	0
Onward referral to alternative body and regulatory action taken	0

## Summary of actions taken

We received 2 qualifying disclosures between the time we were added to the list of prescribed persons and the end of the reporting period. Both disclosures were made by social workers. Of the 2 disclosures we received, one came into our fitness to practise team and one to our registration and advice team via our general enquiries line.

No decisions on what action to take in respect of these 2 disclosures were made within the reporting period.

## Learning from disclosures

Prior to becoming a prescribed person in December 2022 we created new eLearning content for all our employees to assist them in identifying potential qualifying disclosures, as well as specific guidance for decision makers. We also published our [whistleblowing policy](#) on our website.

The disclosures we have received in this period have not had an impact on our ability to perform our regulatory functions and objectives. Given our statutory framework, the action we would take in response to these disclosures is the same as the regulatory action we would normally take.



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**General Chiropractic Council**

Park House, 186 Kennington Park Road, London, SE11 4BT  
[www.gcc-uk.org](http://www.gcc-uk.org)

**General Dental Council**

37 Wimpole Street, London, W1G 8DQ  
[www.gdc-uk.org](http://www.gdc-uk.org)

**General Medical Council**

Regent's Place, 350 Euston Road, London, NW1 3JN  
[www.gmc-uk.org](http://www.gmc-uk.org)

**General Optical Council**

10 Old Bailey, London, EC4M 7NG  
[www.optical.org](http://www.optical.org)

**General Osteopathic Council**

Osteopathy House, 176 Tower Bridge Road, London, SE1 3LU  
[www.osteopathy.org.uk](http://www.osteopathy.org.uk)

**General Pharmaceutical Council**

25 Canada Square, London, E14 5LQ  
[www.pharmacyregulation.org](http://www.pharmacyregulation.org)

**The Health and Care Professions Council**

Park House, 184 Kennington Park Road, London, SE11 4BU  
[www.hcpc-uk.co.uk](http://www.hcpc-uk.co.uk)

**Nursing and Midwifery Council**

23 Portland Place, London, W1B 1PZ  
[www.nmc.org.uk](http://www.nmc.org.uk)

**Social Work England**

1 North Bank, Blonk Street, Sheffield, S3 8JY  
[www.socialworkengland.org.uk](http://www.socialworkengland.org.uk)

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