Copy of Public Council Meeting - 25 October 2024

Agenda

	Location	Date	Time
	Colmore Square	25 Oct 2024	12:30 BST

A meeting of the Council of the General Dental Council

12:30pm on Friday 25 October 2024 at the General Dental Council,

Colmore Square, Birmingham

Members:

Lord Harris (Chair)

Reshard Auladin

Ilona Blue

Donald Burden

Anne Heal

Angie Heilmann MBE

Serbjit Kaur MBE

Sheila Kumar

Mike Lewis

Timea Milovecz

Simon Morrow

Laura Simons

The meeting will be held in public. Items of business may be held in private where items are of a confidential nature.[1]

If you require further information or if you are unable to attend, please contact Ian Vaughan as soon as possible:

Ian Vaughan, Interim Head of Governance, General Dental Council

Email: Ivaughan@gdc-uk.org

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[1] Section 5.2 of the General Dental Council Standing Orders for the Conduct of Business of Council and Committees 2022

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

1.	**Welcome and apologies for absence**	Toby Harris, Chair of the Council	12:30 – 12:35pm (5 mins)	Oral
2.	**Declarations of Interest**	Toby Harris, Chair of the Council		
3.	**Questions Submitted by Members of the Public**	Toby Harris, Chair of the Council		Oral
4.	**Minutes of Previous Meetings** To note approval of the full minutes of the public meeting and the abbreviated minutes of the closed session held on 27 September 2024	Toby Harris, Chair of the Council		Paper
5.	**Matters Arising and Rolling Actions List** To note any matters arising from the public meeting held on 27 September 2024 and review the rolling actions list	Toby Harris, Chair of the Council		Paper
6.	**Decisions Log** 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
7.	**Assurance Reports from Committee Chairs** a. Finance and Performance Committee b. Remuneration and Nominations Committee	Noting	12:35 – 12:45pm (10 mins)	Papers

No	Item & Presenter	Tabled for?	Time	Status
8.	**Chief Executive's Report** Tom Whiting, Chief Executive and Registrar	Noting	12:45 – 13:15pm (30 mins)	Paper
9.	**CCP and Budget Setting 2025 to 2027** Gurvinder Soomal, Chief Operating Officer Samantha Bache, Associate Director, Finance Dave Criddle, Head of Business Intelligence	Approval	13:15 – 13:45pm (30 mins)	Paper
10.	**Annual Report and Accounts** Colin MacKenzie, Head of Nations and Engagement Sam Bache, Associate Director, Finance	Discussion	13:45 – 14:10pm (25 mins)	Paper
11.	**External Auditor Update** Sam Bache, Associate Director, Finance	Noting	14:10 – 14:15pm (5 mins)	Paper
	Comfort Break – 14:15 – 14:25pm (10 mins)			
12.	**Update on Specialist List Assessed Applications Regulation Changes** Dorian Kennedy, Policy Manager Madeline Eastwood, Policy and Project Officer	Approval	14:25 – 14:40pm (15 mins)	
13.	**GDC Values** Jill Bischert, Senior Change Manager Lee Avery, Associate Director, People and Organisational Development	Approval	14:40 – 15:10pm (30 mins)	Paper
14.	**Chair and Chief Executive Objectives Setting** John Middleton, Head of People Services Richard French-Lowe, Head of OD and Wellbeing	Approval	15:10 – 15:25pm (15 mins)	Paper
15.	**Any Other Business**	Toby Harris, Chair of the Council	15:25 – 15:30pm (5 mins)	

PART THREE - CONCLUSION OF BUSINESS

16.	**Date of Next Meetings** Council meeting 6 December (Wimpole Street)		

Appendix 1 - Items considered via correspondence

Note:

- *These papers will not be discussed during the substantive Council meeting unless there is a request, no later than 24 hours before the meeting, for a specific item to be added to the agenda.*

- *The deadline for comments on papers circulated via correspondence is outlined on the individual item.*

No.	Item	Authors	For	Closed /Public	Deadline
1	**Joint Regulators Whistleblowing Report**	Colin Mackenzie	Noting	Public	23 October 2024

Board Charter

Our organisational values guide how we operate. Acknowledging their respective roles and responsibilities, Council Members and the Executive Leadership Team have agreed ways of working (a 'Board Charter') that aim to embed the GDC's values of fairness, transparency, responsiveness, and respect within our discussions, decision-making and leadership of the GDC.

The GDC's purpose and overarching objective when exercising its functions is the protection of the public. In order to achieve this, the GDC must:

- pursue, promote and maintain the health, safety and wellbeing of the public;

- promote and maintain public confidence in the professions, and;

- promote and maintain proper professional standards and conduct for members of those professions.

The Council and the Executive team are committed to:

- Working together in a respectful, inclusive, honest, transparent and open-minded way to achieve the best outcomes for the public.

- Bringing the views of the public, the profession, and our wider stakeholder group into decision-making.

- Being well informed, prepared and contributing constructively to the discussion.

- Welcoming constructive challenge.

- Drawing on evidence as appropriate to make informed, rational and fair decisions.

- Looking ahead, whilst learning from experience.

This Board Charter will be used:

- As a foundation for discussion on Council and Committee agendas.

- To inform discussion at Council Member and Executive appraisals.

- In meeting reviews.

- In communication with our internal stakeholders e.g. through a weekly newsletter and/or message from the Chair and the new Chief Executive.

- In the Annual Report and Accounts for 2024/25 to highlight work in respect of Board development.

Minutes of the Meeting of the General Dental Council

held at 10am on Friday 27 September 2024

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

Sheila Kumar

Mike Lewis

Timea Milovecz

Simon Morrow

Laura Simons

Executive Team Members in attendance:

Tom Whiting	Chief Executive and Registrar
Stefan Czerniawski	Executive Director, Strategy
Clare Paget	Interim Executive Director, Legal & Governance
Gurvinder Soomal	Chief Operating Officer
Theresa Thorp	Executive Director, Regulation

Staff and Others in attendance:

Manjula Das	Head of Education and Quality Assurance
Alice Santos	Policy and Projects Officer
Richard Bloomfield	Senior Programme and Portfolio Manager
Ian Vaughan	Interim Head of Governance (Secretary)
Rachael Gilleard	Interim Deputy Head of Governance
Joanne Rewcastle	Associate Director, Communications & Engagement

Others in Attendance

Sir Ross Cranston	Chair of the Statutory Panellists Assurance Committee
Reshard Auladin	Incoming Council Member
Jane Slatter	Incoming Independent Remuneration and Nomination Committee Member

Members of the public and GDC staff attended as observers.

Apologies

Apologies were received from Serbjit Kaur MBE.

1. Welcome and apologies for absence

1.1   The Chair welcomed everyone to the meeting, including members of the public and staff who had joined to observe.

1.2   The Chair welcomed Reshard Auladin, incoming Council member and Jane Slatter, incoming independent member of the Remuneration and Nomination Committee to the meeting. It was also noted that Sir Ross Cranston would need to leave during the meeting.

1.3   The Chair drew the Council's attention to the Board Charter which would embed the GDC values of fairness, transparency, responsiveness and respect within discussions. The Chair suggested some reflection on the Charter and its impact in the near future.

2. Declaration of interests

2.1   The following declarations of interest were received:

a.   Item 8 - Revision of the Standards for Education Update - those registrant Council members that continue to work in dental education settings.

3. Questions Submitted by Members of the Public

3.1   No questions had been received within the required timeframe before the meeting.

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 21 June 2024 had been **approved via correspondence.**

5. Matters Arising and Rolling Actions List

5.1   The Council **noted** that the action regarding sharing the GDC values with Associates remained ongoing and the anticipated date of completion.

6. Decisions Log

6.1   The Council **noted** that the following items had been approved via correspondence:

a.   The Annual Report and Accounts for 2023 on 11 July 2024.

b.   The appointment of an Independent Remuneration and Nomination Committee Member and a Registrant Statutory and Panellists Assurance Committee Member on 24 July 2024.

c.   The adoption of the Board Charter on 18 September 2024.

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) informed the Council that the Committee had met twice since the last Council meeting and the points she wished to highlight were contained within the Assurance Report.

7.3   The Chair of the ARC wished to provide an update on one point which had evolved since the Assurance Report. The Committee Chair advised that following the meeting on 18 September 2024, further clarity had been provided to the Committee on the development of the new Equality, Diversity and Inclusion action plan, and a discussion at Council would follow in due course.

7.4   A deep dive into IT functions and risk would be discussed at the next ARC meeting and the Council agreed that a refresher on information governance and IT security would be of benefit to Members.

Finance and Performance Committee

7.5   The Chair of the Finance and Performance Committee (FPC) informed the Council that the Committee had met twice since the last Council meeting.

7.6   The Committee considered the development of the Costed Corporate Plan (CCP) and Budget Setting for 2025-2027. The Committee was pleased with the drafts presented and reviewed and scrutinised the content and direction on the iterations presented. The Chair of the FPC stressed the need for it to continue to ask whether the GDC was attempting to do too much and continue to encourage ongoing efficiency savings.

7.7   The Committee did express concern about the rise in sickness absence and discussed the potential causes and the actions being taken to address this significant issue.

7.8   Potential changes to the financial delegations were considered by the FPC, in particular the process for elevating the 'could do' projects. The FPC's initial view was that the current level of oversight should remain unchanged.

7.9   The Chair of the FPC explained that IT had been discussed with a focus on cyber and how human factors can create vulnerabilities within an organisation. The Chair stressed the importance of vigilance and the need for training and awareness across the organisation.

7.10   Finally, the FPC discussed the optimisation of the GDC estate and as well as considering the current proposals, the need to keep this under regular review.

Remuneration and Nomination Committee

7.11   The Chair of the Remuneration and Nomination Committee (RemNom) informed the Council that the Committee had met once since the last Council meeting.

7.12   The Chair of RemNom took the opportunity to welcome Timea Milovecz to RemNom and thank Ann Brown for the thoughtful and professional job she did in her time as RemNom member.

7.13   The Committee had considered the induction process for the incoming lay Member of Council, Independent Member of RemNom and registrant member of the Statutory Panellists Assurance Committee.

7.14   The Chair of RemNom explained that the appointment and reappointment process for 2025 had been considered and a number of proposals put forward to streamline the application process. This included a move to requiring only a CV and two-page supporting statement on suitability to increase accessibility.

7.15   RemNom also considered a number of ongoing programmes including the workforce development plan and the total reward scheme and acknowledged how pleased it was to

see the high completion rates for objective setting and performance development reviews.

Statutory Panellists Assurance Committee

7.16   The Chair of the Statutory Panellists Assurance Committee (SPC) informed the Council that the Committee had met once since the last Council meeting.

7.17   At the meeting the SPC received a comprehensive overview of the support provided by the Dental Professional Hearing Service for registrants and witnesses, including an update from the Participant Support Officer.

7.18   The SPC also discussed the upcoming workshop on case management improvements and the use of former panellists in a voluntary capacity.

7.19   Finally, the SPC approved a number of recommendations including the appointment and reappointment of panellists, chairs and professional advisors.

7.20   The Council **noted** the assurance reports.

8.   Revision of Standards for Education – Consultation Proposal

8.1   The Head of Education and Quality Assurance presented the item, which sought approval from Council to publish the updated standards for education following consultation and the completion of the review.

8.2   The Head of Education and Quality Assurance set out the role of the GDC in setting standards for education, the process for developing the standards and the external and internal engagement undertaken. The key changes between the current and proposed new standards were on issues relating to staff and student wellbeing, admissions, monitoring of behaviours, technological advances and differential attainment.

8.3   The Council **discussed** the following:

   a.   The process for reviewing and updating the standards was praised by the Council who noted the importance and value of the output.

   b.   In respect of admissions and the need to ensure the programme is inclusive, transparent and treats applicants fairly, the Council sought clarification on how the required standards would be interpreted, especially where significant barriers for certain groups had been identified. The need to be inclusive was acknowledged, and to ensure we are not setting providers up to fail in circumstances where for example English may not be a first language. The requirements for fairness and equity were discussed alongside the importance of clear communication on what these standards mean in practice and flexibility on how the evidence will be used.

   c.   Guidance was sought on whether the information the GDC provided for employing trainee dental nurses and technicians would be aligned to the new standards. It was acknowledged that the published guidance, and possibly other areas of the website, would need to be updated to reflect the new requirements, and this process was already underway.

   d.   Future review cycles were discussed by Council. It was noted that it had been some time since the last review and in future there was the option of making small periodic changes or conducting a wholesale review every few years. It was noted that a period of stability would be required so that providers understood the expectations but seeking annual feedback, perhaps at the end of each academic year, and then sharing best practice with education providers was the aim. Where required, minor revisions would be made.

e.   In respect of consent, the Council discussed the various approaches and how it applies in an educational environment where a third party (the student) was present and therefore was privy to potentially confidential information. It was suggested that the requirements around consent and the descriptors be further considered and for all dental professionals to be educated on their individual obligations around consent.

f.   A broader discussion was had on the guidance and support provided to GDC Inspectors with the aim of providing a consistent and professional experience for registrants. The highly structured and methodical nature of the process was discussed, including the annual development sessions, training provided and feedback process.

8.3   The Council **noted** the developments since the last report and approved the publication of revised Standards for Education for consultation which will reflect Council comments and some minor editorial changes.

[*The Head of Education and Quality Assurance and the Policy and Projects Officer left the meeting*].

9.   People and Culture Programme Update

[*The Head of Programme and Portfolio Delivery joined the meeting*].

9.1   The Head of Programme and Portfolio Delivery presented Council with an update on the total reward project, workforce development project and culture and values. An overview from a programme perspective was provided, with Council informed that some of the work was now being carried out under what was now called the People and Culture Programme. The programme still included total reward, workforce development and culture and values. However, optimisation of the GDC estate had been removed and now formed a separate package of work. The Programme would be reviewed with the CEO in October to review progress and ensure alignment with the agreed CCP priorities.

9.2   The Head of Programme and Portfolio asked Council to consider the proposal around the frequency of reporting, with the aim of bringing effective, efficient and informative reporting to Council.

9.3   The Chief Operating Officer updated the Council on the progress that had been made under total reward, workforce development, leadership and management development and culture and values.

9.2   The Council **discussed** the following:

a.   Reflecting on the leadership initiatives, the Council noted the opportunities for existing leaders within the GDC and discussed the opportunities that are available to aspiring leaders. The aspiring managers programme and regular bulletins and updates provided to managers was noted by the Council.

b.   The elements of 'Managing the GDC Way' were discussed by the Council. Those elements include seeking opportunities to bring the management community together on a regular basis to develop the core skills of effective management. Training, guidance and ongoing development were the focus, and Council would receive further updates on the elements of the programme.

c.   On the frequency of reporting, the Council felt that a six monthly reporting cycle on issues such as EDI would not allow them early warning where issues were identified, or where progress was not on track. More frequent reporting was

requested, but recognising the impact of regular reporting, it was noted that the reports did not need to be complex.

d. The style of the reports was considered with Council expecting future reports to have more of a project management discipline with deliverables and progress against those deliverables and more visual display of the progress made. It was noted that future reporting would provide Council with greater visibility of where projects and programmes are on and off track and what is happening at a local level.

e. Council noted the ambitious nature of the programme and discussed whether the GDC had sufficient resource to deliver the programme. The Council was assured that there was sufficient resource in place, and resources could be recalibrated should there be any significant unplanned spikes in work, including bringing in external suppliers where appropriate and cost effective.

f. It was noted that there had been positive cultural development and input and feedback from the Council and its Committees was being heard by the executive and actively fed into the programme to keep things moving forward.

g. The importance of recognising what had gone well and acknowledging it was also discussed. Ways of celebrating success were discussed, and it was noted that this was happening in formal and informal ways.

9.3 The Council **noted** the update. With regard to the reporting schedule, Council requested more regular reporting but with the option of providing less detailed reports whilst still ensuring sufficient oversight of the progress made.

10. Committee Appointments

10.1 The Chair presented the Council with the proposed Committee memberships for the non-statutory Committees.

10.2 The Council **approved** the appointment of Reshard Auladin as a member of the Finance and Performance Committee and **approved** the appointment of Jane Slatter as the Independent Member of the Remuneration and Nomination Committee.

11. Any Other Business

11.1 The Chair thanked Lay Council Member, Terry Babbs, for his service and contribution to the GDC over the last eight years.

12. Date of Next Meetings

13.1 The Council **noted** the date of the next meeting – 25 October 2024 at Colmore Square, Birmingham.

The meeting closed at 12.05pm.

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Minutes of the Meeting of the

General Dental Council

held at 12.50pm on Friday 27 September 2024

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

Sheila Kumar

Mike Lewis

Timea Milovecz

Simon Morrow

Laura Simons

Executive Team Members in attendance:

Tom Whiting	Chief Executive and Registrar
Stefan Czerniawski	Executive Director, Strategy
Clare Paget	Interim Executive Director, Legal & Governance
Gurvinder Soomal	Chief Operating Officer
Theresa Thorp	Executive Director, Regulation

Staff and Others in attendance:

Reshard Auladin	Incoming Council Member
Jane Slatter	Incoming Independent RemNom Member
Samantha Bache	Associate Director, Finance
Rebecca Cooper	Associate Director, Policy and Research
David Criddle	Head of Business Intelligence, Delivery and PMO
Dan Gibson	Head of Facilities and Operations
Rachael Gilleard	Interim Deputy Head of Governance
Joanne Rewcastle	Associate Director, Communications and Engagement
Elena Scherbatykh	Policy Manager, Policy and Research
Ian Vaughan	Interim Head of Governance (Secretary)

Apologies

Apologies were received from Serbjit Kaur MBE.

1.   Welcome and apologies for absence

1.1   The Chair welcomed everyone to the meeting including incoming Council and Committee members and staff.

2.   Declaration of interests

2.1   The following declarations of interest were received:

    a.   CCP & Budget - all Council Members and staff present, due to the budgetary provision for staff salaries and Members' fees and Registrant Council Members are expected to declare an interest in respect of any attendant impact of budgetary discussions on ARF levels.

3.   Approval of Minutes of Previous Meeting

3.1   The full minutes of the closed meeting held on 21 June 2024 had been **approved via correspondence.**

4.   Matters Arising and Rolling Actions List

4.1   There were no actions on the rolling action list for the closed Council meeting.

5.   Decisions Log

5.1   Guidance on Reporting matters to the GDC.

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 on 1 July 2024.

    b.   The Finance and Performance Committee (FPC) meetings on 5 June 2024 and 16 July 2024.

    c.   The Remuneration and Nomination Committee (RemNom) meeting on 27 June 2024.

    d.   The Statutory Panellists Assurance Committee (SPC) meeting on 18 June 2024.

7.   Chief Executive's Report

7.1   The Chief Executive provided an update to the Council, highlighting how he has been refining his priorities. A revised set of priorities will be presented to Council in October alongside the Chair's objectives and the CCP for 2025.

7.2   A significant amount of time had been spent on staff engagement through a weekly newsletter and attending team meetings. An all staff engagement planned for November was another opportunity to launch the values and recognise staff achievements.

7.3   There had been a similar amount of external engagement, with the aim of building awareness of issues within the dental sector, discussing the GDC's role and putting a human face to our work. The issues coming back from external engagement were around recruitment challenges, concerns around illegal practice, outdated educational practices and the Fitness to Practice process.

7.4   Council discussed the NMC culture review. The role of the PSA in seeking information from all of the medical regulators was considered and Council was updated on the action taken, including the response to the PSA and the discussion amongst the GDC leadership team to discuss the impact.

7.5   The Council **noted** the report and commented that much of the discussion could have been had in the public session.

8.   Costed Corporate Plan and Budget Setting 2025-2027

8.1   The Chief Operating Officer presented the Costed Corporate Plan (CCP), detailing the budget, portfolio and workforce plans, including the 2025 annual budget, for initial review by the Council.

8.2   In introducing the item the Chief Operating Officer, explained that the plan focused on the 12 priorities agreed by the executive. The priorities focused on areas of sustaining and improving core functions, developing our working culture and investing in efficiency.

8.3   In discussion with the FPC it was agreed that operational efficiencies would come from investing in the modernisation of operations and service delivery.

8.4   The Council **discussed** the following:

   a.   The process around the development of the CCP.

   b.   It was noted that the FPC placed additional emphasis on the narrative of the CCP and how it should be presented to them for endorsement and the Council for approval.

   c.   It was recognised that the CCP was ambitious, but it was considered deliverable and would need careful consideration on an ongoing basis to ensure the GDC is not trying to do too much and retains financial stability.

   d.   Elements of the budget were discussed, including the drivers for the increased legal fees and the increased operational elements. The age and increasing complexity of some of the cases was deemed to have had an impact on the legal fees.

   e.   The CCP had been developed in accordance with the GDC's risk appetite which for finance was averse, and this was not a financially risky plan. Risk around improvement was open, so there was some tolerance for risk in this area.

8.5   The Council **discussed** and provided feedback on the CCP, noting that the CCP would go back to FPC for final review and then return to Council for full consideration and approval at the next meeting.

9.   Communication Principles for CCP, ARF, Budget and Reserves

9.1   The Associate Director, Communications and Engagement updated the Council on the Communications Principles and high-level plan to communicate the CCP, budget and annual retention fee.

9.2   The same presentation of information as the previous year was recommended, and the paper included early sight of the anticipated challenges and proposed responses for consideration.

9.3   The Council **approved** the proposed communication principles and high-level plan that will be used when communicating the CCP for 2025-2027, budget and ARF, subject to the comments made.

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

10. Remote Hearings – Consultation Outcome and Registrar Decision

[The Policy Manager, Policy and Research, Head of Facilities and Operations and Associate Director, Policy and Research joined the meeting]

10.1   The Policy Manager, Policy and Research presented the outcome of the remote hearings consultation and updated Council on the Registrar's decision.

10.2   The proposal for remote hearings was similar to that initially proposed with one small change. The proposal was amended so that either party could request an in-person hearing. The small nuance has been added following review of responses and the amended proposal will reduce the sense of burden on registrants to "make a case" to support a request for an in-person hearing and allow broader considerations to be taken into consideration e.g. where a vulnerable witness or informant is identified.

10.3   The Council **discussed** the following:

a.   The technical issues around virtual meetings and the need to ensure the needs of the participants are met, including their access to, and use of, the appropriate technology. It was noted that as remote hearings had now been the default position for several years, technical issues were infrequent, and panellists were clear about their duty to ensure the hearings were fair and their ability to halt proceedings if they felt the appropriate standards were not being met.

b.   Assurance was sought that these needs were being met sufficiently, noting that for some respondents their desired default was in-person hearings with remote as the alternative. Noting the position of those who supported in-person meetings as the default, the Council acknowledged that a number of respondents to the consultation were in support of the current approach of remote as the default. Requests for in-person hearings had not been denied and there was no evidence of suppressed demand for in-person hearings.

c.   The approach by other regulators was discussed and it was noted that in practice, very few have substantive hearings in person. Remote hearings had become an effective way of delivering hearing services.

10.4   The Council **noted** the Registrar's decision, following the GDC consultation, and the draft consultation report and the Equality Impact Assessment for the policy.

11. Optimisation of the GDC Estates

11.1   The Head of Facilities and Operations presented a paper setting out the options explored in the Optimisation of GDC estates project.

11.2   The Council **discussed** the options explored as part of the project and the key directions and decisions required to enable the full business case to be developed. The timescale remained under consideration and further information would be brought to the Council.

12. Developing the Corporate Strategy

12.1   The Associate Director, Policy and Research, provided Council with a summary of outputs of their July strategy workshop and set out the approach to the next stages of development, to confirm understanding and seek further feedback.

12.2   The key themes that emerged from the Council strategy away day in July were centred around vision, mission, priorities, external context and SWOT analysis.

       a.   The points captured accurately reflected the discussions on the day. The Council welcomed the inclusion of a slide on outcomes and suggested EDI be added.

       b.   The interrelationship between the CCP and the Strategy was considered.

       c.   The Council confirmed it was happy to work in small groups on specific issues to help drive this work forward.

12.3   The Council **discussed** the findings and themes from the strategy awayday and **noted** the next steps in strategy development.

13.   Any other business

13.1   The Chair thanked Terry Babbs for his long service to the GDC and wished him the best for the future.

13.2   The Council **noted** the date of the next meeting – 25 October 2024, Colmore Square, Birmingham.

The meeting closed at 15.40pm.

				Public Council Actions Log				
Action No.	Date of Meeting	Minute no.	Subject	Action	Due date	Owner	Update	Status
33	6/21/2024	8.2	Change Programme and Cultural Change - Update	The Associate Director, People and Organisational Development to provide an update on the GDC action plan arising from the employee survey at the next RemNom meeting.	10/16/2024	LA	The RemNom received an update at its meeting on 16 October.	Suggest complete
34	6/21/2024	8.2	Change Programme and Cultural Change - Update	As part of the work to develop the GDC values, the Associate Director, People and Organisational Development to consider ways in which to share the GDC values with Associates and to explain what this means for them in their roles.	Q4 2024	LA	A Cost Benefit analysis has been completed for developing options for sharing GDC values with Associates to explain what this means for them in their roles. A clear recommendation has come forward. The options and recommendation along with selection criteria will be considered by Associate Managers. Sample testing is planned with Education Quality Assurance Associates in October 2024.	Live

Decisions Log – PUBLIC Council – 25 October 2024

No decisions have been taken between meetings.

Finance and Performance Committee (FPC) Assurance Report

Since the last meeting of the Council, the FPC has met once on Monday, 14 October 2024.

Agenda items discussed included:

1. Organisational Performance Reporting
2. Total Reward and Benefits Package – Financial Implications
3. Financial Delegated Authority 2025
4. IT Services Update
5. Costed Corporate Plan (CCP) and Budget Setting 2025-2027 – Final Draft

1.   Organisational Performance Reporting

1.1   The Committee received a verbal update on organisational performance in Q3 which included an overview of operational delivery, the CCP portfolio and budgetary performance. A full update will be provided at the November Committee meeting when the next quarterly reporting pack is available.

1.2   Regarding budgetary performance, the Committee was informed that the position remained in line with assumptions utilised for the CCP. In respect of the forecast outturn for 2024, the Committee was informed that a deficit was expected at year-end, however this would be less than the deficit that had been budgeted.

1.3   The Committee sought, and received additional assurance that, the procurement processes for the Overseas Registration Exam (ORE) Part 1 and Part 2 were proceeding as anticipated.

1.4   The Committees was concerned to hear that sickness absence levels were not improving since last reported, and noted that work was underway to understand the cause of the continuing issues.

2.   Total Reward and Benefits Package – Financial Implications

2.1   The Committee considered the financial implications of the proposals for the Total Reward benefits package which is being developed as part of the overarching programme of work to ensure that the GDC has a fit for purpose and fit for the future employee pay, reward and benefit framework.

2.2   The Committee scrutinised in detail the option recommended by the Executive Leadership Team and approved the cost implications of the proposal. The Committee also noted that the proposals would be discussed by the Remuneration and Nomination Committee on 16 October.

3.   Financial Delegated Authority 2025

3.1   The Committee received an updated report on the review of Financial Delegated Authority for 2025. The Committee had requested at its last meeting additional information in respect of the proposed changes to the approval of temporary posts and the escalation and de-escalation of 'Should-do' and 'Could-do' projects in the CCP. The Committee was reassured that quarterly reporting processes would enable continued Committee scrutiny over decision-making and that existing controls around

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business cases for investment would provide scrutiny of the costs for any could-do projects brought into the portfolio.

3.2 The Committee agreed to that the Financial Delegated Authority 2025 should be presented to the Council for approval with a review point after one year to consider the impact of the change in control around should-do and could-do projects moving in and out of the portfolio.

4. IT Services Update

4.1 A verbal update was provided on the review of IT Services, which consisted of a review of four areas of work: the IT operations and service desk offer, infrastructure, cyber security and the CRM system. The Committee heard that the diagnostics would be undertaken in Q4 2024 by external technical consultants, with a view to developing a roadmap for 2025. The Audit and Risk Committee would have oversight of the associated risks and mitigations, and the FPC would have oversight of efficiencies and costs.

5. CCP and Budget Setting 2025-27 – Final Draft

5.1 The Committee reviewed the amendments made since the last iteration of the CCP and Budget Setting 2025-2027 in respect of efficiency targets, budget plan, opportunities and risks, and the reserves. The Committee asked for further explanation of the recent movements in budget and the ring-fenced allocation for efficiency projects.

5.2 The Committee discussed the addition of an explanatory narrative to the accompanying report for the Council, and endorsed the CCP 2025-2027 portfolio, budget and workforce plans for presentation to the Council for approval.

6. Forward Plan

6.1 The Committee heard that the forward plan for 2025 was in development and would be shared at the meeting on 20 November 2024.

7. Any other business

7.1 The Chair invited reflections on the meeting and the Committee members and attendees considered that it had been collaborative and constructive, and reflected the Board Charter commitments.

7.2 The next Committee meeting will be held on **20 November 2024** in Wimpole Street.

Ilona Blue

Chair of the Finance and Performance Committee

2

Remuneration and Nomination Committee Assurance Report

Since the last Council meeting, the Committee has met once, on 16 October 2024.

Reshard Auladin observed the meeting, as part of his induction as a Council member. Representatives from Campbell Tickell observed as part of the Board Effectiveness Review.

At the meeting, the Committee discussed the following:

1.   People and Culture Programme – update

1.1   The Committee received a verbal update on the progress of activity in the People and Culture Programme, since the recent report to the Council on 27 September. This included accounts of progress on total reward (covered elsewhere on the Committee's agenda), workforce development (preparation for year-end reviews; leadership and management induction, training and development programmes; compliance-related learning) and culture and values (including an extensive workshop presentation on the proposed new values).

1.2   The Committee noted the continuing high sickness absence levels and was informed that detailed monitoring was in place. A review of sickness absence, and the plans in place to address it, was requested.

2.   Succession Planning and Talent Management

2.1   The Committee received information on current succession planning arrangements and the plans for talent management in 2025. The Committee took assurance from the fact that the current process had been successfully utilised in the recent past and was encouraged by the intention to mature this into a fully rounded talent management approach over the coming year

3.   Employee Engagement Survey Action Plan

3.1   The Committee received an update on the actions taken in response to the 2023 Employee Engagement Survey: the top-down dimension focussing on positively influencing the key drivers at organisational level and the bottom-up addressing results from the Directorate and Team reports. The Committee heard that a number of enabling projects were in place for both aspects, and was informed that there had been significant investment in engagement with the Council, ELT, the wider leadership community and staff networks.

3.2   The Committee encouraged that further consideration be given to the equality, diversity and inclusion aspects of the key drivers, and discussed the format and frequency of future surveys.

4.   Total Reward Benefits Framework

4.1   The Committee received a comprehensive overview of the staff benefits proposals approved by the Executive Leadership Team (ELT), noting that the Finance and Performance Committee had reviewed the same proposals from a financial perspective. The Committee felt that this joint but separate approach had been helpful.

4.2   The Committee discussed in detail several aspects of the package, including maternity/ paternity leave, disability leave and volunteering days.

4.3   The Committee noted that the Council would be asked to approve the benefits package and agreed to provide assurance to the Council that that it had scrutinised

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and was comfortable with the proposed approach, and that there was a reward framework in place.

5.   GDC Pay Gap Analysis

5.1   The Committee received an update on the current gender and ethnicity pay gaps at the GDC, with an explanation of the initiatives to address the gap. The Committee was informed that it was necessary to improve the quality of the disability data before more robust information on the disability pay gap could be provided, and that this was an important aspect of the EDI strategy. The Committee stressed the importance of understanding the disability pay gap and was assured that the work to do this was underway.

6.   Somerville v Nursing and Midwifery Council (NMC) Employment Tribunal Judgment update

6.1   The Committee received an update on the next steps and activities regarding the current and future associate relationships and the related remunerations policy, noting that multiple aspects of work were underway and that the team was evaluating whether this can be delivered and implemented by 1 April 2025 in time for the next tax year. The Committee will be kept apprised of developments and will reconvene if needed to do so

7.   Remuneration and Nomination Committee Annual Report

7.1   Subject to updates to reflect the content of its meeting on 16 October, the Committee approved the Annual Report on its work for presentation to the Council in December.

8.   GDC values

8.1   Outside of the meeting, the Committee received a presentation on the GDC values that are being proposed for presentation to the Council and was encouraged by the thorough and thoughtful approach that had been taken.

Anne Heal, Chair of the Remuneration and Nomination Committee.

2

Chief Executive Officer Update Report

Executive Director	Tom Whiting, Chief Executive & Registrar
Author(s)	Tom Whiting, Chief Executive & Registrar
Type of business	To provide Council with an update on key areas of work for the Chief Executive and Registrar, that may not otherwise be captured in other reports and for discussion with Council.
Purpose	The Chief Executive and Registrar gives a regular update report to Council
Issue	To update the Council on the work of the Chief Executive since the last update report on 27th September 2024.
Recommendation	The update is for discussion

1. Update on Chief Executive's Initial Priorities

1.1 I have again structured this update along the lines of the priority areas that I first discussed with Council on 22nd June 2024. My objectives through to the end of 2025 are also on the agenda for this meeting and my updates in the future will be structured along these lines. My objectives have been developed alongside the new Costed Corporate Plan for 2025 and also the setting of objectives for members of the Executive Leadership Team. They have also been developed alongside objectives for the Chair.

1.2 People, Culture & Staff Engagement

    a. My programme of visiting staff meetings is almost complete. I am using the time to join teams, learn about their work and current projects or issues they are working on. I am also sharing my initial reflections and priorities which are now being formally set in this meeting. My aim is that staff know what I am focused on and why – and have had the opportunity to feed in. Since the last Council meeting I have met with our Case Examiners, Risk and Audit Team and Register Maintenance Team.

    b. Our preparations for our all staff event GDC NEXT are well underway. Over 150 nominations have been received for staff awards, which I think is phenomenal. A number of Council members are attending and involved in the day. We would like to de-mystify the work of Council and our Committees a little through the day.

    c. We have made some changes to how the Executive Leadership Team (ELT) operates. Formal meetings now take place fortnightly. New guidance is being produced on paper writing and the role of ELT in reviewing papers en route to Council and Committees. A new 'Leadership Community' has been launched for Heads of Function and above and has met for the first time. Our Associate Directors will now meet jointly with ELT on a 6 weekly basis. The aim of this is to broaden leadership responsibilities and to support succession planning.

    d. Work progresses on staff reward and proposals have been discussed at RemNom.

    e. Work has been completed on developing values following an extensive programme of staff workshops, at which there has been a very high level of engagement. Proposals are on the agenda.

1.3   External engagement efforts have continued with the following activities taking place

      a.   I have visited a BUPA Practice in Hailsham as well as Community Dental Services (CDS) in Bedford. Discussions in Hailsham again focused on perceptions of GDC process and we had a valuable conversation about the role of Clinical Dental Advisors on cases as well as clinicians on our panels. We observed a dental hygienist at work and talked about use of dental therapist skills within practice. CDS are a social enterprise employing over 500 staff across the Midlands and providing services to patients with special needs. We discussed scope of practice and in context of anaesthesia, recruitment challenges in certain geographies, the role of dental vans and working patterns data.

      b.   Toby and I have had our regular meetings with the Association of Dental Groups (ADG), Society British Dental Nurses, Healthwatch and the British Dental Association (BDA). We gave an update on key developments at GDC. Both meetings went well. I had an introductory meeting with the Chief Executive and Team at Medical Defence Union (MDU) who Theresa meets regularly and I have also met with the British Association of Private Dentistry and the Chair of the Dental Schools Council.

      c.   Stefan and I met with Sir Roger Gale MP who wanted to discuss international recruitment and routes for refugee dentists from Ukraine. He has followed up in writing to Stephen Kinnock referencing our meeting.

1.4   Looking ahead, at the start of November I will be visiting Glasgow to attend and speak at a cross regulatory event. Simon Morrow and I will be meeting Tom Ferris, Chief Dental Officer and I will also be visiting the dental school. Later in November I will be visiting Wales, at a further conference and also visiting the Dental School with Mike Lewis.

1.5   The next Dental Leadership Network is scheduled for 12th November and the main theme will be 'Workforce'.

1.6   On 8th/9th November there will be a conference of the Canmore Trust at which Theresa will be speaking.

1.7   On 22nd November there will be a Health Education & Improvement Wales Conference at which I will be speaking.

1.8   We have been invited to take part in discussions surrounding the Dash Review, although at this stage the GDC is not in scope of the review. However it is important that we are part of the discussion. Terms of reference for the current stage have been published. There may be further stages.

1.9   A contract has been awarded to PWC for the implementation of new technology that will allow paper less registration and early stages are underway. The first stage is a discovery exercise, the outcome of which will settle costs and timescales for future stages. The initial contract allows for further projects following registration.

1.10   The four reviews into current technology usage are underway for infrastructure, operations, cyber security and applications.

1.11   An informal meeting has been held with members of the Audit and Risk Committee to discuss information governance, information security and data management at the GDC in more detail. Work remains underway led by Clare Paget as our Senior Information Risk Owner to develop a revised framework for information assurance in the future.

1.12   Bids have been received from potential suppliers as part of the Overseas Registration Exam (ORE) procurement. This is being run as a competitive dialogue process. The contract is due to be let in Q1. There will be a lot of interest in the outcome of the tendering.

1.13   A first draft of a revised Strategic Risk Register has been developed at ELT and, after an initial round of feedback, will be shared with the Chair of ARC.

1.14   The Board Effectiveness Review is underway with Campbell Tickell and they will be starting to attend meetings and organise interviews as part of the review.

1.15   Following the joint ELT and Council discussions in July, an informal working group is being launched following discussion with the Chair to look at further development potential in Council and Executive working. The aim is to produce an output to be shared at the next joint session with Praesta in December.

1.16   We expect to publish our working patterns data for Dental Care Professionals at the end of October, following the very successful gathering and publication of similar data for Dentists earlier in the year.

1.17   There have been no Education Quality Assurance Reports in the last month and no issues to highlight.

2.   Equality, diversity and privacy considerations

2.1   There are no specific EDI considerations included in this update, except for the inclusion of delivery of EDI priorities being included in my priorities. I have also initiated quarterly meetings with our staff network leads.

3.   Risk considerations.

3.1   My activities over the course of my period since joining have been focused on mitigating a number of potential risks.

   a.   Building a positive relationship with staff through regular staff engagement and building a broad understanding of the priorities I have identified and how they can be taken forward in our plans.

   b.   Building an improved relationship externally with the Dental sector to start to improve perceptions of the GDC.

   c.   Addressing challenges in international recruitment to mitigate the risk of the GDC being seen as not playing its role in tackling a national issue.

   d.   Making sure the GDC is engaged at a national level on relevant review programmes.

4.   Resource considerations and CCP

4.1   Progress on the priority areas that I have identified has been built into our Portfolio Plan and Business as usual Activity for next year and has therefore been taken in to account in our resourcing.

5.   Next steps and communications

5.1   A set of priorities for the Chief Executive and Chair are being presented to Council for formal agreement at this meeting.

5.2   A staff conference is planned for November to launch our new Costed Corporate Plan and will also provide an opportunity for me to update on progress made.

Lead Author: Tom Whiting, Chief Executive and Registrar

17 October 2024

CCP and budget setting 2025 – 2027 final draft plan

Executive Director	Gurvinder Soomal, Chief Operating Officer
Author(s)	Samantha Bache Associate Director, Finance
	Dave Criddle, Head of BI, PMO & Delivery
	Jeannie Fungatira, Head of Finance
	Patrick Chan, Senior Financial Planning and Analysis Manager
	Louise Piper, Business Planning and PMO Manager
Type of business	For approval
Purpose	This paper represents the development of the three-year Costed Corporate Plan (CCP) for 2025 – 2027, detailing the governance review process and the content of the main papers.
Issue	To present the draft of CCP 2025 – 2027 which includes the portfolio, workforce and budget plans, which adhere to all CCP planning principles.
Recommendation	The Council is asked to:
	• Discuss and **to approve** the CCP 2025-27 plan, the 2025 budget and the decision to retain the current ARF fee levels for 2025.

1. Summary of the Costed Corporate Plan 2025 – 2027

1.1 The purpose of this paper is to present to the Council for approval the Costed Corporate Plan (CCP) 2025 – 2027 detailing the budget, portfolio and workforce plans, including the 2025 annual budget.

1.2 The CCP 2025 – 2027 plan provides our annual update to the CCP 2024 – 2026 plan, which Council approved on 27 October 2023.

1.3 The plan has been developed through a series of planning rounds held with the Senior Management Team (SMT), Heads of Function and the Executive Leadership Team (ELT), with the Finance and Performance Committee (FPC) reviewing the various iterations of the plan.

1.4 The Council performed an initial review of the draft CCP 2025 – 2027 plan when they met on 27 September, where they requested that the ELT review and confirm the portfolio priority ratings and also consider points related to Environment, Social & Governance (ESG). These were reviewed with ELT and FPC and are incorporated into this final draft plan.

Consideration for activities to be included in the plan CCP Priorities

1.5 The CCP 2025 – 2027 is driven by a set of 12 CCP priorities, which specify the outcomes and success measures. These are aligned to the Corporate Strategy 2023 – 2025 and to our regulation lifecycle as shown in the diagram below.

1.6 These priorities include and align the CEO's priority topics which have been discussed with the Council. Going forward the GDC priority work will be discussed in the context of these 12 CCP priorities.

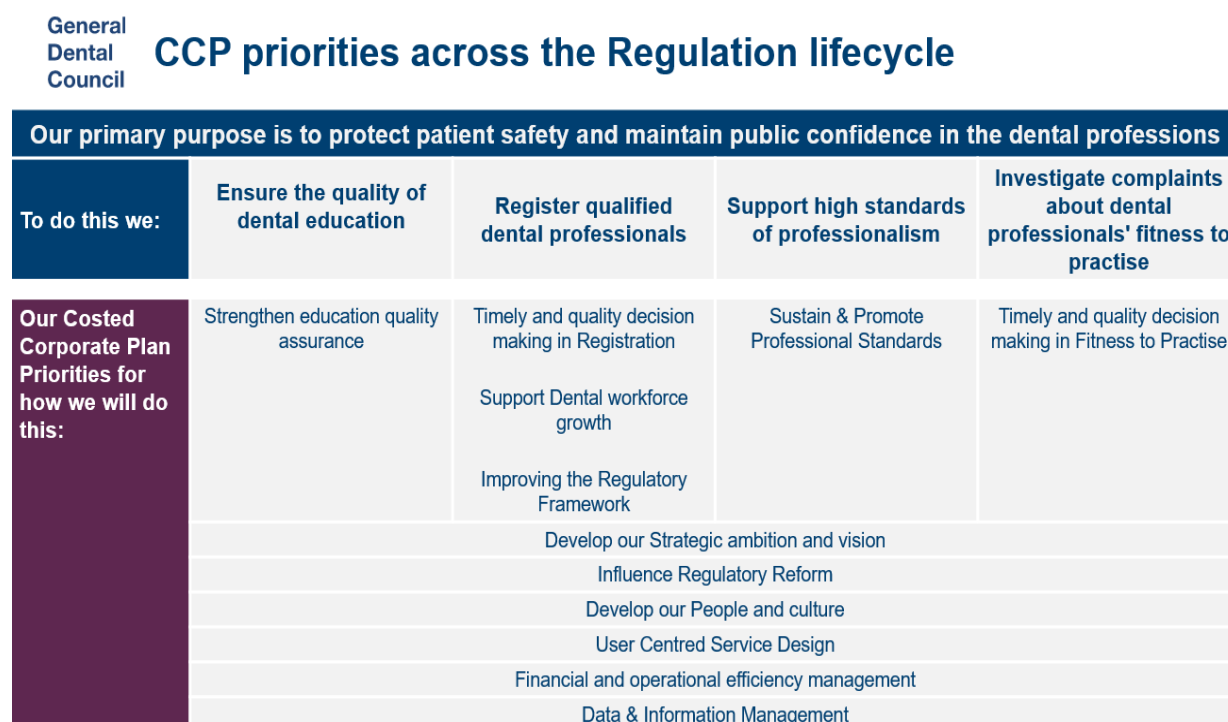*Diagram 1 - CCP priorities across the regulation lifecycle.*

General Dental Council

CCP priorities across the Regulation lifecycle

Our primary purpose is to protect patient safety and maintain public confidence in the dental professions				
To do this we:	**Ensure the quality of dental education**	**Register qualified dental professionals**	**Support high standards of professionalism**	**Investigate complaints about dental professionals' fitness to practise**
Our Costed Corporate Plan Priorities for how we will do this:	Strengthen education quality assurance	Timely and quality decision making in Registration Support Dental workforce growth Improving the Regulatory Framework	Sustain & Promote Professional Standards	Timely and quality decision making in Fitness to Practise
	Develop our Strategic ambition and vision			
	Influence Regulatory Reform			
	Develop our People and culture			
	User Centred Service Design			
	Financial and operational efficiency management			
	Data & Information Management			

Table 1 - CCP priorities related to strategic aims.

CCP priority	Strategic aim alignment
Develop our Strategic ambition and vision	ALL
Strengthen education quality assurance	1 & 4
Timely and quality decision making in Registration	1 & 4
Enable efficient overseas application routes	1 & 4
Improving the Regulatory Framework	1 & 4
Sustain & Promote Professional Standards	1
Timely and quality decision making in Fitness to Practise	2 & 4
Influence Regulatory Reform	ALL
Develop our People and culture	3 & 4
User Centred Service Design	4
Financial and operational efficiency management	4
Data & Information Management	ALL

Aim 1:	Aim 2:	Aim 3:	Aim 4:
Dental professionals reach and maintain high standards of safe and effective dental care	Concerns are addressed effectively and proportionately to protect the public	Risks affecting the public's safety and wellbeing are dealt with by the right organisations	Dental professional regulation is efficient and effective and adapts to the changing external environment.

1.7   During 2024, we have delivered substantial improvements in timeliness of regulatory operations across both Registration and Fitness to Practise. Significant progress has been made on Registration backlogs caused by the high volumes of applications we received before the closure of the route for overseas qualified dentists to register in the UK as a DCP. In addition, Fitness to

Practise casework queues have reduced to a sustainable level within Assessment and we have cleared the backlog in the investigative casework function.

1.8   This work will continue into 2025, and we expect to make considerable impact and progress to ensure we meet our PSA standards, including timeliness standards in both Registration and Fitness to Practise. Our core business as usual activities focus will remain on furthering our work in reducing Registration application backlogs and delivery improvement in active processing time. We are also continuing our work within Fitness to Practise to reduce the current caseload queue through the later stages of the Fitness to Practise process, which includes the Case Examiner stage. In 2025, there will be a focus on how we can better support the wellbeing of registrants, informants and stakeholders who find themselves involved in a Fitness to Practise process.

1.9   In 2025, we expect to make important improvements in customer service, with a new platform being delivered to manage the GDC registration process. We will be focusing and defining our new user-centred service design, approach and standards as well as completing discovery work on how our digital presence can be improved to better service our stakeholders.

1.10   We anticipate that the new Overseas Registration Examination (ORE) contracts, that will be in place by the first half of 2025, will start to improve our ability to meet demand, with benefits continuing to be delivered into 2026 and beyond. This will support our overall improvement in timeliness for international registration routes.

1.11   We commenced our internal People and Culture Programme in 2024, where we are reviewing our values and have engaged our staff to ensure that our values are authentic. Once agreed we will embed our new values across our ways of working. Work continues into 2025, where we are looking to further increase our efforts in staff engagement, revise our pay and rewards framework and further to our work on embedding inclusivity in our workplace culture at all levels of the organisation. The aim is to ensure that the GDC is a place where all employees feel welcomed, integrated, valued and included.

CCP planning guardrails and increased focus on organisational efficiency in 2024 and beyond.

1.12   This CCP 2025 - 2027 is planned to meet planning guardrails which the Council approved on 5 April 2024, which were:

    A.   Financial Efficiency:

- a 2% aspirational efficiency target on "non-pay overheads" to be planned for through the life of the planning period. This will be monitored and adjusted if required.

    B.   Workforce:

- Growth in substantive posts will be for exceptional and unforeseeable external factors only, which force change to our planning assumptions, and additional capacity is considered essential (business critical).

    C.   Ensure all growth posts are supported by a detailed business case which demonstrate demand, capacity and capability requirements, and align to strategic priorities.

- That all such business cases look holistically across the business for options to reprioritise activities and/or repurpose resources which could avoid growth in posts where possible.
- Explore in all business cases the potential for FTC appointments being the most effective approach to tackle short term demand and reduce recurrent expenditure commitments.

    D.   ARF:

- Retain current fees level for the next planning period given our previous commitment to registrants of our intention and our need to be compliant with our fees policy which sets out that we set our fees for a three-year period unless exceptional circumstances apply.

1.13   Careful consideration has been made within the portfolio planning process to include workstreams which will invest in delivering future efficiency and productivity improvements. These workstreams include:

    A.   Digital improvements, commencing with discovery to inform an improvements strategy and roadmap

    B.   Financial efficiency

    C.   Planning and monitoring efficiency

    D.   Governance and decision-making efficiency

    E.   People efficiency, and the effectiveness of working within our culture and values.

1.14   In addition, throughout the portfolio planning exercise, we have proposed priorities which contribute towards mitigating Strategic Risks and key Operational Risks currently held on our risk registers. It is recognised that risks will continue to adjust over time and the CCP plan will need to adapt to address changes through our ongoing monitoring.

2.   Delivering the plan

2.1   The CCP 2025 – 2027 portfolio plan represents the prioritised work to deliver the CCP priorities, with the budget and workforce plans representing the resources needed for delivery.

2.2   The portfolio details the Must and Should do prioritised activity using the MoSCoW criteria set out in Appendix 1, with the associated budget based on the known costs for this activity, with contingency budget applied for events highly likely to occur, and provisions against reserves apportioned where required for business cases pending approval. Any decision requiring additional resource post the Council's approval of the plan in October would be treated as a call on reserves.

2.3   The portfolio plan includes both business as usual (BAU) ongoing improvements and change projects which have been prioritised to deliver towards the outcomes and success measures of the 12 CCP priorities.

2.4   As part of monitoring the delivery of the plan, our Organisational Performance reporting will be adapted to report ongoing progress towards the outcomes and success measures within the CCP priorities, to provide a clear view of progress during quarterly performance reviews. The intention is that the reporting for the quarter one 2025 period will include the first iteration of this updated approach to reporting.

Resourcing the plan

2.5   Headcount plans have been rolled forward from 2024 – 2026 to 2027 and include any approved additions since the approval of the CCP 2024 - 2026 plan in October 2023.

2.6   There are currently no new additional resource requests proposed and pending approval, and as such all budgeted headcount is approved.

2.7   Where there are Regulation directorate reductions in FTE shown from 2024, we anticipate that this will be managed through fixed term contracts coming to an end as planned and natural attrition. The Registration function continue to see high numbers of applications, in particular for the ORE route and we will continue to monitor resource requirements to meet demand alongside introducing planned operational efficiencies.

Diagram 2 Proposed 2025 to 2027 FTE (chart includes permanent and FTC FTE)
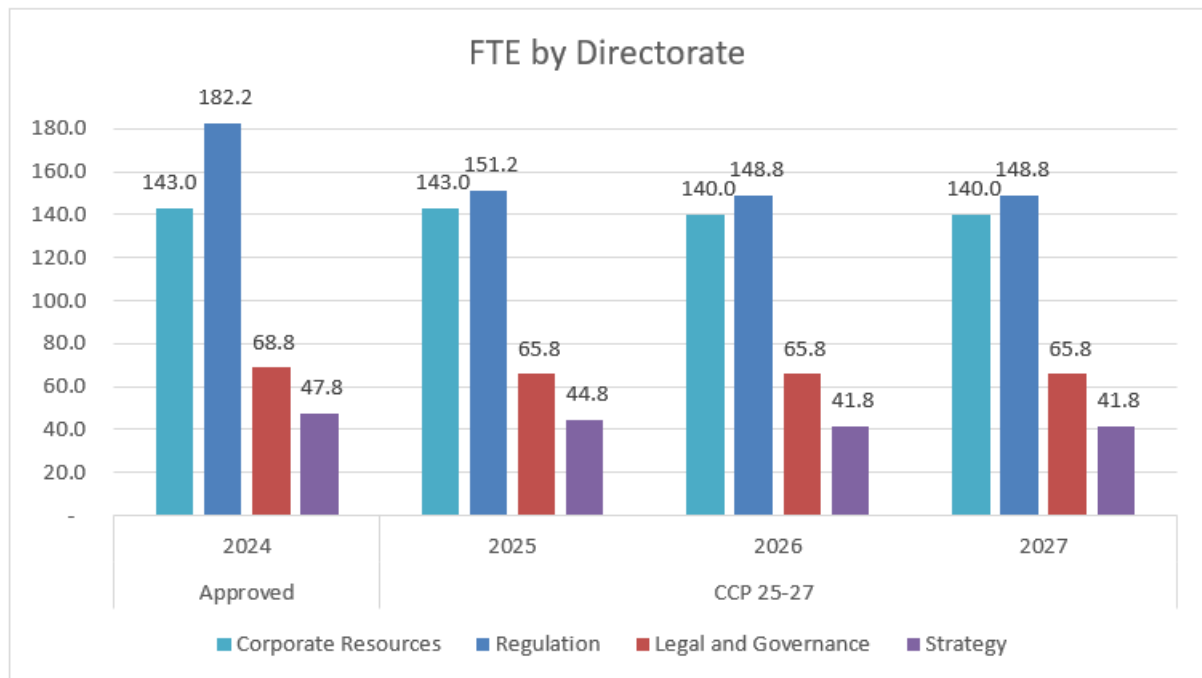
Managing capacity and capacity constraints

2.8   A number of capacity or skills risks were identified during the planning rounds relating to resourcing the plan. ELT have agreed these and they will be addressed through either:

    A.   Phasing the portfolio plan schedule to also phase the demand on resources.

    B.   Deprioritising other projects or reducing levels of activity in BAU where appropriate.

    C.   Redeploying resource from elsewhere in the organisation, if capacity, skills and experience match that required.

    D.   Redeploying budgeted headcount posts from elsewhere in the organisation, alongside an impact analysis of adding this resource to another team.

    E.   Requesting temporary resource (agency/contractor or FTC) whilst there is investment in activity to make existing resource time more efficient.

2.9   The result of applying these measures across the CCP is that there are currently no additional requests to increase organisational headcount.

2.10   Within the budgeted FTE position, we anticipate a reduction from contract end of temporary FTC resourcing. This is caveated by the potential need to meet payroll costs by up to an additional six months within Regulation to address operational pressures, which are financially provided for as a risk to the plan.

2.11   Details of the resourcing risks identified and how they have been mitigated using the methods above are within the plan summary at Appendix 1.

2.12   There are several factors that prevent the ELT's ability to provide complete assurance that the headcount plan within the CCP is fully sufficient to deliver the activities set out against an ambitious CCP portfolio plan, as well as regular BAU activities in the timescales set out. These factors are:

    A.   A number of activities set out in the portfolio plan are for scoping activity, which are to evaluate the requirement options, costs and benefits of delivering a full project / workstream of change activity. Any further activity will be subject to assessment of the

outputs of the scoping stage and of the relative priority of the work against other demands on resources.

B.   Initial business cases for projects will include indicative resourcing requirements to be approved to commence the activity. The exact resource requirements, and in particular the extent of project support work required from services such as legal advice, information governance, internal and external communications and engagement, IT, Finance, People and OD, cannot be fully determined until a project is initiated and fully scoped. Resourcing requirement is subject to full business case approval and continual review and change control throughout the project lifecycle.

C.   Project work and other activity draw from the same resource pool, so fluctuations in the level of demand driven by external factors can constrain resource availability for project work, particularly where the need for GDC engagement is urgent, for example in response to government policy initiatives.

D.   The Council are developing the next Corporate Strategy (2026 – 2028), and we are mindful that the plan is based on the current strategy (2023 – 2025). The objectives set in the new strategy may result in new activities or changes to the prioritisation of currently planned activities with consequences which will be reflected in plans for 2026 and beyond.

2.13   Therefore, the plan will have ongoing monitoring through quarterly reviews of the plan delivery status with SMT and ELT working as a change control board. These reviews will consider risks and issues across the portfolio delivery, resources, and budget to consider options and address prioritisation needs accordingly.

2.14   As such each Executive Director will provide assurance for their budgets and workforce plans being aligned with our risk appetite to deliver activities set out against the CCP 2025 – 2027, subject only to recognition of the caveats listed above.

Plan affordability

2.15   The proposed 2025 budget projects an increase in total operating expenditure from £47.0m in the CCP 2024 - 2026 to £48.0m in the CCP 2025 - 2027 (2.2%). The total budget envelope for the CCP 2025 – 2027 is £140.2m, compared with the CCP 2024 - 2026 which was £136.5m (2.7%). The key items driving the increase are:

A.   £2.4m increase in fees related to legal presentation services. There is an increase in both average cost due to complexity of cases and hearing days based on current run rates.

B.   We adjust our staff costs budget by a factor which is representative of the current attrition and length to fill a vacancy trends faced by the organisation. We have seen an improvement in retention and recruitment in 2024, which has resulted in an improvement in the trends. This has resulted in an "on paper" adjustment of £1.8m increase to our staff budget line to reflect our latest assumption around likely staff budget utilisation.

C.   £1.1m increase in software costs, due to current run rates in data usage and new contracting costs.

D.   £0.4m increase in the Directorates' learning and development request as part of our committed to developing our people.

E.   £0.4m increase in our investment in improving the online registration application and CPD processes, following procurement of the solution provider.

2.16   The increase has been offset with the following reductions:

A.   £1.5m budgeted reduction from contract end date of notional 30 temporary FTC in Regulation, however this is caveated by the potential need to meet payroll costs for a further six months. This is provided for as a risk to the plan.

B. £0.3m reduction from the Regulation directorate as a result of restructure which provide efficiency in operational resourcing.

C. Commitment to a 2% efficiency target (£0.8m) across the planning period.

2.17 Other budgetary key points to note are:

A. Inflation has not been built into the plan and is instead managed as a separate financial risk to the plan.

B. We expect panel expenses to reduce in later years of the plan as we conclude our work on clearing the backlog of international DCP applications within our registration processes.

C. Our non-cash expenditure includes the depreciation charges relating to prior period and new capital investment. This includes financial leases in relation to our premises.

Table 2 - Proposed Budget 2025-2027

	Actual 2022 £k	Actual 2023 £k	Budget 2024 £k	Budget 2025 £k	Budget 2026 £k	Budget 2027 £k
Committee Meeting Expenses	3,992	4,015	4,547	4,365	3,897	3,935
Council Fees And Expenses	0	466	647	548	548	548
Legal Fees	3,432	3,478	3,601	4,301	4,301	4,301
Other Professional Fees	3,266	3,436	4,917	4,666	4,466	4,506
Staff Costs	18,460	20,063	23,013	22,745	21,072	20,995
Other Staff Costs	615	1,166	1,601	1,910	1,878	1,879
Research Activity	239	263	429	524	472	472
Communications and Publications*	176	182	219	320	291	291
IT Support & Maintenance	1,688	2,130	2,210	3,092	2,538	2,498
Accommodation Expenses	1,816	2,020	2,059	2,163	2,170	2,175
Other Operating Expenses	653	476	501	534	545	545
Contingency	0	0	477	1,257	2,754	2,129
Non-Cash Expenditure	1,179	1,586	1,271	1,613	1,521	1,458
Total	**35,516**	**39,281**	**45,491**	**48,036**	**46,453**	**45,731**

*From 2025, a moderate internal communications budget was introduced to enable increased staff engagement as part of the People and Culture Programme of activities.

2.18 Overall, the budget and headcount included in this version of the plan provides a balanced budget, with reserves levels forecast to be at 3.0 months of operating expenditure, which is consistent with our reserves target agreed by the Council. This assessment provides for the equivalent of 0.6 months of expenditure (£2.7m) which is to be held specifically for investment in efficiency activities, resulting from the benefit in the revised Reserves Policy approved by the Council in June 2024. This fund will be accessed to fund activities which are evidenced as being able to deliver medium to long term operational and financial efficiency for the Council.

2.19 Liquidity analysis does not indicate any risk within the 3-year cycle.

Central provisions and contingencies

2.20 Our current approach to budgeting minimises the level of contingency budget we hold to avoid 'baking in' underspend. Accordingly, any activity that does not yet have an approved outline business case is held as a risk against the reserves. For those activities where an outline business case has been approved by ELT, a costed planning provision is held within the budget. Draw down of either a planning provision or risk provision is subject to approval by either the Council Chairs or Council, in line with the Council's agreed financial delegations.

2.21   The plan budget envelope includes planning provisions for outline business cases approved by the ELT of £4m across the planning period. Where those planning provisions may include temporary resourcing requirements, these have been financially provided for but have not been reflected in the FTE chart included at Diagram 2 of this paper. Council is reminded that a planning provision cannot be accessed by ELT without a full business case and relevant Council Chair approval, as per the scheme of financial delegations.

2.22   Potential additional expenditure relating to Provisional Registration has been ringfenced separately from the overall GDC budget plan. This is held as a discrete line against our reserves of £730k (which is 50% of the total evaluated risk potential).

2.23   The summary of these outline business cases is set out in Appendix 1, and include investment in digital, accelerating the Fitness to Practise case load through the later stages of the process (presentation and hearings) and investment in our People and Culture programme.

2.24   As in previous years, we hold a minimal contingency budget of £2.1m across the planning period to provide for pay and associated provisions and a small £0.1m general CEO contingency.

Capital programme

2.25   We have provided for a modest capital programme across the planning period of £0.9m, which includes £0.1m for potential future empanelment software and £0.8m which enables our standard IT and Facilities renewals programme.

Underpinning expenditure budget assumptions

2.26   Inflation

   A.   We actively monitor the current economic environment and have updated the position on inflationary risks throughout planning to the most up to date projections available to us. As agreed for this strategic period, inflation has not been built into our forward budgets and instead we maintain a central financial risk provision for any inflationary impact. We utilise the Bank of England projection for assessing this risk, but also consider other central forecaster's projections to look for any significant deviation in forecasts of which we may need to be aware of. We only provide for inflation for those budget lines where inflation may impact.

   B.   Inflation is forecast to be around 2.4% in 2025, reducing to 1.7% in 2026 and 1.5% in 2027. The total inflationary financial risk provision we hold for the planning period is £1.2m.

   C.   Sensitivity analysis has been completed on this provision and movements between -1% and +5% have been considered to have an immaterial impact to our planning assumptions. As such, the inflationary financial risk provision is provided at high likelihood and weighted at 100%.

   D.   We have again included the detailed analysis as part of our standard planning pack at Appendix 1, including the relative sensitivity analysis mentioned above.

2.27   Pay provisions

   A.   Given recent volatility in pay awards and those awards having not tracked inflation, a provision has been included at 3% per annum across the planning period for future increases. Whilst we have included 3% across the life of the plan, this remains subject to an annual test as to appropriateness based on latest market forecasts and is not a current financial commitment. As such, if the provision is determined too high in a later planning period, this will be released and provides a financial opportunity. A financial opportunity of 1%, weighted at 50% likelihood (£303k) has been included in the plan for this eventuality.

B.   In general, pay increases are expected to reduce, but remain higher than inflation as cost-of-living issues continue to impact families following the recent period of high inflation.

C.   We do not have any solid evidence yet of pay forecasts for 2025, as surveys are currently being conducted by CIPHR, but we have reviewed available current information on market reaction to pay and believe a 3% provision is prudent. Any final decision on pay increase will be considered by ELT in quarter 1 next year and will fully take into account both our work on Total Reward and the current market conditions. The current market highlights are:

- CIPHR's August 2024 survey noted the basic pay awards across the most recent 3-month period were standing at 4.5%, which was a small reduction from the previous report. It is anticipated the pay increases will continue to reduce by 1% over the course of the next 12 months to 3.5%.

- Paydata, analysed a number of pulse surveys across all sectors and have reported as an early prediction for 2025 that the median pay award across all sectors is expected to be around 3.5%.

- The Civil Service Pay remit guidance has indicated that for 2024-25 departments are able to make average pay awards of up to 5%. The NHS Pay Review Body's recommendation for pay award for 2024-25 stood at 5.5%.

Income

2.28   Our predicted income falls into three categories, Registration income, ORE income and Investment income. Our total income target for 2025 is £41.9m (2024: £39.4m), increasing to £42.0m in 2026 and £42.3m in 2027.

2.29   Our total income for 2024 is now forecast to be in the region of £42.7m. This is because of investment income not budgeted for which has been realised in 2024, and the release of deferred income collected in 2022 and 2023, which related to overseas DCP applications that have now been processed during 2024.

2.30   Registration Income

A.   The current income forecasting model was developed in 2015 to provide a more robust approach to projecting the number of application and annual retention payments received throughout a year, and subsequently the annual income collected. This model has been used for the CCP 2025 – 2027 and then extrapolated forward to cover a 36-month period.

B.   Using application and renewal payments, the current income forecasting model is used to predict the income collected by the Registration and Customer Services Operations functions over a 36-month period. The Finance team then uses the amount forecast to set the organisation's registration income budget for the upcoming planning period. The assumption applied to income is that the current level of ARF is sustained for all years of the plan.

C.   We have confidence around 2025's income forecasts, given the accuracy of our model in previous periods, and as such we have not included any income caution for 2025 in the plan. We have included income risks and opportunities relating to years 2 and 3 of the plan, based on sensitivity analysis around trend data.

D.   For 2025, we are forecasting a growth in the Dentist register of 2.17% and the DCP register of 3.27%. These increases will include the processing and improved timeliness of applications to the register. The international DCP backlog is anticipated to be reduced to circa 500 by the end the 2024, and to be handling new cases only by the end 2025.

E.   For 2026 and 2027, we do not feel that the current register growth will be sustained given our work on resolving application back logs. We have therefore applied a six-year trend

for forecasting register growth of 1.2% for Dentists and 1.8% for DCPs. We have not taken any account of the impact on register growth from changes to the capacity of the ORE which may come from the new contract, as the procurement process is not sufficiently advanced to give us a firm basis for forecasting the impact.

F. We also note that the historic trend, before the recent disruptions to registrations caused by Brexit, Covid and legalisation changes, was 0.94% for Dentists and 1.1% for DCPs. To reflect possible income financial risks and opportunities, which account for sensitive analysis, we have used a range which reflects a fall to the historic trend, at a risk of £0.5m, weighted as a low likelihood (25%) and a financial opportunity of £1m which increases growth to anticipated 2025 levels weighted at a medium likelihood (50%).

2.31 ORE Income

A. The move to make ORE a cost neutral function has also increased income by £2.4m over the life of the plan. Reflecting that an ORE application fee was introduced from March 2024, and updated exam fees are due to be implemented from 1 January 2025.

B. No increase to register size resulting from an increase in ORE capacity and subsequent ARF fees has been factored into this plan. We are currently in the tendering process for future providers, and as such, it is too early to estimate with any accuracy the impact. It is however anticipated this impact will be immaterial to ARF income received over the life of the plan.

2.32 Investment Income

A. For the CCP 2025 – 2027, we have included a forecast on our cash and cash equivalent investments of £1.3m across the plan based on 0.5% on base rate for forecast interest rates.

2.33 In addition to the overall assurance provided across the plan, the Chief Operating Officer, is providing assurance to the Council that the income risk, opportunities and income forecast levels set within the CCP 2025 – 2027 plan, are the most appropriate levels based upon our current understanding of the economic climate and forecast assumptions and projections.

3.   Reserves Position and ARF

3.1 The revisions made to the GDC Reserves Policy agreed with the Council in June (setting a target of three months of operating expenditure, with an acceptable planning range of 2.5 – 4.5 months). This affords the GDC with an opportunity to utilise the financial benefit resulting from the 1.5-month reduction in the free reserves target.

3.2 The CCP 2025 – 2027 plan proposes to utilise this benefit by ringfencing 0.6 months (£2.7m) of free reserves for funding necessary investment in efficiency activities. These are activities which have the outcome of achieving more sustainable and efficient operations of the organisation in the future and without these improvements, we would be unable to achieve our ambition of being more financially efficient and reduce overhead costs. Discovery work across several efficiency focused workstreams has been included in the portfolio plan to propose the options for investment to utilise the ringfenced funding, with further activities to be incorporated into the portfolio plan once options are approved. Details of these efficiency workstreams are provided in Appendix 1 and 2.

3.3 The remainder of the financial opportunity from reducing the reserves policy is benefiting registrants through our ability to maintain the ARF at the current level for 2025.

3.4 This budget position results in forecast free reserves at the end of 2027 equivalent to 3.0 months of operating expenditure, which is meeting the target level for Council's Reserve Policy.

3.5   Our forecast reserves position will be sensitive to our final financial outturn for 2024. At this stage, we are not expecting any major changes to our expenditure forecasts, with monthly reporting being broadly in line with the Q2 2024 financial forecast. However, any exceptional or reactive expenditure would reduce the organisations reserves. Additionally, whilst our forecast has been adjusted in-year for investment income, any unforeseen financial receipts would increase the level of reserves forecast.

3.6   We believe that our forecast outturn for the year assumption is prudent for planning purposes as the forecast has been based on our latest management accounts and conversations with budget holders and finance business partners.

3.7   This forecast includes the material release of 2022 and 2023 income that had been deferred due to processing times for overseas DCP applications following route closures. However, Council is asked to note that the forecast outturn remains subject to change until the end of the financial year. Therefore, additional unexpected income or unforeseen changes to expenditure timing/plans may still have an impact to our 2024 closing reserves position and our forecast free reserves at the end of the planning period.

3.8   In particular, Council should be aware that unrealised gains or losses on our investment portfolio will not be fully understood until the financial year end is closed. Whilst we attempt to mitigate for these potential movements through financial risks and opportunity management, they remain volatile to market shock.

3.9   To move the reserves forecast by 0.5 month of operating expenditure would require a fluctuation in our total forecast of circa £2.0m, this impact would retain the plan presented within the tolerance of our reserves policy and is assessed as being a tolerance aligned to our financial risk appetite.

3.10   In October 2023, the Council committed to retaining the level of ARF for the remainder of the current strategic period (2024 – 2025). Our plan does not require any adjustment to the ARF for 2025.

3.11   At the time of finalising the CCP 2025 – 2027 there are potential developments, which as yet do not have sufficient clarity of scope or timescales to enable them to be included as costed risk provisions in the CCP 2025 – 2027 plan. Should these, or other unforeseen external factors emerge during the plan period, they will require review of the work required, impact analysis on currently planned activity and capacity, review of the CCP prioritisation and a call on free reserves for funding the activity. Examples of known unknowns within this category are:

   A.   The potential for implementation of Provisional Registration for internationally qualified dentists, the schedule of which is yet to be determined by the new Government. A provision has been retained as a prudent risk assumption for the work required to develop the necessary regulatory structures if the policy is adopted by the new government. The provision does not however cover the operationalisation of any new policy.

   B.   The future of the wider programme of regulatory reform started by the previous Government is also uncertain, though we judge it more likely to continue than not. Our planned activities in the CCP 2025 – 2027 continue to include improvements that can be delivered within the constraints of the current legislation.

   C.   The previous Government announced that the unilateral recognition of primary dental qualifications awarded in EU member states would continue until 2028 and subsequently reached a trade agreement with the EFTA states establishing a system of mutual recognition. Any change in policy beyond 2028 (or any earlier review of the policy by the

new Government) could result in significant additional work for the GDC in the latter part of the planning period. This has not been factored into the current version of the plan.

D. This plan does not account for any changes that may arise from the Chancellor of the Exchequer's future autumn and spring budgets.

4.   Medium term financial sustainability

4.1   The planned annual budget levels are not being met in full by the income we are forecast to receive in any year of the plan. This is an intended planned deficit to return excess reserves levels to registrants, agreed by the Council in 2023, by reducing the ARF fee for 2024. This adjustment period aimed to return reserves to a prudent level for the organisation, having given consideration to the financial risks and opportunities we face.

4.2   In June 2024, the Council agreed to reduce our free reserves target from 4.5 months of operating expenditure to three months of operating expenditure following a full and detailed review of our Reserves Policy. Reserve levels are forecast to have fallen by £13.0m over the life of the plan, with an average annual planned deficit of £4.7m. The annual deficit for 2025 is £6.1m, but this will improve to an annual deficit of £3.4m for 2027.

4.3   The plan has focused on long-term affordability and whilst our plan budgets to be one of a deficit position, the short-term financial risk of this to the organisation is considered to be low and aligned to our financial risk appetite. We will be considering our new Corporate Strategy for 2026 – 2028 over the course of the next 12 months, and this will look at our objectives and the desired outcomes for furthering our statutory objectives around public protection. This will likely result in necessary changes to the presented plan and our future fees will be formally considered as part of this review, on the usual three-year cycle, and in accordance with Council's fee policy.

4.4   There is no immediate concern around financial sustainability for the CCP 2025 – 2027, and reserve levels are forecast to be within policy at the end of the planning period. However, as part of the development of a medium-term financial strategy, we will be seeking to address longer term financial sustainability and certainty for our registrants around future fee levels. Approaching this work now, alongside the development of the new Corporate Strategy, will enable us to deliver future plans that prevent shock, either upwards or downwards to our fees.

4.5   In practice, this is expected to be a combination of financial efficiency, reducing our cost profile which will be deliverable as a result of planned activities in the CCP 2025 – 2027 as part of our financial and operational efficiency management priority, and a sustainable approach to how fees may need revision in the future.

4.6   The reduction in the Reserves Policy range and threshold, agreed by the Council in June 2024, delivers around a £5.8m reduction to the level of reserves we are required to hold. This reduction is currently being utilised to sustain fees at the current reduced level through to 2027 while our annual income is forecast to fall below our expenditure throughout the period.

4.7   Going forward, we will consider whether there is a case for ring-fencing any of our reserves to be held specifically for change activities that will deliver a future financial efficiency to be realised until a later financial period. This will be further considered during development of the medium-term financial strategy, and with appropriate engagement and assurance by the FPC.

5.   Accounting Officer Advice

5.1   I am satisfied that this paper and supporting appendices reflect accurately the discussions held by the ELT and they contain all relevant information and planning assumptions that the Council should be aware of in taking a decision to approve the CCP 2025 – 2027 , Budget 2025, and the

ARF for 2025, noting that the ARF fees will be reviewed again for the 2026 – 2028 period to coincide with the next Corporate Strategy cycle.

5.2   Council should be aware that the plan presented is an ambitious plan, with an associated level of delivery risk. However, the ELT believe that delivery risk to be within our risk appetite.

5.3   The ELT recommend the plan, following a number of discussions on capacity constraints and having identified how delivery risk can be mitigated. With those mitigations in mind, I am satisfied that the proposed budget and plan is robust and provides appropriate capacity and resilience for us to progress the 12 CCP priorities and deliver the Council's Strategic Objectives.

5.4   Having commissioned some longer-term projections of our financial reserves, I am satisfied that these proposals will not negatively impact our future financial resilience. The level of forecast free reserves at the end of the planning period remains prudent, and I support there being no requirement to change the ARF for 2025.

5.5   I remind Council and Committee members that they:

A.   Need to satisfy themselves that they understand and agree with the budget assumptions and how the plan is addressing both income and expenditure risks.

B.   Should ensure they are comfortable with provisions for contingency and planning provisions, and that those made are adequate without being excessive.

C.   Understand the key planning assumptions around income and expenditure.

D.   Should ensure they feel able to place reliance on the detailed scrutiny and challenge of the budget and plan undertaken by the FPC. Therefore, members should be comfortable that the FPC have undertaken appropriate levels of scrutiny and challenge.

6.   Recommendation

6.1   The Council are recommended to approve the:

A.   CCP 2025 – 2027 Three-year plan

B.   Income and expenditure budget for 2025

C.   That the ARF is retained at the current fee levels (£621 Dentist; £96 DCPs) for 2025, noting that the ARF fees will be reviewed again for the 2026 – 2028 period to coincide with the next Corporate Strategy cycle

7.   CCP 2025 – 2027 planning timetable

7.1   The table below details the governance review and approval stages for the development of the CCP 2025 – 2027 plan:

Stage / Timeline	Review meeting dates
Planning Guardrails setting process Dec 2023 - Jan 2024	ELT drafting Dec 2023 FPC 16 Jan 2024
Confirm Planning Guardrails & starting plan position Jan - Apr 2024	ELT – 13 Feb 2024 FPC – 28 Feb 2024 Council 5 Apr 2024
Round 1 CCP 25-27 draft – initial forecast activity, headcount and budget planning Feb – Jun 2024	ELT steering workshop – 29 April 2024 ELT initial review – 7 May 2024 ELT pre-FPC – 28 May FPC – 5 Jun 2024

Round 2 CCP 25-27 draft – Revisions and final prioritisation May – Jul 2024	ELT prioritisation workshops – 18 & 25 June 2024 ELT – 2 & 9 Jul 2024 FPC – 16 Jul 2024
Round 3 – ELT Final stage revisions July 2024	ELT – 6 Aug 2024 ELT final prioritisation – 20 Aug 2024
Round 4 – FPC Endorse for Council initial review Aug 2024	ELT – 2 Sep 2024 FPC – 13 Sep 2024 Council – 27 Sep 2024
Round 5 – Final approval Oct 2024	ELT – 1 Oct 2024 FPC – 14 Oct 2024 Council – 25 Oct 2024

8.   Legal, policy and national considerations

8.1   Legal policy and national considerations will be taken into account in the individual CCP projects and explored in the business cases.

9.   Equality, diversity and privacy considerations

9.1   The Equality Act 2010 requires public authorities to comply with the public sector equality duty. This means that public authorities must have due regard to the need to achieve the following objectives:

   A.   to eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under the Equality Act 2010

   B.   to advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it.

   C.   to foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

9.2   An Equality Impact Assessment for the CCP Plan for 2025 – 2027 has been developed with due regard to the objectives set out above. This is provided in Appendix 3.

9.3   A CCP project proposal form was completed for all initiatives in planning this year which included a section for capturing evidence and EDI considerations, and to initially the benefits and risks of the work proposed from an evidence base and from an EDI perspective.

9.4   The programmes and projects of work that are undertaken as a result of the creation of the plan will each undertake fully initiation scoping where they each will perform equality impact assessments as routine.

10.   Environmental, social and governance considerations

10.1   The plan presented provides opportunities to further our work on reducing our impact on the environment. Of particular significance for this plan, the Managing GDC Registration programme which will provide less reliance on paper records for applications and CPD processes. This will reduce paper waste, physical storage costs and transportation costs related to the movement of those records.

10.2   In addition, the plan includes future activity on the optimisation of the GDC estate which is looking to reduce our reliance on oil-based heating and should result in a reduction to our carbon footprint.

10.3   One of the core statutory functions of the GDC is to maintain the register of suitably qualified professionals, who meet our professional standards, to ensure that the public receive safe and effective dental care, providing a positive impact to social improvement.

10.4   The plan also includes a number of activities that support social improvement, including but not limited to:

A.   The development of the Corporate Strategy for 2026 – 2028, will develop and articulate the Council's ambitions in relation to EDI across the profession for the new strategic period.

B.   Ensuring access to safe and effective dental care for members of the public from newly qualified registrants, for instance, by implementing revised standards for education and improving engagement with education providers to explain GDC's roles and responsibilities more clearly.

C.   Further developing a comprehensive framework of routes to registration from professionals who have qualified overseas, promoting diversity in the workforce.

D.   Improving communications and support throughout the FTP process with a focus on welfare of individuals involved.

E.   Undertaking research to understand the nature of professionalism in dentistry using evidence in relation to the themes of risk, sector, proportionality, and inclusion. This includes addressing sexual misconduct in the context of professionalism.

10.5   In addition, we have a number of initiatives which will scope opportunities for investment in achieving further operational efficiency and improving the customer experience throughout our digital engagement.

10.6   ESG considerations are inherit in our procurement processes, which ensures specific evaluation of potential future suppliers and their impact on both the environment, people, culture and communities through our supply chains.

11.   Risk considerations

11.1   Risks are captured on the Strategic Risks Register and regularly monitored. The programmes of work that are undertaken as a result of the creation of the CCP plan will undertake risk management planning as routine.

11.2   The CCP 2025 – 2-027 portfolio plan has been assessed against both the set of Strategic Risks and Operational Risks to align portfolio plans towards mitigating risks.

12.   Resource considerations and CCP

12.1   The development of the CCP Plan involves multiple reviews and is co-produced by PMO, Finance and People and Organisational Development working across the business.

12.2   Consideration to financial and headcount resource demand is integral to the process for delivery of the plan and ability to follow the planning guidelines.

13.   Monitoring and review

13.1   Our governance and supporting framework mean that there are regular reporting and monitoring arrangements in place for both the budget and delivery management systems.

13.2   Alongside regular monitoring of income received, we will also monitor our planning assumptions on income risk and track any income risk that crystalises. This position will be reported to FPC quarterly, or sooner if required by exception. This monitoring and review process enables us to react quickly to any emerging issues and, where appropriate, reprioritise the CCP portfolio.

13.3   Registration income predictions are updated for the following year once the DCP ARF collection and initial request for restoration are complete. This timing provides us with the most accurate data set to project our registration income predictions forward. The income forecast data within the CCP 2025 – 2027 plan represents the annual refresh of the three-year forecasting model, completed in August 2024.

14.   Next steps and communications

14.1   The 2025 CCP delivery plan will be developed and presented to SMT in December, outlining the operational delivery and ongoing monitoring for the CCP. This paper is supported by the following appendices:

   A.   **Appendix 1 - CCP 2025 – 2027 draft plan summary** – provides the summary of the strategic alignment of the portfolio plan, with the required budget and resource plans, along with the associated risks and opportunities.

   B.   **Appendix 2 - Portfolio Plan** – provides details of the projects and BAU activities aligned to the CCP priorities.

   C.   **Appendix 3** - **Equality Impact Assessment** - provides the evaluation of the EDI considerations of planned activity, and any impacts of activity currently not planning for.

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17 October 2024

General Dental Council

CCP 2025-2027 Final Draft Version

Appendix 1 – Final Draft Summary

Council 25 October 2024

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Delivering the plan

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CCP 2025-27 planning framework

The CCP 2025-27 plan is presented and aligned through the layers of the CCP planning framework

Strategic Alignment

- **Priorities** which align to **Strategic Aims**, are driven by evidence from research / data and have defined outcomes set.

Delivering the plan

- **Activity** (both BAU improvements and change projects) prioritised with structured evidence criteria towards the Priorities and have defined success measures.

Resourcing the plan

- **Resourcing** options and demand forecasts required to deliver the change Activity as well as our BAU.

Funding the plan

- **Costs** for budgets required for the resourcing and expenditure to deliver the Activity as well as our BAU.

- **Income** modelling provides the view of funding expected to compare to the costs forecast to deliver the outcomes sought and inform our fee options.

Monitoring the plan

- Monitor and measure is the ongoing CCP Organisational Performance reporting to ELT, FPC and Council of the benefits and outcomes.

The CCP priorities

CCP Priorities summary

CCP Priority	Purpose	Regulatory Functions	Strategic Aims	Desired Outcomes	Success Measures
Develop our Strategic ambition and vision	Develop, communicate and embed awareness of our strategic ambition and vision	All	ALL	Our staff know our strategic vision and priorities. We are a trusted, high-performing regulator. We provide an equal, diverse and inclusive environment for regulation and our working culture.	Corporate Strategy 2026-28 completes consultation and is approved by Council in October 2025.
Strengthen education quality assurance	Working with Education providers, improvements in EQA, and the learning cycle of feedback from education providers to inform continuous improvement to ensure the quality of dental education.	Ensure the quality of dental education	1 & 4	We are confident in the rigour of education standards and those qualified. QA process is proportionate and enables learning and improvement.	Education providers meet standards from inspections. Feedback from education providers indicates that QA process is fair and enables learning.
Timely and quality decision making in Registration	Efficient and effective application and continuous registration processes to ensure we register qualified dental professionals.	Register qualified dental professionals	1 & 4	We are confident in the integrity of the register.	Timeliness and backlog targets maintained. PSA timeliness standard met.
Enable efficient overseas application routes	Effectively expanding the international routes to registration and additional titles which also ensures we register qualified dental professionals.	Register qualified dental professionals	1 & 4	Suitably qualified overseas applicants are able to register within a reasonable timeframe.	Demand and supply in ORE pipeline are well matched. Timeliness and backlog targets in International routes achieved. Provisional registration framework delivered.
Improving the Regulatory Framework	The evaluation of opportunities, development and delivery of policy improvements.	Register qualified dental professionals	1 & 4	We enhance public safety through advancing upstream regulation. Reinforce the shift from compliance to positive professionalism.	Reduced queries and identified gaps in policy guidance. Reduced risk on inconsistency in decisions. Fewer successful challenges to decisions.
Sustain & Promote Professional Standards	The development of standards and the engagement and awareness of these with all stakeholders to support high standards of professionalism.	Support high standards for the dental team	1	We reinforce the shift from compliance to positive professionalism. Professionals and stakeholders take visible steps to engage with and act on the GDC's priorities.	Positive feedback and evidence gathered from actions taken by professional groups and stakeholders.

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CCP Priorities summary - continued

CCP Priority proposed	Purpose	Regulatory Functions	Strategic Aims	Desired Outcomes	Success Measures
Timely and quality decision making in Fitness to Practise	The efficient and effective investigation of complaints about dental professionals' fitness to practise.	Investigate complaints about dental professionals' fitness to practise	2 & 4	Correct & final case decisions made at the earliest stage in Fitness to Practise process. People are fairly treated through Fitness to Practise Perceptions of Fitness to Practise effectiveness improved.	Timeliness and backlog targets maintained. PSA timeliness and other FtP standards met Increase to hearings completing without adjournment Reductions in Fitness to Practice decision appeals. EDI analysis of data illustrates an unbiased process
Influence Regulatory Reform	Ensure we have all explored opportunities within current legislation that are within risk appetite.	All	ALL	We are ready to get the fullest possible advantage from a once in a generation change. We have fully explored the boundaries of the current legislation and leveraged all opportunities.	Any reforms to legislation include measures actively sought by GDC to include. Evidenced analysis of boundaries, opportunities and associated risks, and decisions made.
Develop our People and culture	Focusing on a culture and workforce which is diverse, engaged and motivated for supporting all our functions.	All	3 & 4	Our leaders and workforce act in line with our values. Our workforce is representative of the populations we serve. GDC is an attractive and inclusive employer Our workforce delivers benefits from Learning & Development Effectiveness and efficiency of the GDC is enhanced.	Improved recruitment attraction and retention Improved employee wellbeing/sickness levels Staff morale and engagement levels increased L&D analysis demonstrates benefits in training provided Workforce analysis demonstrates commitment to equality, diversity and inclusion.
User Centred Service Design	Focusing on ensuring that our systems, guidance and support are all designed for the user experience to be intuitive and effective.	All	4	Our services are designed around the needs of users to be accessible, effective and efficient. We communicate clearly across channels.	Improve customer service ratings on services Fewer service usage queries and complaints Service development is informed by equality impact assessment.
Financial and operational efficiency management	Ensure we invest in creating cost effective and efficient operation practices across our functions.	All	4	We reduce the time taken, resource levels required and costs for operational functions. We have proportionate governance in place for decision making	Financial efficiency targets achieved. Operational timeliness and quality KPI improvements.
Data & Information Management	Ensuring secure, quality and governed data for effective decision making.	All	ALL	Our data is secure and effectively managed Our data is accurate and usable to increase our ability to drive and measure organisational decision making. We increase the value of published data to stakeholders.	Improved data maturity ratings Improved data quality ratings Cyber strategy and security accreditations Sustained reductions to Data Security Incidents Usage analytics of published data sets

Portfolio plan summary

Prioritisation MoSCoW criteria

MoSCoW is used for primary level prioritisation to assess each activity using common criteria

- The CCP plan budgets for both the 'MUST DO' and 'SHOULD DO' activity and represents the work we are committed to do.
- 'COULD DO' priorities represent work we have not committed to do yet and their priority will be reviewed on an ongoing basis.
- 'WON'T DO YET' priorities are ideas retained in the CCP to be re-assessed in future review of portfolio planning.
- Phasing of timescales is used to manage competing resource demands and dependencies across projects and BAU activity.

MUST DO
- MANDATORY – for regulatory or statutory compliance
- Critical for success in meeting performance targets for statutory objectives
- Critical for success of fulfilling strategic aims
- Activities formally mandated by Council

SHOULD DO
- Will deliver critical transformation agreed by ELT
- Will deliver significant savings and return on investment
- Work deriving from accepted audit recommendations
- Will cause significant impact if not undertaken

COULD DO
- Work deriving from known best practice
- Desirable to enhance current operating models but not essential
- Will improve processes which lead to some efficiency gains
- Potential legislative changes not yet confirmed

WON'T DO YET
- Desirable but not critical
- Desirable but not urgent to plan yet

Portfolio Plan summary

CCP Priority	Portfolio Activities	Priority	Dates
Develop our Strategic ambition and vision	Develop corporate strategy for 2026-2028	Must	Q2 23 – Q3 25
Strengthen education quality assurance	Enhancing QA activity including thematic reviews, inspections, monitoring and continuous improvement	Must	Ongoing
Timely and quality decision making in Registration	Core BAU focus in Registration to reduce application backlogs and active processing times Specialist list assessed applications	Must Must	Ongoing Q3 22 – Q2 25
Enable efficient overseas application routes	Revised international registration processes ORE Part 1 & 2 Tenders & Mobilisation Provisional Registration	Must Must Must	Q1 20 – Q4 25 Q1 23 – Q4 25 TBC
Improving the Regulatory Framework	Regulating modern dentistry – Discovery phase to determine project scope and timescales FtP decision making guidance Regular reviews and updates of guidance, statements and advice to ensure relevance Improving Communications and Support in FtP Case Management – Procedural improvements	Should Should Must Should Should	Q3 24 – Q1 25 Q3 19 – Q4 25 Ongoing Q4 23 – Q4 25 Ongoing
Sustain & Promote Professional Standards	Principles of professionalism Regular reviews of learning from professionalism and FtP cases Outcome-focused model for lifelong learning Revise the Standards for Education Addressing sexual misconduct in the context of professionalism	Must Must Should Must Should	Q3 19 – Q1 26 Ongoing Q3 21 – Q4 25 Q2 23 – Q1 26 TBC
Timely and quality decision making in Fitness to Practise	Core BAU focus in Fitness to Practise to reduce casework backlogs and active processing times	Must	Ongoing
Influence Regulatory Reform	Develop our position on and influence regulatory reform including creating public affairs plan.	Must	Q2 2025 - TBC
Develop our People and culture	People & Culture Programme • Organisational cultural change of GDC • Total Reward • Workforce development EDI 2024-25 Strategy – objective 5 - Embedding an inclusive workplace culture at all levels in the GDC where all staff feel welcomed, integrated, valued and included. Ongoing staff engagement, including all staff event and programme of internal comms. Review and improve the intranet Associates Development - Project following Somerville vs NMC judgement.	Should Must Must Should Must	Q2 23 – Q4 26 Q1 24 – Q4 25 Ongoing Q4 24 – Q1 26 Q4 24 – Q1 25

Portfolio Plan summary - continued

CCP Priority	Portfolio Activities	Priority	Dates
User Centred Service Design	Manage GDC Registration	Should	Q1 23 – Q4 25
	Implementing new Welsh Language Standards	Must	Q3 24 - Q4 25
	Registration improvements – Discovery phase to determine project scope and timescales	Should	Q3 24 – Q1 25
	Digital Discovery:		
	• Review and define our user centred service design approach and standards – agreed initial standards	Should	Q1 25 – Q3 25
	• IT service model review for digital transformation discovery – proposal for model and recommendations	Should	Q1 25 – Q3 25
	• Replace the GDC's websites	Should	Q1 26 – Q1 27
Financial and operational efficiency management	Financial efficiency:		
	• Mid-term Financial Strategy – develop and approve strategy	Should	Q4 24 – Q3 25
	• Operations & Contract Management efficiencies – discovery and proposal of priority opportunities	Should	Q1 25 – Q2 25
	Planning & Monitoring efficiency:		
	• Improve planning and delivery of the CCP portfolio – existing project to complete implementation of process improvements.	Should	Q1 24 – Q3 25
	• Organisational Performance Monitoring - evolve from existing framework – first iteration of new reporting Q2 2025	Should	Q4 24 – Q2 25
	People efficiency:		
	• Workforce planning – develop proposal for service to develop in POD	Should	Q2 25 - Q3 26
	• Resource demand management – develop a proposal for suitable demand management model for GDC to adopt	Should	Q4 24 – Q1 25
	• Change Management – develop and embed best practices across change and delivery practices	Should	Ongoing
	• Optimisation of GDC Estates - develop business case for opportunities and submit to ELT and then FPC for approval.	Should	Q1 23 – Q4 25
	Governance & decision-making efficiency:		
	• Governance and Delegations framework review	Should	Q1 25 – Q3 25
	• Board effectiveness review	Must	Q3 24 – Q1 25
	Applications fees review for strategy cycle	Must	Q1 25 – Q4 25
	Implement new procurement and contract management processes	Should	Q1 20 – Q4 25
	Replace credit card processing system	Must	Q4 21 – Q2 25
	Case Management and Operational Improvements in DPHS	Should	Q1 24 – Q2 25
	Software for empanelment and Hearings process	Should	Q2 25 – TBC
Data & Information Management	Data Maturity Assessment to inform data improvements roadmap	Must	Q2 24 – Q4 25
	Improving information & document management	Should	Q2 26 - TBC
	FtP Data Classification and capture improvements	Should	Q1 25 – Q1 27
	CRM Document deletions	Should	Q2 26 - TBC
	Informant EDI	Must	Q2 24 – Q1 25

Could Do activities

CCP Priority	Activity	Lead
Improving the Regulatory Framework	**Respond to any changes in government policy on Appropriate Clinical Cover (indemnity)** • There are currently not any formal legislative indemnity model changes or timescales confirmed. The project is therefore dependent on confirmed changes before operational changes can be explored, designed and implemented.	Strategy – Right touch regulation
Sustain & Promote Professional Standards	**Revise the standards for specialty education** • To gain direction from the Council on potential areas to be included in the revised Standards for Specialty Education. • To review and update of the GDC's Standards for Specialty Education, through stakeholder engagement (including a consultation). • To obtain EMT and Council approval. • To update and publish the specialty education standards. There will be a separate project to address their implementation, which is out of scope for this project.	Strategy - Public Policy
Data & Information Management	**Review AI technology for Dynamics CRM** • In addition to iterative expansion in use of AI features within the CRM, this project would explore in depth how Microsoft AI tools could be adopted for integrated case management, to produce a business case proposal for the benefits.	IT

Underpinning activities

Duties	Approach
Ensuring legislative and statutory duties are upheld	• Policy reviews, on-going alignment and response to legislative changes • Impact assessments undertaken and supported to mitigate and appropriately manage impacts surrounding; EDI, data, legal and business • Legal and Information Governance advice informs change activities • Ensuring all papers have the appropriate level of governance and approval through Boards, Committees and Council • Ensuring data and system access is securely managed in accordance with GDPR • Managing CPD appeals • Monitoring and quality assurance of decisions in FTP as made through the Quality Assurance Group (QAG) and the Decision Scrutiny Group (DSG)
Equality, diversity and inclusion	• Ensure registrants, witnesses and the public can all effectively engage with the GDC throughout all our statutory duties • Ensure EDI is fully embedded in professional and educational guidance and support EDI in all aspects of professional behaviour • Ensure our staff understand our statutory EDI obligations and what it means for them in their daily work • To attract and retain a diverse and talented workforce to work at the GDC • Improve collection of quality assured EDI data across the business
Research & Evidence led activity	• Evidence derived from the Research programme covering the themes of risks, sector, proportionality & inclusion will inform work being undertaken across all priorities through engagement with both business and project teams • The outputs of the research programme inform organisational strategies, policies and decisions • Research activity throughout 2024-26 includes but is not limited to; supporting work on international registration (including provisional registration), stakeholder perceptions research, longitudinal study development, FtP and registration research and evaluation, data improvement, and support for learning outcomes, educational standards and QA • Research activity is forward looking, and involves horizon scanning and early identification of issues to enable the organisation to respond effectively • The intelligence function also encompasses inferential statistical and data analysis, which supports a wide range of project and business as usual activity
Strategic Communications & Engagement	• Understand the GDC's latest position and manage a continually updated narrative to brief senior GDC staff for constant engagement with external stakeholders • Define strategies to manage information flows to and from stakeholders, feedback insight to inform core GDC activities and continually improve the engagement • Strategic advice on design and delivery of content, ensuring appropriate sequencing and consistency of internal and external key messages, managing reputational risk • Monitor media and sector interest to identify reputational risks and devise strategies to mitigate, including rapid delivery of content and briefings for senior GDC staff
Portfolio monitoring and organisational performance management	• Organisational performance reporting and analysis • Delivery progress vs plan monitoring, addressing risks and issues with ELT steer and decision • Prioritisation reviews on a quarterly basis • Managing interdependencies and change • Monitoring budget vs plan and forecasts • Monitoring resource capacity vs plan and forecasts
Resource capacity management	• Resource managers forecast capacity demand for both BAU plus project support with contingency capacity allowed • Resources scheduled for change projects are committed to deliverables unless exceptional circumstances arise • Capacity issues are escalated for prioritisation decisions at the appropriate level of delegated authority
Responding to queries & complaints	• Monitoring and responding to external queries and complaints, including; Registrant and public queries, MP letters and correspondence, Corporate complaints

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Portfolio plan risks

Risks related to the delivery of the portfolio are detailed below, along with their mitigation approach.

Risks Area	Likelihood	Portfolio Risk details	Mitigations
Portfolio involves significant amount of change	High	• Staff engagement and performance dips due to learning new ways of working and focus on retraining to adopt new processes. • Changes aren't fully embedded across the GDC as too much to absorb and undertake at once	• Forward planning of Change Management and Internal Communications strategies. • Monitoring of performance and proactively addressing issues. • Line management development of capabilities to support change and performance improvement.
Benefit Realisation	Low	• Expected benefits are not being realised from projects	• Success measure metrics developed for tracking activity benefits, which will monitor if intended benefits are off track at earliest opportunity and to escalate decisions when appropriate. • Ongoing organisational performance monitoring develops clear lineage between planned benefit success measures and the reporting tracking progress of these to CCP priorities.
New political priorities	Medium/High	• Unplanned activity from new UK Government / DHSC requiring immediate action.	• The delivery of GDC's public affairs and engagement plan • Ongoing portfolio management to reprioritise / amend portfolio timescales as required.
Operational Resilience	Certain	• Single points of expertise across the organisation, meaning that in the event of annual leave, sickness or leavers there are knowledge gaps that cannot be mitigated immediately within organisational capacity or capability quickly	• This can only be addressed through revisions to organisational design through workforce planning. • The People Efficiency workstream will review potential scope of development of Workforce planning capability in People & OD function to propose options case to deliver.

Resourcing the plan

Resourcing risks

Risks related to resourcing the delivery of the plan are detailed below, along with their mitigation approach.

Risks Area	Likelihood	Resourcing Risk details	Mitigations	Risk Cost (£k 2025-27)
General Risk - Resourcing for project delivery	Medium/ High	• Resourcing requirements for projects or BAU work once fully scoped are found to be greater than initial estimates. • Roles identified as required for project delivery are not available when scheduled as BAU work activity takes priority • Recruitment & retention and unplanned staff leave lower capacity to deliver.	• CCP ongoing planning analysis monitors dependencies, risks, issues and options to bring decisions to ELT and relevant boards for adjusting the plan adapt to issues emerging. • Portfolio delivery timescales phased to balance capacity demands. • Portfolio management to address risks posed by project scoping increasing expected demands. • Resources requirements are monitored to forward plan that people are available when required, and actively managed if they are not available when planned, so to adapt delivery timescales.	• N/A
Provisional Registration	Medium	• There will be a revised and phased business case for Provisional Registration confirming in 2024 which will include resource requirements.	• A financial risk exists for this eventuality. If this materialises, the Provisional Registration budget will be ringfenced as a separate activity for transparency purposes.	• £1.4m (ringfenced at 50% against reserves at £730k)
People & Culture Programme – P&OD team capacity	High	• Activities currently in the workforce development project will transition from project to BAU by the year end. This includes PDR and Induction. Both these are examples of work that will need to continue to be resourced by POD as part of BAU. • There are risks in resource capacity needed across the programme within POD team, including Internal Communication and Business Partnering due to employee relations related work. There are also risks for lack of capacity and capability across the GDC to manage and support the implementation of the programme.	• Within the CCP 2025-27 plan proposals, the programme deliverables are being rephased, with some elements proposed to be de-scoped for better alignment, extending work to Q4 2026 from Q4 2025. • The rephasing intends to maximise the effect whilst minimising the disruption to the respective business areas by phasing the 'go live' dates of changes and avoiding peak BAU periods. • Ongoing resource forecasting and cross referencing to POD team and business BAU demand is performed within the programme management and scheduling of work.	• Requirement for third-party consultancy expertise for the Total Reward Project - £150k planning provision

Resourcing risks - continued

| Risks Area	Likelihood	Resourcing Risk details	Mitigations	Risk Cost (£k 2025-27)
Replace the GDC's websites	High	• The External Comms & Engagement team are undertaking a digital discovery exercise using existing capacity as part of BAU in 2024. The outcome will help to develop an evidence base for updating the GDC's digital presence based on user needs and clear business benefits.	• A costed provision exists in Business cases pending approval for this eventuality for temporary external resources to take the work forward and for the development. • The business case will also identify any internal capacity and capability needs, for further consideration. • The project is deferred to 2026 to allow for business case development.	• £1.45m planning provision included in the plan (covering whole project cost to include any temporary resourcing as set out in the outline business case).
Registration team SME demand	High	• There are two key projects in Registration currently scheduled for 2025 delivery which are the Manage GDC Registration and ORE procurement. • The SMEs in Registration are a very small pool that are required for all registration projects and BAU, which includes still working through the DCP backlog and increases in ORE applications at levels not seen before.	• Regulation Operations Manager recruitment - this will take time to recruit and embed knowledge to support. • Phasing of the work and project team resources supporting in any administration where they can.	• The Regulation Operations Manager is part of restructure of posts in Regulation which results in a £0.3m reduction in budget.
Review and improve the intranet	High	• Head of Internal Communications is drafting new proposal for solution options and any resourcing needs.	• A costed provision exists in Business cases pending approval for this eventuality.	• £220k planning provision included for a SaaS solution 3-year hosting and one-off implementation costs.
Principles of professionalism	Low	• Scope of work is potentially looking to expand in 2026 however the scope and resource demands are expected to be developed in 2025 for inclusion in 2026-28 CCP plans. • Planning of the potential demand will be done alongside the corporate strategy consultation in 2025, and this work is within existing resource capacity.	• This cannot be mitigated in the 2024 planning for CCP 25-27 and will be addressed in the 2025 planning for the CCP 2026-28.	• £TBD in 2025

Resourcing risks - continued

Risks Area	Likelihood	Resourcing Risk details	Mitigations	Risk Cost (£k 2025-27)
Implementing new Welsh Language Standards	Medium	• We are using existing capacity in Comms and Engagement for managing work. Welsh translation will be outsourced but will need support from possibly Registration or IT to manage the production process (sending out content for translation, uploading translated content).	• A costed risk provision held for translation and if additional external IT work required. • The work will be prioritised and scheduled accordingly alongside of CCP and BAU commitments.	• £75k due to the scope of work required is yet to be fully determined for potential of external support.

IT Team service and resourcing review	High	• ELT have also agreed two independent reviews for IT:
		  • The first review in Q4 2024 will assess the IT infrastructure, Cyber security, and our CRM systems.
		  • The second review from Q1 – Q3 2025 will look at digital transformation as part of the wider transformation agenda.
		• Both reviews are likely to bring out technical issues for addressing to ensure GDC has the right tools, processes and people to deliver IT services.
			• A risk provision added for costs pending 3rd party review of IT systems and their recommendations for best practise/compliance, Reviews to include infrastructure, security, CRM, and digital transformation.
			• It is highly likely additional work will be required given our known current state.
				• £0.5m risk provision

Associate Development	Certain	• This work will have significant demand from multiple teams including Finance, ILAS and People & OD team. • Employee taxation is a specialised area and therefore the skills and experience may not exist within the current establishment.	• A costed risk provision exists for this work whilst scoping and business case determine the resourcing and cost demands. • This work may require deferring other work in plan or adding in resource to provide capacity.	• £170k (6 months only specialist contractor in 2025, as the work will start in 2024)
Addressing sexual misconduct in the context of professionalism	Certain	• This was previously a "could do" activity, it is currently un-resourced in the Strategy Policy team. • Pre-project research activity underway will inform decisions about scope and capacity required to take the work forward.	• Reallocation of budgeted post from elsewhere in business. • Pre work being undertaken for the scope of the project.	• N/A
Develop our position on and influence regulatory reform	Certain	• There is not currently resource available in the External Comms & Engagement team and the Policy team to support the creation of the Public Affairs plan and the desirable regulatory model elements of this work.	• The CCP budget includes provision for external consultancy to support the development of the Public Affairs plan • Reallocation of budget post from elsewhere in business.	• £50k (external resource for public affairs plan)

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Workforce plan summary

- The FTE by directorate below is current approved workforce. No new resourcing requests have been made as part of this version of the plan.

- The FTE count is the snapshot taken on 31 December each year for measurement purposes.

- 2024 forecast FTE is as per the July 2024 management accounts.

- There are 21 FTC posts in Registration that are due to end during 2025, these posts are to support the DCP application backlog. However, some of these posts were recruited on a permanent contract due to attraction issues. A review of the Registration structure is taking place to develop options for reducing FTE in line with the approved budgeted provision.

Actual vs Budgeted FTE

FTE by Directorate

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63
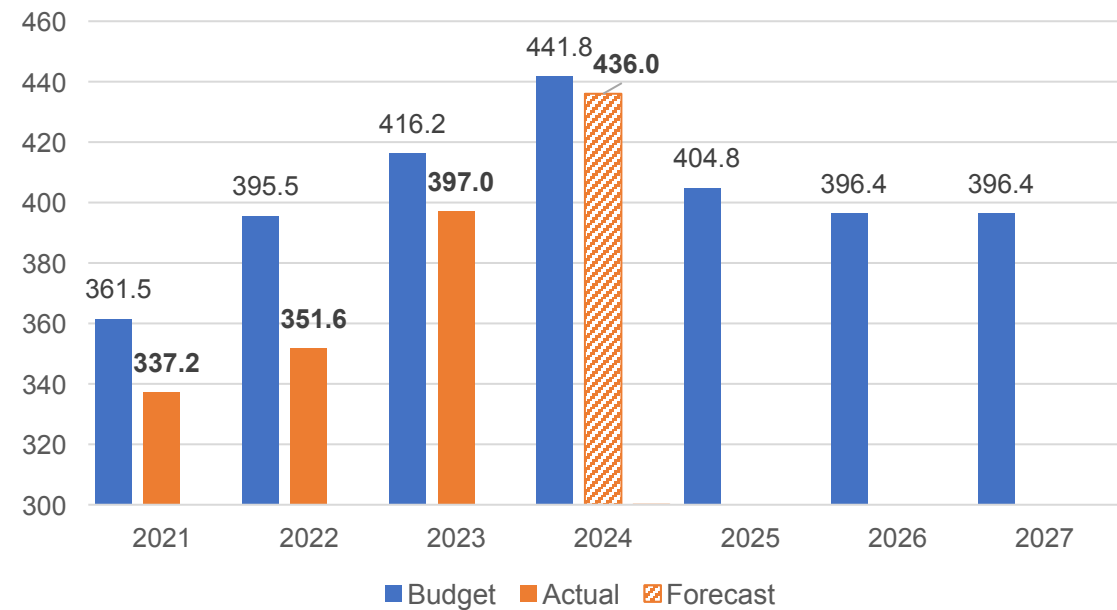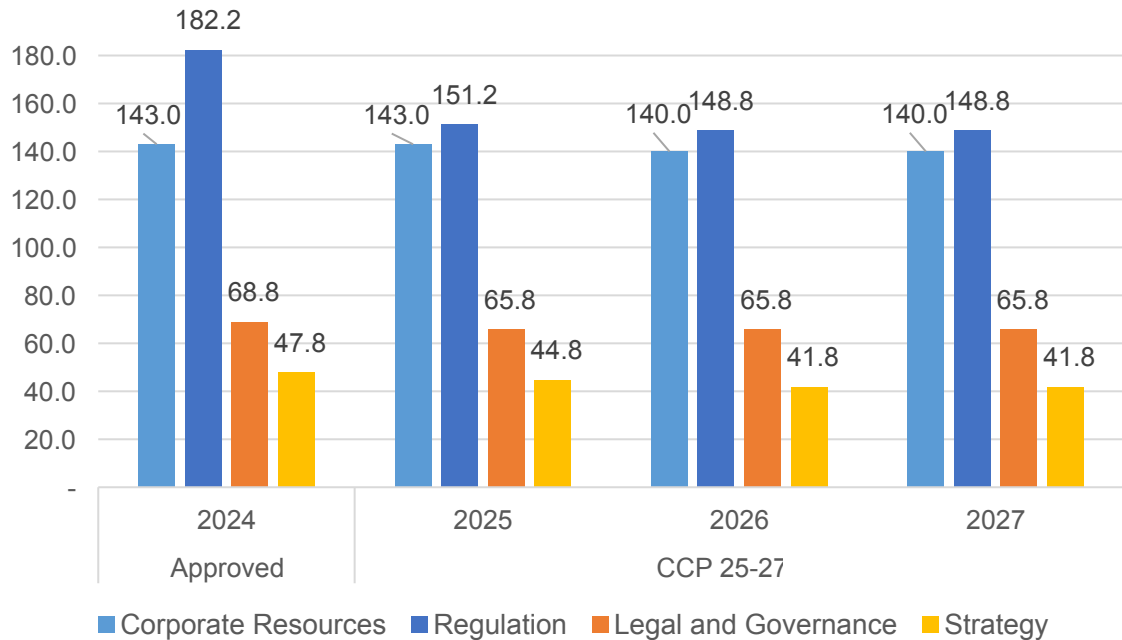
Funding the plan

Budget summary

Budget plan summary

BUDGET (£'000) 2025-27					
	BUDGET CCP 2024-26	BUDGET CCP 2025-27			VARIANCE
	Revised Apr 2024	Underlying	Planning Provisions	Efficiency Target	TOTAL	
2024	**45,491**					
2025	**46,995**	47,686	656	(306)	**48,036**	1,041
2026	**44,009**	44,729	2,029	(305)	**46,453**	2,444
2027		44,630	1,315	(214)	**45,731**	
Total	**136,495**	**137,044**	**4,000**	**(825)**	**140,219**	**3,725**

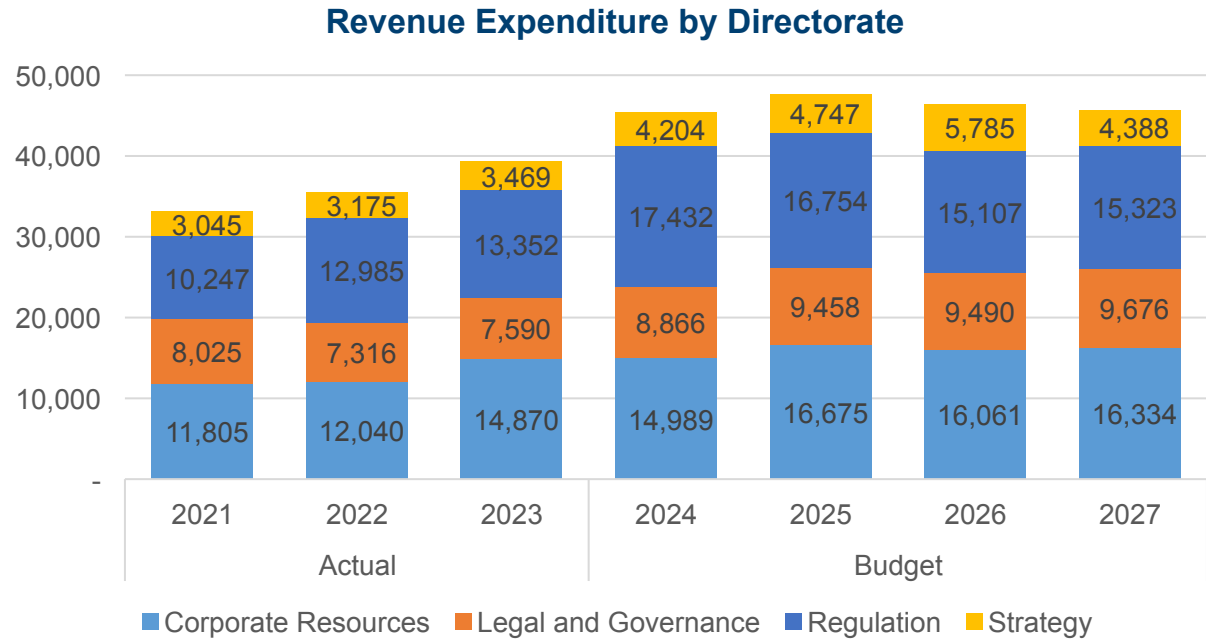| Headcount 2025-27					
	BUDGET CCP 2024-26 Revised Apr 2024	BUDGET CCP 2025-27 Round 4	VARIANCE	Planning Provisions	TOTAL with planning provisions
2024	441.8				
2025	404.8	**404.8**	0	3	**407.8**
2026	396.4	**396.4**	0	3	**399.4**
2027		**396.4**		0	**396.4**

- CCP 2025-27 Round 4 has a budget envelope of £140.2m, compared to the CCP 2024-26 plan of £136.5m this is £3.7m increase (+2.7%). This is due to the following reason:

  - +£2.4m increase in ILPS and ELPS legal fees, there is an increase in both average cost due to complexity of cases and hearing days based on current run rates.

  - +£1.8m increase in staff budget line mainly due to a reduction in attrition factor as a result of increased retention and slower staff turnover.

  - +£1.1m increase in software costs, due to current run rates in data usage and new contracting cost.

  - +£0.4m increase in the Directorates' learning and development request

  - +£0.4m increase in our investment in improving the registration process, following completion of tendering exercises.

- The increase has been offset with the following:

  - -£1.5m budgeted reduction from contract end date of 30 temporary FTC in Regulation, however this is caveated by the potential need to extend fixed term contracts by up to 6 months. (This is provided for as a risk to the plan).

  - -£0.3m reduction from the Regulation directorate restructure delivered in 2024

  - -£0.8m efficiency target

- The efficiency target is subject to specific cost savings of £0.8m over the life of the plan.

Revenue Expenditure by Directorate

Legend: Corporate Resources, Legal and Governance, Regulation, Strategy

2021 (Actual): 11,805 / 8,025 / 10,247 / 3,045
2022 (Actual): 12,040 / 7,316 / 12,985 / 3,175
2023 (Actual): 14,870 / 7,590 / 13,352 / 3,469
2024 (Budget): 14,989 / 8,866 / 17,432 / 4,204
2025 (Budget): 16,675 / 9,458 / 16,754 / 4,747
2026 (Budget): 16,061 / 9,490 / 15,107 / 5,785
2027 (Budget): 16,334 / 9,676 / 15,323 / 4,388

Corporate Resources includes the contingency budget

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Efficiency Target Savings

- Our Efficiency Target savings have been recognised in the plan in full as a negative contingency line.
- Analysis has been undertaken to identify how the savings target will be achieved in the 2025-27 plan. This has identified £894k of potential savings.
- Those flagged "unrealised" are to be yet to be fully scoped, risk impact assessed and if approved will be delivered through the CCP 2025-27 plan.

	2025	2026	2027	Realised or unrealised
	£'000	£'000	£'000	
Microsoft licencing, bolting on to wider government discounted rates (1/07/2023 - 30/06/2025)	(95)	(95)	(47)	Realised
5% Reduction in staff travel and subsistence by greater use of remote technology for attending meetings between sites	(4)	(4)	(4)	Unrealised
Move to a model of self-insuring death in service (subject to ELT consideration and business case)	(90)	(90)	(90)	Unrealised
Reduction to third part cost for internal communications reflecting investment in a more resourced internal team	(25)	(25)	(25)	Unrealised
Use of apprenticeship levy and corresponding reduction in L&D costs to be achieved	(100)	(95)	(95)	Unrealised, but 2 FTE now trialling apprenticeship route from 2024
Total	**(314)**	**(309)**	**(261)**	
Efficiency Target	**(306)**	**(305)**	**(214)**	
Surplus/(deficit) to target	**8**	**4**	**47**	

The plan is also investing is several efficiency workstreams listed below. Each of these have discovery phases completing in 2025, which will propose options for investment in activities to delivery further efficiency benefits. Further activities will be incorporated into the CCP plan once these business case options are agreed:

- Digital improvements, commencing with scoping to inform an improvements strategy and roadmap
- Financial efficiency
- Planning & monitoring efficiency
- Governance and decision-making efficiency
- People efficiency, and the effectiveness of working within our culture and values.

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Contingency budget

- Financial risks and uncertainty have been assessed to decide what should be provided for in contingency, and which risks will be drawn against reserves should they materialise.

- The level of central contingency held is limited to costs **highly likely** to be required, with the remainder managed through planning provision and risks against reserves. This enables us to ensure our plan mitigates any financial risk as part of maintaining our reserves in line with Council's policy.

- All financial risks and provisions which are included are assured by the relevant Executive Director and the ELT through the planning cycle.

The indicative contingency budgets proposed for the CCP 2025-27 plan is set out below:

Central Contingency (Executive Delegation to Spend)	2025	2026	2027	Trigger point for assessment
	£'000	£'000	£'000	
CEO General Contingency	100	100	100	Quarterly Review
Other Temporary Pay Provision (1%) – supports maternity, long term sickness, other temporary cover arrangements.	245	228	228	Quarterly Review
Enabling provision for annual pay award (included at 3.0%)	562	702	700	February
Efficiency target (2%)	(306)	(305)	(214)	
Total	**601**	**725**	**814**	

Planning Provision Contingency (Council Delegation to Spend)	2025	2026	2027	Trigger point for assessment
	£'000	£'000	£'000	
Business cases yet to be approved provisioned as a risk (details on slide 47)	656	2,029	1,315	As and when required
Total	**656**	**2,029**	**1,315**	

Budget Planning Provisions

These are planning provisions for expenditure highly likely to be required.

Business cases pending approval	Planning provision £'000
Rebuild of the GDC websites. Proposed CCP project for 2025-27, subject to development of a full business case and resourcing considerations discussion. Website scheduled for scoping in 2025 and delivery in 2026. This provision currently includes full budget costs for any resourcing requirements, implementation, migration, software licencing and hosting costs. Full scoping will be required to assess options for delivery, including the appropriate mix of internal and external resource provisions.	1,450

Following the increase in Case Examiner Resourcing within 2024 to progress the FtP backlog, this provision is required to meet the increased demands on legal:
    o 2 x 18mth Advisory Lawyers
    o 1 x 18mth Senior Advisory Lawyer
 	
Business case phase 1 was approved, and predicted ILAS additional resources included for phase 2. This will not be enacted for formal approval until demand triggers our need to respond (anticipated to be in Q4 2024)
	366

Pay Awards for 2026 and 2027, included as a provision 3% for each year.	1,814
Total Reward – Phase 4 Business Case (ELT to approve, and costs to be included before finalising the plan) Third-party support to deliver – Development of proposals delivered under phase 3, socialisation of the agreed proposal across the GDC, refreshing of all cost modelling, implementation support (to assimilate roles into new structure, support and train People Services Team on job evaluation and provision of relevant guidance and training line managers.)	150
Replacement Intranet, to support internal engagement and the Develop our People and culture priority. Implement a single digital shop window for everything colleagues need to do their job, understand where they work, enhance colleague experience and feel part of the GDC community, wherever they work, whatever role they do. Business case includes £100k implementation costs for a SaaS solution, and annual licencing charges of £40k p.a.	220
Total provisioned as contingent spend	**4,000**

Capital budget

- Required capital investment for the three-year plan is based on planned asset renewal, emergency replacement of plant and equipment and any known project related capital investment.

- The Council actively considers capital investment against options such as Software as a Service and leasing arrangements to ensure the most appropriate decision is taken.

- All capital investment is subject to internal business case approval and is procured in line with the Council Procurement Policy.

- Capital expenditure is reflected through depreciation budgets over useful economic life of the asset. It is the depreciation charge of any capital investment that is reflected in the level of ARF.

- Throughout the planning process we assure the capital plan to ensure that it delivers the requirements of the Council.

The capital budget proposed for the CCP 2025-27 plan is set out below:

Description of Capital Expenditure	Cost Service	2024 Bud £'000	2024 Fcst £'000	2025 £'000	2026 £'000	2027 £'000	2025-27 Capital Budget £'000
Rolling IT infrastructure upgrade	IT	250	436	75	75	-	150
Desktop hardware refresh programme	IT	200	200	50	50	100	200
Printer upgrades	IT	30	-	20	-	-	20
iPad Refresh	IT	20	21	30	30	30	90
iPhone Refresh	IT	-	5	25	-	-	25
Meeting room Tech improvements	IT	-	-	10	10	10	30
Unplanned plant replacement (WS) provision	Facilities	50	-	35	35	35	105
Furniture replacement provision	Facilities	50	20	25	25	25	75
Internal decorations and refresh	Facilities	20	-	20	20	20	60
Empanelment software	FtP	100	-	-	100	-	100
Total		**720**	**682**	**290**	**345**	**220**	**855**

High level budget assumptions/considerations

Inflation – summary of current forecast data

Current CPI forecasts (BoE Aug 2024 Monetary Report)	2024	2025	2026	2027
	Q3 Projection	Q3 Projection	Q3 Projection	Q3 Projection
BoE projection (modal average)	2.3%	2.4%	1.7%	1.5%
CPI Inflation (Average of other forecaster's central projections)	2.0%	2.3%	2.1%	2.1%
CPI Inflation other forecasters distribution where (X) signifies probability distribution for range.	<0% (3) 0 – 1% (4) 1-1.5% (7) 1.5-2% (14) 2-2.5% (26) 2.5-3% (22) >3 % (25)	<0% (3) 0 – 1% (5) 1-1.5% (12) 1.5-2% (19) 2-2.5% (23) 2.5-3% (23) >3 % (15)	<0% (2) 0 – 1% (7) 1-1.5% (15) 1.5-2% (22) 2-2.5% (22) 2.5-3% (18) >3 % (13)	<0% (2) 0 – 1% (7) 1-1.5% (13) 1.5-2% (21) 2-2.5% (24) 2.5-3% (20) >3 % (12)

Current CPI forecasts – other forecasters	2024	2025	2026	2027
	Annual	Annual	Annual	Annual
Office for Budget Responsibility (Aug 2024)	2.5%	1.5%	1.6%	1.9%
HMT – Independent Forecasters Average (Aug 2024)	2.5%	2.2%	2.1%	2.3%

Current RPI forecasts – other forecasters	2024	2025	2026	2027
	Annual	Annual	Annual	Annual
Office for Budget Responsibility (Aug 2024)	3.1%	2.0%	2.5%	3.0%
HMT – Independent Forecasters Average (Aug 2024)	3.5%	2.7%	2.8%	3.3%

High level budget assumptions/considerations

Inflation – financial risk provision and sensitivity analysis based on current economic forecasts

- The financial risk for inflationary impact has been included at £1.1m in this budget plan, based on the average central forecast predictions.

- The below table indicates the level of GDC control over cost increases and potential financial impact across various sensitivity levels.

Cost expenditure area	Degree of GDC control	Sensitivity - 1% £'000	Sensitivity - 0.5% £'000	Risk Average Forecast £'000	Sensitivity + 1% £'000	Sensitivity + 2% £'000	Sensitivity + 3% £'000	Sensitivity + 4% £'000	Sensitivity + 5% £'000
Committee and Council meeting expenses	High	116	116	117	118	119	120	122	123
Legal and other professional fees	Med	546	548	551	557	562	568	573	579
Other staff costs	High	120	120	121	122	123	125	126	127
Communications Publications	Low	49	49	50	50	51	51	52	52
IT support & maintenance	Low	159	160	161	162	164	166	167	169
Accommodation and other operating expenses	Low	169	170	171	173	175	176	178	180
TOTAL		**1,159**	**1,163**	**1,171**	**1,182**	**1,194**	**1,206**	**1,217**	**1,230**

NB. The sensitivity analysis modelling is subject to rounding implications and will generate non-symmetric figures.

Income Budget

Income Summary	Expected		2025 budget target (£)	2026 budget target (£)	2027 budget target (£)
	People	Income	Income	Income	Income
Dentist ARF Collection	45,157	28,042,497	28,042,497	28,379,007	28,719,555
Specialist List ARF Collection	4,320	311,040	311,040	312,624	314,208
Prior Period DCP ARF Collection*	75,751	7,272,096	4,239,632	4,386,436	4,465,392
In-Year Period DCP ARF Collection*	78,374	7,523,904	3,137,468	3,193,942	3,251,433
New Dentist Registrations	1,984	616,860	616,860	623,795	630,729
Prior Period New DCP Registrations	4,047	130,608	241,264	273,136	275,664
In-Year Period New DCP Registrations	2,523	202,496	61,208	61,776	62,344
Dentist Restorations	262	115,454	115,454	116,075	116,696
Prior Period New DCP Restorations	698	22,392	52,296	52,520	53,024
In-Year Period New DCP Restorations	534	42,528	12,624	12,744	12,864
Specialist List and TR	285	131,997	131,997	131,997	131,997
Dentist Application Fees	2,339	161,118	161,118	162,649	164,180
DCP Application Fees	8,150	515,138	515,138	517,899	520,660
ORE Application fee	3080	295,680	295,680	298,656	301,632
ORE Part 1	1200	700,800	700,800	700,800	700,800
ORE Part 2	576	2,439,360	2,439,360	2,439,360	2,439,360
Interest from investments		831,250	831,250	332,500	166,250
Total GDC Income Budget target			**41,905,686**	**41,995,916**	**42,326,788**

Notes:
- Registration income updates were completed in August 2024, using a mix of techniques between historical trend analysis and management consideration of the external operating environment.

- The 2025 register is predicted to have around a 2.17% general growth for Dentists and 3.27% general growth for DCPs. We then expect 2026 and 2027 to be in line with the average historical growth of the register – Dentists at 1.2% and DCPs at 1.8%.

- The expected 'People' column sets out the number of registrants/applicants forecast for each income stream, with 'Income' being the funding this would raise.

- ORE income is modelled as per the budget provision of two Part 1 sittings and four Part 2 sittings. An ORE application fee of £96 has been implemented from March 2024, as part of making the ORE function cost neutral.

- We are obliged under current accounting standards to allocate income to the period to which it relates. The budget target columns takes into account the allocation of income where it falls across 2 financial years.

- The projected volumes in registrant numbers have been modelled in our assessment of liquidity and free reserves.

- Income interest on cash have now been included, recent changes to base/interest rate increases has led to an increase in interest income.

- ARF income has been modelled at £621 for Dentists and £96 for DCP for the whole CCP 2025-27 envelope.

*DCP income Split = 41.7% (Aug -Dec) of 2025/26 ARF Collection & 58.3% (Jan-Jul) of actual collected income of 2024/25 ARF Collection

General Dental Council

Financial risks & opportunities

Budget plan – financial risks

Risks	Total financial exposure £'000	I	L	Risk weight %	Weighted financial risk £'000
Loss on financial investments over life of the plan (sustained at 10% drop from current valuation)	1,756	5	1	0%	-
Inflationary pressure provision	1,171	5	5	100%	1,171
Contractual review risk where risk arises from <u>historical</u> inflationary pressure: • Payment gateway (credit/debit card transactions) which may see an increase in contractual costs • Increase to ELPS third party contractual rates following re-procurement, awaiting contract approval	150 720	3 5	3 5	50% 100%	75 720
Total Reward Project - additional 2% provision of potential salary increases carried forward from 2024.	1,255	5	3	50%	628
Change in split between remote and in person hearings (80%/20% currently). Risk based on a potential increase to number of in person hearings granted by panels of 40% as the GDC do not control this, and the increase in associates' travel expenditure budgets.	150	3	1	0%	-
Implementation of new Welsh Language Standards due to the scope of work required is yet to be fully determined for potential of external support.	100	3	4	75%	75
CPD appeals approximately 80 additional Hearing days per year. Risk relates to increase panel/Associate fees and legal support costs. Proposed mitigation is greater use of wasted days and resourcing already available to the GDC	540	5	3	50%	270
Exceptional FtP cases received during the planning period	500	5	4	75%	375
Increased legal costs if current ILPS caseload increases from 10 to 19 cases per month; and ELPS caseload increases from 3 to 5 cases per month based on increased actual referral rates. (3 x18mth FTC in ILPS £523k – rest of total risk relate to increased Counsel costs)	4,436	5	2	25%	1,109
Attrition rate budgeted at 8.1% based on current run rates. Risk of rate moving to pre-pandemic GDC average of 7%, but could move as high as 9.5% the rate observed in FY23. Risk is based on the net risk/opportunity.	769	5	3	50%	385
Remedial substation enhancement works required for unplanned maintenance costs for Wimpole Street.	450	4	3	50%	225
Provision for premise dilapidations (Colmore Square). 20k sqft at £15/sqft, CS 10 years.	300	4	2	25%	75
Remedial replacement of heating and cooling system at Wimpole Street.	360	4	4	75%	270
First Registration income risk 2%, risk identified to growth rate due to political uncertainties and uncertainty over supply of overseas qualified workers.	111	2	1	0%	-
Subtotal financial risk					**5,378**

I = Impact, L = Likelihood   Risks may be carried at 100% likelihood when expenditure is assessed as unavoidable, but costs cannot yet be fully quantified and/or Outline Business Case has not yet been developed.

Budget plan – financial risks

Risks	Total financial exposure £'000	I	L	Risk weight %	Weighted financial risk £'000
				Carried forward	**5,378**
ARF Income risk in years 2 and 3, if Dentist and DCP growth returned to the longer-term trend of 0.94% and 1.1% respectively annual growth.	519	4	3	25%	**130**
Associates' development, resourcing costs if existing team requires additional access to specialist capability for 6 months. Provision relates to additional temporary contingent labour costs.	170	3	5	100%	**170**
Historical liability in relation to the Somerville v NMC judgement if it applied to a change worker status for the GDC's historical Associate Contracts.	853	5	2	25%	**213**
Associate entitlement to holiday pay from 1 April 2024 in line with the change in law (Working Time Directive) (12.08% on forecasted fees payable). 2024 entitlement will be adjusted for in the 2024 financial forecast from 1 April 2024.	767	5	5	100%	**767**
Extension of Registration caseworkers to support backlog of registration applications, if it takes longer than set out in business case - 6 months Additional 15 FTE for further 6 months.	329	4	4	75%	**247**
Internal Staff Engagement and Leadership Development	100	2	3	50%	**50**
3rd party review of IT systems and their recommendations for best practise/compliance. Reviews to include infrastructure, security, CRM, and digital transformation	500	5	5	100%	**500**
Support the cultural change priority, incorporating the use of consultants, facilitators, delivery budget for embedding and any necessary evaluation work.	300	4	3	50%	**150**
Requirement for professional services support to complete a Data Maturity Assessment (DMA)	80	2	3	50%	**40**
Financial and operational efficiency management. Pending discovery and business case for a new contract management system software; workforce development/resource demand software, third party delegations platform	500	5	5	100%	**500**
Third Party resource for External Comms & Engagement team and Policy team to support the creation of the Public Affairs plan	50	1	5	100%	**50**
Total financial risk					**8,195**

I = Impact, **L** = Likelihood   Risks may be carried at 100% likelihood when expenditure is assessed as unavoidable, but costs cannot yet be fully quantified and/or Outline Business Case has not yet been developed

Budget plan – opportunities

Opportunities	Total potential opportunity £'000	I	L	Opportunity weight %	Weighted financial opportunity £'000
Estates rationalisation of Wimpole Street, potential marriage value of £4.9m, Capital Gains Tax of 20% will apply and potential for GDC to benefit by 25%. Working assumption is the cost of any new premises fit out would be met by running cost savings over the first 3 years of a new lease arrangement and no financial risk is included to this plan on this basis.	3,920	3	2	25%	980
Opportunity for reduction in cost through a review of key operating contracts	1,500	5	2	25%	375
Legal - potential decrease to witness expenses should the default position be that hearings are remote.	80	2	3	50%	40
Delivering user friendly online Registration application & CPD services (*rename of Manage GDC Registration programme*), reduction in reliance on third-party provider support contract to manage notices of removals and ARF reminders.	573	5	3	50%	287
Removal of sending physical Annual Practising Certificate to Registrants each renewal and the subsequent savings from the reduced work our third-party provider complete on our behalf.	475	4	3	50%	238
Increased remote hearings leading to a reduction in Associates' expenses and witness attendance costs. Budgeted 81% remote, however current run rate is 84%	68	2	3	50%	34
Increase in ARF Income in years 2 and 3, if Dentist and DCP recent hight growth continues of 2.17% and 3.3% respectively.	1,020	5	3	50%	510
Pay Provision 1% in years 2 and years 3	605	5	3	50%	303
Total financial opportunities					**2,767**

I = Impact, **L** = Likelihood
Any financial opportunities identified that are assessed as highly likely, have been immediately realised in the budget plan

# Reserves and liquidity

Free reserves

	£k
General Reserves at 31 December 2023	46,931
Reserves committed to fixed assets	(14,100)
Free reserves at 31 December 2023	**32,831**
Pensions buy-out reserve (2 years at Council's agreed £600k p.a.)	(1,200)
Reserved for invest to save opportunities	(2,650)
Provisional Registration (£1.46m provided for at 50%)	(730)
Capital investment 2024-27	(1,537)
Depreciation 2024-27	3,249
Over (under) recovery of income against expenditure plan 2024-27*	(12,970)
Movement over planning period	(15,838)
Forecast free reserves at 31 December 2027	***16,993***
Free reserves expressed as number of months of current annual operating expenditure	**4.5**
In consideration of financial risks:	**£k**
Current assessment of financial risks	(8,195)
Current assessment of financial opportunities	2,767
Total financial risk 2024-27	**(5,428)**
Free reserves as adjusted for financial risk	**11,565**
Adjusted free reserves expressed as number of months of annual operating expenditure	**3.0**
Target level of free reserves, expressed as number of months of current annual operating expenditure	**3.0**

Reserves review assumptions:

- Forecast free reserves, as adjusted for any amendments in budget and changes in financial is forecast to be **£11.6m**. This is the equivalent of **3.0 months** of annual operating expenditure at the end of 2027.

- This is compliant with our Reserves Policy (2.5 - 4.5 months) and in line with the current reserves target of 3.0 months.

- This plan now includes our income forecasting, which incorporates recent growth in registers and likely register growth across the life of the plan. This represents an increase of anticipate income of £0.7m, 0.2 months of reserves.

- Income from cash interest is included, this is £1.3m over the CCP and representing an increase of 0.3 months of reserves.

- The move to make ORE a cost neutral function has also increased income by £2.4m, 0.6 months of reserves. An ORE application fee was introduced from March 2024, and exam fees are due to be implemented from 1st January 2025.

- ARF fees have been retained at the current level of £621 and £96 for dentists and DCP for this assessment. This provides the impact of a steady ARF level across the CCP 2025-27 planning period.

- The current level of ARF remains prudent for 2025, as per Council's commitment in October 2024 to retain the fee level for the remainder of the current strategic period (2023-2025).

- Further work is being completed to ensure that the ARF levels remain sustainable for registrants in the medium term, avoiding any shock, as part of our focus on organisational financial and operational efficiency.

- An invest to save reserve has been created, benefiting from the change in reserves policy, to enable transformational activities across the life of the plan that can demonstrate medium to long term financial efficiencies for the Council.

Whilst this figure is based on our latest forecast income and expenditure position, it remains subject to any changes in our final 2024 outturn. A movement of c. £2.0m would result in a 0.5-month adjustment in forecast free reserves.
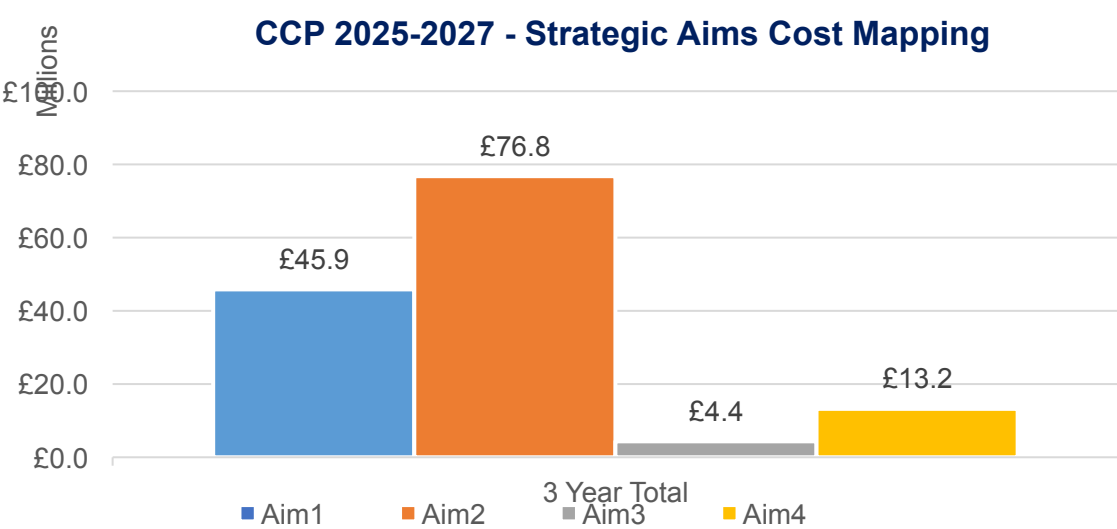
CCP 2025-27 cashflow forecast
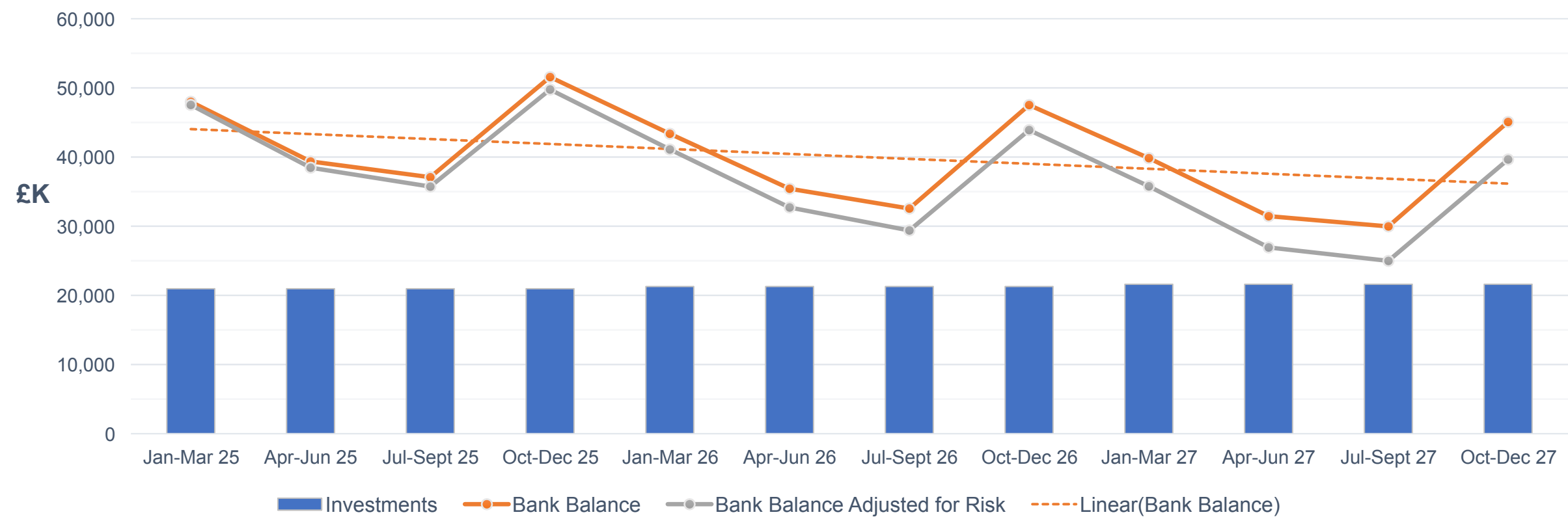
Key points:

- The forecast cash flow remains subject to approval of the budget.
- Forecast CPI has been applied to investment asset valuations.
- ARF assumed to be held at the reduced fee level of 2024 throughout 2025-27.
- An adjustment tracking if all financial risk was to materialise (on a linear basis) has been added for illustration purposes.
- Working on the above assumption and that the register growth is sustained between 1-2%, we would have the lowest risk adjusted cash balance between July to September 2027 of £25.0m

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Corporate Strategy 2025-27 Draft - Strategic Aim Costings

Strategic aim costings

CCP 2025-2027 - Strategic Aims Cost Mapping

(bar chart values: Aim1 £45.9, Aim2 £76.8, Aim3 £4.4, Aim4 £13.2 — 3 Year Total)

2023-25 Strategic Aims

Strategic aim 1: Dental professionals reach and maintain high standards of safe and effective dental care

Strategic aim 2: Concerns are addressed effectively and proportionately to protect the public

Strategic aim 3: Partnership working addresses sector challenges impacting on public safety and wellbeing

Strategic aim 4: Dental professional regulation adapts to the changing external environment

Strategic Aim	Strategic Aims – Detail	2025 £k	2026 £k	2027 £k	3 year costs £k	CCP 3 Year Percentage
1	Dental professionals reach and maintain high standards of safe and effective dental care	15.6	15.8	14.5	45.9	33%
2	Concerns are addressed effectively and proportionately to protect the public	26.1	25.1	25.5	76.8	55%
3	Partnership working addresses sector challenges impacting on public safety and wellbeing	1.7	1.3	1.3	4.4	3%
4	Dental professional regulation adapts to the changing external environment	4.6	4.2	4.4	13.2	9%
	TOTAL	**48.0**	**46.5**	**45.7**	**140.2**	

CCP 2025-27 budget has been mapped to the strategic aims in the 2023-25 Corporate Strategy.

General Dental Council

CCP 2025-2027 Final Draft Version
Appendix 2 – Portfolio Plan

Council 25 October 2024

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Priority	Develop our Strategic ambition and vision

BAU focused activity	Priority	Lead	Timescale
Develop our Strategic ambition and vision • Development of a new 3-year strategy for 2026-28. • This will articulate Council's ambitions in relation to EDI.	Must	Executive Leadership Team (ELT)	Q2 2023 – Q3 2025

Deliverables	Strategic / Operational Risk Alignment
• Staff and external engagement is in development during 2024 • Review and align performance framework and CCP 2025-27 - Q2 2025 – Q4 2025 • Consultation May 2025 • Consultation outcome and approval Q4 2025 • Launch and engagement Q4 2025 – Q1 2026	**Strategic / Operational Risk Alignment** SRR 1 – Inability to scale responses suitably or quickly enough to respond to changes in the internal or external environment - The strategic planning of aims & objectives supports our ability to plan via the CCP the resources and prioritisation principles to respond to changes in the internal or external environment.

Priority	Strengthen education quality assurance

BAU focused activity		Priority	Lead	Timescale
Enhancing Quality Assurance activity including thematic reviews, inspections, monitoring and capture learning to enable continuous improvement		Must	Education & Quality Assurance	Ongoing

Deliverables 2024 / ongoing
- Learning from stakeholder feedback of monitoring and inspection processes - ongoing
- Recruit, train and develop education associates – ongoing (next development day is October 2024)
- Annual review of education – annually in Q3/4.
- Provide additional external communications and engagement to explain the GDC's role and responsibilities within quality assurance inspections more effectively - ongoing

Deliverables 2025-27
- Implement revised standards for education (Q4 2025-Q4 2026)
- Implement new learning outcomes – this has commenced and will complete by September 2030.
- Thematic review of dental nursing (this has started, due to complete Q3 2025)
- Develop quality assurance process for quality assurance of specialty training (this has already started, due to complete Q3 2025)
- Implement quality assurance process for specialty training Q3 2025
- Thematic review in dental technology – Start Jan 2025, complete Q3 2026 (we are drawing together the internal PID shortly).
- Development of quality assurance process specialty curricula Q3 2024- Q2 2026
- Implementation of quality assurance process of specialty curricula - commence Q3 2026

Strategic / Operational Risk Alignment
SRR 5 - Failure to deliver efficient and effective regulatory functions

EDU 5 - Insufficient expertise within the Education & Quality Assurance team to fulfil requirements in Specialty Quality Assurance

EDU 7 - The transition to new learning outcomes results in an unsustainable demand on the Education & Quality Assurance team and resource

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Priority	Timely and quality decision making in Registration

BAU focused activity		Priority	Lead	Timescale
Core BAU focus in Registration to reduce application backlogs and active processing time for UK and Overseas applicants, and for Specialist List Assessed Applications		Must	Registration	Ongoing

Targets	Strategic / Operational Risk Alignment
• Continue to maintain sustainable volumes and timeliness across all UK application routes as this is currently achieved. • Achieve target of timeliness in Overseas DCP Assessment and Overseas DCP Additional titles by Q3 2025 (as per business case resource) and maintain this following. • Reduce caseload in Overseas DCP Assessment and Overseas DCP Additional titles to unworked applications being below 500 by end 2024 (this is limited by the number of assessment slots available) • Reduce caseload in Overseas DCP Assessment and Overseas DCP Additional titles to new cases only by end 2025 and maintain as a sustainable caseload.	SRR 5 - Failure to deliver efficient and effective regulatory functions REG 3 – Significant delays in processing DCP applications REG 9 – Unable to process UK registration applications in a timely manner REG 14 – Significant delays in processing ORE applications

Project activity		Priority	Lead	Timescale
Specialist list assessed applications		Must	Strategy – Upstream Regulation	Q3 2022 – Q2 2025

Deliverables 2024	Deliverables 2025-27	Strategic / Operational Risk Alignment
• Development of a plan and implementation for bringing assessed applications in house. (complete) • Specialist assessed applications restarted (directly administered by the GDC) following the pause by the Specialist Advisory Committees and Royal Colleges. (complete) • Pilot of specialist assessors providing assistance to the appeals panel once assessed applications restart. (complete) • Ensuring this process becomes part of normal BAU operations (complete)	• Develop and enact revised regulations governing the appeals process to place limitations on consideration of additional evidence at appeal. • Develop and enact revised regulations to amend the routes to application. • Implement regulations in registration operations.	SRR 5 - Failure to deliver efficient and effective regulatory functions

Priority	Enable efficient overseas application routes

Project activity	Priority	Lead	Timescale
Revised international registration processes • Develop a comprehensive framework of routes to registration for professionals who have qualified overseas, while maintaining the standards that protect the public.	Must	Strategy – Public Policy / Registration	Q1 2020 – Q4 2025

Deliverables	Strategic / Operational Risk Alignment
• Continue further implementation of operational changes following the UK's exit from the EU from 1 January 2020. • Explore additional capacity of Overseas Registration Exam (ORE) and target cost neutrality of the ORE. • Enhance understanding of demand and impact of changes to exam structures via statistical modelling. • Determine feasibility/desirability of further changes to the ORE, based on statistical modelling and evidence/intelligence • Explore further development of ORE Rules. • Determine appropriate models of assessment for professionals in respect of: Clinical competence, Professionalism and English language • Develop a coherent and evidence-based framework including potentially Provisional Registration. Development of which will be run as a separate project if it proceeds.	SRR 5 - Failure to deliver efficient and effective regulatory functions SRR 3 – The GDC is seen as an obstacle in the supply of NHS dentists REG 3 - Significant delays in processing overseas DCP applications REG 8 - GDC is unable to run the ORE REG 14 - Significant delays in processing ORE applications

Project activity	Priority	Lead	Timescale
ORE Part 1 & 2 Tenders & Mobilisation • Engagement and procurement activities of new ORE Part 1 and Part 2 provider contracts.	Must	Registration	Q1 2023 – Q4 2025

Deliverables 2024	Deliverables 2025-27	Strategic / Operational Risk Alignment
• Procurement of supplier of ORE parts 1 & 2 • Timetable for 2025 exams and ensure providers in place	• Delivery of new contracts in Q1 2025 • Embedding new services in 2025.	SRR 5 - Failure to deliver efficient and effective regulatory functions SRR 3 - The GDC is seen as an obstacle in the supply of NHS dentists REG 8 - GDC is unable to run the ORE REG 14 - Significant delays in processing ORE applications

Project activity	Priority	Lead	Timescale
Provisional registration	Must	Policy / Registration	TBC

Deliverables	Strategic / Operational Risk Alignment
• TBC dependent on legislation, there will be a Policy development stage project and an operationalisation stage project	POL 8 - Failure to develop and implement a Provisional Registration framework in a timely and effective manner

Priority	Improving the Regulatory Framework

Project activity	Priority	Lead	Timescale
Regulating modern dentistry - **Discovery phase to determine project scope and timescales** • Response to rapid dentistry changes, and consumer demand in order consider our regulatory approach to; remote care, non-dental cosmetic treatments (injectables), cosmetic dentistry – where work is not clinically necessary	Should	Public Policy	Discovery phase Q3 2024 – Q1 2025
Deliverables • Discovery work by Policy to begin Q3 2024 and then will scope proposal for project roadmap, to then initiate the full project in 2025 (date TBC). • The discovery will review information to date, perform stakeholder review to understand issues and gaps analysis	**Strategic / Operational Risk Alignment** SRR 5 - Failure to deliver efficient and effective regulatory functions		

Project activity	Priority	Lead	Timescale
FtP decision making guidance • Prioritised review and update of FTP decision making guidance. • Consultation and publishing of FTP decision making guidance. • Develop and implement a process for ongoing review and maintenance of policy/guidance	Should	Right touch regulation	Q3 2019 - Q4 2025

Deliverables 2024	Deliverables 2025-27	Strategic / Operational Risk Alignment
• First review of GDC's FTP decision making guidance - including external and internal facing guidance. • Ensure, when required, updated guidance is consulted upon	• Analysis of common 'blocks of test' across guidance and investigate an IT solutions for such facilities. • Develop and implement a change request process and procedure for future updating and the development of any new guidance. • Create a management record for references, hyperlinks contained within the guidance to improve ability to update when required.	SRR 5 - Failure to deliver efficient and effective regulatory functions POL 7 - Poor decisions are made as a result of out-of-date FtP decision making guidance. FTP 6 - Case timeliness does not improve in line with desired and agreed timeframes FTP 12 - Failure to reduce the overall caseload to a sustainable level

BAU activity	Strategic/Operational Risks	Priority	Lead	Timescale
Regular reviews and updates of guidance, statements and advice to ensure relevance.	SRR 5 - Failure to deliver efficient and effective regulatory functions	Must	Public Policy	Ongoing

Priority	Improving the Regulatory Framework

Project activity		Priority	Lead	Timescale
Improving Communications and Support in FtP • Ensure effective support for dental professionals that also meets the expectations of patients and the public.		Should	Fitness to Practise	Q4 2023 – Q4 2025

Deliverables	Strategic / Operational Risk Alignment
(i) Improving the understanding of the GDC's Fitness to Practise procedures for registrants, informants and witnesses: • By end 2025 we will have identified what material requires updating, what material should be removed and what material is missing and cost of creating new materials across formats. (ii) Improving practical support for registrants, informants and witnesses through our regulatory procedures: • By mid-2025, assess current training for Legal Advisers and panellists on vulnerable witnesses and by end 2025 to make training changes. • By end 2025 assess viability, cost and benefits of utilising volunteers to support participants in regulatory proceedings. • By mid 2025 review role of Participant Support Officer and assess whether there is a need to expand role / increase number of roles (within existing FTE within Regulation Directorate) (iii) A helpline for registrants: Working with other regulatory bodies, we will assess the appropriateness and feasibility of establishing a helpline (or other tools) for registrants who are subject to fitness to practise proceedings. • By end 2025 assess feasibility/cost/benefit of establishing a helpline for registrants re process (not legal advice) (iv) Improving internal guidance and training for colleagues outside of FtP (v) A learning programme for senior leaders and all staff involved in FtP • By end 2025, deliver training to Customer Services, DCS, FtP, DPHS, Legal Presentation Services, In-House Legal Advisory Service and senior leadership to increase awareness of mental health issues in the context of regulatory proceedings. • By end 2025, working with Learning & Development team, identify appropriate resilience training for staff dealing with participants in regulatory proceedings who have significant mental health issues.	SRR 5 - Failure to deliver efficient and effective regulatory functions FTP 6 - Case timeliness does not improve in line with desired and agreed timeframe FTP 12 - Failure to reduce the overall caseload to a sustainable level DCS 2 - Unable to sustain current performance within the DCS

BAU activity		Priority	Lead	Timescale
Case Management – Procedural improvements • Review existing case managements procedures in In-House Legal Advisory Service, Legal Presentation Services and DPHS, identify areas for improvement, conduct feasibility analysis and implement changes where feasible and productive to delivery, e.g. potential use of legally qualified chairs; use of agreed facts as standard procedure, streaming cases for listing with corresponding KPI's, clarifying roles and responsibilities between teams for delivery.		Should	Fitness to Practise & In-House Legal Advisory Services	Ongoing

Deliverables 2024	Deliverables 2025-27	Strategic / Operational Risk Alignment
• Scoping analysis	• Recommendations for ongoing improvements for approvals. • Implementation and embedding iterative improvements. • Monitoring Registrant wellbeing approaches throughout FtP.	SRR 5 - Failure to deliver efficient and effective regulatory functions

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Priority	Sustain & Promote Professional Standards

Project activity	Priority	Lead	Timescale

Principles of professionalism
• Undertaking research to understand the nature of Professionalism in Dentistry using evidence in relation to the themes of risk, sector, proportionality, and inclusion.
  • Production of the high-level principles and underpinning guidance framework.
  • Consulting on principles and framework in Q1 2025
  • Post-consultation – development of extensive supporting materials to illustrate principles and enable effective use of the framework – this work is unlikely to be required until early 2026, but development of materials may require additional resource.
	Must	Upstream Regulation	Q3 2019 – Q1 2026

Deliverables
• Those identified to date are:
  • Engagement with registrants takes place that promotes discussion about the research findings and professionalism generally, and the GDC facilitates discussions between registrants and the public and dental patients on the development of principles of professionalism.
  • Our improved understanding of patient expectations and standards is communicated clearly to registrants.
  • Good quality research is undertaken that advances our understanding of public/patient expectations and the barriers to and enablers of professional practice.
  • Creating and publishing a framework model alongside supporting materials to guide and inform registrants' decision-making, and to be underpinned by professional judgement in the best interests of patients.
  • Revising the standards and guidance around scope of practice (amongst other guidance - such as Reporting matters to the GDC and Indemnity) to ensure this is providing a less prescriptive guide.
	Strategic / Operational Risk Alignment
	SRR 5 - Failure to deliver efficient and effective regulatory functions		

BAU activity	Strategic/Operational Risks	Priority	Lead	Timescale
Regular reviews of learning from professionalism and FtP cases used to inform further plans to sustain and promote professionalism standards	SRR 5 - Failure to deliver efficient and effective regulatory functions	Must	Policy & Research	Ongoing

Priority	Sustain & Promote Professional Standards

Project activity	Priority	Lead	Timescale
Outcome-focused model for lifelong learning • Research to evaluate the current CPD scheme, consider changes to CPD practice. • Draft model with external stakeholders and develop proposals for consultation.	Should	Upstream regulation	Q3 2021 – Q4 2025

Deliverables 2024	Deliverables 2025-27	Strategic / Operational Risk Alignment
Deliverables 2024 • Evaluation of the GDC's current ECPD scheme • Development of proposed changes to the GDC's current ECPD scheme • Undertake a workshop to discuss proposed changes to the ECPD scheme with stakeholders.	**Deliverables 2025-27** • Final proposals for change the GDC's ECPD scheme for ELT/Council consideration and approval.	**Strategic / Operational Risk Alignment** SRR 5 - Failure to deliver efficient and effective regulatory functions

Project activity	Priority	Lead	Timescale
Revise the Standards for Education • The standards are the regulatory tool used by the GDC to ensure that a programme of education/training is fit for purpose. Proposed changes to the Standards for Education will be consulted on and approved prior to implementation.	Must	Education QA	Q2 2023 – Q1 2026

Deliverables 2024	Deliverables 2025-27	Strategic / Operational Risk Alignment
Deliverables 2024 • Planning and scoping workshops to be conducted with internal stakeholders to gauge GDC's appetite on proposed aspects that revised Standards for Education should include.	**Deliverables 2025-27** • Engage and consult with education associates, education providers and other relevant stakeholders. • Review GDC's previous research and regulatory intelligence for additional insights for inclusion in the revised Standard for Education. • Engage with other regulators and learn from their experiences and expertise. • Discuss and gain direction from Council on potential areas to include in the revised standards for education. • Provide update on information gathered from stakeholder engagement and consultation with ELT and Council. • ELT and Council approval of the revised Standards for Education by 2025.	**Strategic / Operational Risk Alignment** SRR 5 - Failure to deliver efficient and effective regulatory functions

Priority	Sustain & Promote Professional Standards

Project activity	Priority	Lead	Timescale
Addressing sexual misconduct in the context of professionalism Rapid research work underway which will be reporting in November. Following this a discovery phase to develop scope and option will be required.	Should	Public Policy	TBC

Deliverables	Strategic / Operational Risk Alignment
Deliverables • Sexual harassment/assault is widespread in society and in workplaces and is underreported and often not properly investigated/dealt with. Investigating all forms of misconduct cases is within our core remit in Fitness to Practise. FtP panels have also made some questionable decisions in this area. We should be seeking to eliminate this within dentistry, ensuring that professionals understand: 1. The seriousness of sexual misconduct 2. Their obligations if sexual misconduct is reported to them 3. The process for reporting to the GDC/others 4. Training for Legal Advisers and Panellists 5. Training for all staff involved in FtP Proceedings	**Strategic / Operational Risk Alignment** SRR 5 - Failure to deliver efficient and effective regulatory functions DPH 13 - Failure to appropriately consider and address fitness to practise concerns in sexual misconduct and harassment cases

Priority	Timely and quality decision making in Fitness to Practise

BAU activity	Priority	Lead	Timescale
Core BAU focus in Fitness to Practise to reduce casework backlogs and active processing times to maintain a sustainable caseload	Must	Fitness to Practise	Ongoing

Targets

Initial Assessment:
- Maintain target 90% of concerns assessed within 5 working days for consideration and decision re referral/closure.
- Capture all concerns referred to the GDC by end 2025, (currently some are recorded as non-case actions, if for example the matter is not for the GDC, or a registrant cannot be identified).

Case Progression:
- Maintain an active case load of 550 cases with an increased tolerance of 10%
- Achieve target of 75% assessed within 30 working weeks for Stream Group A cases consistently through Q3 & Q4 2024 and beyond
- Achieve target of 75% assessed within 50 working weeks for Stream Group B cases consistently through Q3 & Q4 2024 and beyond

Rule 4:
- Reach a caseload of circa 120 cases by end June 2025
- Maintain a caseload of circa max 120 cases at this stage from end June 2025 going forward
- Target months from allocation to disclosure – 3 months by end Q4 2024, 2 months by end Q1 2025, 1 month by end Q2 2025.

Case Examiner:
- Reduce caseload from current levels (circa 250 cases) to a sustainable level (60 to 80 cases) by Q2 2025.
- At that sustainable level, cases examiner support team to bundle and decision made within 4-6 weeks of assignment.

Legal Presentation & Dental Profession Hearings Service:
- Achieve target of 70% CE referral to initial hearing within 40 working weeks for Stream Group A consistently by Q4 2025 and beyond
- Achieve target of 80% CE referral to initial hearing within 40 working weeks for Stream Group B consistently by Q1 2026 and beyond
- Presentation forecast to present 248 substantive cases/year with an 80/20 split favouring In-house Legal Presentation Services (ILPS) (198 cases) vs. External Legal Presentation Service (ELPS) (50 cases).

Dental Complaints Service:
- Maintain target of 80% of cases to be resolved within 90 days of receipt.
- Maintain target of 80% of enquiries responded to within 2 working days of receipt.
- Maintain target of 90% of customer satisfaction – strongly agree/agree.

Strategic / Operational Risk Alignment

SRR 5 - Failure to deliver efficient and effective regulatory functions

FTP 6 - Case timeliness does not improve in line with desired and agreed timeframes

FTP 12 - Failure to reduce the overall caseload to a sustainable level

DPH 9 - Delays or failure to accurately and effectively report in Hearings.

DPH 3 - Difficulty with effectively planning/listing hearings that are over 5 days long in a desirable timeframe

Priority	Influence Regulatory Reform

BAU activity	Priority	Lead	Timescale
Develop our position on and influence regulatory reform	Must	Public Policy	Q2 2025 - TBC

• Explore desirability of powers in relation to businesses to continue as iterative Public Policy work. • Ensure we have all explored opportunities within current legislation that are within risk appetite. • Develop a clear position on what we need/want from reform, based on our response to the DHSC consultation and our strategic aims • Engage DHSC and others to influence legislative development • Create a public affairs plan • Design desirable regulatory model	**Strategic / Operational Risk Alignment** SRR 1 – Inability to scale responses suitably or quickly enough to respond to changes in the internal or external environment.

Develop our People and Culture

Programme activity	Priority	Lead	Timescale
The People and Culture programme	Should	People & Organisational Development	Q2 2023 – Q4 2026

Deliverables 2024

Organisational cultural change of GDC:

- New Organisational Values to be agreed, and work underway to develop the related behaviour framework, implementation plan for 2025.

Total Reward:

- Affordable and sustainable enhancements to the existing benefits package available for GDC staff - development and decision.

Workforce development:

- Learning Management System solution.
- Staff Induction programme - redesigned and implemented.
- New corporate learning and development framework to demonstrate visually what L&D is available for staff.
- Compliance Training (essential) for staff and managers. Include inductions, EDI training, wellbeing, resilience, Health & Safety, GDPR.
- Design and procurement of line manager training (Managing the GDC Way and Manager Essentials programmes)

EDI is a key driver for these projects and impacts on EDI are one of the success criteria for delivery.

Deliverables 25-27

Organisational cultural change of GDC:

- New Organisational Values implementation
- New culture to be designed in terms of 'as is' and 'to be' and additional workstreams developed as appropriate to guide implementation and transition.
- Behaviour Framework to be developed and deployed within the GDC into Performance Development Reviews (PDR) and Leadership & Management Development
- Change Management toolkit developed and deployed.

Total Reward:

- A fit for purpose Pay and grading framework - development and decision, engagement and implementation.
- Affordable and sustainable enhancements to the existing benefits package available for GDC staff - engagement and implementation.
- Recognition of staff.

Workforce Development:

- Performance Development Review (PDR) process – embedding into BAU.
- Senior Leadership Programme for ELT/SMT/Heads of Department.
- New Talent Management and Succession Planning for ELT / SMT and Senior Managers.
- Strategic workforce planning training for managers.
- Scoping of formal apprenticeships and internship opportunities for the GDC
- Career paths and supporting L&D to be defined as part of a new Employee Value Proposition (EVP)/ Employer Brand project.
- Employee Experience Survey/ Employee Engagement (to be agreed as a deliverable)
- External accreditations.

Strategic / Operational Risk Alignment

SRR 6 - Ineffective leadership in place at the GDC

SRR 7 - Failure to create and maintain a resilient and mentally supportive workplace

PEO 14 – Perceived or actual lack of learning and development opportunities

PEO 10 – Employees could leave the GDC due to non-competitive pay, benefits, wellbeing consideration or working practices

Priority	Develop our People and Culture

BAU activity	Strategic/Operational Risks	Priority	Lead	Timescale
EDI 2024-25 Strategy – Objective 5 - Embedding an inclusive workplace culture at all levels in the GDC where all staff feel welcomed, integrated, valued and included.	SRR 7 - Failure to create and maintain a resilient and mentally supportive workplace	Must	People & OD	Q1 2024 – Q4 2025

BAU activity	Strategic/Operational Risks	Priority	Lead	Timescale
Ongoing staff engagement, including all staff event and programme of internal communications	SRR 7 - Failure to create and maintain a resilient and mentally supportive workplace	Must	People & OD	Ongoing

Project activity	Priority	Lead	Timescale
Review and improve the intranet Implement a single digital shop window for everything colleagues need to do their job, understand where they work, enhance colleague experience and feel part of the GDC community, wherever they work, whatever role they do.	Should	Internal Comms & Engagement	Q4 2024 – Q1 2026

Deliverables for procurement and delivery of a replacement solution:
- Proposed solutions options paper and approval with ELT – end Q1 2025
- Procurement of solution – end Q3 2025 TBC

The new solution will:
- Improve two-way communications
- Provide a news hub and one calendar of GDC events
- Provide a single source of truth on key information and resources – with single source publication governance in place.
- Provide clear information on who we are, what we do and how we work together – enhancing our strategic narrative and reflective of our brand and culture
- Provide a digital space to create communities for colleagues to share best practices and work together across business and location silos
- Connect all our internal platforms and digital information in one place
- Provide hubs of content and resources for key functions and management population to support tailored communications to help everyone do their roles.
- Have measurement and data on usage across the platform and media used.
- Have technical features to allow for enhancements such as online recognition scheme, notifications to alert for new news or content, newsletter round-ups
- Improve integration with MS365 – aligned to IT roadmap

What we need to do:
- Agree governance across all our internal platforms - including single source publishing (tech and behaviour change) and single sign-on ensuring the best user experience
- Understand what internal platforms can link and integrate
- Understand what external feeds can be integrated – socials, external video content
- Define engagement plan and digital approach to ensure seamless sign up to new platform
- Understand MS365 roadmap for licenses to ensure new platform integrates and provides all colleagues with access they require
- Create robust project plan to migrate only required information
- Create usage policies and helpful guidance on comments, reactions and community group activity
- Define minimum design standard (MDS) for launch and then future state to stage features and content

Strategic/Operational Risks Alignment
SRR 7 - Failure to create and maintain a resilient and mentally supportive workplace

SRR 8 - Poor, ineffective or inconsistently applied data governance processes and practices

PEO 7 - EDI considerations and responsibilities are not known or understood throughout the GDC

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Priority	Develop our People and Culture

Project activity	Priority	Lead	Timescale
Associates Development	Must	Finance	Q4 2024 – Q1 2025

Deliverables	Strategic / Operational Risk Alignment
Deliverables • Formulate the GDC's policy approach to the remuneration of its Associate groups and present it to the Remuneration and Nomination Committee for scrutiny and to the Council for approval. • Review the Associates' contract. • Develop an organisational approach to historic claims against the GDC for worker status – and discuss this with the relevant Committees and Council. • Develop and implement new operating processes for ongoing management of Associate groups and payment mechanisms. • Propose an approach to communications in respect of this issue – both in respect of historic liability and future focus. • Provide appropriate advice and signposting to impacted groups, perhaps through the development of Frequently Asked Questions. • Monitor ongoing risk in relation to the issue – such as any impact on our Associates workforce for those who do not wish to be treated as 'workers'.	**Strategic / Operational Risk Alignment** SRR 1 - Inability to scale responses suitably or quickly enough to respond to changes in the internal or external environment SRR 7 - Failure to create and maintain a resilient and mentally supportive workplace

Priority	User Centred Service Design

Project activity	Priority	Lead	Timescale
Manage GDC Registration • To deliver online and intuitive application and CPD processes, which enable digital document uploads to gain effectiveness and efficiency throughout the registrant engagement lifecycle.	Should	Registration	Q1 2023 – Q4 2025

Deliverables 2024	Deliverables 2025-27	Strategic / Operational Risk Alignment
• Procurement of solution provider – Q2 2024 • Schedule of work to commence – Q3 2024	• Delivery of all application processes in new solution – By Q2 2025 • Delivery of all CPD processes in new solution – By Q2 2025 • Embed into BAU and completion of phase – Q4 2025	SRR 5 - Failure to deliver efficient and effective regulatory functions INF 1 - Failure to comply with the requirements of the GDPR and Data Protection Act 2018 leading to enforcement action REG 1 - Failure to adequately check applications (including identity documents and qualifications) may lead to the registration of fraudulent applicants and erroneous registrations

Project activity	Priority	Lead	Timescale
Implementing Welsh Language Standards • This work will be required to ensure that the GDC meets Welsh language Standards requirements that have been issued for all health regulators, following a consultation by Welsh Government. • The project required IT development to implement a Welsh language version of select eGDC transactions.	Must	External Communications & Engagement	Q3 2024 – Q4 2025

Deliverables 2024	Deliverables 2025-27	Strategic / Operational Risk Alignment
• Requirements confirmed	• Welsh language version of eGDC	EXT 6 - failure to effectively engage with stakeholders across all four nations

Project activity	Priority	Lead	Timescale
Registration improvements - Discovery phase to determine project scope and timescales • Project is to review registration policies and approaches with a view to improve the applicant experience and ensure our policies and processes are proportionate and fair. The work to is align to user experience improvements to be made within the delivery of the online Registrant Portal for Registration application & CPD services.	Must	Strategy Policy / Registration	Discovery phase Q3 2024 – Q1 2025

Deliverables	Strategic / Operational Risk Alignment
• Discovery work by Policy to begin Q3 2024 and then will scope proposal for project roadmap, to then initiate the full project in 2025 (date TBC). • The discovery will review information to date, perform stakeholder review to understand issues and gaps analysis	SRR 5 - Failure to deliver efficient and effective regulatory functions

Priority	User Centred Service Design

Digital Discovery - BAU activity	Strategic/Operational Risks	Priority	Lead	Timescale
Review and define our user centred service design approach and standards • As part of the Digital discovery workstream, this exercise will evaluate and define the standards to follow as the basis for our user centred service design. • This work will be performed in parallel to the IT service model review for digital transformation discovery	EXT 8 - Failure to deliver effective and timely digital communications and undertake proactive activities	Should	External Comms & Engagement	Q1 2025 – Q3 2025

Digital Discovery - BAU activity	Strategic/Operational Risks	Priority	Lead	Timescale
IT service model review for digital transformation discovery • As part of the Digital discovery workstream, this exercise will undertake analysis of the IT service model and architecture. • The output will be proposal future 'to be' model recommendations business case. • Work will be performed in parallel to the Review and define our user centred service design approach and standards.	SRR 2 - Business disruption caused by a successful cyber attack SRR 8 - Poor, ineffective or inconsistently applied data governance processes and practices SRR 5 - Failure to deliver efficient and effective regulatory functions	Should	Information Technology	Q1 2025 – Q3 2025

Digital Discovery - Project activity	Priority	Lead	Timescale
Replace the GDC's websites • This project will deliver a new website that is fit for purpose and is aligned to our digital improvement objectives. • The External Comms & Engagement team are undertaking a digital discovery exercise using existing capacity as part of BAU in 2024. The outcome will help to develop an evidence base for updating the GDC's digital presence based on user needs and clear business benefits. • There is a current costed planning provision in the CCP to take the work forward, but the business case will also identify any internal capacity and capability needs, for further consideration.	Should	External Comms & Engagement	Q1 2026 – Q1 2027

Deliverables
• More accessible website
• Better user experience
• Better customer journey
• Improved functionality
• Support our ambition to improve the perception among our stakeholders
• More cost effective to maintain going forward

Strategic / Operational Risk Alignment
EXT 6 - Failure to effectively engage with stakeholders across all four nations.
EXT 8 - Failure to deliver effective and timely digital communications and undertake proactive activities
EXT 7 - The structure of the comms and engagement team is unbalanced.
DPH 5 - Errors with publications and removals of Hearings outcomes on the GDC website.

Priority	Financial and operational efficiency management

Financial Efficiency - BAU activity	Strategic/Operational Risks	Priority	Lead	Timescale
Mid-term Financial Strategy • This exercise will develop the mid-term financial strategy to function alongside the Corporate Strategy 2026-28. • The output of this initial stage of work will be the Mid-term Financial Strategy setting financial efficiency principles & targets.	FIN 10 - Inability to manage increased costs throughout the GDC FIN 12 - Output, input and performance forecasts are not accurate	Should	Finance	Q4 2024 – Q3 2025

Financial Efficiency - BAU activity	Strategic/Operational Risks	Priority	Lead	Timescale
Operations & Contract Management efficiencies • This exercise will develop perform discovery to evaluate options and priorities for operational efficiencies and contract management efficiencies. • The output of this initial stage of work will be a prioritised set of activity proposals based on return on investment for consideration in inclusion within the Costed Corporate Plan.	FIN 13 - Effective contract management processes are either not in place or not adhered to. FIN0002 - Overpayment of suppliers.	Should	Finance & Procurement	Q1 2025 - Q2 2025

Planning & Monitoring Efficiency - Project activity	Strategic/Operational Risks	Priority	Lead	Timescale
Improve planning and delivery of the CCP portfolio • Develop and implement target model for rolling CCP portfolio planning lifecycle. • Revise the portfolio, programme and project management lifecycle and governance approach to enable more efficient and streamlined delivery processes.	PRO 3 - Failure to implement change effectively and / or in a desirable timeframe	Should	PMO	Q1 2024 – Q3 2025

Planning & Monitoring Efficiency - Project activity	Strategic/Operational Risks	Priority	Lead	Timescale
Organisational performance monitoring • This exercise will revise the framework and design of the organisational performance monitoring suite provided to ELT, the Finance & Committee and the Council to focus on the reporting of progress towards the outcomes and success measures detailed in the CCP plan. • The output of this initial stage will be the first iteration reporting based on this approach for the quarter 1 2025 period of performance.	PRO 3 - Failure to implement change effectively and / or in a desirable timeframe	Should	PMO	Q4 2024 – Q2 2025

Priority	Financial and operational efficiency management

People Efficiency - BAU activity	Strategic/Operational Risks	Priority	Lead	Timescale
Workforce Planning • This exercise will perform an evaluation of the costs and benefits for introducing a workforce planning capability into the People & Organisational Development function. • The output of this initial stage of work will be a report with findings and recommendations, with any business case options for the introduction of a workforce planning function.	PEO 16 - Unable to deliver the teamwork plan in a timely and effective manner without working practices becoming unsustainable	Should	People & OD	Q2 2025 – Q3 2026

People Efficiency - BAU activity	Strategic/Operational Risks	Priority	Lead	Timescale
Resource demand management • This exercise will review current resource demand systems and requirements across the organisation for understanding demand v's capacity for planning of BAU and CCP delivery. • The output of this initial stage of work will be to create a requirements specification, then develop, pilot and test an appropriate fit demand forecasting model and system for the GDC.	PRO 3 - Failure to implement change effectively and / or in a desirable timeframe	Should	PMO / People & OD	Q4 2024 – Q1 2025

People Efficiency - BAU activity	Strategic/Operational Risks	Priority	Lead	Timescale
Change management • Develop and embed best practices across engagement and delivery practices. • This will be an ongoing workstream of engagement, building and testing tools, best practices and evolving the approaches to support the successful introduction of change initiatives with people in the GDC.	PRO 3 - Failure to implement change effectively and / or in a desirable timeframe	Should	Change Management	Ongoing

People Efficiency - Project activity	Strategic/Operational Risks	Priority	Lead	Timescale
Optimisation of GDC Estates • To ensure that the GDC estate is used effectively as a space for staff and core activities. • To identify financial opportunities for the use of additional capacity. • Output in 2024 will be registrar decision on the remote hearings consultation report and resulting confirmation of office space requirements for hearings. • The output of the analysis phase will be business case for opportunities in optimisation of GDC estate and submit to ELT and then FPC for approval by Q1 2025.	FAC 7 - The GDC estate is not operationally or cost effective	Should	Facilities	Q1 2023 – Q4 2025

Priority	Financial and operational efficiency management

Governance & Decision-Making Efficiency - BAU activity	Strategic/Operational Risks	Priority	Lead	Timescale
Governance and Delegations framework review • To perform the iterative review of the framework and the effectiveness this has on decision making. • The output of this review will be report of findings of gaps and opportunities, and the recommendations for changes and improvements to be made.	SRR 6 - Ineffective leadership in place at the GDC	Should	Governance	Q1 2025 – Q3 2025

Governance & Decision-Making Efficiency - BAU activity	Strategic/Operational Risks	Priority	Lead	Timescale
Board effectiveness review • To perform the iterative retrospective review of the boards and committees' activity to evaluate effectiveness in performing their respective roles. • The output of this review will be report of findings of gaps and opportunities, and the recommendations for changes and improvements to be made.	GOV 5 - Failure to enhance and maintain the range of skills and experience needed across the Council to lead the GDC	Must	Governance	Q3 2024 – Q1 2025

Project activity	Strategic/Operational Risks	Priority	Lead	Timescale
Application fees review for strategy cycle • In parallel to the development of the Corporate Strategy for 2026-28, review and set levels of application fees.	SRR 5 - Failure to deliver efficient and effective regulatory functions	Must	Finance	Q1 2025 – Q4 2025

Project activity	Strategic/Operational Risks	Priority	Lead	Timescale
Implement new procurement and contract management process • To complete the development and embedding of a new procurement and contract management business framework within the GDC.	FIN 13 - Effective contract management processes are either not in place or not adhered to	Should	Finance	Q1 2020 – Q4 2025

Project activity	Strategic/Operational Risks	Priority	Lead	Timescale
Replace credit card processing system • Procurement and implementation of a card payments service provider for processing of fee payments.	SRR 5 - Failure to deliver efficient and effective regulatory functions	Must	IT	Q4 2021 – Q2 2025

Project activity		Priority	Lead	Timescale
Case Management and Operational Improvements in DPHS • Ensure all work being undertaken by the appropriate person in the team and prevent duplication of effort • Ensure the CRM is updated to provide and efficient system for managing end to end processes and data. • Have clear definition of hearings teams KPIs which identify and document actual performance of the team. • Making sure standard operating procedures are in place and improve knowledge resilience.		Should	DPHS	Q1 2024 – Q2 2025

Deliverables 2024	**Deliverables 2025**	**Strategic / Operational Risk Alignment**
• Hearing calendar/scheduler software • Hearings dashboard • Training and SOPs for above	• Notifications • Notice of Hearings • Training and SOPS	SRR 5 - Failure to deliver efficient and effective regulatory functions DPH 3 - Difficulty with effectively planning/listing hearings that are over 5 days long in a desirable timeframe DPH 5 - Errors with publications and removals of Hearings outcomes on the GDC website DPH 14 - Increased Data Securing Incidents (DSIs) in DPHS

Project activity		Priority	Lead	Timescale

Software for empanelment and Hearings process
• Project is dependent upon Case Management and Operational Improvements in DPHS and therefore start date to commence in Q2 2025 following completion of that project.
• Scope of empanelment and hearings processed business case will address:
  • To automate data and make information more manageable and accessible for reporting.
  • To create automatic reminders and tasks for the hearing team.
  • To make the process of listing hearings effective and provide information across the department.
  • Review if continue with CRM development v's a Software as a Service solution for these requirements.
		Should	DPHS	Q2 2025 – TBC

Deliverables 2025-27	**Strategic / Operational Risk Alignment**
• Business case proposal and approval – by Q2 2025 • Replacing existing spreadsheets and maintaining data in CRM • Creating workflows to Ensure creation of the appropriate tasks and activities • Design and produce new standard operating procedures.	SRR 5 - Failure to deliver efficient and effective regulatory functions DPH 3 - Difficulty with effectively planning/listing hearings that are over 5 days long in a desirable timeframe DPH 5 - Errors with publications and removals of Hearings outcomes on the GDC website DPH 14 - Increased Data Securing Incidents (DSIs) in DPHS

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Priority	Data & Information Management

BAU activity	Priority	Lead	Timescale
Data Maturity Assessment to inform data improvements roadmap • The Data Maturing Assessment (DMA) will review gaps and opportunities within our current Data Management framework procedures, systems and roles supporting the lifecycle of data in the GDC. • Early market engagement is taking place in Q3 2024 to evaluate the service offerings available from external suppliers to complete the DMA, with the objective to submit an Invitation To Tender (ITT) by end of 2024. • The aim is to procure the DMA external provider by end Q1 2025, and for them to complete their analysis and recommendation report by end Q3 2025. • The recommendations from the DMA will inform business cases for improvement activity and capabilities to be evaluated in by ELT to define our future roadmap for Data Management improvement.	Must	Research & Intelligence	Q2 2024 – Q4 2025

Deliverables 2024	Deliverables 2025-27	Strategic / Operational Risk Alignment
• DMA Early Market Engagement Q3/Q4 2024 • DMA ITT approved by ELT and published Q4 2024	• DMA provider procured Q1 2025 • DMA recommendations report Q3 2025 TBC • Business case for road map Q4 2025 TBC	SRR 8 - Poor, ineffective or inconsistently applied data governance processes and practices SRR 4 - Unable to access data required to undertake regulatory functions POL 6 – Strategy directorate does not have sufficient evidence to plan, deliver and evaluate its work

Project activity	Priority	Lead	Timescale
Improving information & document management • Centralise document management to enable automatic retention policy features available in SharePoint Online. • To embed the use of SharePoint Online across the GDC • Reintroduce information assurance group into ongoing monitoring of information governance. • There is a dependency on the IT Service Model Review and the migration to SharePoint Online for this project to commence. Hence it is scheduled to follow that work.	Should	Information Governance / IT	Q2 2026 - TBC

Deliverables 2025-27	Strategic / Operational Risk Alignment
• To migrate information held on servers to SharePoint environment (cloud based) and no longer using file servers to store data. • Provide the training, support and management of the migration to the business. • Reintroduce information assurance group in Q1 2025 to prepare for the project.	SRR 8 - Poor, ineffective or inconsistently applied data governance processes and practices INF 1 - Failure to comply with the requirements of the GDPR and Data Protection Act 2018 leading to enforcement action

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Priority	Data & Information Management

Project activity	Priority	Lead	Timescale
FtP Data Classification and capture improvements • Resulting from operational analysis and research, this project is to address priority improvement changes to the data classification and capture in FtP cases and the processes for managing the quality and usage of data through the case stages, plus appropriate reporting and analysis.	Should	Fitness to Practise	Q1 2025 – Q1 2027
Deliverables • Scope to be developed in 2024 • FtP case considerations and informant contact records are two known key areas to be addressed. The intent is that the project will develop and prioritise a list of improvements to be handled one by one in priority order, but this project will help resolve organisation wide data issues.	**Strategic / Operational Risk Alignment** SRR 4 - Unable to access data required to undertake regulatory functions SRR 8 - Poor, ineffective or inconsistently applied data governance processes and practices		

Project activity	Priority	Lead	Timescale
CRM Document Deletions	Should	Information Governance / IT	Q2 2026 - TBC
Deliverables • Automate the destruction of documents held in the CRM SharePoint document repository in alignment with the GDC Corporate Records Retention Schedule (CRSS), reducing risks of omission / retaining data no longer than required • There is a dependency on the IT Service Model Review and the migration to SharePoint Online for this project to commence. Hence it is scheduled to follow that work.	**Strategic / Operational Risk Alignment** SRR 8 - Poor, ineffective or inconsistently applied data governance processes and practices INF11 - Information and documents are held on CRM in excess of our retention period.		

BAU activity	Priority	Lead	Timescale
Informant EDI data capture This will deliver the data to be able to better understand our informant population and promote other activities to inform the GDC about issues relevant to equality, diversity and inclusion.	Must	Fitness to Practise	Q2 2024 – Q1 2025
Deliverables 2024 • Development of reporting around creation of new contacts/new cases created to ensure monitoring of quality • Development of training/guidance for users in searching for contacts/when to create new contacts. • Development of IT solution for Informant EDI data capture – solution built but requires a few minor changes • Developing CRM page on Contact/Registrant records for non-Registration users to record different contact details for registrants. • Agree business rules around who will be contacted as part of the data capture. • Internal and external communications for roll out solution – by the end of 2024.	**Strategic / Operational Risk Alignment** SRR 4 - Unable to access data required to undertake regulatory functions POL 6 – Strategy directorate does not have sufficient evidence to plan, deliver and evaluate its work		

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Could Do activities

Could Do priorities represent work we have not committed to do yet and their priority will be reviewed on an ongoing basis.

CCP Priority	Activity	Lead
Improving the Regulatory Framework	**Respond to any changes in government policy on Appropriate Clinical Cover (indemnity)** • There are currently not any formal legislative indemnity model changes or timescales confirmed. The project is therefore dependent on confirmed changes before operational changes can be explored, designed and implemented.	Strategy – Right touch regulation
Sustain & Promote Professional Standards	**Revise the standards for specialty education** • To gain direction from the Council on potential areas to be included in the revised Standards for Specialty Education. • To review and update of the GDC's Standards for Specialty Education, through stakeholder engagement (including a consultation). • To obtain EMT and Council approval. • To update and publish the specialty education standards. There will be a separate project to address their implementation, which is out of scope for this project.	Strategy - Public Policy
Data & Information Management	**Review AI technology for Dynamics CRM** • In addition to iterative expansion in use of AI features within the CRM, this project would explore in depth how Microsoft AI tools could be adopted for integrated case management, to produce a business case proposal for the benefits.	IT

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Underpinning activities

Duties	Approach
Ensuring legislative and statutory duties are upheld	• Policy reviews, on-going alignment and response to legislative changes • Impact assessments undertaken and supported to mitigate and appropriately manage impacts surrounding; EDI, data, legal and business • Legal and information governance advice informs change activities • Ensuring all papers have the appropriate level of governance and approval through Boards, Committees and Council • Ensuring data and system access is securely managed in accordance with GDPR • Managing CPD appeals • Monitoring and quality assurance of decisions in FTP as made through the Quality Assurance Group (QAG) and the Decision Scrutiny Group (DSG)
Equality, diversity and inclusion	• Ensure registrants, witnesses and the public can all effectively engage with the GDC throughout all our statutory duties. • Ensure EDI is fully embedded in professional and educational guidance and support EDI in all aspects of professional behaviour • Ensure our staff understand our statutory EDI obligations and what it means for them in their daily work. • To attract and retain a diverse and talented workforce to work at the GDC. • Improve collection of quality assured EDI data across the business.
Research & Evidence led activity	• Evidence derived from the Research programme covering the themes of risks, sector, proportionality & inclusion will inform work being undertaken across all priorities through engagement with both business and project teams. • The outputs of the research programme inform organisational strategies, policies and decisions • Research activity throughout 2024-26 includes but is not limited to; supporting work on international registration (including provisional registration), stakeholder perceptions research, longitudinal study development, FtP and registration research and evaluation, data improvement, and support for learning outcomes, educational standards and QA. • Research activity is forward looking, and involves horizon scanning and early identification of issues to enable the organisation to respond effectively • The intelligence function also encompasses inferential statistical and data analysis, which supports a wide range of project and business as usual activity
Strategic Communications & Engagement	• Understand the GDC's latest position and manage a continually updated narrative to brief senior GDC staff for constant engagement with external stakeholders • Define strategies to manage information flows to and from stakeholders, feedback insight to inform core GDC activities and continually improve the engagement • Strategic advice on design and delivery of content, ensuring appropriate sequencing and consistency of internal and external key messages, managing reputational risk • Monitor media and sector interest to identify reputational risks and devise strategies to mitigate, including rapid delivery of content and briefings for senior GDC staff
Portfolio monitoring and organisational performance management	• Organisational performance reporting and analysis • Delivery progress v's plan monitoring, addressing risks and issues with ELT steer and decision • Prioritisation reviews on a quarterly basis • Managing interdependencies and change • Monitoring budget vs plan and forecasts • Monitoring resource capacity vs plan and forecasts
Resource capacity management	• Resource managers forecast capacity demand for both BAU plus project support with contingency capacity allowed • Resources scheduled for change projects are committed to deliverables unless exceptional circumstances arise. • Capacity issues are escalated for prioritisation decisions at the appropriate level of delegated authority.
Responding to queries & complaints	• Monitoring and responding to external queries and complaints, including; Registrant and public queries, MP letters and correspondence, Corporate complaints

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Appendix 3 - Equality Impact Assessment (EIA) CCP 2025-27

Part 1 – Project Details and Approval

Project Name		Business Sponsor	
CCP Planning 2025-27		Gurvinder Soomal, Chief Operating Officer	
Author		**Start Date**	**Finish Date**
Louise Piper		Jan 2024	Oct 2024
Project ID	**Version Number**	**Business Lead**	**Strategic Objective**
N/A	1	David Criddle / Sam Bache	4

Approval from sponsor or sponsoring group				
Name	Title	Department	Date of sign off	Version

(Business sponsor is acknowledging accountability for the contents of the EIA)

Distribution List				
Name	Title	Department	Date	Version

Version History		
Revision Date	Version	Summary of Changes

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Part 2 – Further information

Project description	To plan the CCP for 25-27
Project high level aims	To create an achievable business plan for the GDC in 2025-27
	To create a forecasted budget for the 3-year period
	To develop a forecasted portfolio of projects
	To ensure we have the right capacity/capabilities in the organisation to deliver our plan
Who is impacted by this project? (Consider teams and groups)	ELT/SMT, FPC and Council

Part 3 – Assess the impact on different groups of people

In the table below, please indicate how the project affects particular groups of people – the Protected Characteristics – in different ways, compared to other groups.

Positive impact: Where the impact on a particular group of people is more positive than for other groups, e.g., accessible website design. It can also include legally permitted positive action initiatives designed to remedy workforce imbalance, such as job interview guarantee schemes for disabled people.

Negative impact: Where the impact on a particular group of people is more negative than for other groups (e.g., where the choice of venue for an engagement and involvement event precludes members with a particular disability from participating).

Neutral impact: Neither a positive nor a negative impact on any group or groups of people, compared to others.

Screening Questions – Part 3a			Full EIA / Action Plan – Part 3b		
Protected Characteristic	Positive Negative Neutral	Reason / Comment and who was consulted	Actions to be taken to address the disadvantage or negative impact	Individual responsible	Completion Date

2

Age	Neutral for content of CCP 2025-27	There is no evidence to suggest there will be positive or negative impacts on people of different ages as a result of the content of the CCP 2025-27, and the effects of our operational and project plans will be equitable across the whole range of ages of the people on our register or engaging with our services.			
	Neutral for planning content of CCP 2025-27	No activity for the planning of the CCP would have either positive or negative impact based on age			
Disability	Neutral for content of CCP 2025-27	There is no evidence to suggest there will be positive or negative impacts on disabled people as a result of the content of the CCP 2025-27, and the effects of our operational and project plans will be equitable across the whole range of ages of the people on our register or engaging with our services.			
	Neutral for planning content of CCP 2025-27	No activity for the planning of the CCP would have either positive or negative impact on disabled people. The CCP is planned in such a way that approaches can be adapted if required, all planning activity is centralised around			

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		Microsoft Office suite, which works with adaptive software and equipment as required			
Gender Reassignment	Neutral for content of CCP 2025-27	There is no evidence to suggest there will be positive or negative impacts on people in the trans community as a result of the content of the CCP 2025-27.			
	Neutral for planning content of CCP 2025-27	Planning activity for the CCP 25-27 would have no impact on people who have transitioned or transitioning			
Marriage and Civil Partnership	Neutral for content of CCP 2025-27	There is no evidence to suggest there will be positive or negative impacts on people are married or in civil partnerships as a result of the content of the CCP 2025-27 and the effects of our strategic plan will be equitable across people who are married, in civil partnerships, in other types of relationship or not in a relationship.			

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	Neutral for planning content of CCP 2025-27	Planning activity for the CCP 25-27 has had no impact on people who are married or in a civil partnership.			
Pregnancy and Maternity	Neutral for content of CCP 2025-27	There are no neutral impacts on people who are pregnant or on maternity leave and the effects of our CCP 2025-27 will be equitable across people who are pregnant or on maternity leave.			
	Neutral for planning content of CCP 2025-27	Planning activity for the CCP 25-27 has had no impact on people who are pregnant or on maternity leave,			
Race	Neutral for content of CCP 2025-27	There is no evidence to suggest there will be positive or negative impacts on people of different races as a result of the content of the strategy, and the effects of our strategic plan will be equitable across people of all races.			
	Neutral for planning content	No activity for the planning of the CCP would have either positive or negative impact based on race			

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	of CCP 2025-27				
Religion or Belief	Neutral for content of CCP 2025-27	There is no evidence to suggest there will be positive or negative impacts on people with or without religious belief (or more broadly spiritual components to their lives) as a result of the content of the CCP 2025-27 and the effects of our strategic plan will be equitable across believers and non-believers.			
	Neutral for planning content of CCP 2025-27	No activity for the planning of the CCP would have either positive or negative impact based on religion or belief			
Sex	Neutral for content of CCP 2025-27	There is no evidence to suggest there will be positive or negative impacts on people of the two legal sexes or people who occupy a position between those points as a result of the content of the strategy, and the effects of our CCP 2025-27 will be equitable across people of sexes.			
	Neutral for planning content	No activity for the planning of the CCP would have either positive or negative impact based on sex			

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	of CCP 2025-27				
Sexual Orientation	Neutral for content of CCP 2025-27	There is no evidence to suggest there will be positive or negative impacts on people based on their sexual orientation as a result of the content of the CCP 2025-27, and the effects of our strategic plan will be equitable across people of all sexual orientations.			
	Neutral for planning content of CCP 2025-27	No activity for the planning of the CCP would have either positive or negative impact based on sexual orientation			

Part 4 – Promoting equality

Under the Equality Act 2010, we have a legal duty to have 'due regard' to the need to promote equality of opportunity, eliminate unlawful discrimination and foster good relations between key equality strands. We are determined to do more than just meet our statutory obligations. We are committed to actively promoting equality where we can because we acknowledge the value that diversity of thought and experience brings amongst the staff who work within the organisation, and the stakeholders we work with. By looking for ways to promote inclusion and help people feel heard and valued, we meet our strategic EDI objectives and deliver our vision of being a champion of EDI inside our organisation, with the sector we regulate and with the public.

If you have not identified any positive impacts in part 3a, please detail how this project will aim to promote equality.	*(you are not required to complete this question if you have identified positive impacts)* *The planning and presentation whilst as whole has neutral impact, does contain projects that will impact positively protected characteristics. These individual projects will be subject to impact assessment in order to promote equality, diversity and inclusion. This work will also mitigate risks of exclusion*
If there is no evidence that the project promotes equality, what changes, if any, could be made to achieve this?	
Please give details of any measures or actions that will be put in place to ensure positive impacts are protected throughout the project lifecycle.	

Part 5 – Screening questions outcomes

Please select the most relevant outcome (grey column) based on your responses to the screening questions. The second column will tell you what actions you need to do next.

The evidence has not identified any disadvantage or negative impacts.	No further action is required unless any changes occur. Ensure approval and distribution is completed in part 1 and you have signed and dated part 7 before sending to Head of OD&I who will arrange for it to be published.
The evidence indicates that there are disadvantages or negative impacts	Complete Action Plan "Full EIA" Part 3b and part 6 – Additional Information. Then contact Head of OD&I
It has not been possible to say whether or not there is a disadvantage or negative impact	Go to Step 6 *'Additional information'* section below

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Part 6 – Additional Information

Where we do not have sufficient information to safely conclude whether or not there is a disadvantage or negative impact, it is necessary to think about what additional data or intelligence you will need to gather. Collection and analysis of this information may require input from OD or Research colleagues. Ultimately, the Business Sponsor is responsible for concluding (based on all the evidence available to them) that the planned project will not result in any disadvantage of negative impacts.

What additional evidence are you going to gather? *(Please put an "X" next to any that apply)*	Advice from experts	
	Demographic profiles	
	Existing consultation results	
	Existing user data	
	External verification e.g. expert views of people/organisations representing equality group(s)	
	National best practice information e.g. PSA, CQC reports	
	New consultation with a specific equality group(s)	
	Research reports	
	Relevant staff group expertise	
Other (please state)		

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If you have any additional comments, please add them here.	Three projects have been classified as Could do, this means they will not be delivered until status is reviewed and it is considered the right time to start work.
	
	Respond to any changes in government policy on Appropriate Clinical Cover (indemnity)
	   • There are currently not any formal legislative indemnity model changes or timescales confirmed. The project is therefore dependent on confirmed changes before operational changes can be explored, designed and implemented.
	   • There are no EDI considerations or risks associated with not undertaking this work currently as the ability to commence relies on legislative change
	
	Review AI technology for Dynamics CRM
	   • In addition to iterative expansion in use of AI features within the CRM, this project would explore in depth how Microsoft AI tools could be adopted for integrated case management, to produce a business case proposal for the benefits.
	   • There are potential opportunities that maybe missed for disabled people by not adopting AI technology, however these are minimal and current system is adaptive. There are minimal risks of excluding disabled people as a result of not undertaking this work immediately.

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Revise the standards for specialty education

- The project will review and update of the GDC's Standards for Specialty Education.

- There are currently standards in place, but there is not sufficient resource at present to undertake the review

- There are potential opportunities from an EDI perspective that maybe missed as a result of not reviewing the standards at this time. The impact is considered minimal as there are standards in place at present.

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Part 7 – Sign off

Completed by Corporate Projects Team	
Name and job title:	
Date of completion:	
Completed by Organisational Development	
Signed off and approved for publication by Organisational Development:	
Organisational Development Sign off date:	
Date of next review: *(This should be within three years of the date of completion of the original assessment)*	
Any other comments from Organisational Development:	

Note: when completed a copy of this form should be saved with the relevant strategy, plan, policy, project, contract, major change in service or decision and an electronic copy sent to Organisational Development, who will arrange for publication on the GDC's web pages and the Intranet**.**

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Annual Report and Accounts 2024

Executive Director	Stefan Czerniawski, Executive Director, Strategy
Author(s)	Colin MacKenzie, Head of Nations and Engagement
	Sam Bache, Associate Director, Finance
	Joanne Rewcastle, Associate Director, Communications and Engagement
Type of business	For approval
Purpose	This paper provides an overview of the purpose and approach for the GDC's 2024 Annual Report and Accounts.
Issue	It is timely to review the purpose and approach to production of the Annual Report and Accounts, before work starts in earnest on the 2024 ARA.
Recommendation	The Council is asked to review and approve and provide clarity and direction on the attached paper which includes our plans and proposed approach for the Annual Report and Accounts for 2024.

1.   Background

1.1   The Annual Report and Accounts (ARA) is the central component of the GDC's public accountability. It provides an overview of the organisation and a summary of activities and achievements through the year, as well as detailed financial accounts and an audit opinion both on the accounts and on the report as a whole.

1.2   Developing the ARA each year is a substantial task, drawing input from all parts of the organisation over a period of about six months. So it is important that we are as efficient and effective in producing it as possible, which in turn relies on clarity from the outset about the approach we plan to take, in order that the eventual approval process by ARC and by Council can run as smoothly as possible.

1.3   Establishing clarity at this early stage is particularly important as some aspects of the production of the 2023 ARA were challenging, resulting in delays and rework which we want to avoid as far as possible for the 2024 ARA.

1.4   This was partly because there was a number of factors which made the 2023 ARA more complicated than usual, including the impact of requiring assurances from three Chief Executives, considerations regarding Somerville, the impact of the general election on parliamentary timescales, and the fact that several GDC individuals and teams were creating content for the ARA for the first time. In preparing the approach for the next ARA we have taken account of the lessons learned from last time (which we have shared and discussed with ARC).

1.5   Though some of those issues will not recur, others are new. The most important of those is that the 2024 ARA will involve a new audit approach, with the NAO completing the detailed field work for the first time.

1.6   Council last discussed the structure of the ARA in 2020, so this is also a timely opportunity to ensure that the ARA is still meeting Council's objectives for it.

1.7   The paper explains the purpose of our ARA, describes our proposed approach for the 2024 Annual Report and Accounts, and seeks approval from the Council to that approach, which includes some very early high-level timescales, which will be worked up in more detail for further review at the November ARC meeting.

2.   Role and purpose of the ARA

2.1   The primary purpose of the ARA is to be the formal process of reporting and accountability to Parliament.

2.2   The Annual Report and Accounts is an important statutory document that we are required to report to Parliament and is laid in Westminster and the Scottish Parliament. Therefore, it needs to be of a high standard and be an accurate reflection of our performance in the previous year. In addition, it needs to be able to be read as a standalone document. The purpose of the ARA is to meet the GDC's parliamentary accountability and provide public disclosure of our operating and financial activities over the past year.

2.3   To achieve this, the ARA is presented in three sections: Performance report, Accountability report, Financial Statements.

2.4   The purpose of the Performance report is to provide the user with an understanding of the GDC and how it has performed. It is a vital resource for Parliament and the public, enabling them to hold us to account, and it should draw together information from across the annual report and accounts to provide a holistic view of performance. The report should be straightforward and accessible, so that it can be easily understood, and contain cross-references to the other parts of the annual report and accounts where relevant and appropriate. It is important that we dedicate sufficient time to its preparation and the report should cover, but is not limited to, the following as per the Financial Reporting Manual (FReM) framework:

- o   A description of the organisation.
- o   How we are funded.
- o   What our aims and objectives are.
- o   How we have performed against our aims, and have we met them.
- o   Any key risks to performance and meeting our aims.
- o   Our future plans.

2.5   The purpose of the Accountability report is to meet the key accountability requirements to Parliament, which the FReM recognises as being the primary user of the annual report and accounts. The requirements of the Accountability report are based on the matters required to be dealt with in a directors' report, as set out in companies' legislation. This section will include the following reports, the content of which to be included is prescribed by the underpinning legislation:

- o   A corporate governance report.
- o   A remuneration and staff report.
- o   Accounting Officer's responsibilities.
- o   Auditor certification.

2.6   The final section of the report is the Financial statements. We comply with international accounting standards, as adopted by the UK and the disclosure requirements are based on the Companies Act 2006.

2.7   The very nature of the ARA as a document that provides transparency and disclosure means that it may increase scrutiny of financial matters that were resolved in the previous year but become visible for the first time in the ARA.

2.8   Important though the ARA is, it is not the only or even the primary way of communicating about our activities. Its formal structure and its necessary focus on past activities means that, while important as a reference document, it is not a vehicle for communicating new information to many of our key audiences. Other communication products give us far more control over timing and enable us to tailor approaches to the needs our different audiences.

2.9   Inevitably therefore, the achievements listed in the Performance section of the ARA will already have been the subject of communication and engagement activities in the previous year. It is important that there is consistency of content, including tone and emphasis, between the original activity and the retrospective reporting of it in the ARA.

3.   The key audience(s) for the ARA

3.1   The audiences for the ARA are parliamentarians in the four nations, as well as dental professionals and other stakeholders who are interested in the detail of the GDC's performance over the previous year.

3.2   The majority of dental professionals and stakeholders receiving their information about the GDC and our performance through other channels, such as news articles, updates in the trade press from our press releases, our monthly newsletters, the Registration and Fitness to Practise statistical reports, and regular stakeholder update meetings (**Appendix 2**).

3.3   There have been 375 page views of the Annual report website page (as of 14 October), since it was published on 18 July.

3.4   Throughout the year, we communicate and engage with dental professionals and stakeholders on the GDC's priorities and progress, using a variety of ways to reach them with our key messages.

3.5   If we decide, in future, to actively engage elected officials (MPs, MSP, MS), we believe that this will be better served by providing them with up-to-date information in a timely manner, treating them as stakeholders, rather than through the historical information provided in the ARA.

4.   Recommendations for the 2024 ARA

4.1   **We recommend using a similar content structure for 2024 as we did in 2023.** This will maintain alignment with our other corporate reports. The summary of what we plan to include in the ARA, including the order and the 'Heads of' and Associate Directors who will be responsible for the completing this content, is detailed in **Appendix 1.**

4.2   That said, there are a number of improvements and changes we recommend making to the Performance report section of the ARA.

4.3   Building on feedback from the ARC we will review how we explain our performance against the 2024 CCP plan in a more engaging way, which we will share with the ARC when we share the more detailed plan with them in November.

4.4   To increase transparency, we recommend adding a section that summarises our performance against the PSA standards, within the Performance section of the ARA.

       To improve clarity, all information regarding EDI will be provided in the Performance analysis section of the ARA.

4.5   To enhance the look and feel of the Performance analysis section of the ARA, we recommend the addition of a number of infographics as a more effective way to draw out the key points. Our design agency has produced examples of infographics and imagery we could use in the 2024 ARA (**Appendix 3**).

4.6   To improve efficiency, and in line with ARC's recommendation, ARC will receive a full and almost final draft for review and then one further review of the final draft, rather than receiving early, draft versions.

4.7   Looking further ahead, the following year will be the first year of the new three-year strategy period. It would be sensible to undertake a more complete review of the ARA structure in 2025, particularly the Performance report, to ensure that there is clear alignment between the goals we set in the strategy and the performance we report in the ARA.

5.   Approval of the ARA

5.1   GDC individuals and teams who provide content have responsibility for ensuring that what they provide has been approved in their directorate and by their ED.

5.2   Each ED assures themselves that the content from their Directorate in the Performance report section accurately reflects the achievements and deliverables in a transparent and engaging manner.

5.3   The Chief Executive and Registrar is accountable for the ARA and signs off the individual statements. The Chair of Council signs off the ARA, and they both approve and sign the Foreword.

5.4   As a GDC publication, the ED, Strategy, has responsibility for assuring the quality of the content, with the Communication and Engagement team collating all content, and managing the editorial and production process through to final online and print copies.

5.5   The AD Finance has responsibility for financial reporting and for managing the audit process.

5.6   The Governance team manage the ARC and Council approvals process and the laying of the ARA in parliaments in Westminster and Scotland.

5.7   Particularly given the ARA's content on accountability and financial statements, the Audit and Risk Committee have an important role in assuring the content and recommending the ARA to the Council.

5.8   Ultimately, the ARA is then owned by the Council who need to be assured and approve the contents prior to publication.

5.9   Once content starts to accumulate and be finalised, leadership in version control and editorial quality are critical, as changes are costly both in terms of staff time and actual spend on the designed product.

6.   How we could make the 2024 ARA more engaging

6.1   There are useful improvements that we can make to the ARA for 2024 to make it more engaging for our existing audience. Although the ARA production process is undertaken using content in Word documents, the final product is designed, has a contemporary look and feel and looks much more polished.

6.2   Considerable time and effort is required to produce the ARA, at senior levels throughout the GDC and it requires a contribution from all directorates and teams. It is costly and we need to consider efficiency and effectiveness in the production process.

6.3   There is also a financial cost associated with producing the ARA. For the 2023 ARA, the agency and design costs to produce the English version was £8k. In addition, there are translation costs and additional design costs of £5.5k to produce the Welsh version of the ARA, which is a statutory requirement. This total cost of £13.5k is 17% of our total design budget of £78k.

6.4   Other significant corporate communication products are produced in addition to the ARA, and used to inform, communicate and engage on important matters including the annual Registration and Fitness to Practise statistical reports, the Costed Corporate Plan and (from 2024) the working patterns data.

6.5   Considerable effort is required to maintain consistency on key messages and to deliver high-quality products to support these important topics.

6.6   We are reviewing the NAO's best practice guides to producing annual accounts and we already utilise the NAO disclosure check lists tool to ensure our compliance on disclosure matters. The best practice guidance recommends and provides some examples around key principles that will help support accountability, transparency, accessibility and the need for reports to be understandable. The NAO also provide several examples of good practice around reporting on strategy, risk, operations, governance, measuring success, financial performance and external factors – which we are evaluating against our current reporting content to identify any gaps. This will assist us to build a further framework for accessing our annual report and accounts against the four key principles.

6.7   It is possible to agree the addition of a small number of infographics which would further enhance the look and feel of the Performance analysis section of the ARA. Our design agency has produced examples of infographics we could share with ARC this year and agree to include in the 2024 ARA (**Appendix 3**).

7.   Planning and timings for the 2024 report

7.1   Every year, the GDC is required to publish, and table in Parliament (Westminster and Scotland), an Annual Report and Accounts. The 2023 ARA was laid in the parliaments in England and Scotland on 18 July 2024.

7.2   We plan to lay the 2024 ARA in early July 2025, following approval by Council at their meeting on 27 June 2025.

7.3   As with previous years, we expect there to be a continued focus on whether the organisation is a going concern for 2024 and beyond. We will continue to build into our plan the time for completing the more detailed assessments and modelling required to support our preparation of the financial statements.

7.4   We plan to produce and publish the Costed Corporate Plan 2025-2027, the Registration and Fitness to practise statistical reports, and the working patterns data, earlier in 2024, before we publish the ARA.

8.   High level timeline

8.1   We have developed an outline timetable for the 2024 ARA, which is summarised below. This is subject to review and approval from our auditors and will be shared in more detail at the November meeting of the ARC.

Activity	Date by
Plan for 2024 presented to the ARC	23 November

Activity	Date by
Engage with internal stakeholders re content creation and development	December - January
Initial auditor review	February
Initial draft of Accounts produced and shared with EMT. (including accounts)	11 March
Final auditor review	April
First full draft of ARA 2024 produced and shared with EMT and the ARC	April
EMT and ARC sign off final version of ARA	19 May
Council approves ARA 2024, and signed by Chair and Chief Executive	27 June
ARA 2024 laid in Westminster and Scottish Parliaments	Early July

9.   Legal considerations

9.1   Pursuant to section 2C of the Act, the GDC is required to prepare and publish a statement of accounts in a form determined by the Privy Council. The Privy Council has appointed the GDC's Chief Executive as Accounting Officer and, in that capacity, he has responsibility to discharge the Council's obligations under section 2C. The Privy Council has confirmed that the statement of accounts should be prepared in accordance with International Financial Reporting Standards (IFRS), as adopted by the European Union, and as supplemented by directions from the Privy Council. The Privy Council has also confirmed that we are only asked to "take into consideration" the principles set out in Chapter 3 of Managing Public Money. The GDC, in accordance with section 2C (2) and (3) has appointed NAO as auditors. The GDC discharges its obligations under section 2C by publishing annual accounts.

9.2   When preparing the ARA, we need to take into account the requirements of 'Corporate governance in central government departments: Code of good practice 2011' and any relevant pronouncements directed at Public Limited Companies regarding Remuneration and Governance reporting.

10.   Resource considerations

10.1   Once the content and approach for the ARA 2024 has been agreed it is important that ensure that the work has been resourced and prioritised appropriately.

11.   Monitoring and review

11.1   As in previous years the project team will complete a review and capture any learnings once the 2024 ARA is published.

12.   Next steps and communications

12.1   The Council is asked to **discuss and approve the proposed approach for the ARA 2024**.

Appendices

1. **Appendix 1 –** Summary of content to include in 2024 ARA
2. **Appendix 2** – Summary of products and channels we use to communicate with dental professionals and stakeholders
3. **Appendix 3** – Examples of infographics from 2023 ARA

Colin MacKenzie, Head of Nations and Engagement
cmackenzie@gdc-uk.org

14 October 2024

Appendix 1

Summary of content included in the different sections of the ARA 2024

Section and description	Content detail	Owner
Title and back pages	• Front cover, legal information, copyright information contents, contact information • To meet Privy Council Requirements	Shiplu Miah
Section one: Performance Analysis		
Messages from Chair and Chief Executive	• Joint statement from Chair and Chief Executive on the strategic direction of the GDC, our strategy, regulatory reform, and an update on operational achievements and future challenges.	Joanne Rewcastle
Statutory purpose	• Our purpose/vision • Our role • Our values • Who we are • Overview of GDC and organogram	Colin MacKenzie
Business overview 2023	**Business plan 2024 review** • Overview of performance against 2024 CCP plan	Dave Criddle Louise Piper Colin MacKenzie CCP project leads
	Commitment to Equality • Update on the work we have done around EDI, including progress against our EDI plan for 2024 and 2025. • Include the EDI elements from the RemNom report in the main EDI section, so EDI is only in one place.	Lee Avery John Middleton Dan Popple
	Performance against PSA standards (new for 2024) • A summary of our 2024 performance against the PSA standards, including key points for action.	Kat McGirr
	Achievements and progress in 2024 • Overview of the achievements, and key deliverables throughout 2024.	Colin MacKenzie Dave Criddle
	Registration performance review	Theresa Thorp Jon Harris Dave Criddle

	Headline stats only as standalone registration statistical report being produced	
	Fitness to Practise performance overview Headline stats only as standalone FTP statistical report being produced	Theresa Thorp Clare Callan Dave Criddle
	Sustainability • Provide a high level overview of the work of the GDC with regards to sustainability and how we are addressing these challenges	Sam Bache Dan Gibson Dave Criddle
	Financial review • Analysis of income and expenditure • Analysis of outlook and impact on the GDC • Pension fund • Reserves • Statement from Chief Executive, Registrar and Accounting Officer	Sam Bache
Section two: Accountability Report		
Council and Committee structure	• Structure and members • Members and attendance records • Statutory committees	Ian Vaughan Tina Rosenow
Statement of the GDC and Chief Executive responsibilities	• Summary of responsibilities	Ian Vaughan Tina Rosenow
Governance statement	• Scope of responsibility • Governance arrangements • Committees • Council effectiveness • Council oversight and strategic risks • Internal Audit Services • Executive Management Team • MI and performance reporting • Data breaches and information security	Ian Vaughan Tina Rosenow **Audit** Sam Clements **MI** Dave Criddle **Data breaches** Jake Smith
Remuneration and staff report	• Remuneration policies • Fees and expenses • Staff report- composition, gender pay gap, absence, diversity and inclusion, employee engagement, health and safety • Move the EDI elements from the RemNom report to the main EDI section, so EDI only in one place.	Sam Bache Lee Avery John Middleton
Certificate and report of Comptroller and Auditor General	• Opinion on financial statements • NAO content	Sam Bache
Independent Auditors report (NAO)	• Opinion and basis for opinion • New external auditor content	Sam Bache

Section Three: Financial statements		
Accounts	• Income and Expenditure Account • Statement of financial position • Statement of cash flows • Statement of changes in reserves	Sam Bache
Notes to Accounts	• Completed as per 2023	Sam Bache
Advisors	• List of GDC advisers used in preparation of the ARA	Sam Bache
Appendix	• Accounts determination	Sam Bache

Appendix 2

Summary of products and channels we use to communicate with dental professionals and stakeholders

Costed Corporate Plan publication 2024 – 2026

Registration Statistical Report 2023

Monthly registration reports

Fitness to Practise Statistical Report 2023

Working patterns data

Monthly registrant newsletters

News articles based on our press releases

Blog posts- monthly Chairs update and range of GDC and guest blogs published throughout the year.

EDI strategy and plan for 2024 – 2025

Whistleblowing disclosures report

Appendix 3

Examples of infographics from the 2023 ARA

We recently commissioned our design agency to provide some retrospective examples where they could create transform some of the data heavy pages with imagery to better highlight some of the content within the 2023 report. They have used the FTP infographic as the basis for doing this, to show consistency.

The agency identified a small number of pages with us, and they then took a 'light-touch' approach to display some of the content from the 2023 report in a more engaging way.

These examples are for illustrative purposes. They highlight the sort of changes we could make for 2024 to pull out some of the key messages and statistics in a more engaging way without significantly impacting cost and resources.

They have also included some examples of images other health regulators have used in their annual reports to bring their key points to life.

These can all be reviewed in the separate attachment.

GDC
ARA Infographics

10 September 2024

bell

Achievements and progress (Pages 18-22)

Current version

c) Achievements and progress in 2023

We progressed and delivered an extensive programme of projects and other activities in 2023. Examples of some of these pieces of work are described below, to reflect the wide range of activities we undertook to help us meet our regulatory remit.

In addition, we continued, where we could, to press for the opportunities that legislative reform may bring, but this cannot be guaranteed and will not resolve all the existing issues. Therefore, we have identified opportunities and made changes to drive improvements, within our current legislative framework, while supporting and empowering the dental team to deliver safe and effective dental care to high standards of professionalism.

In summarising the achievements and progress made in 2023 we have listed these in an order that highlights those that we feel will be of most interest to or have the greatest impact on dental professionals and other stakeholders.

Improving the tone of our Fitness to Practise communications

We know that the Fitness to Practise (FTP) process is difficult for dental professionals who have a concern raised against them, and our research showed that the tone of voice in our FTP letters was a contributory factor to this. In 2023 we reviewed all our FTP communications and letters, to improve the tone of voice and ensure that they were rewritten using plain English.

The updated letters have been in use since the start of 2024 and the changes have been well received by stakeholders.

Work pattern data

Until now, there has been very limited workforce data that the dental sector can use, and this has proved to be a real challenge in recent years.

The GDC was in the unique position of having the most complete data available- a list of everyone who is registered to practise dentistry, across all the professions and all four nations. Therefore, following stakeholder engagement, we undertook a work pattern data collection project as part of our efforts to deepen the professions' understanding of the dental workforce.

This activity resulted in the development of a short questionnaire where we asked dental professionals to share a few details of their working patterns. The first phase of this work was completed in December 2023 when dentists were asked, on a voluntary basis, to answer a small number of work pattern questions as part of their annual renewal. Dental care professionals will be asked to participate as part of their annual renewal in 2024.

We did not carry out this work in isolation, and worked closely with stakeholders from across the sector, including the professional associations and Chief Dental Officers across the four nations, to gain support and buy in, and to encourage dental professionals to respond to the survey questions.

Current version

Proposed version

c) Achievements and progress in 2023

We progressed and delivered an extensive programme of projects and other activities in 2023. Examples of some of these pieces of work are described below, to reflect the wide range of activities we undertook to help us meet our regulatory remit.

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Proposed version

Adding in a colour in background of page

Pulled out in boxes with each achievement. White background to make them stand out

Icons to represent each achievement

Alternating coloured boxes to add visual interest

Dental professional numbers/Composition of the register (Pages 24) - **Option 1**

Current version

Dental professional numbers for 2023

There was a 3.9% increase in the total number of dental professionals on our register, from 115,541 at the end of 2022 to 120,030 at the end of 2023.[1]

Registration type	Number of dental professionals	% of total
Dentist	45,204	38%
DCP	74,826	62%
Total	**120,030**	**100%**

This table shows the total number of dentists and DCPs on the register as of 31 December 2023. DCPs who have more than one title, for example a dental hygienist who is also a dental therapist, are only counted once in this table.

The composition of the register by dental grouping as of 31 December 2023

Registration Title	Number of Dental Professionals	% of total titles on the register	Number of New Titles Added	% of total
Dental Nurse	61,774	47.87%	5,330	55.1%
Dentist	45,204	35.03%	2,130	22.0%
Dental Hygienist	9,572	7.42%	910	9.4%
Dental Therapist	5,961	4.62%	1,020	10.5%
Dental Technician	5,092	3.95%	139	1.4%
Orthodontic Therapist	1,021	0.79%	117	1.2%
Clinical Dental Technician	428	0.33%	35	0.4%
Total	**129,052**	**100%**	**9,681**	**100%**

Dental professionals can hold more than one registered title. There was a 5.4% increase in the overall number of registered titles in 2023, from 122,432 in 2022 to 129,052 in 2023.

Proposed version

Dental professional numbers for 2023

There was a 3.9% increase in the total number of dental professionals on our register, from 115,541 at the end of 2022 to 120,030 at the end of 2023.[1]

Registration type - Dentist
Number of dental professionals
45,204
38% of total

Registration type - DCP
Number of dental professionals
74,826
62% of total

Total 120,030

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Number of New Titles Added

Dental Nurse **5,330** — **55.1%**
Dental hygienist **910** — **22%**
Dentist **2,130** — **9.4%**
Dental Therapist **1,020** — **10.5%**
Orthodontic Therapist **117** (1.2%)
Dental Technician **139** (1.4%)
Clinical Dental Technician **35** (0.4%)

Dental professional numbers

Divided into a graph with width representing data

Pulled out large stats

Use of figure icons to relate to people

Composition of the register

Bar divided into a graph format as above

Pulled out large stats

Use of mutiple people icon to represent professions

Current version

Proposed version

Dental professional numbers/Composition of the register (Pages 24) - **Option 2**

Current version

Dental professional numbers for 2023

There was a 3.9% increase in the total number of dental professionals on our register, from 115,541 at the end of 2022 to 120,030 at the end of 2023.[1]

Registration type	Number of dental professionals	% of total
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Current version

Proposed version

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Total number of Dental Professionals
129,052

Dental Nurse	**61,774** (47.9%)
Dentist	**45,204** (35.0%)
Dental Hygienist	**9,572** (7.4%)
Dental Therapist	**5,961** (4.6%)
Dental Technician	**5,092** (4.0%)
Orthodontic Therapist	**1,021** (0.8%)
Clinical Dental Technician	**428** (0.3%)

Total number of new Titles added
9,681

Dental Nurse	**5,330** (55.1%)
Dentist	**2,130** (22.0%)
Dental Hygienist	**910** (9.4%)
Dental Therapist	**1,020** (10.5%)
Dental Technician	**139** (1.4%)
Orthodontic Therapist	**117** (1.2%)
Clinical Dental Technician	**35** (0.4%)

Proposed version

Annotations

Dental professional numbers

Divided into a graph with width representing data

Pulled out large stats

Use of figure icons to relate to people

Composition of the register

Pulled out large number version to show totals

Coloured backround and colour coding makes it more engaging

Composition of the register (Page 25)

Current version

**The composition of the register by region of qualification as of 31 December 2023
Dentists, by region of qualification**

New additions to the dentists register in 2023, by region of qualification

Dentist Applications Region	Number of applications	% of total
UK qualified	1,087	51.0%
EEA qualified	818	38.4%
ORE - UK Statutory Examination	203	9.5%
Rest of the world qualified	22	1.1%
Total	**2,130**	**100.00%**

DCPs, by region of qualification

DCP Title	UK Qualified	EEA Qualified	Rest of world qualified	Total
Dental Nurse	61,563	143	68	61,774
Dental Hygienist	7,606	459	1,507	9,572
Dental Therapist	4,436	3	1,522	5,961
Dental Technician	4,873	197	22	5,092
Orthodontic Therapist	957	2	62	1,021
Clinical Dental Technician	426		2	428
Total	**79,861**	**804**	**3,183**	**83,848**

Current version

Proposed version

**The composition of the register by region of qualification as of 31 December 2023
Dentists, by region of qualification**

New additions to the dentists register in 2023, by region of qualification

UK Qualified (51%)	EEA Qualified (38.4%)	Total (100%)
1,087	818	2,130
ORE - UK Statutory Examination (9.5%)	**Rest of the world qualified (1.1%)**	
203	22	

DCPs, by region of qualification

Dental Nurse
61,563
UK Qualified
EAA Qualified (143)
Rest of the world qualified (68)
Total 61,774

Dental Hygienist
7,606
UK Qualified
EAA Qualified (459)
Rest of the world qualified (1,507)
Total 9,572

Dental Therapist
4,436
UK Qualified
EAA Qualified (3)
Rest of the world qualified (1,522)
Total 5,961

Dental Technician
4,873
UK Qualified
EAA Qualified (197)
Rest of the world qualified (22)
Total 5,092

Orthodontic Therapist
957
UK Qualified
EAA Qualified (2)
Rest of the world qualified (62)
Total 1,021

Clinical Dental Technician
426
UK Qualified
EAA Qualified (0)
Rest of the world qualified (2)
Total 428

Qualified: UK (79,861) EEA Qualified (804) Rest of the world (3,183)   **Total 83,848**

Proposed version

New additions to the dentists register in 2023

Pulled out numbers in large format to show regions

Total pulled out large with use of iconography

DCPs, by region of qualification

Pulled out number version to focus on the UK Qualified numbers

Total featured in solid blue box at the footer

Fitness to Practise activity 2023 (Page 29)

Current version

Summary of Fitness to Practise activity in 2023

Changes in the average closure rates at the different stages of the FTP process from 2021 to 2023	2021	2022	2023	Percentage change from 2022
Of every 100 cases received:				
Progressed for assessment	87	85	86	+1%
Progressed for case examiner decision	43	34	34	-
Progressed for a Practice Committee hearing	19	16	13	-19%
Sanctions imposed	14	13	11	-15%
No further action	5	3	2	-33%

Fitness to Practise activity	2021	2022	2023	Percentage change from 2022
New concerns received	1,349	1,264	1,297	+3%
Assessment decisions made	869	1,267	1,441	+14%
Case examiner decisions made	304	326	356	+9%
Assessment Caseload at end of year	991	899	618	-31%

Many of the assessed cases completed were started before 2023. We referred 40% of the cases reviewed at assessment stage to case examiners and closed 60% of them.

There were 132 case examiner referrals to the Practice Committees, a 17% decrease compared to 2022 (156). Case examiners also referred 10 of these cases to the Interim Orders Committee.

Further details of our performance can be found in the Fitness to Practise statistical report, published separately.

Proposed version

Summary of Fitness to Practise activity in 2023

Changes in the average closure rates at the different stages of the FTP process from 2021 to 2023	2021	2022	2023	Percentage change from 2022
Of every 100 cases received:				
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Progressed for a Practice Committee hearing	19	16	13	-19%
Sanctions imposed	14	13	11	-15%
No further action	5	3	2	-33%

New concerns received	Assessment decisions made	Case examiner decisions made	Assessment caseload at end of year
1,297	1,441	356	618
Up from 2022	Up from 2022	Up from 2022	Down from 2022
↑ 3%	↑ 14%	↑ 9%	↓ 31%

Many of the assessed cases completed were started before 2023. We referred 40% of the cases reviewed at assessment stage to case examiners and closed 60% of them.

There were 132 case examiner referrals to the Practice Committees, a 17% decrease compared to 2022 (156). Case examiners also referred 10 of these cases to the Interim Orders Committee.

Further details of our performance can be found in the Fitness to Practise statistical report, published separately.

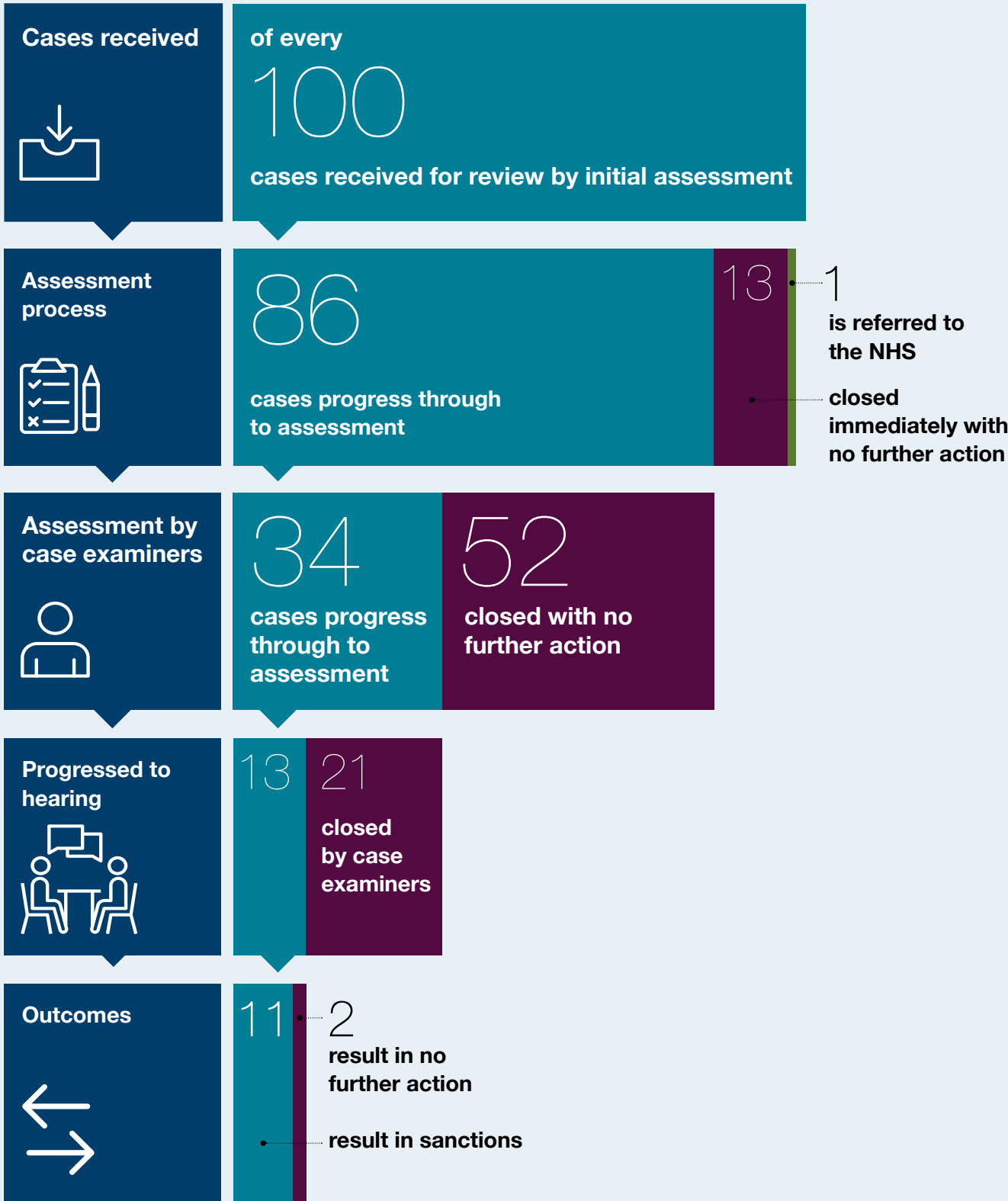Fitness to Practise activity 2023

Focus on 2023 totals with % change shown underneath

Supporting arrow icon to show value going up or down

Fitness to Practise process (Page 29)

Closure rate at each stage of the Fitness to Practise process in 2023

The diagram below shows the average closure rate at the different stages of the Fitness to Practise process (this is the average of cases actioned in 2023 rather than the number of cases received).

Average closure rate at the different stages of the Fitness to Practise process

Cases received

of every

100

cases received for review by initial assessment

Assessment process

86

cases progress through to assessment

13 **1** is referred to the NHS

closed immediately with no further action

Assessment by case examiners

34

cases progress through to assessment

52

closed with no further action

Progressed to hearing

13 **21**

closed by case examiners

Outcomes

11 **2** result in no further action

result in sanctions

Current version

Examples from GMC Annual Report 2023-24

Page 06

Our performance

Every year our performance as a regulator is assessed by the Professional Standards Authority (PSA). It is measured across our four core functions: education and training; registration; guidance and standards; and fitness to practise.

The PSA's latest annual assessment confirmed that we successfully met all 18 of its Standards of Good Regulation in 2022–2023. We are proud to have met all the standards set by the PSA since they were introduced in 2012. It means we are performing to a high standard as a regulator, and reflects the commitment we make in our work to standards such as:

- transparency
- public protection
- timeliness
- equality, diversity and inclusion.

General standards
5 out of 5

Guidance and standards
2 out of 2

Education and training
2 out of 2

Registration
4 out of 4

Fitness to practise
5 out of 5

Total standards met
18 out of 18

Page 10

Doctors on the register by gender

Men · Women

	Men	Women
UK	52%	48%
England	51.4%	48.6%
Northern Ireland	47.7%	52.3%
Scotland	46.7%	53.3%
Wales	53.8%	46.2%

Total doctors on the GP Register

80,562 — Up 2.5% from 2022 (78,619)

64,692 (80.3%) were located in **England**.
2,278 (2.8%) were located in **Northern Ireland**.
7,452 (9.3%) were located in **Scotland**.
3,289 (4.1%) were located in **Wales**.
2,851 (3.5%) either were located **outside the UK** or did not provide us with enough information to establish their location.

Total doctors on the Specialist Register

110,478 — Up 2.9% from 2022 (107,327)

83,735 (75.8%) were located in **England**.
2,721 (2.5%) were located in **Northern Ireland**.
8,366 (7.6%) were located in **Scotland**.
4,250 (3.8%) were located in **Wales**.
11,406 (10.3%) either were located **outside the UK** or did not provide us with enough information to establish their location.

Examples from NMC Annual Report 2023-24

Page 29

Corporate commitment

Tackle discrimination and inequality and promote diversity and inclusion to make sure that our processes are fair for everyone.

Impact

Through this work:

- We will be able to respond more effectively and provide reassurance to people by building the confidence, awareness and knowledge of all colleagues on EDI issues.
- We will help tackle the discrimination and inequality faced by professionals, which will in turn help address the inequalities in people's experiences of health and social care.
- We will engage with seldom-heard groups to help us understand, and work to address the barriers people experience that may prevent them from receiving good care.

Status at 31 March 2024

Some delays and uncertainties: You can read more about this work and the action we are taking on page 24.

This work will be revisited in light of the recommendations from the independent investigations, reflecting the serious findings in the reports.

Corporate commitment

Close the Covid-19 emergency register.

Impact

In March 2020, we created a temporary register made up of professionals we considered to be fit, proper and suitably experienced to work in support of the Covid-19 emergency. With the end of the Covid-19 pandemic, the temporary register was closed on 31 March 2024.

Status at 31 March 2024

Completed: You can find out more information on this work on page 12.

Page 13

Number of professionals on our permanent register by registration type at 31 March 2024

44,125	765,051	6,361	10,881
Midwives	Nurses	Dual registered (nurse and midwife)	Nursing associates

Total register 826,418
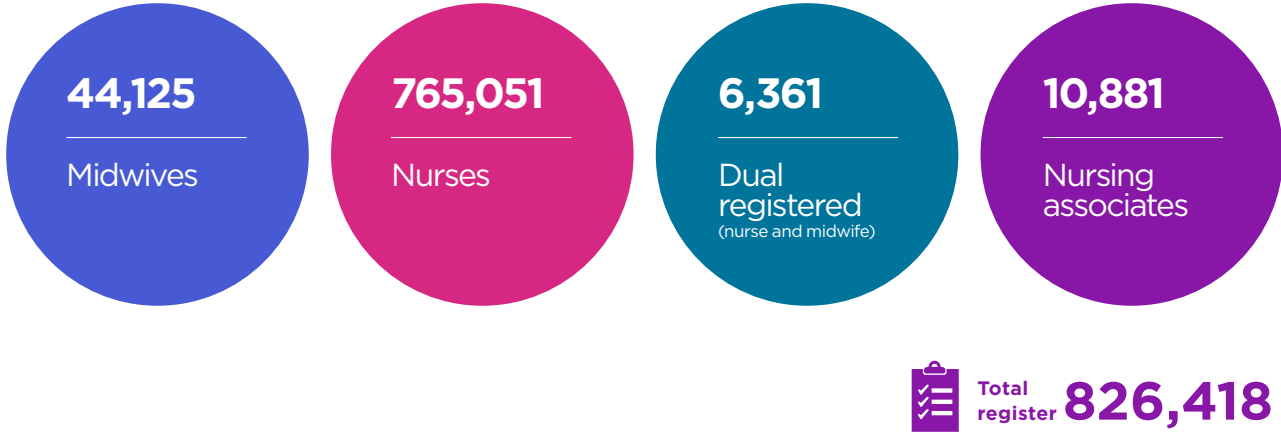
Numbers of registered professionals by country or region of initial registration at 31 March 2024

- England 508,404
- Northern Ireland 22,209
- Scotland 73,916
- Wales 31,672
- European Union/European Economic Area 26,500
- Rest of the world 163,717
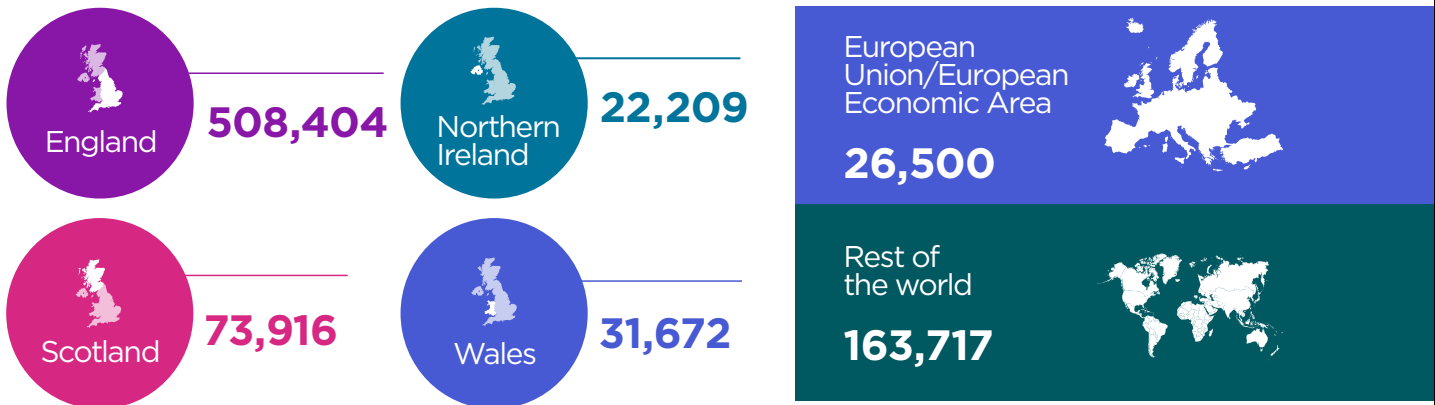
How we have supported people to join our register

We want to make sure everyone who meets our standards can join our register and provide safe, kind and effective care for the public across the UK.

Our contact centre is the first point of call for many people who wish to join our register. The contact centre team also handles thousands of enquiries each year from professionals already on the register and those who may be looking to re-join after a period away.

In 2023–2024 there were 222,905 calls to the contact centre (2022–2023: 190,754). The team also received 40,432 emails. Our contact centre strives for excellent customer service and, on average for the year, 95 percent of people who got in touch with the contact centre and answered our survey said we treated them kindly (2022–2023: 96 percent).

This year, to support graduates to join the register and start practising as quickly as possible, we have attended events aimed at students and sent targeted communications to explain how to join.

Thank you

bell

General Dental Council

External Auditor Update

Executive Director	Gurvinder Soomal, Chief Operating Officer
Author(s)	Samantha Bache, Associate Director, Finance
Type of business	For noting
Purpose	This paper is presented to the Council, following their June 2024 appointment of the National Audit Office as the future independent external auditor to the Council
Issue	To note the formal and expected resignation of Haysmacintyre LLP as the independent external auditor of the Council.
Recommendation	The Council is asked to note the resignation letter provided at appendix 2.

1. Background

1.1 In order to meet our statutory responsibility to produce an Annual Report and Accounts for Parliament, the GDC must appoint an independent external auditor. The independent external auditor is appointed by Council, on the recommendation of the Audit and Risk Committee (ARC).

1.2 In January 2024, the National Audit Office presented a paper to the ARC on a change in the NAO's approach to two-tier audits because of a change in International Standards on Auditing (UK) 600[1]. The standard has been relied upon historically by the NAO to underpin their auditing arrangements of two-tier audits, in particular, how they place reliance on a tier 1 auditor's work in order to reach their own auditing opinion.

1.3 The NAO reported to the ARC that the change in standard meant that, following long consideration and correspondence with the Financial Reporting Council, they are unable to continue to place reliance on a tier 1 auditor's work for accounting periods beginning on or after 15th December 2023.

1.4 The NAO presented a proposed approach for the Council's 2024 Annual Report and Accounts (ARA) that would require the NAO to be appointed as the first-tier auditor to the Council.

1.5 Following a full review of our available options with the ARC, which were summarised and further discussed with the Council in June 2024, the Council moved to appoint the NAO as the future independent external auditor of the Council

1.6 We duly notified Haysmacintyre LLP of the Council's decision to appoint the NAO, and Haysmacintyre LLP have now issued, as we expected and as required by section 519 of the Companies Act 2016, their formal resignation as our auditors.

1.7 The Council is asked to note the letter of resignation, which we will then forward to the ICAEW, as required under section 523(1) of the Companies Act 2016.

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[1] https://www.frc.org.uk/library/standards-codes-policy/audit-assurance-and-ethics/auditing-standards/isa-uk-600/

2.   Legal, policy and national considerations

2.1   The obligations on Council regarding the appointment of auditors are set out in s2C of the Dentists Act 1984 (DA). Council is obliged to appoint auditors and send the report and statement of accounts to the Comptroller General and Auditor General (CG&AG). The statutory role of the CG&AG is, amongst other things, to provide assurance to Parliament regarding the finances of public authorities. Under s2(7), separate reports must be laid before the Parliaments, including the first-tier audit report, and the CG&AG report.

3.   Equality, diversity and privacy considerations

3.1   There are no equality, diversity, or privacy considerations relating to the resignation of the audit team.

4.   Risk considerations

4.1   The no risk considerations relating to the resignation of the audit team.

5.   Resource considerations and CCP

5.1   The no risk or resource considerations relating to the resignation of the audit team.

6.   Next steps and communications

6.1   The letter of resignation will be forwarded to the ICAEW, as required under section 523(1) of the Companies Act 2016.

Appendices

Appendix 1 – Further background information on the change in auditing standard

Appendix 2 - Resignation Letter to Council

Samantha Bache, Associate Director, Finance
sbache@gdc-uk.org

18 October 2024

Appendix 1 – Further background information on the change in auditing standard

1.   Auditing Standard

1.1   The update of the auditing standard (600) introduces significant changes to the audit of groups for periods commencing on or after 15 December 2023. These changes have been made to ensure the standard better aligns to new and recently revised standards, such as the quality management standards. This thereby encourages proactive management of quality and ensures that the standard remains fit for purpose.

1.2   Whilst the standard is designed for those organisations who operate group accounting and consolidation, it had historically been the standard that has been relied upon for those public bodies with a two-tier auditing arrangement. The two-tier arrangement, whilst unusual, does require the same element of reliance on a primary audit teams work and opinion as would be required in group consolidation - and ultimately for the C&AG to provide an audit opinion on the Council's accounts. Therefore, whilst the standard was not specifically designed for the council's legislative audit requirement, and such a standard does in fact not exist, it was historically appropriate to the Council's circumstance.

1.3   The revised standard is clearer that the scope of the standard can only be applied in the context of a consolidation process and those entities with two-tier audit arrangements are not a consolidation process and therefore, following considerable internal consideration by the NAO on scope/context, they concluded they can no longer apply the standard without substantial compliance and regulatory risk.

1.4   The NAO have concluded they cannot legitimately, rationalise the responsibilities into a single report under the requirements of the Act. Therefore, they would seek to appoint a Responsible Individual Auditor resource and capacity to act as the deliver the first-tier audit requirement and assurance to the Council. The C&AG's certification process would, as it does not, provide the relevant assurance to Parliament. The NAO advise this can be managed effectively with appropriate ethical walls within the NAO governance structure.

1.5   Changes made to the standard include the clarification of the requirements applicable to group audits, with a focus on the resources needed to perform the engagement, and the direction and supervision of the engagement team and the review of its work. The definition of 'engagement team' includes component auditors. For the GDC, the component auditor would relate to our first-tier auditor, Haysmacintyre LLP.

1.6   The requirements for robust two-way communication between the group auditor, or in our case the second-tier auditor (NAO), and the component auditor have been strengthened and there are enhanced requirements in relation to professional scepticism. The revised ISA also includes enhanced documentation requirements and clarifies the restrictions on access to people or information that might exist, including guidance on how these might be overcome.

1.7   The standards have been recognised as being likely to result in more work for the audit engagement team and audit partners, particularly considering the enhanced responsibilities for direction, supervision and review of the work of the component auditors.

1.8   The Institute of Chartered Accountants in England and Wales have publicly indicated its expectation that current engagement practices of group accounts will need to be reassessed, given the substantial change to the requirements under the standard.

1.9   Independent advice has been sought from the Association of Chartered Certified Accounts on the application of this standard to our audit structure. Whilst they were unable to comment or provide

advice directly on our specific arrangements, they did confirm that our understanding of the standard was correct.

1.10   Additionally, they confirmed that the change in the standard - if it was currently relied upon historically for our audits - was likely to require reassessment. Ultimately, it would be for the Group Auditor to be assured and the approach satisfies that required by the standard.

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The Council
General Dental Council
37 Wimpole Street
London
W1M 8DQ

30 September 2024   RJW/G71019/LP

Dear Sirs/Madams

Haysmacintyre LLP, 10 Queen Street Place, London, EC4R 1AG (Registered auditor number: C006489278)

General Dental Council

Further to our recent discussions/correspondence and in accordance with section 516 Companies Act 2006 we resign as auditors due to the NAO's interpretation of ISA600 relating to reliance on other audit firms work.

Further in accordance with section 519 Companies Act 2006, we confirm that there are no matters connected with our ceasing to hold office which we consider should be brought to the attention of the members or creditors of the company.

We take this opportunity to point out that we are required by section 522(1) and you are required by section 523(1) to send a copy of this notice to the ICAEW at auditorchange@icaew.com.

Yours faithfully

haysmacintyre LLP.

Haysmacintyre LLP

Specialist List Assessed Applications: update following consultation

Executive Director	Stefan Czerniawski, Executive Director, Strategy
Author(s)	Dorian Kennedy, Policy Manager
	Madeline Eastwood, Policy and Projects Officer
Type of business	For approval
Purpose	To seek agreement from Council to the proposed changes to the GDC's Specialist List Regulations.
Issue	To update the Council on the outcome of the consultation on amending the routes for assessed applications as set out in the GDC's Specialist List Regulations.
	This consultation ran between 4 July and 12 September 2024.
	This paper outlines the consultation process, key feedback obtained from respondents and recommended next steps.
Recommendation	The Council is invited to **approve** the proposed the draft GDC Specialist List Regulations, **make the Regulations** and **note** the outcome report on the consultation on replacing the previous routes for assessed applications as set out in the GDC's Specialist List Regulations 2008.
	The draft Specialist List Regulations is attached as **Appendix 1**, and the outcome report is attached as **Appendix 2**.

1.   Background

1.1   In June 2024, the Council gave approval to consult on proposed amendments to the GDC Specialist List Regulations, and this consultation was published on 4 July 2024. This followed the change that brought the administration of specialist list assessments under the GDC's management. This change has resulted the elimination of a backlog of applications and consistent and timely processing of applications to join the specialist lists.

1.2   Making the change highlighted underlying difficulties with the assessment approach within the structure of the current specialist list regulations. As a result, we proposed that the Council amend the specialist regulations and the routes set out within the regulations. The core purpose of these changes was for clarity and fairness, providing greater consistency in the way applications can be considered.

2.   Proposed amendments to the routes

2.1   The GDC approves curricula for each of the specialities against which UK training programmes are developed. Individuals admitted to those training programmes, governed by the postgraduate dental deans, are allocated a National Training Number (NTN). Successful completion of such training programmes leads, on the recommendation of one of the postgraduate dental deans, to the award of a Certificate of Completion of Specialist Training (CCST) which in turns entitles the

holder to entry onto the relevant specialist list. This NTN pathway route is not affected by the proposals.

2.2   The proposed amendments aim to improve the routes to join a specialist list without a CCST. At present, registered dentists who do not hold a CCST can apply to join a specialist list by submitting evidence that they have an equivalent level of knowledge and experience gained in other ways. These are specialist list assessed applications (SLAA) and apply where an applicant:

   a.   can demonstrate that they have knowledge, skills and experience derived from academic or research work in the specialty in question and can satisfy the GDC that this knowledge and experience is equivalent to that which the dentist might reasonably be expected to have acquired if they had undertaken the training required for the award of a CCST in that specialty; or

   b.   holds specialist dental qualifications awarded outside the UK and can satisfy the council that those qualifications are equivalent to those required for the award of a CCST in the specialty in question; or

   c.   [for orthodontics and oral surgery only] is a dentist with a relevant specialist qualification awarded by certain institutions in EEA member states or Switzerland; or d. [for oral surgery only] is registered as a specialist on the General Medical Council's register for Oral and Maxillofacial Surgery and has completed training equivalent to that required for the award of a CCST in Oral Surgery.

2.3   These routes are set out in the General Dental Council (Specialist List) Regulations 2008 (which are set by and can be changed by the Council) and the European Primary and Specialist Dental Qualifications Regulations 1998 (which are secondary legislation and can only be changed by the government).

2.4   Stakeholders have raised concerns about the above routes, particularly the first of these which requires assessment of knowledge skills and experience derived through academic and research work. Applications made under this route can be challenging to assess as it is often unclear whether and how an applicant can demonstrate equivalence to the clinical aspects of a CCST through academic and research experience alone.

2.5   Although the assessment process is now operating more smoothly, the academic and research route continues to raise difficulties for us and for applicants as to what evidence can be considered to demonstrate sufficient clinical knowledge.

2.6   There are also difficulties with the non-UK qualifications route (para 2.2b). Individuals who have gained a qualification in the UK but are not eligible for a CCST because they did not have an NTN, are at a disadvantage compared with somebody who has gained an equivalent qualification outside the UK. Their only option is to apply through the academic and research route. This, however, is confusing because their knowledge, skills and experience are unlikely to have been gained via academia or research.

2.7   We therefore proposed to amend the Regulations to replace the academic and research route with a more general assessment route for the 11 specialties over which the Council has full control.

2.8   As noted above, feedback from the assessment panels suggests that the revised application guidance we have published has been successful in helping applicants provide the right evidence to support their application. Once the Regulations are revised, we will be able further to improve the guidance to provide a clear explanation of what evidence will best support applications. Providing this information in guidance also offers the opportunity for continuous review and quality assurance of the guidance.

2.9   For oral surgery and orthodontics, we took a slightly different approach due to the governing legislation. When the government was considering whether to extend the recognition of primary dental qualifications last year, we made representations to the effect that while there was a strong pragmatic case for continuing to recognise European primary qualifications, the case was much less strong in respect of specialist qualifications and that it would be appropriate to bring the arrangements for oral surgery and orthodontics into line with the domestic specialities. In its formal response, the government declined to act immediately on that suggestion, but did commit to 'explore the legislative improvements suggested by regulators in the consultation and the viability of delivery between 2024 and 2026.' We do not yet have any indication of whether the new government will adopt a similar approach, but even if they do, there is no immediate prospect of the changes which would be necessary.

2.10   We cannot therefore remove the existing routes for orthodontics and oral surgery but proposed instead to amend our Regulations to add an additional route to listing for applicants who have trained in the UK but have not been awarded a CCST.

2.11   We separately took the opportunity to make provision for the recognition of specialist qualifications where we are required to do so by the terms of trade agreements concluded between the UK and other countries, and more specifically by the Recognition of Professional Qualifications and Implementation of International Recognition Agreements (Amendment) Regulations 2023, which require the GDC to recognise specialist dental qualifications gained in specific countries under certain conditions. The countries to which this currently applies are Norway, Iceland, Liechtenstein and Switzerland. We are not aware of any current intention to add to these countries, but the regulation is drafted to include any country which is or becomes in scope of the 2023 Regulations.

2.12   The draft Regulations are available in **Appendix 1**.

3.   Consultation and engagement

3.1   The consultation was opened on 4 July 2024 and was open for responses from all stakeholders including patients, dental professionals and representative bodies until 12 September 2024.

3.2   The consultation was available via the Jisc online platform and the GDC website, and both online and unstructured responses were accepted. The consultation was widely publicised through newsletters, social media, press releases, direct emails and at stakeholder meetings.

3.3   We contacted various external stakeholders to inform them, and subsequently remind them, of the opportunity to provide their views in relation to our proposals.

3.4   We asked three pairs of questions on specific issues, with one of each pair being a scale question. This asked the respondent to select one answer from a pre-set list, followed by an open question where they could provide rationale for their answer. There were also two more open questions.

3.5   Analysis of responses involved coding each open text response (qualitative) to a question in order to identify the theme(s) within that response. The key themes across all responses were considered, as well as feedback that did not fit a theme. We have responded to these within the consultation outcome report which is available in **Appendix 2.** Responses for closed (quantitative) questions were analysed to determine the proportion of respondents who identified with the different answer options posed. This data is reported in the outcome reports in the form of summary tables.

3.6   Representative organisations and individuals, including dental professionals and specialists, responded to the consultation with a range and breadth of views. This provided detailed basis for our analysis of the consultation.

4.   Consultation feedback

4.1   We received 341 responses to the consultation. 16 (5%) of these responses were from people who told us they were responding on behalf of an organisation. 325 (95%) were from individuals. The majority of the responses were positive, with many expressing that the proposals would improve fairness and clarity in the SLAA process and enable highly skilled and experienced professionals the opportunity to apply to join the lists.

4.2   Some respondents told us that they had concerns that SLAA applicants may not be able to demonstrate equivalence to the skills, knowledge and experience which would be reasonably expected to be achieved via the CCST pathway. We have addressed this feedback within the outcome report. We explained how applications are required to map their evidence to the learning outcomes set out in the specialty curricula. We also cited our plans to update our application guidance with more specific information and criteria to help applicants clearly match their skills, knowledge and experience to the specialty curricula, without the constraints of the 'academic and research' stipulation.

4.3   There were several suggestions that the Royal College specialty membership exams should be open access to eligible candidates outside of the NTN pathway. Currently, these exams are only open to NTN trainees and some overseas specialist trainees. These exams are not owned by the GDC and we cannot require the Royal Colleges to open up access to these. However, if the Royal Colleges wished to open access to all eligible candidates, we would likely support efforts in this direction, although we would need to consider whether to make this a requirement of SLAA applicants.

5.   Legal, policy and national considerations

5.1   Subject to approval of the consultation outcome report and the draft regulations, we will be replacing the General Dental Council Specialist List Regulations 2008. The new regulations will come into effect in January 2025. Applications received from this date will be assessed against the new regulations.

5.2   Policy and registration colleagues have collaborated throughout the project and there is consensus that proposed changes will streamline and improve the application and assessment process.

5.3   The policy, registration and In-House Legal Advisory Service teams have worked together in developing the revised regulations and outcome report and legal risks have been considered. The teams will continue to collaborate to ensure that, should any legal risks arise, they are mitigated effectively.

5.4   The impact of the work will be equal across the four nations of the UK.

6.   Equality, diversity, and privacy considerations

6.1   As with all of our policy development work, we have carried out an Equality Impact Assessment (EIA) to identify differential impacts on groups, and any possible mitigations. We have also conducted another EIA for the consultation process, which did not identify any negative impacts on any groups of protected characteristics. This EIA can be found in the reading room.

6.2   The changes discussed will mainly impact overseas and non-CCST UK applicants looking to join the Specialist List. However, the impact is positive one, improving accessibility to those who are

eligible to join. In particular, older professionals and professionals who have parental and caregiving responsibilities, including those who have taken a career break for maternity leave.

6.3   Updated application guidance will ensure that the application process remains transparent for applicants.

7.   Risk considerations

7.1   Risks relating to this project have been captured, considered and appropriate mitigations identified, as part of the project management process.

7.2   The consultation was open for 10 weeks in order to meet deadlines for this to be considered at the October 2024 Council meeting and, subject to approval, for the changes to take effect from January 2025. Whilst this was slightly shorter than the 12-week period we commonly use, we engaged with interested stakeholders on the proposals who expressed support for the changes. We received a large number of responses to this consultation, so we consider the 10-week consultation to not have adversely impact on the level of engagement.

8.   Resource considerations and CCP

8.1   All required resource is budgeted for in the CCP-2024-26.

9.   Monitoring and review

9.1   The delivery and monitoring of this project will form part of the normal CCP reporting cycle.

9.2   Following its closure, the feedback has been analysed, and a summary report and recommendation can be found in **Appendix 2**.

9.3   Implementation will be monitored by Registration casework and GDC's internal reporting.

10.   Development, consultation, and decision trail

10.1   At its meeting in April 2023, the Council was informed of the work being done to restart the SLAA process by bringing it in-house, and of the proposals to make broader improvements to the SLAA process, which would likely include amendments to The General Dental Council (Specialist List) Regulations 2008. Since then, we have successfully restarted the assessment of Specialist List Assessed Applications in-house, reviewed and updated application guidance and drafted proposals to amend the Regulations. In June 2024, the Council approved the Consultation on amending the routes for assessed applications as set out in the GDC's Specialist List Regulations.

10.2   Throughout this project we have consulted with key stakeholders including the Advisory Board for Specialty Training in Dentistry (ABSTD), The Speciality Advisory Committees (SACs), the Committee of Postgraduate Dental Deans (CoPDenD) and the Joint Medical and Dental Faculties (JMDF). These stakeholders contributed to the first phase of the work in 2023 to bring the SLAA process in-house and review application guidance and have been engaged regarding the proposals to amend the Regulations. These stakeholders have expressed support for the changes that we are proposing to make.

11.   Next steps and communications

11.1   Following the analysis of the consultation responses and the drafting of the outcome report, our recommendation is for the Council to approve the draft GDC Specialist List Regulations. Subject to the Council's approval, the draft regulations will come into effect on 1 January 2025.

11.2   This will be supported by communication and engagement activities to raise awareness to stakeholders.

Dorian Kennedy, Policy Manager
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Tel: 020 7167 6265

10 October 2024

The General Dental Council (Specialist List) Regulations 2024

The General Dental Council make the following regulations in exercise of their powers conferred under section 26(3) and (4) and 52(1A) and 1(B) of the Dentists Act 1984.

1. Citation and commencement

These regulations may be cited as "The General Dental Council (Specialist List) Regulations 2024" and shall come into force on 1 January 2025.

2. Interpretation

In these regulations unless the context otherwise requires–

"the Act" means the Dentists Act 1984;

"CCST" means a Certificate of Completion of Specialist Training in a specialist branch of dentistry;

"the Council" means the General Dental Council;

"the Directive" means Directive 2005/36/EC of the European Parliament and of the Council of 7th September 2005 on the recognition of professional qualifications (OJ No L255, 30.09.2005, p 22), and any reference in these regulations to the Directive or to any provision of the Directive is a reference to the Directive, or to that provision, as it had effect as at the Implementation Period Completion Date (31 December 2020 at 11pm).

"the European Qualifications Regulations" means the European Primary and Specialist Dental Qualifications Regulations 1998 as amended.

"fees" are prescribed by the Council in the General Dental Council (Specialist)(Fees) Regulations 2017.

"the Professional Qualifications and International Agreements Regulations" means the Recognition of Professional Qualifications and Implementation of International Recognition Agreements (Amendment) Regulations 2023; and

"specialty" means a branch of dentistry referred to in regulation 3 for which a title is prescribed under these regulations.

3. Prescribed titles

The following titles are prescribed for the purposes of section 26(3) of the Act–

(1)   Specialist in Orthodontics
(2)   Specialist in Oral Surgery
(3)   Specialist in Endodontics
(4)   Specialist in Periodontics
(5)   Specialist in Prosthodontics Specialist in Restorative
          Dentistry
(6)   Specialist in Dental Public Health
(7)   Specialist in Paediatric Dentistry
(8)   Specialist in Oral Medicine
(9)   Specialist in Oral and Maxillofacial Pathology
(10)   Specialist in Oral Microbiology
(11)   Specialist in Dental and Maxillofacial Radiology
(12)   Specialist in Special Care Dentistry

4.   Certificate of completion of specialist training

(1)   Subject to the paragraphs (2), (3) and (4), the Council shall award a CCST to any registered dentist who applies to the Council for that purpose (and pays any fee determined by the Council) if the Council is satisfied that the registered dentist has satisfactorily completed specialist dental training in a specialty approved by the Council pursuant to regulation 5.

(2)   A CCST may only be awarded to a registered dentist.

(3)   A CCST shall not be awarded to a person registered under section 17 of the Act (temporary registration).

(4)   A period of dental training in a specialty counts towards completion of the training required for another specialty if it is common to both.

(5)   A CCST shall state –

   (a)   the date on which it was awarded;

   (b)   the specialty in which it was awarded;

   (c)   the name of its holder;

   (d)   the holder's primary dental qualification; and

   (e)   the registration number allocated to the holder by the registrar.

(6)   A CCST shall state where the holder's primary dental qualification was awarded and, in the case of a registered dentist whose primary qualification in the United Kingdom was awarded following the completion of a degree, licence or other dental diploma overseas, the CCST shall also state this qualification and the place where it was awarded.

5. Conditions for use of prescribed titles

    (1)   In order to qualify to use one of the titles prescribed in regulation 3 a registered dentist shall comply with the conditions prescribed for that title in these Regulations.

    (2)   Specialist dental training intended to lead to the award of a CCST shall not be approved by the Council unless that training meets the conditions specified in Article 35 of the Directive (specialist dental training), or under article 22(a) of the Directive (part-time training) is to be treated as meeting those conditions.

    (3)   The Council may withdraw any such approval if it is satisfied that the training no longer meets, or under article 22(a) of the Directive can no longer be treated as meeting, the conditions specified in article 35 of the Directive.

6. Requirements for eligibility: qualifications, knowledge and skill and experience

    (1)   A registered dentist shall be entitled to use the title "Specialist in Orthodontics" or (as the case may be) "Specialist in Oral Surgery" if the registered dentist–

        (a)   holds a CCST awarded by the Council under regulation 4 in the specialty in question;

        (b)   holds a specialist qualification or qualifications awarded in the United Kingdom and has relevant knowledge and skill and experience in the specialty in question and satisfies the Council that they have gained a level of expertise that is equivalent to the level of expertise they might reasonably be expected to have attained if they had a CCST in that specialty;

        (c)   is an eligible specialist as specified in regulation 9 of the European Qualifications Regulations in the specialty in question;

        (d)   is an existing specialist as specified in regulation 12 of the European Qualifications Regulations in the specialty in question; or

        (e)   is eligible under Part 2 of the Professional Qualifications and International Agreements Regulations.

    (2)   A registered dentist shall be entitled to use the title Specialist in Endodontics or (as the case may be) Specialist in Periodontics or (as the case may be) Specialist in Prosthodontics or (as the case may be) Specialist in Restorative Dentistry or (as the case may be) Specialist in Dental Public Health or (as the case may be) Specialist in Paediatric Dentistry or (as the case may be)

Specialist in Oral Medicine or (as the case may be) Specialist in Oral and Maxillofacial Pathology or (as the case may be) Specialist in Oral Microbiology or (as the case may be) Specialist in Dental and Maxillofacial Radiology or (as the case may be) Specialist in Special Care Dentistry if the registered dentist–

(a) holds a CCST awarded by the Council under regulation 4 in the specialty in question;

(b) holds a specialist qualification or qualifications and has relevant knowledge and skill and experience in the specialty in question and satisfies the Council that they have gained a level of expertise that is equivalent to the level of expertise they might reasonably be expected to have attained if they had a CCST in that specialty; or

(c) is eligible under Part 2 of the of the Professional Qualifications and International Agreements Regulations.

7. Keeping of lists

(1) The Registrar shall–

  (a) keep a list in respect of each title prescribed under regulation 3; and

  (b) subject to paragraph (2) enter in each such list the name of any registered dentist qualified under these regulations to use the title for which the list is kept and who applies to be entered in such list.

(2) The list shall contain, in respect of each registered dentist qualified to use a prescribed title–

  (a) their name;

  (b) their registered qualification(s);

  (c) the date on which the registered dentist's name was entered in the list; and

  (d) their registration number.

(3) Except where a name has been erased or suspended from a list in accordance with paragraphs (1), (3), (4) or (5) of regulation 8 the Registrar shall retain in the appropriate list of registered dentists qualified to use the prescribed title the name of any registered dentist in respect of whom an application for retention of the name in the list has been received before the prescribed date accompanied by any prescribed fee, until the prescribed date in the next following year.

8.   Erasure and restoration

  (1)   Where the Registrar on the date determined by the Council in any year shall not have received from any registered dentist whose name is entered in a list any fee determined by the Council for retention of the name of the registered dentist in a list for the ensuing year, the Registrar shall remove that name from the list concerned.

  (2)   The Registrar may restore to the list a name removed under paragraphs (1) or (4) of this regulation upon receipt of an application in the form provided by the Council for the purpose accompanied by any fee determined by the Council for restoration to and retention in a list held under these regulations.

  (3)   Where it comes to the notice of the Registrar that a person (other than one to whom paragraph (5) of this regulation applies) whose name is included in a list held under these regulations is no longer a registered dentist, the Registrar shall remove that person's name from the list.

  (4)   Where information is received that an entry in a list is incorrect or that the application was made in error or application is made for an entry in a list to be altered, the Registrar, when satisfied by means of a statutory declaration or otherwise, that the information or the grounds of the application is true and sufficient, shall make the required correction, deletion or alteration provided that, where a change of name is entered in the register, the name previously registered shall be entered with the new or altered name for a period of not less than one year or such longer period as the Council may specify in a particular case.

  (5)   Any registered dentist whose name is erased from the register under sections 23, 24 or 27B of the Act or whose registration is suspended under section 27B or 27C of the Act shall forthwith have their entry in any list erased or suspended.

  (6)   When the registration of a person whose registration has been suspended from any list under paragraph (5) is no longer subject to suspension, the Registrar shall once again include that person's name in the list concerned (unless their name has been erased from the register for any other reason).

9. Transitional and saving provision

Where an application for entry in, or restoration to, a list is received before the date these Regulations come into force, the General Dental Council (Specialist List) Regulations 2008 shall continue to apply in relation to the application and any appeal arising from it.

10. Revocation

The General Dental Council (Specialist List) Regulations 2008 are hereby revoked.

Given under the Official Seal of the General Dental Council on 25 October 2024.

Lord Toby Harris
Chair

Tom Whiting
Registrar

Appendix 2

GDC consultation outcome report

Consultation on amending the routes for assessed applications as set out in the GDC's Specialist List Regulations

September 2024

OGL

2

Contents

1. Introduction

This report provides a summary of the comments received to the General Dental Council's (GDC) consultation on proposed amendments to the routes for assessed applications as set out in the GDC's Specialist Lists Regulations. The report also provides our consideration of the comments and our response.

The consultation asked for views on the ways registered dentists can gain entry onto the GDC's specialists lists. In particular, it asked about the avenues through which dentists who have not gained a Certificate of Completion of Specialist Training (CCST) may join their respective specialist list through expertise and experience. It also asked for feedback on amendments enabling the implementation of recent trade agreements between the UK and certain other countries.

The consultation responses represented a broad range of views, the majority of which strongly supported our proposals. Many respondents agreed that the amendments would improve the clarity of the Specialist List Assessed Applications (SLAA) process and open it up to many more people who have the skills, knowledge and experience that match, or in some cases exceed, that which is acquired following a CCST.

The consultation was open for responses from all stakeholders including patients, dental professionals, and representative bodies from 4 July 2024 until 12 September 2024.

2. Background

The GDC is the regulator of dental professionals in the UK, and one of ten professional healthcare regulators. The GDC is a statutory body established by the Dentists Act 1984 and has a broad statutory remit. In common with all other healthcare professional regulators, our overarching objective is the protection of the public, in pursuit of which we must pursue the three following objectives:
   • To protect, promote and maintain the health, safety, and well-being of the public.
   • To promote and maintain public confidence in the regulated professions.
   • To promote and maintain proper professional standards and conduct for members of those professions.
Parliament has also set out four functions (our 'statutory functions') that we must conduct in pursuit of these objectives. They are:
   • To maintain a register of dental professionals.
   • To set standards for the dental team.
   • To set standards for dental education.
   • To investigate allegations of impaired fitness to practise and take appropriate action where necessary

Dental specialties

The GDC has the power under section 26(3) of the Dentists Act to make regulations that prescribe titles for distinctive branches of dentistry and make lists of dentists, supplementary to the register, who can use those titles. The GDC currently maintains 13 specialist lists[1] of

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[1] Oral Surgery, Orthodontics, Oral Microbiology, Restorative Dentistry, Endodontics, Prosthodontics, Periodontics, Oral Medicine, Oral and Maxillofacial Pathology, Dental and Maxillofacial Radiology, Dental Public Health, Paediatric Dentistry, Special Care Dentistry

registered dentists who have met minimum standards of training, and who are allowed to use the title 'specialist' in relation to their particular specialty.

The GDC is responsible for approving all curricula for education and training in specialist dentistry. The curricula are developed by Specialty Advisory Committees (SACs) who report to the relevant dental faculties of the Royal Colleges. We have worked with SACs to revise the specialty curricula, which were introduced from September 2024.

Routes of entry to the specialist lists

There are several routes that GDC-registered dentists can use to join a specialist list.

The primary route in the UK is the pathway via specific approved specialist training programmes which follow the specialty curricula the GDC approve. Admission to those training programmes is governed by the postgraduate dental deans through a process which allocates a National Training Number (NTN) to those admitted. Successful completion of such training programme leads, on the recommendation of one of the postgraduate dental deans, to the award of a Certificate of Completion of Specialist Training (CCST) which in turns entitles the holder to entry onto the relevant specialist list.

Registered dentists who have not undertaken the specific approved specialist training programme and therefore do not hold a CCST, can apply to join a specialist list by submitting evidence that they have an equivalent level of knowledge and experience gained in other ways. These are the Specialist List Assessed Applications (SLAA) routes which apply where an applicant:

- can demonstrate that they have knowledge and experience derived from academic or research work in the specialty in question and can satisfy the GDC that this knowledge and experience is equivalent to that which the dentist might reasonably be expected to have acquired if they had undertaken the training required for the award of a CCST in that specialty. Or
- holds specialist dental qualifications awarded outside the UK and can satisfy the Council that those qualifications are equivalent to those required for the award of a CCST in the specialty in question. Or
- [for Orthodontics and Oral Surgery only] is a dentist with a relevant specialist qualification awarded by certain institutions in EEA Member States or Switzerland. Or
- [for Oral Surgery only] who are registered as a specialist on the General Medical Council's Register for Oral and Maxillofacial Surgery and has completed training equivalent to that required for the award of a CCST in Oral Surgery.

Since the SLAA process was brought in-house to be managed by the GDC, applications are submitted to them and considered by an assessment panel. There are three assessors on the panel, with at least two assessors coming from the relevant dental specialty list where possible. The assessors consider each application and make an individual recommendation before meeting as a panel to discuss it. The recommendation is based on the panel's assessment of whether, from the evidence submitted, an applicant has demonstrated an equivalent level of knowledge, skills, and experience to a dentist with a CCST in that specialty and is therefore eligible for specialist listing. The panel's recommendation is sent to the Registrar, and the decision to admit an applicant to a specialist list is made by the Registrar.

3. Consultation on amending the routes for assessed applications as set out in the GDC's Specialist List Regulations

The GDC consulted on proposals that would amend the SLAA routes so they can give greater clarity for applicants and greater consistency between different groups of applicants. This was driven by concerns regarding the SLAA routes that:

- UK-qualified applicants who are not, or were not, on a training programme leading to the award of a CCST were disadvantaged compared to non-UK qualified applicants; and
- The academic and research route may be unfit for purpose.
- There is a lack of consistency of how different specialties are considered.

We also proposed amendments to implement the requirements of recent trade agreements between the UK and certain other countries. These countries are Norway, Iceland, Liechtenstein, and Switzerland. We are not aware of any intention to add to these countries through future trade agreements, but the regulation is drafted to include any country which is or becomes within scope of the Recognition of Professional Qualifications and Implementation of International Recognition Agreements (Amendment) Regulations 2023.

Questions and analysis

We asked three pairs of questions on specific issues, with one of each pair being a scale question. This asked the respondent to select one answer from a pre-set list, followed by an open question where they could provide rationale for their answer. There were also two more open questions.

The following information about respondents was gathered to help with response analysis:

- Whether a respondent was replying as an individual or on behalf of an organisation.
- How they would best describe themselves or their organisation.
- If they are a registered dental professional (including the title of their professional group).
- Whether they are on a specialist list and, if so, which one.
- If they were not on a specialist list, whether they were training/planning to train on a CCST route, or if they were planning to apply via assessment route.

We also provided an anonymous, optional survey to collect information about the respondents' protected characteristics. We collect this data to understand more about the audiences we engage with. Of the 332 individual respondents to the main consultation, only 35 completed the voluntary equality, diversity, and inclusion (EDI) survey. These responses showed that the age range of the respondents was spread somewhat equally across the age ranges between 25 and 64 years old, and there was an almost even split between male and female respondents. Unfortunately, the proportion of responses to the EDI survey in comparison to the main consultation meant we were unable to use this data set within the analysis of the consultation. We will continue to analyse the EDI survey responses across all our consultations, to ensure we are doing more to engage with hard-to-reach groups.

Respondents had the option to either read and respond to the consultation paper online via our website and a survey platform or download a copy of the paper and submit their response via email.

How we promoted the consultation and engaged with stakeholders

We launched the consultation and made the materials available on our website. We promoted them by correspondence to our stakeholders, social media posts and a press release. We also

included announcements and reminders of the consultation via our monthly newsletter to stakeholders and used opportunities in our regular meetings with stakeholders to promote the consultation. We also sent email reminders to stakeholders to make sure they were able to submit their response in time.

How we reviewed the consultation responses

Responses for closed (quantitative) questions are reported in the form of summary tables. For open text (qualitative) questions, a coding framework was prepared for each question to categorise each response and identify key themes across all responses.

4. Headline analysis of consultation responses

We received 341 responses to the consultation. 332 of these were submitted to us using the online platform. Two responses were a completed consultation document sent to us via email, and seven were sent to us via email but not in the format of the consultation document.

323 of the respondents stated that they were responding as individuals. 16 respondents told us that they were responding as an organisation; these were mainly from professional representative bodies. The remaining two respondents did not answer or provide information about whether they were responding as an individual or on behalf of an organisation. The information is summarised in Table 1.

Table 1 – Number of responses from organisations and individuals

Response	Number of responses	Percentage of responses*
Individual	323	95%
Organisation	16	5%
Blank/did not say	2	<1%
Total	341	100%

*Percentages have been rounded to the nearest whole number.

Responses were made on behalf of the following organisations who have agreed to be listed in this report:
- British Association of Oral Surgeons
- British Association of Oral and Maxillofacial Surgeons
- British Dental Association (BDA)
- British Endodontic Society
- British Orthodontic Society
- British Society for Community Dentistry (BASCD) and the British Society of Community Dentistry (BASCD) consultants and specialists group.
- Cardiff University, School of Dentistry.
- COPDEND - UK Committee of Postgraduate Dental Deans and Directors
- Curran Oral Surgery Clinic
- Dental Faculty, Royal College of Physicians and Surgeons Glasgow
- Faculty of Dental Surgery at the Royal College of Surgeons of England (FDS)
- Neo Orthodontics North East Limited
- Restorative Dentistry-UK
- School of Dental Sciences Faculty of Medical Sciences Newcastle University
- Specialty Advisory Committee for the Additional Dental Specialties (SACADS)

- The Royal College of Surgeons of Edinburgh Faculty of Dental Surgery

As not all respondents answered every question, in our analysis we have adjusted the base rate number (n) to reflect the number of completed responses to that question.
In general, responses from organisations contained more detail than those from individuals, and this is reflected in the analysis of the feedback. The breakdown of the responses we received can be found in the tables below.

Table 2 – Respondents described themselves as the following:

Response	Number of responses	Percentage of responses*
Dental patient or member of the public	0	0%
Professional body	8	2%
Education or training provider	8	2%
UK registered dental professional	298	90%
NHS body	8	2%
Training or studying to join the GDC register	6	2%
Regulator	0	0%
Other	3	1%
Total	331	100%

*Percentages have been rounded to the nearest whole number.

Table 2 shows that a very high proportion of responses were received from UK-registered dental professionals.

Table 3 – Responses broken down by type of dental professional title

Response	Number of responses	Percentage of responses*
Dental hygienist	2	1%
Dental nurse	0	0%
Dental technician	0	0%
Dental therapist	2	1%
Dentist	295	99%
Orthodontic therapist	0	0%
Clinical dental technician	0	0%
Total	298	100%

*Percentages have been rounded to the nearest whole number.

This table demonstrates that dentists made the vast majority of responses.

Table 4 – Specialist list status

Response	Number of responses	Percentage of responses*
On a specialist list	106	36%
Not on a specialist list	83	28%

Planning to join a specialist list in the future	106	36%
Total	295	100%

*Percentages have been rounded to the nearest whole number.

Table 4 shows that there was a fairly even split in the number of responses from dentists on a specialist list, dentists not on a specialist list and those planning to join a specialist list in the future.

Table 5 – Planned route to specialist listing

Responses	Number of responses	Percentage of responses*
I am training/planning to train on a CCST route	28	26%
I am planning to apply via the assessment route	78	74%
Total	106	100%

*Percentages have been rounded to the nearest whole number

Table 5 shows that of those planning to join a specialist list in future, about three times as many respondents are planning to apply to join a specialist list via the assessment route compared to the CCST route.

Table 6 – Which specialist list they are on

Response	Number of responses	Percentage of responses*
Endodontics	7	7%
Periodontics	5	5%
Prosthodontics	6	6%
Oral Surgery	49	46%
Special Care Dentistry	11	10%
Dental Public Health	1	1%
Orthodontics	27	25%
Oral and Maxillofacial Pathology	0	0%
Dental and Maxillofacial Radiography	0	0%
Oral Medicine	2	2%
Oral Microbiology	0	0%
Restorative Dentistry	6	6%
Paediatric Dentistry	8	8%

*Percentages have been rounded to the nearest whole number.

5. General consultation feedback

The consultation prompted a large number of responses that indicated strong overall support for the proposals. This support was shared by 15 out of the 16 organisations that responded, and the majority of individuals. We received a range of feedback, including some that was critical of the plans. We have evaluated this feedback and consider that there was no persuasive argument against the proposals. This means that we will proceed with our proposals to amend the regulations.

There was understandable concern that the standard of entry onto the specialist lists should not be compromised, and we are pleased that respondents share our commitment to the integrity of the specialist lists. There were also many specific comments which are summarised across the rest of this document.

The proposals set out in the consultation were intended to refine the existing, established SLAA routes to specialty listing to create greater clarity for applicants and greater consistency between different groups of applicants.

We received positive feedback that included the proposals would lead to a system that was 'Easier and fairer to understand' and that 'multiple routes are confusing and off putting. A single but robust route, which is clear about evidence requirements for entry is preferable.'

A consistent and common theme in the responses was a call to ensure that the process for determining equivalence was robust, fair, and transparent:

'It is imperative that the process shows full equivalence to specialist training and CCST outcomes, via alternative methods.'

Fairness was a common theme of those both in positive and negative comments. This covered both the fairness to enable a wider range of applicants with the skills, knowledge, and experience to apply via the SLAA pathway, and fairness to people who had already started or completed the National Training Number (NTN) pathway.

'Current route does not recognise skills and experience of specialist-equivalent clinicians, working mostly in SAS positions in specialist NHS departments in the UK. Academic success is not necessarily an indicator of clinical competence. It's important to recognise these skilled clinicians to provide opportunities for career progression and staff retention and ultimately service improvement.'

'This hugely undermines those in current training that have likely attained their NTN through personal cost may that be financial or otherwise. These individuals have taken an arduous route showing commitment to the specialty....'

Some responses made remarks around the quality assurance of the process, for example:

'One route is good for clarity. However, the responsibility lies heavier on the GDC to ensure this route includes all robust steps required for quality assessment.'

Some respondents also called for more information to be provided on the detail of the proposed processes.

'There needs to be better clarity on the pathways through to specialist registration attainment, with a transparent outline of the requirements.'

We also note that some of the responses did not address the specific question being asked. We have included all responses in our analysis.

GDC response:
Following the incorporation of the SLAA process into the GDC's direct management, we are making continuous efforts to add greater clarity and transparency to the process. We welcome the feedback that there is still work to do in this area. We will reflect on what more we can do to foster greater confidence in the process. We are already exploring how we can develop an internal consistency check process, including holding review days with assessors.

6. Specific feedback

A summary of the consultation feedback to the specific questions and the GDC's response, are set out in order below.

As set out in this document, the GDC proposes to add an additional route at regulation 6(1)(b) of the draft regulations to provide Oral Surgery and Orthodontics applicants who have gained their qualifications, knowledge skills and experience within the UK, but do not have an NTN, with a route to specialist listing. To what extent do you agree or disagree that we should make this amendment?

The consultation asked respondents to what extent they agreed the GDC should amend the regulations to provide individuals who had gained sufficient knowledge, skills and experience in the UK in Oral Surgery or Orthodontics with a specific route to specialty listing. They could answer the question indicating their response on a scale between strongly agree and strongly disagree. Respondents could select one answer from five options or choose not to answer.

The answer options and the responses received are set out in the table below.

Table 7 (responses to consultation question 8)

Response	Number of responses	Percentage of overall responses*
Strongly agree	180	55%
Agree	51	16%
Neither agree nor disagree	18	5%
Disagree	21	6%
Strongly disagree	59	18%
Total responses to this question	329	100%

*Percentages have been rounded to the nearest whole number.

The majority of respondents were supportive in their response to this question. (Strongly agree/agree = 231; 71%). The GDC is encouraged by the level of support for this proposal and the number of comments made.

249 respondents provided an explanation to their answer, with the majority of respondents agreeing with the proposed amendments. A wide range of comments were made which are summarised below. We note that some of the concerns raised were not directly related to the specific question asked.

Fairness
It was recognised that the proposed change would improve fairness of the system as it would result in the orthodontic and oral surgery specialties being treated in a similar way to the other specialties.

A few comments were made that a significant amount of oral surgery in secondary and tertiary care was conducted by a large number of highly skilled, experienced staff who were not on the specialist list, and the proposed change would provide an opportunity for them to apply.

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'Following its [the Grandfathering of Oral Surgery specialists] closure there has been a limited number of specialists added to the list due to the limited number of Oral Surgery training posts in the UK. The majority of Tier 2 and 3 Oral Surgery in the UK is carried out by non-specialists and this includes non-specialists working in secondary care and primary care practitioners. These individuals are the forgotten 'tribe' of oral surgery and their experience of treating complex oral surgery cases needs to be recognised.'

Other comments included that the current system was fair because the entry onto the NTN programme was competitive and transparent, whereas an assessment process 'will create a system that is open to abuse, favouritism, and ultimately old fashioned.'

GDC response:

We recognise the fairness of considering orthodontics and oral surgery within the same framework as the other dental specialties.

We note the comments that this proposal would open new opportunities for experienced staff with the right knowledge, skills, and experience to apply for the specialties, particularly for oral surgery.

We will make sure the assessment process remains clear, transparent, and fair.

Equivalence and quality assurance

A large number of comments were received about the need to ensure that the new pathways met the equivalent standards of the existing NTN pathway. There was concern that people who were not clinically competent to the level required by a specialty may be accepted through the new assessed route. It was suggested that the rigour of other training pathways (i.e. other than NTN pathway) cannot be guaranteed, and one comment expressed the opinion that the standard of MSc programmes (for example, oral surgery) was not of the same standard as the NTN pathway.

Similarly, the need for clarity of the assessment process was also raised. A common theme was the need for a robust and consistent system that ensured equivalence with the NTN pathway.

GDC response:

The concerns around the equivalence of new routes into specialist pathways highlights the complexity of the issue. We need to demonstrate that the assessment process is robust, defensible and secures the integrity of the specialist lists. The SLAA process is anchored to the specialty curricula and because of this we are assessing whether applicants coming through the SLAA route have all the required knowledge, skills, and experience to join a list. We require the evidence to demonstrate this to be provided in a consistent and explicit way against the Higher Learning Outcomes set out in the curricula.

The SLAA process is now directly managed by the GDC. This allows us as the regulator to oversee the assessment process. Of the three assessors on each assessment panel, at least two are normally from within that specialty. A robust recruitment process was used to appoint specialist assessors to sit on the assessment panels, all of whom have Deanery or specialty-level assessment experience, and knowledge of UK higher education systems and education requirements for specialist dentists. All assessors have received in-depth training on the assessment process which includes the surrounding legal framework. Until the day of panel, the assessors will not know who the other panel members are, meaning that each assessor's recommendations remain independent. All decision letters go through a comprehensive review process to ensure detailed feedback is provided to applicants.

The GDC have arranged further training days, which are due to be held in the near future to help ensure a standardised assessment process between the assessors. Following the feedback from assessors, each training day has been tailored to the different specialty groups.

Summative examination

A number of comments were made about how passing a Royal College specialist examination demonstrated the level of knowledge required for the specialty. Some considered the examination to be a desirable way of demonstrating that a standard has been reached and provided an 'objective and fair assessment.' Some respondents of this view also argued that passing the specialist examination should be essential requirement for it is an important aspect in being considered for entry to a specialist list. Some fed back that passing an examination would be a desirable part of an application, and others argued that this should be a mandatory requirement for the SLAA process.

Many respondents argued that there should be access to the Royal College specialist examinations for a wider range of candidates. The rationale for this argument included that there were dentists not on the NTN pathway with considerable expertise who should be given the opportunity to participate in the examinations to demonstrate their knowledge.

GDC response:

We recognise that a summative examination provides candidates with the ability to demonstrate their specialist knowledge in a concise and consistent way. We note that an examination does not offer candidates the opportunity to demonstrate their clinical skills and practical capabilities that are key to specialist status and caution an overreliance on an examination as the central part of an assessment. It is essential that applicants who have completed a summative examination also present a portfolio of evidence of their practical skills which will be assessed at a panel.

The GDC recognises that the examinations that could be incorporated into a recognition scheme, are conducted by the Royal Colleges and are not under our administration or management. These examinations are only open to those on the NTN pathway and for some overseas candidates. We would not oppose the opening up of access to these examinations if the Royal Colleges wished to do so and would support efforts in this direction.

Patient safety and public confidence

Concern was expressed that any dilution of standards required to enter the specialist list could present a risk to patient safety. Similar comments were made about the risk to the reputation of the specialty if people who were not sufficiently clinically competent were admitted to the list. Some argued that having more professionals with the required expertise and experience recognised as specialists would enhance public confidence, as patients value being treated by a recognised expert.

A further comment was made that any changes would result in the orthodontic specialty becoming oversubscribed by dentists, a number of whom would rely on AI for their treatment plans, thereby reducing standards of care.

GDC response:

We are confident that patient safety is being protected and the reputation of the specialty is being maintained. The SLAA process is anchored to the specialty curricula and because of this we are assessing whether applicants coming through the SLAA route have all the required knowledge, skills, and experience to join a list. We require the evidence to demonstrate this to

be provided in a consistent and explicit way against the Higher Learning Outcomes set out in the curricula. This means that SLAA applicants must demonstrate, and will be assessed against, the same learning outcomes and standards in this route as the NTN route.

Workforce

A number of respondents thought that there were too few training places available. Others thought that changing the application routes to the specialist list would not resolve workforce shortages, nor should it be used to do so.

GDC response:
We acknowledge the comments about the limited number of training places available. The role of the GDC is to regulate dental professionals in the UK and we are not responsible for managing workforce numbers or commissioning training posts. The proposals being discussed have not been developed to address workforce challenges; they have been developed to create greater clarity for applicants and greater consistency between different groups of applicants.

The GDC proposes to amend the existing routes at regulation 6(2) of the draft regulations to replace the current non-CCST routes into a single assessment route. To what extent do you agree or disagree that we should make this amendment?

Table 8 (response to Consultation question 10)

Response	Number of responses	Percentage of overall responses*
Strongly agree	146	44%
Agree	81	25%
Neither agree nor disagree	46	14%
Disagree	19	6%
Strongly disagree	39	12%
Total number of responses	331	100%

*Percentages have been rounded to the nearest whole number.

General feedback
Most of the respondents were in favour of the proposal to replace the non-CCST routes with a single assessment route (69% of respondents agree or strongly agree). Respondents observed that the amendment would enable applicants to present a variety of evidence in a portfolio format. The removal of the 'academic and research' requirements would also clear obstacles to specialist listing for practitioners with extensive primary and secondary care experience in their field. A number of comments were received on the principle of the assessment route. However, this is a well-established route for applying to join the specialist lists and one which the GDC is legally required to operate for some applicants. The focus of this consultation was on proposed amendments to the assessment routes, not on the principle of the route itself.

Fairness
There were many comments in favour of changes that made the process simpler, more transparent, fairer, and more uniform. There was a call for the pathway to have clear aims and objectives.

Some commented that the current system was not fair and needed to be opened up to those with the necessary skills, knowledge, and experience, but had not previously been able to access the specialty list. It was noted that being able to build experience, knowledge, and expertise slowly for an SLAA assessed route could be fairer as it means that the individual did not need to relocate in pursuit of an NTN training post. Others argued that the sacrifices needed to be made in pursuit of an NTN training post demonstrated the commitment of that individual to that specialty.

It was suggested that any changes may present the opportunity to higher education institutes to introduce new training programmes that may be of variable quality and be a potential risk to patient safety. It was viewed that this could also introduce an inequity as such programmes were likely to be expensive and only available to some clinicians.

GDC response:
We welcome the view that the proposals will make the process simpler and fairer for those candidates who have not followed a standard CCST route. The single assessment route proposed aims to address concerns that there are many practitioners who have sufficient experience to be considered for their respective specialist list but previously have been unable to do so due to the lack in clarity of the routes through which they can apply.

Comments were received that oral and maxillo-facial surgeons on the GMC medical specialty register should not have automatic membership to the GDC oral surgery specialty list. It was noted that this sort of parity does not exist in any other specialty in dentistry and some respondents wanted oral and maxillo-facial specialists to apply through the assessed route.

GDC response:
This is an objective misunderstanding of the position - there is no automatic membership of the oral surgery list. Regulation 9(4) of the European Primary and Specialist Dental Qualifications Regulations 1998 provides that an Oral and Maxillofacial Surgeon is eligible for entrance onto the GDC's Oral Surgery specialist list:
· If their name is on the GMC's specialist register for Oral and Maxillofacial Surgery; and
· If they satisfy the GDC that their training in Oral and Maxillofacial Surgery included elements that are equivalent to the training required for a CCST in oral surgery.

An OMFS applicant to the oral surgery specialist who was not able to demonstrate that their OMFS training fully covered the oral surgery specialist curriculum and who was not on the CCST route for oral surgery would need to apply through the assessed application route in the same way as any other candidate

This requirement is not part of the current consultation and remains unchanged by the proposed amendments to the regulations. Changes to the European Primary and Specialist Dental Qualifications Regulations can only be made by Parliament.

Equivalence
Ensuring that all entering the specialty have the requisite high level of knowledge, skill and experience was highlighted in many responses. They felt that more detail on, and clarity of, the assessment process would be helpful and necessary to gain confidence in the system.

Views contrasted on the key components. Some stated that only the CCST route was able to ensure applicants had completed a robust and comprehensive training programme with ongoing assessment. Others stated that evidence from cases, work-based assessments and

logbooks would help those dentists who have the required skills and experience access specialist lists.

> **GDC response:**
> We agree that it is essential that everyone joining a specialist list has the required level of knowledge, skills, and experience, and recognise concerns regarding the ability of those who have not followed the formal CCST route to demonstrate this.
>
> We are confident that the SLAA application and assessment processes are robust. We engage specialist associate assessors who are experienced in developing specialty curricula and training programmes, teaching, or assessing at specialty level and who have experience in conducting such assessments. These specialist assessors are equipped with the expertise to assess whether applicants meet the GDC's criteria – equivalence to the CCST. Our view is that the proposed amendments to the current specialist regulations will provide greater clarity for our associate assessors to consider a wider range of evidence to identify the specific and specialist skills required for equivalence, instead of relying on a narrower net of evidence permitted by the current 'academic and research' route.
>
> We recognise that there is interest in greater transparency about the SLAA process. We will aim to increase and improve the public and profession facing information on our internal processes to promote understanding and confidence.

Quality assurance

Comments were received stating that quality assurance by the GDC of any new routes was essential to maintain standards and to protect the public.

> **GDC response:**
> We recognise the importance and value of assuring the quality and consistency of the assessment process. When developing the in-house SLAA process, we aimed to restart the assessment of applications that maintained integrity of the assessment process and addressed the backlog of applications. Having now conducted over 170 applications and held multiple assessment panels, we have a solid evidence base on which to further calibrate and align assessments. We are planning to continue this work with development sessions for all assessors in autumn 2024. We will also update our assessors' guidance to align with the amendments made as a result of the consultation outcome. By making amendments that simplify the process and increase flexibility in the types of evidence that can be submitted, we will be able to provide more specific guidance without the legislative restraint of 'academic and research' terminology.

Summative examination

There were a large number of comments supporting the need for a summative examination being an essential part of the assessment process. This would help demonstrate breadth and depth of knowledge on a subject. It was also suggested that the SLAA assessment process could be a gateway to the relevant specialty examination.

> **GDC response:**
> We acknowledge the comments in support of a summative examination. The examinations that could be incorporated into a recognition scheme are conducted by the Royal Colleges and are not under our administration or management. These examinations are only open to those with NTNs. We would not oppose the opening up of access to these examinations if the Royal Colleges wished to do so and would support efforts in this direction.

Public confidence

Some respondents mentioned that unifying the process into one route would secure greater public confidence as all specialists would be assessed against the same criteria regardless of how they gained their knowledge and experience.

> **GDC response:**
> We recognise the importance of maintaining public confidence in specialist lists. We are confident that the proposed changes will contribute to achieving this.

Workforce
There were a number of comments on workforce shortages and what was considered to be a small number of training places available. Some welcomed the proposals as a way to get the best minds working in a specialty, whereas others viewed the CCST as being essential.

> **GDC response:**
> We note the feedback that the proposals may result in benefits to the workforce and dental patients, and we welcome this.

Should the current obligation to retain the requirements under the European Primary and Specialist Dental Qualifications Regulations 1998 fall away, the GDC proposed to extend the six routes set out in regulation 6(2) of the draft regulations to include orthodontics and oral surgery. To what extent do you agree or disagree that we should make this amendment when possible?[2]

Table 9 (in response to consultation question 12)

Response	Number of responses	Percentage of overall responses*
Strongly agree	120	37%
Agree	70	22%
Neither agree nor disagree	77	24%
Disagree	17	5%
Strongly disagree	39	12%
Total	323	100%

*Percentages have been rounded to the nearest whole number.

In general, comments were supportive (59% agreeing or strongly agreeing compared to 17% disagreeing or strongly disagreeing). There was some recognition for a robust, clear, and uniform process that is in line with other dental specialties in the UK, thereby ensuring parity, rather than different approaches due to historic reasons.

> **GDC response:**
> We would like to provide consistency and fairness to applicants of all specialities. We therefore welcome the positive response about moving orthodontics and oral surgery onto the same approach that is available to other dental specialties.

Fairness

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[2] A typing error occurred on question 12 where an unrelated number was included in the question wording. This was corrected on 15 August 2024. We had already received 164 responses at the time of correction, but we do not believe the error had any impact on the consultation or its outcome.

Fairness was a consistent theme amongst the responses to this question. Respondents recognised the need to align the rules regarding Oral Surgery and Orthodontics with the other eleven specialties to ensure parity.

GDC response:

We welcome the recognition of the need for parity between Oral Surgery and Orthodontics and the other eleven dental specialties.

Equivalence

Equivalence remained a key theme within the responses to this proposal. The notion of equivalence is a multifaceted issue, with some respondents arguing that the proposal would allow individuals who have extensive knowledge and experience in Oral Surgery and Orthodontics to gain due recognition. Other respondents said that some individuals had experience in their specialty that superseded what can be gained via the CCST, but the complexity of the current routes to specialist listing prevents these individuals from applying and/or being successful.

One organisation commented that:

'There needs to be a shift away from the complexity of non-CCST applications in Orthodontics and Oral Surgery and move towards a process that is robust, clear, and uniform in line with other specialties. Current EU legislation is binding and prevents this, but in the future, if allowable, the EU equivalent processes for the application to Orthodontics and Oral Surgery needs to be removed. The thirteen different specialties that the GDC consider requiring a specialist list, all should have parity and equivalence, and not different mechanisms to be added to the list due to historical EU membership.'

A respondent argued that a CCST was 'essential,' stating that it was 'dangerous to allow specialist registration without formal training,' as, in their view, equivalence of non-CCST programmes to a CCST could not be achieved. Another respondent remarked 'you must CCST' and likened the proposals to 'what's been done with physician associates replacing doctors'. These responses were concerned about the 'dilution' of Oral Surgery (in particular) by individuals gaining listing without adequate skills that would be gained via the CCST route.

GDC response:

The SLAA route is well-established for those wishing to join the specialist lists and one which the GDC is legally required to operate for some groups. We believe that greater transparency will promote greater confidence in the SLAA process. We will improve the public and profession facing information about our internal processes to promote understanding.

Summative examinations

One respondent called for the completion/passing of a 'recognised exam' and a logbook to demonstrate knowledge and experience.

GDC response:

We agree that summative examinations can demonstrate the attainment of a specific level of knowledge. It may increase the efficiency of applications and reduce the amount of evidence required in a portfolio. As mentioned earlier, these examinations are conducted by the Royal Colleges and are not under our administration or management.

When bringing the management of the SLAA process in house, we sought to focus the information applicants must gather in support of their applications to only that which is relevant to an assessment. We have already collaborated with members of the Specialist Advisory Committees (SACs) to develop documents that supplement and guide the preparation of portfolios and evidence logs for submission for assessment. Following the merging of existing routes, and the addition of the route for UK applicants (Orthodontics and Oral Surgery), we would be able to produce more flexible and tailored guidance that sets out, in detail, the evidence that will be considered/accepted at assessment to meet equivalence to a CCST.

Some of the responses suggested there was less understanding of this question. One respondent answered, 'I find point number 12 particularly difficult to understand' and another said, 'I don't understand the question – unsure what 'fall away' mean'. Some answers also appeared not to entirely match the question.

GDC response:

We also recognise that the legislative boundaries surrounding the specialist lists are complex, particularly following the UK's departure from the European Union. We will update our specialist list application guidance following the consultation and will give more information about the legislation to help individuals understand the system.

We note those comments about the clarity of the question. Whilst we do not believe this has impacted the outcome of the consultation, we will learn from this feedback to improve future consultations.

The GDC is proposing to add an additional route for all specialties, to include requirements arising from the Recognition of Professional Qualifications and Implementation of International Recognition Agreements (Amendment) Regulations 2023, at Regulation 6(1)(e) and 6(2)(c) of the draft regulations. Do you have any comments on this proposed amendment?

The comments received were mostly focused on equivalence and standards. Respondents told us they wanted assurance that international training programmes under consideration were equivalent to UK programmes. It was also noted that the verification of documents, including signatures from institutions needed to be robust. These measures would help ensure that the appropriate standards are maintained, and that patient safety and professional reputation was not compromised. Some replies also referred to the benefits of a UK summative examination and whether international examinations could be quality assured by the GDC to ensure equivalence to the CCST.

GDC response:

As set out in the consultation document, the proposed changes give effect to Part 2 of the Professional Qualifications and International Agreements Regulations. Their addition to the GDC's own regulations is to ensure consistency and clarity of the legally valid routes for entry onto the Specialist List. An applicant's eligibility for entry under this route will still be subject to the same high standards of verification that are in place for other routes of entry.

Please tell us about any impacts you think the proposals may have in respect of the protected characteristics or any other aspect of equality, diversity, and inclusion.

In general, the responses suggested that the proposed changes may have a positive impact on equality, diversity, and inclusion as they are aimed at widening access to the assessment process. In doing so, respondents noted that this may be helpful for older professionals who have already gained significant expertise and experience and who may be encouraged to apply for assessment. It was also suggested that it could benefit professionals who are pregnant or have children as they may be able to apply for assessment without having to relocate to secure an NTN training post. However, some respondents felt the changes would have no effect on equality, diversity, and inclusion.

7. Next steps

We are pleased with the large number, and content, of responses this consultation received. Now that we have considered the responses, we are confident that the proposals to amend the SLAA routes will meet the aim of creating greater clarity for applicants and greater consistency between different groups of applicants.

Following on from the analysis of the consultation responses, we sought approval to make the changes outlined in the consultation proposals. Council agreed this at its meeting of 25 October 2024 and made the regulations.

These regulations are published with this consultation response. The regulations take effect from 1 January 2025. [subject to Council approval]

General Dental Council

GDC Values: Culture Change - Values testing outcomes

Executive Director	Gurvinder Soomal, Chief Operating Officer
Author(s)	Lee Avery, Associate Director, People & Organisational Development Jill Bischert, Senior Change Manager Carolyn Cridland, Operations Manager
Type of business	For decision
Purpose	Values testing has been undertaken following Council's confirmation of the GDC's proposed values. This paper provides the Council with the following: • Overview of the value testing aims and findings from staff workshops. • Recommendations for adoption and supporting rationale for changes to the values.
Issue	To provide Council with an update on the outcomes and key initial findings of the testing and make recommendations for changes to the values to drive successful adoption.
Recommendation	Council members are asked to agree the recommendation for changes to the values, based on the rationale for each of the 4 options considered by ELT

1. Background and context

1.1 The GDC current values, agreed several years ago, were published before 80% of current employees joined the organisation. They only appear on one part of the externally facing website and have not been socialised internally with colleagues, nor is there a supporting behaviour framework or link to the new PDR process introduced this year. The current values are:

Transparency	Fairness	Responsiveness	Respect
We are open about how we work and how reach decisions	We will treat everyone we deal with fairly	We can adapt to changing circumstances	We treat dental professionals, our partners, and our staff with respect

1.2 In the last quarter of 2023, the GDC worked with T3 Consultancy to support the development of a new GDC culture and to develop a draft set of new values for consideration. T3 led a series of engagement exercises to understand the current culture from our employees' perspectives and what they would like it to be. This led to the

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production of a roadmap report and potential values being presented back to ELT in January 2024. Over 100 colleagues were involved in various focus groups at both GDC locations, ELT and Council interviews, and presentations to Council, ELT and SMT to date.

1.3   The engagement activities in 2023, identified that staff should be involved in agreeing new values to ensure better alignment and acceptance of GDC values when implemented.

1.4   Changing our current GDC values is being undertaken as part of the initiation work for the wider CCP project, Organisational Cultural Change as part of People and Culture Programme.

1.5   On 5 April 2024 Council confirmed five proposed values and value statements these were tested through engagement with GDC colleagues by means of colleague workshops and some desk based external engagement.

1.6   In May, the new Change Team were asked to lead on the development of the engagement and subsequent delivery activity.

Table 1 Proposed values & statements

Efficient	Respectful	Transparent	Inclusive	Accountable
We are a high performing and innovative regulator, focused on delivering value for money and high-quality outcomes	The way we work and build relationships is based on trust, empathy and fairness	We are open, truthful and reliable in all we do, acting and speaking with integrity. We do what we say we will, and have the confidence to challenge and be challenged	We value and respect differences, and the perspectives they bring	We are responsible for our decisions, our actions, and for delivering in good time. We understand our role as a regulator

2.   Colleague engagement testing

2.1   Between May and June 2024, the proposed values were discussed with Senior Management across each directorate and Staff Network Groups. The leaders had the opportunity for input to the approach and outcomes and subsequently encouraged their team/group members to attend the upcoming staff workshops.

2.2   Between July to early September 2024, 17 interactive staff workshops took place along with an additional values pop-up sessions for those who had been unable to attend one of the full workshop sessions. Aims of the sessions include colleagues considering how they will relate to, and use the values every day, how to embed them at the GDC so they have a positive impact on the service we offer to registrants and the sector, and to how they help us make the GDC a great place to work.

2.3   224 colleagues participated in the 17 workshops and a further 60+ in the pop-up sessions. To meet the aims, questions were posed regarding matters such as:

- What the proposed values mean to colleagues and how they could impact stakeholders.
- How, at the present time, colleagues see the proposed values being actioned at the GDC.
- How, at the present time, resources enable colleagues to relate to/use the proposed values.
- Consideration of whether the values are being lived and breathed every day.

2.4   In total, 18 specific questions were asked of attendees at each workshop, attendees were asked to submit answers in an interactive tool called Slido to maintain confidentiality. The questions were to encourage group discussion:

- How they relate to and use the values every day

- How to embed them as the way we work

- Discuss how this shared way of working will positively impact the service we offer

- Help us to continue to make GDC a great place to work

2.5   Key topic areas were also discussed in the room and noted in Slido. The key themes are outlined in section 4 of this paper.

2.6   A safeguarding element was included which outlined potential formal routes for raising concerns about conduct and behaviour, including the grievance and whistleblowing policies and introduced colleagues to the People Partners in People Services, as a means to have an informal discussion in the first instance. The use of Slido helped maintain confidentially and trust that individuals would not be subject to reprisal for giving open and honest views.

3.   Findings

3.1   Colleague engagement was high with **more than 50%** of the GDC attending a workshop and an average question response rate of **99%.**

3.2   **Over 85%** of attendees agreed that the aims of the workshop had been met.

3.3   Colleagues do not, at the present time, see that the values are being lived and breathed. **8%** consider the proposed values as embedded and **more than 50%** consider that the proposed values are not at all embedded.

3.4   **Circa 55%** do not consider our ways of working, processes or information as enablers for relating to and using the values.

3.5   Of the five proposed values, Accountable and Efficient did not resonate and were received negatively.

3.6   Feedback on Respectful, Transparent and Inclusive was generally favourable with significant cross over between Transparent and Accountable and Inclusive and Respectful.

Key themes of the discussion

3.7   **Behaviours** were discussed at length. The discussions demonstrated a lack of consistent behaviour both in terms of how teams inter-relate and how management techniques are adopted. This was evidenced by 60% of all attendees believing a more consistent approach to management and language should be introduced.

3.8   **Capacity is an issue**. Raised at every workshop, both in terms of too many projects at the same time as delivering BAU, time for development, improvement and growth and collaboration and knowledge share not deemed possible for many

3.9   **Improvements** in IT systems, ways of working, processes, recognition instead of blame, and easily accessible information were cited as key requirements for improving working practices and would all contribute to higher morale.

3.10   **Values specific**. Efficient and Accountable were discussed at length in every workshop and drew over 800 direct comments:

3.11   **Efficiency** was strongly considered to be essential to effective operations and understood the critical role they play in delivering efficiently and effectively, but felt it is not a guiding principle for how we work, but more an outcome of achieving the other values and delivering the efficiency projects in the CCP.

3.12   Staff believed they should be held to account for their actions but felt that significant constraints in ways of working (cited specifically as - governance, reporting, systems and processes) prevented them from being able to take accountability and significant levels of anxiety were expressed about how **Accountability** would be measured, potentially

reinforcing behaviours associated with blame. It should be stressed that colleagues were not saying they should not be or do not wish to be accountable.

3.13   The most concerning baseline from the data shows that currently only 8% felt the proposed values could be embedded and **more than half** felt they could not be embedded at all due to the significant number of constraints around ways of working. This falls well short of industry beliefs that a **minimum of 18% positive sentiment is needed** to create a 'tipping point' for adoption.

4.   Reconsideration of the values

4.1   Efficient was deemed unnecessary as efficiency is an outcome of getting the other values right and can be achieved through improvements to ways of working. It was felt it should not be disassociated with Effective in this way and should therefore be removed as a value. It portrayed the highest level of negative sentiment of all values and their descriptors. 394 comments were received against having Efficient as a value

4.2   Accountable drove debate and was deemed unsuitable as a value at the present time, due to the significant number of constraints in ways of working which prevent accountability being taken. It was also perceived to reinforce behaviours associated with blame.

4.3   Changing Accountable to Responsible was an option. When asked what Accountable meaned to them, the biggest identifier, was Responsible (with 93 mentions), ELT discounted this option as it was felt the values would be too passive and did not reflect the needs of external stakeholders.

4.4   Changing Accountable to Purposeful was considered to be more aligned with the sentiment of the collective feedback. That it is action oriented, forward looking and aligns closely to a performance measure in regulation associated with responsiveness.

4.5   Systemic changes to reduce the number and simplify the values will remove perceived cross over between them and support the development of a behavioural framework which will further define the descriptors and associated behaviours. This will improve likely adoption rates and make the values easier to embed.

4.6   **Changes to the value set will demonstrate that you have taken the feedback on board and listened to staff views. This will help future engagement and give hope for the future.**

4.7   With rapid follow up and embedding activity you can capitalise on the willingness and desire to engage with a refreshed set of values that resonate with staff. The business will benefit in the longer term, from the change approach taken, willingness to try new things, and the feeling of hope generated when staff believe action is taken as a direct result of their input.

4.8   This would also resonate with the NMC Culture report and the importance of having resonant / meaningful and staff owned values. Council is encouraged to consider the risks to employee relations should members decide not to make suggested changes to the proposed values now they have been fairly and robustly and tested.

4.9   Given the likely adoption rates set out above, the evidence the data provides and the significance of lack of resonance, 4 possible options (including 'Do Nothing') were prepared for discussion and consideration by ELT. Table 2 shows the option ELT have agreed as the proposal for changes.

4.10   In a separate piece of work, a desktop analysis has been undertaken to review external perceptions of the GDC and how these perceptions align to the new value set. A total of eight sources were reviewed. We can confirm that there is strong alignment between the high-level findings and the new values.

Table 2 Proposal for changes

Purposeful	Respectful	Transparent	Inclusive
We are clear in our public purpose and focused on effective delivery	We work and build relationships based on trust, empathy and fairness	We are open, truthful and reliable in all we do, acting and speaking with integrity	We value all differences, and the perspectives they bring

5.   Recommendation for changes to values

Table 3 Recommendation in brief

Efficient	Remove this as a value as it is perceived to be an outcome, not a value and can be demonstrated elsewhere
Accountable	Remove accountable as a value, as it is not deemed to be achievable and could drive inappropriate behaviours
Purposeful	Include purposeful as it embodies the sentiment of all the feedback and data collected and aligns with new performance measures in Regulation and Fitness to Practise. ELT felt this change would satisfy the needs of staff and external stakeholders
Descriptors	Simplify descriptors to remove the cross over, making measurement simpler, and helping with the definition of required behaviours which is to be set out on a behaviours framework to follow

5.1   Council is asked to consider changes to the current proposed values and agree to the recommended values set out above

6.   Next steps

6.1   If Council agree to the changes proposed, the following actions will be swiftly put into place:

- Soft launch quickly, announcing the update at the GDC Next - All Staff Event on 5 November

- Share GDC values with Associates. Recommended option agreed with Associate Managers and sample tested with Education Quality Assurance Associates in October 2024. Preparation underway for rollout.

- Branding of values in preparation for soft launch performance conversations and PDRs (timescales tbc once signed off - anticipated Q4 2024)

- Initiatives to raise the profile and knowledge of the values and associated behaviours to start embedding them into our daily activities, such as values moments in team meetings

- Develop a Behaviours Framework proposal with user stories /scenarios of what 'good' looks like

- Embed values into PDR and induction (already in OD workflow. Planned for Q4 2024).

- Develop a plan for embedding values into procurement and attraction / recruitment (Q1 2025)

- Re-imagine the People and Culture programme with renewed outcomes and benefits, to drive personal and organisational effectiveness, drive stronger relationships and collaborations with stakeholders internally and externally, and incorporate ideas generated from workshops improve workflow

- Embed recognition and celebrating success - to develop a peer-to-peer recognition system consistency in how we recognise great contribution (Q1 2025)

7. Legal, policy and national considerations

7.1 Legal advice will be required from the in-house team prior to circulation. Updates will be needed on internal and external media, policy, documentation reflecting the values.

8. Equality, diversity, and privacy considerations

8.1 A Data Protection Impact assessment (DPIA) is not currently required.

8.2 An Equality Impact Assessment has been completed based on the assumptions of the recommendations which showed no impact positively or negatively.

9. Risk considerations

9.1 Staff may feel disengaged if recommendations are not accepted after their input at the workshops.

10. Resource considerations and CCP

10.1 The values work is part of the initiation work for Organisational Culture Change, a CCP project.

10.2 The Change Team within P&OD is the main support of the CCP project. The team's workload should be considered if required to assist in delivery of other CCP projects.

11. Development, consultation, and decision trail

11.1 Council approved proposed Values for testing in April 2024

11.2 Workshops ran from July to September 2024

11.3 Data and outputs consolidated in September 2024

11.4 ELT met and considered the options in October in readiness for Council approval

Appendices - None

Jill Bischert, Senior Change Manager

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18 October 2024

Chair and Chief Executive Objectives 2024

Executive Director	Gurvinder Soomal, Chief Operating Officer
Author(s)	Richard French-Lowe, Head of Organisational Development and Wellbeing John Middleton, Head of People Services
Type of business	For approval
Purpose	The Council is responsible for approving the objectives for the Chair of Council and Chief Executive and Registrar. This paper to presents the draft objectives for the Chair of Council and the Chief Executive and Registrar for approval.
Issue	The objectives for the Chair and Chief Executive must reflect the objectives set in the corporate plan and consequently deliver the strategic aims of the organisation. They will be derived from the Costed Corporate Plan (CCP) and will consider the organisational priorities which are identified as part of the CCP planning process.
Recommendation	The recommendation is to **approve** the proposed objectives for the Chair of the Council and **approve** the proposed objectives for the Chief Executive and Registrar.

1. Background

1.1 In February 2024, in accordance 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.

1.2 The purpose of the objective setting process was to ensure there are robust goals in place to measure progress and to enhance the overall performance of the GDC. As part of the process, RemNom agreed that no amendments to the process would be required for the 2025 process. It was agreed that:

    a. Formal reviews and updates should be built into the Council's workplan.

    b. The objectives should link to the corporate strategy and other key areas of focus for the Council Committees and should be cascaded to the organisation.

    c. The objectives for both the Chair and the Chief Executive should reflect the objectives set in the corporate plan and consequently deliver the strategic aims of the GDC.

    d. Objectives should be set within the SMART model – Specific, Measurable, Attainable, Relevant and Timebound.

1.3 It was acknowledged that while there will be some similarities between the objectives of the Chair and Chief Executive, certainly in relation to leadership, managing relationships and culture, those of the Chief Executive will have greater focus on ensuring delivery of the organisation's strategic objectives and ensuring the organisation is financially secure.

1.4   The Council is responsible for approving the objectives of the Chair of Council and the Chief Executive and Registrar. As the Chief Executive started in June 2024, these objectives will cover the period for the remainder of 2024 and 2025.

2.   Objectives

2.1   The Chief Executive's objectives have been developed in line with the approved the process. A full copy is provided in **Appendix 1.**

2.2   The Chairs objectives have been developed in line with the approved the process outlined above. A full copy is provided in **Appendix 2.**

2.3   Once the Chair's and Chief Executive's objectives are set, they will be used to ensure the objectives of ELT align. The objectives will be cascaded throughout the organisation as part of the enactment of the CCP and in team and individual objective setting meetings.

3.   Equality, diversity and privacy considerations

3.1   The objectives for both the Chair and Chief Executive reflect their respective responsibilities for delivery of the GDC's obligations around EDI and the delivery of the EDI strategy.

4.   Risk considerations

4.1   Aligning the objectives of the Chair of Council and the Chief Executive and Registrar to the CCP ensures that the mitigation of the risk the wrong objectives are set as the focus is fully considered and aligned.

5.   Resource considerations and CCP

5.1   Not applicable.

6.   Monitoring and review

6.1   Objectives will be discussed agreed and monitored as part of the normal meeting arrangements in place between the Chair and Chief Executive and the Senior Independent Member and Chair.

6.2   The objectives will also be made publicly available.

6.3   Progression of 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.   Development, consultation and decision trail

7.1   The Remuneration and Nomination Committee scrutinised the process in February 2024. The Committee endorsed the proposed objective setting process for 2025 and made a recommendation to the Council to approve the process.

8.   Next steps and communications

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

8.2   The 2026 objectives for the Chair and Chief Executive and Registrar will be presented to the Council for approval in Q3 2025. This will align their objectives with the approval of the Costed Corporate Plan.

Appendices

Appendix 1 – Chief Executive's objectives

Appendix 2 – Chair of Council objectives.

John Middleton, Head of People Services

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18 October 2024

Appendix 1 - Chair Objectives for 2024/2025

	Objectives	Content	Timescale	Measures
1	A. Oversee the implementation of the Corporate Plan and the missions set for the GDC by the new Chief Executive. B. Ensure that the GDC is financially sustainable. C. Maintain effective working relationships with the Chief Executive and the Executive Team	• Continue weekly meetings with CE • Monitor CE's delivery of his objectives • Continue regular meetings with each member of the ELT and with other staff • Have periodic meetings with CEO and the whole ELT especially prior to Council meetings • Monitor ELT's delivery of the Corporate Plan • Monitor financial sustainability of GDC	Throughout 2024/2025	• Meetings take place regularly and are purposeful • Progress is demonstrably being made on the key GDC objectives and that this is reported on regularly to the Council and its Committees • GDC remains financially sustainable
2	A. 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. B. The GDC establishes a clear narrative and plan for its external public affairs and is able to engage	• Continue to meet regularly with CDOs in each of the four nations • 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 • Engage with the chairs of other regulators and with the PSA • Participate in meetings of the Dental Leadership Network	Throughout 2024/2025 – on either a six-monthly or annual cycle	• 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) – as evidenced by a Stakeholder Perception Survey or equivalent. • These relationships also make use of other Council members.

	effectively with the Government and Parliament on key issues (UK wide and in each of the four nations)	• Encourage arrangements for other Council members to meet external stakeholders as ambassadors for the GDC • Plans are put in place for the GDC to be better able to respond to external developments.	Late 2024/early 2025	
3	Oversee consideration by the new Chief Executive of the structure and culture of the GDC	• Consider the future structure of the GDC on a regular basis with the CE and with the Committee Chairs • Work with the Chief Executive on further developments in shaping the internal culture and external role of the GDC • Review arrangements for succession planning within the GDC at senior level	Throughout 2024/2025	• Decisions on the future structure of the GDC and any succession planning issues are taken in a timely fashion and on a consensual basis as far as possible. • The work on the GDC's internal culture and external role is regularly reported to Council and Council members are involved where appropriate
4	Oversee improvements in the GDC's governance arrangements and the way in which the Council functions	• Continue to engage with external consultants to develop the ways of working of the Council and the ELT. Implement Board Charter and ensure that the behaviours are embedded. • Oversee work on a Board Effectiveness Review, ensuring that this looks at the role of Council Committees and their terms of reference. • Oversee the induction of the new Council member and the recruitment processes to be conducted to the Council in 2025	Further Board Development Session to be held in December 2024 with additional follow-up work during 2025. Board Effectiveness	• Progress is made on ensuring that the ELT operates more collectively with a report back from the consultants engaged to demonstrate this • Progress is made in ensuring that the Council and the ELT work together in an harmonious and productive way with mutual respect as demonstrated via feedback from Council members and ELT members

			Review to be procured and conducted during 2025	• Recommendations of Board Effectiveness Review considered and acted upon by end-2025
5	A. Support work to improve the performance and efficiency of the GDC as a whole. B. Support work focussing on the GDC's performance in respect of FtP and registration (and any other areas highlighted by the PSA).	• Meet regularly with CE and EDs to discuss performance and efficiency of the GDC • Discuss performance and efficiency on a regular basis with Committee Chairs	Throughout 2024/2025	• Progress is reported on a regular basis to FPC on the general performance and efficiency of the GDC. • Progress continues to be made in improving GDC performance on FtP and registration and that this is demonstrated via FPC assurance and progress on meeting PSA standards.
6	Oversee the next phase of the GDC's Estates Strategy as part of the wider Corporate Strategy	• Discuss the further development of the Estates Strategy, in particular the future of the Wimpole Street office, on a regular basis with CE and COO • Ensure Council have an opportunity to feed into this process and that appropriate consultation takes place with staff and with stakeholders	Consensus on way forward to be achieved by spring 2025	• A consensus is developed on the way forward on Estates and that this is integrated into the Business Plan and the budgetary process
7	Give overall lead on equality, diversity and inclusion for the GDC	• Act as visible lead for GDC on EDI issues as appropriate • Oversee work of CE and EMT on these matters and ensure progress is reported and monitored regularly	Throughout 2024/2025	• A new EDI strategy, mainstreamed into the CCP, is delivered by late 2025 and its principles are incorporated in internal and external activities and communications

		• Consider additional training needed for Council and EMT on EDI issues		• Council has regular opportunities to receive assurance on the progress being made

Appendix 2 – Chief Executive Objectives for 2024/2025

Objectives	Activities (How will you achieve the objective?)	Timescale	Measures (How will I know I've been successful?)
People, Culture & Staff Engagement Aligns to GDC Strategic Aim 4.	• Development of new staff engagement mechanisms including all staff events, newsletters, team visits • Staff Awards Programme completed • Leadership development programme completed ELT, SMT, Heads of Function Group and new leadership group launched • Launch of Manager Essentials • New values launched • Delivery of Total Reward Programme	End Q4 2024 Staff event Q4 2024 Q4 2024 Starts Q3 2024 - Q4 2025 Q4 2024 Q4 2024 By Q3 2025	• Staff Event completed • Staff engagement scores in staff survey • Leadership visibility scores in staff survey • Leadership Development Programme complete • Reduced staff churn levels • Staff engagement in values workshops • Council perceives improvement in staff culture • Reduced sickness levels • Outcomes of flexible working review are implemented
External Engagement, Reputation & Partnership	• Regular engagement with GDC external stakeholders in sector including speaking at key events	From Q3 2024	• Completion of a programme of visits and events • Narrative developed and in to delivery

Aligns to GDC Strategic Aim 3,4.	• Introduction of scheme of visits into front line Dental settings to build visibility • External narrative in place	From Q3 2024 Q4 2024	
Strategy Development Aligns to GDC Strategic Aim 4.	• Costed Corporate Plan agreed at Council in line with Budget • New 3 year strategy successfully launched for consultation following programme to engage Council members and staff • New 3 year strategy agreed at Council October 2025	Q4 2024 Q2 2025 Q4 2025	• Plan agreed in line with budget • Strategy development and consultation delivered to timescale • Level of staff engagement in strategy process
Fitness to Practise and Registration Aligns to GDC Strategic Aim 2.	• Reduction of backlogs in Registrations to bring / maintain performance in to line with PSA standards • Achievement of performamce targets for timeliness of Fitness to Practise • Delivery of Manage GDC Registration (Paperless) • Launch of Case Management Improvements approach done in conjunction with review of	Q2 2025 Q2 2025 Q2 2025 Q1 2025 to Q4 2025	• FTP active caseload is sustainable • FTP casework age profile improved • FTP casework timeliness improved • Registration timeliness improved • PSA annual review acknowledges improvement • Project delivered to time and benefits achieved • Programme launched to time • Programme in place

	• opportunities for improvement within current legislation • Measures developed to improve wellbeing of professionals going through Fitness to Practise including critical incident review process	Q4 2024 to Q4 2025	
Improved Access and Education Aligns to GDC Strategic Aim 1.	• Procurement of ORE new provider completed • Provisional registration GDC approach agreed and implementation mobilised in line with timetable agreed with Government • Revised Standards of Education implementation underway • Principles of professionalism progressed	Q1 2025 Starts Q4 2024 to Q4 2025 Q4 2025 Q4 2025	• ORE Procurement completed and numbers of successful ORE applicants increased • Costed plan for implementation agreed • Consultation concluded and standards agreed
Budget Delivery and Financial Resilience Aligns to GDC Strategic Aim 4.	• Agreement of 3 year stratregy, medium term financial plan and strategy for ARF • Development of 3 year efficiency programme to include in 3 year financial strategy	Q4 2025 Q4 2025	• Strategy agreed to timescales • Efficiency plan agreed to support ARF • Strategy agreed to timescales and log of benefits in place to demonstrate added value

	• Revised Procurement Strategy developed and launched	Q2 2025	
	• Decision made on future of Wimpole Street Estate	Q1 2025	
Technology and Digitalisation Aligns to GDC Strategic Aim 4.	• Diagnostic review of ICT estate and capabilities launched	Q4 2024	• Review completed and future ICT structure developed • Accreditation in place • Review completed and benefits identified
	• Maintenance of Cyber Essential Plus accreditation	Q4 2025	
	• Digital roadmap developed for digitalisation of key processes and channels with external provider	Q3 2025	
	• Initial delivery against recommendations from 2024 diagnostic review	Q4 2025	
Governance Aligns to GDC Strategic Aim 4.	• Agreement of 2 way charter to ensure there is trust between Council and Executive colleagues.	Q4 2024	• Charter developed between Chair and Chief Executive for agreement by ELT and Council • Amendments to delegations agreed if required • Agreed at ELT and ARC • Risk Registers presented to FPC Q1 2025
	• Review of delegations completed	Q4 2024	
	• Support to Board Effectiveness Review	Q1 2025	

	• Revised Strategic Risk Register in place	Q1 2025	
	• Anti Fraud and Information Assurance Risk Registers developed	Q4 2024	
	• Information assurance approach re-launched	Q1 2025	
	• Amended performance reporting in place to FPC	Q2 2025	
Customer Services and Equalities, Diversity & Inclusion (EDI) Aligns to GDC Strategic Aim 1,2,3,4.	• New quarterly process in place for Chief Executive to support Staff Networks to show corporate leadership for EDI	Q3 2024	• Increased membership of staff networks • Gender and ethnicity pay gaps narrowed • EDI Strategy delivered according to timescales • Customer service review completed and new approach launched
	• EDI objectives set for all of ELT	Q4 2024	
	• Delivery of new EDI Strategy	Q4 2025	
	• Customer experience approach developed to shape review of digitalisation	Q3 2025	
	• Improved reporting in place to identify opportunities for improvement in customer experience	Q3 2025	

Please insert new rows as necessary, to accommodate each new objective.

General Dental Council

Health regulators whistleblowing disclosures report 2024

Executive Director	Theresa Thorp, Executive Director of Regulation
Author(s)	Colin MacKenzie, Head of Nations and Engagement
Type of business	For noting
Purpose	This is the joint health regulators annual report on whistleblowing disclosures, for the period 1 April 2023 to 31 March 2024.
Issue	To ensure Council are aware of the publication and its content.
Recommendation	The Council is asked to note the content of the report, which was published on 30 September.

1.   Background to the annual joint health regulators whistleblowing report

1.1   The GDC, along with the other health regulators, has additional whistleblowing responsibilities in relation to its role as a "prescribed person" (external whistleblowing). There are over 60 organisations who are prescribed persons. These organisations have been chosen because they have an authoritative or oversight relationships with their sector. Being a prescribed person means that the GDC is an alternative route for a worker or former worker who wishes to blow the whistle in relation to matters concerning the GDC's statutory functions.

1.2   From April 2017 there has been a requirement for prescribed persons to publish an annual report. The report must detail the number of qualifying disclosures that have been raised and the action that the GDC has taken in relation to them.

1.3   The healthcare regulators, led by the GMC, agreed to prepare a joint report in relation to this requirement each year. The GDC prepares and publishes this document based on the information provided by the other health regulators.

1.4   This is a joint report with eight other health regulators: GMC, NMC, GPhC, HCPC, GCC, GOC, GOsC and Social Work England.

1.5   The number of disclosures the GDC received this year was 79, compared to 82 in 2023. These have all been raised by people who are working within dentistry.

Appendices

   a.   **Appendix 1** – Joint Regulators Whistleblowing Disclosures report 2024

Colin MacKenzie, Head of Nations and Engagement
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15 October 2024

Whistleblowing disclosures report 2024

Health and social care
professional regulators

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

General Chiropractic Council

General Optical Council

General Medical Council

General Dental Council

General Osteopathic Council

General Pharmaceutical Council

hcpc health & care professions council

nmc Nursing & Midwifery Council

Social Work England

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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	This applies to disclosures that have been identified as a qualifying whistleblowing disclosure but no regulatory assessment, action or onward referral was required. This could be in cases where it was decided the incident was resolved or no action was appropriate at the current time.
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	This applies to disclosures where the regulator has taken an action which falls under their operative or regulatory remit. This may include but is not limited to: ● referral to its Fitness to Practise team or any other fitness to practise process ● opening an investigation ● advice or guidance given to discloser, employer, education body or any other person or organisation ● registration actions ● other enforcement actions. 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'.
No action – not enough information	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. 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.
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.

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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 2023 and 31 March 2024.

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 2023 to 31 March 2024 the General Chiropractic Council received two disclosures of information.

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	2
No action - not enough information	0
Onward referral to alternative body and regulatory action taken	0

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Summary of actions taken

Two investigations were opened, and both are ongoing.

The first disclosure, received from a colleague working within a chiropractic clinic, is currently ongoing and is being managed under our Protection of Title process.

The second disclosure, referred to us by another regulator, is currently ongoing and is being managed under our Fitness to Practise process.

Learning from disclosures

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

The GCC continues to consider anonymous disclosures and provide the referrer with appropriate detail of the fitness to practise process. This allows them to make an informed judgement as to whether they wish to engage with the investigation process.

The GCC provides a free and confidential support service (Victim Support) to complainants involved in our fitness to practise proceedings. We are also currently looking into support services for registrants as a result of previous learnings and feedback.

General Dental Council

The General Dental Council (GDC) is the UK-wide statutory regulator of over 121,000 members of the dental team, including over 45,000 dentists and 76,000 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 the professional standards for the dental team, work to ensure the quality of dental education, and investigate complaints and concerns about a 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.

We fund the Dental Professionals Hearings Service, which is the adjudication function of the GDC. The Hearings Service is separate and works independently from our investigation function and facilitates its work through our hearing committees. The committees are made up of dental professionals and lay panellists, who are independent decision makers.

We also deliver the Dental Complaints Service, which provides a free and impartial service to support patients and dental professionals in using mediation to resolve complaints about private dental care.

Number of disclosures received

From 01 April 2023 to 31 March 2024 the General Dental Council received 79 disclosures of information.

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	64
No action - not enough information	15
Onward referral to alternative body and regulatory action taken	0

Summary of actions taken

The number of disclosures received has decreased from 82 last year to 79 this year.

All 79 disclosures were made directly to the Fitness to Practise team. 64 of these disclosures resulted in regulatory action taking place, namely the opening of a fitness to practise case. 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 79 whistleblowing concerns we received:

● 37 are at still at the assessment stage.

● 15 have been referred to case examiners.

● 27 have been closed with no further action.

37 of the concerns were received from dental professionals, 22 were from non-registrants (who were employed in dentistry) and 20 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 continue to have no impact on our ability to perform our regulatory functions and objectives during the reporting period. Given our statutory framework, the action we would take in response to a whistleblowing disclosure is the same as the regulatory action we would take with any other concern reported to the GDC.

We have further improved the way we review the initial concerns when we receive them, through our initial assessment process. This has enabled us to better identify whistleblowing complaints earlier.

Of the whistleblowing concerns received during this reporting period, we identified that conduct concerns were raised in 39 of the 79 disclosures made to the GDC. We define conduct concerns as concerns that relate to matters around dental professionals' behaviour, either in or outside the workplace.

During this period, we reviewed and further amended our process and procedures for the identification of whistleblowers. This included moving the responsibility for whistleblower identification to our In House Legal Advisory Service as part of their role within our Initial Assessment Decision Group. This has enabled us to take an early legal review of all cases to help identify whistleblowers and provide better protection and support to them.

In addition, work is ongoing to amend our initial concern reporting webform to allow individuals raising concerns to self-identify as whistleblowers.

Compared to other regulators we continue to have a higher proportion of disclosure for the size of the register. However, it is worth highlighting that a majority of dentistry is provided in a primary care setting and outside the more robust clinical governance framework that characterise some other forms of healthcare. This may mean that alternative disclosure routes are less present in dentistry, and a larger proportion are therefore reported to the regulator.

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 and take action where there are concerns that patient safety, or the public's confidence in doctors, may be at risk.

Number of disclosures received

From 01 April 2023 to 31 March 2024, the General Medical Council received 60 whistleblowing disclosures.

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	58
No action – not enough information	0
Onward referral to alternative body and regulatory action taken	2

The majority (59 out of 60) of the whistleblowing disclosures we received came in via our Fitness to Practise directorate, and one was received by Registration and Revalidation. Of all the disclosures we received, 23 were made by doctors, 14 were made by other healthcare professionals and 23 were made anonymously.

Of the 59 disclosures that were assessed by our fitness to practise team:

- 49 were closed after an initial assessment

- 10 resulted in either a preliminary or full investigation – five of these are still going through the investigation process and five have been closed.

Of the 49 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, which resulted in an outward referral to an alternative body and regulatory action taken.

Update on disclosures from previous years

12 disclosures that we received prior to 1 April 2023 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, professional misconduct, to individual dishonesty.

The number of anonymous complaints has risen compared with the previous year's report (13 in 2022-23, 23 in 2023-24). There has also been an increase in the number of total whistleblowing complaints (48 in 2022-23, 60 in 2023-24 – a 25% increase). In 2021-22 we received 62 whistleblowing complaints.

11 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.

*Medical Act 1983 (as amended)

General Optical Council

We are the regulator for the optical professions in the UK. We currently register around 33,000 optometrists, dispensing opticians, student optometrists and dispensing opticians, and optical businesses.

We have four core functions:

- Setting standards for the performance and conduct of our registrants.

- Approving qualifications leading to registration.

- Maintaining a register of individuals who are fit to practise or train as optometrists or dispensing opticians, and bodies corporate who are fit to carry on business as optometrists or dispensing opticians.

- Investigating and acting where registrants' fitness to practise, train or carry on business may be impaired.

Number of disclosures received

From 01 April 2023 to 31 March 2024 General Optical Council received 29 disclosures of information.

Actions taken in response to disclosures

Action type	Number of disclosures resulting in this action
Under review	2
Closed with no action taken	3
Onward referral to alternative body	3
Regulatory action taken	18
No action – not enough information	3
Onward referral to alternative body and regulatory action taken	0

Summary of actions taken

All 29 disclosures that we received in 2023-24 were placed into our FTP system for formal assessment. Of these 29 disclosures, 6 cases were closed with no further action being taken. Our decisions are outlined below:

- Three cases were closed as either consent was not given by the referrer for us to progress further and/or identify the registrant, and we were not provided with sufficient information to identify the referrer to obtain relevant evidence;

- Three cases did not meet our acceptance criteria for onward referral;

- Three cases were referred for consideration to another body;

- Three cases were referred to our illegal practice team to take forward;

- Two cases are currently under review; and

- 15 investigations were opened with 12 ongoing, three were closed at case examiner stage.

Learning from disclosures

There was a 93 percent increase in the number of disclosures received during 2023-2024, however these still account for just 7 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 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 can be challenging to investigate, we are satisfied that there was no direct impact on our ability to perform our regulatory functions. We have opened more cases this year compared to last year, and despite evidential difficulties, we were able to open investigations and take them forward with limited information.

Although there has been improvement in this area, there have been some difficulties with complainants withdrawing or not providing consent for fear of reprisal. We have taken proactive steps to share the Speaking Up guidance where this had been raised, along with access to our Governance team.

General Osteopathic Council

The General Osteopathic Council (GOsC) is 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 2023 to 31 March 2024, the General Osteopathic Council received three disclosures of information.

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	2
No action - not enough information	1
Onward referral to alternative body and regulatory action taken	0

Summary of actions taken

The first disclosure, received from a Director of Nursing regarding an osteopath who practised within the NHS, was considered by a screener and referred for further investigation. The matter is currently being investigated by the police and we are waiting for their conclusion before considering any regulatory action.

The second disclosure was considered by a screener and closed under the Initial Closure Procedure (see below). The concern was referred to us by an employer of the registrant.

The third disclosure, received from a concerned staff member within an osteopathic practice, was considered by a screener and referred for further investigation. The matter has been referred for consideration by the Investigating Committee who decide whether there is a case to answer against the osteopath.

The Initial Closure Procedure (ICP)

If the GOsC considers that there is not enough 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 the 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 the GOsC. The updated policy was published in January 2023.

The GOsC considers anonymous disclosures on a case-by-case basis.

The GOsC continues to provide a free Independent Support Service for people who have raised whistleblowing concerns. This service is independent of the GOsC and run by volunteers from the charity Victim Support.

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 2023 to 31 March 2024 the General Pharmaceutical Council received 24 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	5
Onward referral to alternative body	1
Regulatory action taken	16
No action - not enough information	0
Onward referral to alternative body and regulatory action taken	0

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Summary of actions taken

We concluded our enquiries on 19 of these disclosures, with a further five still under review.

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 under the fitness to practise process. The latter can include guidance, a follow-up visit or an unannounced inspection.

Fourteen cases were concluded by sharing information with inspection colleagues for follow-up action. One concern was signposted to another organisation and one was concluded with guidance. The remaining three concerns were investigated and concluded with no further action.

Two concerns from the previous reporting period were concluded with no further action with a further concern concluded with guidance.

Learning from disclosures

None of the disclosures had an impact on our ability to perform our functions and meet our objectives, which are set out in the About us section at the beginning of this report.

The Health and Care Professions Council

The HCPC was established under section 60 of the Health Act 1999 as a regulator of health and care professions in the UK. Our role is to protect the public, which we achieve by setting standards for education and training, professional skills, conduct, performance, and ethics, as well as continuing professional development for 15 healthcare professions. We keep a Register of professionals who meet these standards, approve education programs that professionals must complete prior to registration, and take action when registrants do not meet our standards.

As an organisation, we are a Prescribed Person under the Public Interest Disclosure Order 2014.

On 1 April 2017, a new legal duty came into force which required all prescribed persons to publish an annual report on the whistleblowing disclosures made to them by workers (For example employee, former employee, trainee, agency worker or member of an organisation).

The professional healthcare regulators agreed to publish a joint report each year highlighting each regulator's approach to whistleblowing. This year will be HCPC's fifth annual report.

Number of disclosures received

From 1 April 2023 to 31 March 2024 the HCPC received 7 disclosures of information.

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	5
Regulatory action taken	1
No action - not enough information	1
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 2023/24. Six were made to the Policy and Standards Department and one was made to the Education Department.

The disclosures came from employees and former employees from external organisations. HCPC registrants from four professions (Biomedical Scientists (2), Operating Department Practitioners, Physiotherapists, Practitioner Psychologists) one Ambulance Trust made a disclosure. We also received one anonymous disclosure.

The disclosures to the Policy and Standards Department were received via email and raised concerns about meeting HCPC Standards; a potential conflict between operational guidelines and HCPC standards; ongoing workplace investigation; unethical practice; and safe running of service/systems.

In response to the seven 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.

We referred one case to the Fitness to Practise (FTP) department, where it is currently under investigation.

In another case we directed the discloser onto their professional body, trade union, the Care Quality Commission (CQC) and 'Protect' the whistleblowing organisation (Protect - Speak up stop harm (protect-advice.org.uk).

We received an anonymous disclosure concerning a profession that we do not regulate. We directed the individual to their relevant professional body and signposted them to the HCPC webpages for further information.

In one case we contacted the CQC through the emerging concerns protocol, and signposted the discloser to seek professional legal advice, contact their professional body and trade union representative.

In another disclosure we made a referral to the CQC through the Emerging Concerns Protocol.

We directed one discloser to Health Improvement Scotland and 'Protect'.

The one report received by our Education Department referenced a concern raised about a level 3 and 4 apprenticeship programmes at an ambulance trust. These concerns did not relate to HCPC-approved programmes, or link with our Standards of Education and Training, and therefore we decided to not investigate further.

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 year's report, we have continued to enhance our whistleblowing practices. We have refined our reporting mechanisms to ensure more efficient and secure handling of whistleblowing disclosures. Additionally, we have been provided with further training and resources on whistleblowing disclosures and how to handle them.

Our Whistleblowing eLearning module is part of all new HCPC employees induction. It explains how employees are protected by our policies and the law. It also outlines 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 have also developed a new process to ensure that there is a consistent logging of disclosures that come in and follow-up on all disclosures received across the HCPC.

In October 2023, we published updates to our Standards of conduct, performance and ethics. These standards set out how we expect registrants to behave.

During our review, we changed the language in Standard 1.6 that required registrants to challenge colleagues if they witness another colleague discriminating against a service user or carer. The changes reflect our expectations of registrants to "raise concerns" rather than "challenge" when they have witnessed unfairness or discrimination.

The updated standard also says that raising concerns should be done following the relevant procedures within a registrant's practice and should maintain the safety of all involved. These changes reflect our commitment to maintain the safety of our registrants when they are raising concerns.

These changes to our Standards will take effect from 1 September 2024.

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 826,000 nurses and midwives in the UK and nursing associates in England, we have an important role to play in making this vision a reality.

We're here to protect the public by upholding high professional nursing and midwifery standards, which the public has a right to expect. That's why we're improving the way we regulate, enhancing our support for colleagues, professionals and the public, and working with our partners to influence the future of health and social care.

Our core role is to **regulate**. We set and promote high education and professional standards for nurses and midwives across the UK, and nursing associates in England and quality assure their education programmes. We maintain the integrity of the register of those eligible to practise. And we investigate concerns about professionals – something that affects very few people on our register every year.

To regulate well, we **support** nursing and midwifery professionals and the public. We create resources and guidance that are useful throughout professionals' careers, helping them to deliver our standards in practice and address challenges they face. We work collaboratively so everyone feels engaged and empowered to shape our work. We work with our partners to address common concerns, share our data, insight and learning, to **influence** and inform decision-making and help drive improvement in health and social care for people and communities.

Number of disclosures received

From 01 April 2023 to 31 March 2024 the Nursing and Midwifery Council received 149 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
Under review	0
Closed with no action taken	0
Onward referral to alternative body	0
Regulatory action taken	225
No action - not enough information	0
Onward referral to alternative body and regulatory action taken	91

In all 'qualifying disclosures' we have taken action either by way of regulatory action; or both regulatory action and onward referral to alternative body.

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

- 132 disclosures were considered by our Fitness to Practise team who investigate concerns raised about nurses, midwives and nursing associates.

- 39 disclosures were shared with our Employer Link Service team who engaged with employers in respect of the issues raised.

- 37 disclosures were considered by our Education Quality Assurance team who ensure that education programmes, learning environments and placements for student nurses, midwives and nursing associates meet the standards needed to prepare them to join our register.

- 10 disclosures were handled as safeguarding or wellbeing concerns in collaboration with the Safeguarding Lead.

- Five disclosures were considered by our Registration and Revalidation team who maintain the register of professionals eligible to practise and investigate concerns raised about registration.

- One disclosure was considered by our Standards team who ensure nurses, midwives and nursing associates are equipped with the knowledge, skills and behaviours they need to develop safe care now and in the future.

- One disclosure was considered by our Enquiries and Complaints team who investigate concerns raised about our service. The team used this feedback to help us improve and learn from the issues raised.

We have shared information with Care Inspectorate Scotland, Care Quality Commission (CQC), Gangmasters and Labour Abuse Authority (GLAA), General Medical Council (GMC), General Pharmaceutical Council (GPhC), Health and Care Professions Council (HCPC), Health and Safety Executive (HSE), Healthcare Improvement Scotland (HIS), Healthcare Inspectorate Wales (HIW), HM Revenue & Customs (HMRC), Home Office, Human

Fertilisation and Embryo Authority (HFEA), Medicines & Healthcare products Regulation Agency (MHRA), NHS Counter Fraud Authority (NHSCFA), Office for Standards in Education (Ofsted), Regulation and Quality Improvement Authority (RQIA), Social Work England, States of Guernsey Health and Social Care.

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

We still acted on many disclosures where we did not reasonably believe they met the 'qualifying disclosure' criteria. We either took regulatory action or shared information with a range of other bodies including the Advertising Standards Authority (ASA), Care Quality Commission (CQC), General Medical Council (GMC), Health and Safety Executive (HSE), Healthcare Improvement Scotland (HIS), HM Inspectorate of Prisons, Healthcare Inspectorate Wales (HIW), Healthcare Safety Investigation Branch (HSIB) now Health Services Safety Investigations Body (HSSIB), Medicines and Healthcare Products Regulatory Agency (MHRA), Public Services Ombudsman for Wales (PSOW).

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 increased from 137 last year (2022-2023) to 149 this year (2023-2024). Our intelligence sharing activity has increased by 94% since last year (2022-2023: 47 to 2023-2024: 91).

10 wellbeing or safeguarding concerns were identified within the disclosures. These were handled in collaboration with the Safeguarding Lead. The increase in safeguarding concerns follows training and engagement with colleagues overseeing the Prescribed Persons whistleblowing process to build their knowledge on identifying and logging safeguarding concerns.

The most common themes of these disclosures were: management issues; patient care; health and safety; dishonesty; communication issues; prescribing and medicines management; behaviour or violence (including unprofessional behaviour, harassment and criminal behaviour).

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.

- Monitoring and reporting on social workers' continuing professional development.

- Approving post-qualifying courses.

Number of disclosures received

From 1 April 2023 to 31 March 2024 Social Work England received 7 disclosures of information.

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	1
Regulatory action taken	2
No action - not enough information	1
Onward referral to alternative body and regulatory action taken	0

Summary of actions taken

Of the disclosures we received, we concluded our enquiries in all 7 cases. Our actions are detailed below:

- 3 cases were closed with no action taken. In all 3 cases the matters raised were not within Social Work England's remit. Onward referral was not considered necessary in these cases as the referrer had already provided the same information to the relevant prescribed person(s)/police.

- We referred one case to the Care Quality Commission (CQC) as we considered the issues raised to be within their remit. The CQC subsequently confirmed that they had already received similar information from an anonymous source and were in contact with the relevant organisation regarding the issues.

- 2 cases were referred for consideration under our fitness to practise process. Both of these cases are still ongoing.

- We closed one case as despite our request, we were not in receipt of enough information to take the concerns raised forward. We provided the referrer with information about other bodies/organisations that might be able to assist them.

Of the 2 disclosures received in the previous reporting period, 2022/23, both were referred through our fitness to practise process. One was closed at our initial triage stage. Although the referrer disengaged from the process we undertook proportionate enquiries prior to taking the decision to close the matter. The other case is still being considered through our fitness to practise process.

Learning from disclosures

As Social Work England only became a prescribed person in December 2022, this was our first full reporting period. We will use the information we have gained this year as a benchmark for the future. Based on the small number of disclosures we have received to date we have not identified any impact on our ability to perform our regulatory functions and meet our objectives during the reporting period.

General Chiropractic Council

Park House, 186 Kennington Park Road, London, SE11 4BT

www.gcc-uk.org

General Dental Council

37 Wimpole Street, London, W1G 8DQ

www.gdc-uk.org

General Medical Council

Regent's Place, 350 Euston Road, London, NW1 3JN

www.gmc-uk.org

General Optical Council

10 Old Bailey, London, ED4M 7NG

www.optical.org

General Osteopathic Council

Osteopathy House, 176 Tower Bridge Road, London, SE1 3LU

www.osteopathy.org.uk

General Pharmaceutical Council

25 Canada Square, London, E14 5LQ

www.pharmacyregulation.org

The Health and Care Professions Council

Park House, 184 Kennington Park Road, London, SE11 4BU

www.hcpc-uk.co.uk

Nursing and Midwifery Council

23 Portland Place, London, W1B 1PZ

www.nmc.org.uk

Social Work England

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www.socialworkengland.org.uk

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