General
Dental
Council

Public Council Meeting - 27 September 2024

MEETING
27 September 2024 10:20 BST

PUBLISHED
20 September 2024

Agenda

Location	Date	Time
Boardroom, Wimpole Street	27 Sep 2024	10:20 BST

A meeting of the Council of the General Dental Council

10:00am on Friday 27 September 2024 at the General Dental Council,

37 Wimpole Street, London

Members:

Lord Harris (Chair)

Terry Babbs

Ilona Blue

Donald Burden

Anne Heal

Angie Heilmann MBE

Serbjit Kaur MBE

Sheila Kumar

Mike Lewis

Timea Milovecz

Simon Morrow

Laura Simons

*Reshard Auladin – Observer

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.

PRIVATE SESSION – COUNCIL ONLY – 10:00 – 10:20am

PART ONE - PRELIMINARY ITEMS

1.	**Welcome and apologies for absence**	Toby Harris, Chair of the Council	10:20 – 10:25am (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 21 June 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 21 June 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. Audit and Risk Committee b. Finance and Performance Committee	For noting	10:25 – 10:45am (20 mins)	Papers

No	Item & Presenter	Tabled for?	Time	Status
	c. Remuneration and Nomination Committee			
	d. Statutory Panellists Assurance Committee			
8.	**Revision of Standards for Education – Consultation Proposal** Manjula Das, Head of Education and Quality Assurance Alice Santos, Policy and Projects Officer	Approval	10:45 – 11.15 (30 mins)	Paper
	Comfort Break – 11:15 – 11:25am (10 mins)			
9.	**People and Culture Programme Update** Richard Bloomfield, Head of Programme & Portfolio Delivery John Middleton, Head of People Services	For noting	11:25 – 11:50am (25 mins)	Paper
10.	**Committee Appointments** Ian Vaughan, Head of Governance	Approval	11:50 – 11:55am (5 mins)	Paper
11.	**Any Other Business**	Toby Harris, Chair of the Council	11:55 – 12:00pm (5 mins)	Oral

PART THREE - CONCLUSION OF BUSINESS

12.	**Date of Next Meetings** Council meeting 25 October (Colmore Square, Birmingham)			
	LUNCH BREAK – 12:00 – 12:50 (50 mins) **Before the closed session of Council**			

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	**Communications and Engagement: Quarterly review and Insights (Q1 2024)**	Joanne Rewcastle	Noting	Public	25 September 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.

General Dental Council

Minutes of the Meeting of the General Dental Council

held at 10am on Friday 21 June 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	
Serbjit Kaur 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:

Lee Avery	Associate Director, People and Organisational Development
Richard Bloomfield	Senior Programme and Portfolio Manager
Manjula Das	Head of Education and Quality Assurance
Madeline Eastwood	Policy and Project Officer
Rachael Gilleard	Interim Deputy Head of Governance (Secretary)
Katherine McGirr	Policy Manager
Joanne Rewcastle	Associate Director, Communications & Engagement
Katie Spears	Interim Senior Counsel and Associate Director, Legal

Others in Attendance

Sir Ross Cranston	Chair of the Statutory Panellists Assurance Committee

Members of the public and GDC staff attended as observers.

Apologies

No apologies were received.

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 Tom Whiting, Chief Executive and Registrar, to his first Council meeting.

1.3   It was noted that Sir Ross Cranston would need to leave during the meeting.

2. Declaration of interests

2.1   The following declarations of interest were received:

a.   Item 8 - Change Programme and Cultural Change Update - from all staff in relation to the Total Reward element of the report.

b.   Item 9 - Revision of the Standards for Education Update - those registrant Council members that continue to work in dental education settings.

c.   Item 10 - Specialist List Assessed Applications - update and approval to consult on changes to the regulations - all registrant members.

d.   Item 11 - Chair of Finance and Performance Committee and Senior Independent Council Member Appointments - Ilona Blue and Simon Morrow.

3. Questions Submitted by Members of the Public

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

3.2   The Interim Senior Counsel and Associate Director, Legal confirmed that questions from the public can be sent directly into the GDC Governance mailbox or through the GDC website and are reviewed and directed for attention accordingly.

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 5 April 2024 had been **approved via correspondence.**

5. Matters Arising and Rolling Actions List

5.1   The Council **agreed** that the action that was 'suggested complete' should be marked as completed.

6. Decisions Log

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

a.   The Council approved the proposed response to the Department of Health and Social Care consultation on Provisional Registration on 16 May 2024.

b.   The Council approved the recommendation of the Selection Panel for the appointment of the candidate to the Council, for onward submission to the Privy Council, on 5 June 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 once since the last Council meeting. The meeting agenda had been full, and the Committee had requested follow up work in some areas, including requesting consideration of success measures for the Change Programme.

7.3   It was currently hoped to lay the 2023 Annual Report and Accounts on the first day of new parliamentary business and timetables were in place that should support this.

Finance and Performance Committee

7.4   The Chair of the Finance and Performance Committee (FPC) informed the Council that the Committee had met once since the last Council meeting and had discussed organisational performance and the increased number of lost working days in Quarter 1 of 2024, which had been attributed to stress. This would be kept under review by the team, including ensuring that the organisation was fully utilising Occupational Health provision.

7.5   The Committee had received a broadly positive update from the Regulation Directorate, with improvement in performance against Key Performance Indicators (KPIs) in Fitness to Practise (FtP) and throughput of cases. In relation to Registration, the Dental Care Professionals (DCP) international route remained a major challenge, although performance was currently ahead of the target for clearing the backlog. The Executive Director, Regulation, clarified that the business case for DCP international registration referred to a target clearance date of mid-2025.

7.6   The Committee had reviewed the first version of the Costed Corporate Plan 2025 – 2027 (CCP) and budget, had asked for consideration of a more streamlined project portfolio and had identified areas for further opportunities in respect of digitisation. The Committee had also queried the approach to financial provision in respect of provisional registration, given the current political uncertainty as to if and when it might be implemented by the new Government.

Statutory Panellists Assurance Committee

7.7   The Chair of the Statutory Panellists Assurance Committee (SPC) informed the Council that the Committee had met once since the last Council meeting and had discussed the ongoing process to appoint a new Committee Member, witness support models, case management changes, disclosure and wasted costs and the training programme for panellists.

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

The Associate Director, People and Organisational Development and the Senior Programme and Portfolio Manager joined the meeting.

8. Change Programme and Cultural Change - Update

8.1   The Associate Director, People and Organisational Development presented the paper, which provided an update on the progress of the Change Programme and the Organisational Cultural Change work, highlighting that a formal gateway review for the project would be undertaken in Quarter 3 of 2024.

8.2   The Council **discussed** the following:

    a.   In respect of workforce development, it was encouraging that a Learning Management System was operational. There was work to be done in respect of its offering and the optimal approach to organisational training being a mixture of in person and online training.

    b.   In respect of Estates, it was confirmed that the question to be considered was whether the Wimpole Street premises remained appropriate for the GDC's long term needs, or whether an alternative London premises should be sought. The timing of this decision would follow a decision by the Registrar in respect of the organisation's approach to remote hearings.

    c.   In respect of staff engagement, the Council noted that a new Head of Internal Communications was in post and a communications plan was being developed. The need to ensure a timely response to the staff survey was stressed. Some assurance was provided by the existence of Directorate Action Plans, but the Executive was encouraged to move at pace on an organisation-wide action plan. The Council asked that the Remuneration and Nomination Committee receive an update as to the content of the overall GDC action plan.

        Action: 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.

    d.   In respect of GDC Values, the Council noted that the paper mentioned testing these values both internally and externally and highlighted that it was important that the values were socialised effectively with the wider GDC Associates group as well.

        Action: 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.

    e.   In respect of cultural change, the Council queried whether the cultural change work had an overall objective, against which success could be measured. Equality, diversity and inclusion and improvements in performance in key operational areas had also been identified as an intrinsic part of the work and links between this and the cultural change programme should be clear.

    f.   The Chief Executive's assessment was that there were scoping issues with the cultural change programme itself, which contained projects that were not directed at cultural change (some of which touched on productivity and efficiency), whereas other initiatives outside the programme did. A total set of relevant projects and a comprehensive set of success measures was required.

    g.   It was observed that the gateway review provided an opportunity for review of the whole set of projects to bring the existing work together and determine the future plan.

8.3   The Council **noted** the report.

The Associate Director, People and Organisational Development and the Senior Programme and Portfolio Manager left the meeting.

The Head of Education and Quality Assurance joined the meeting.

9.   Revision of Standards for Education

9.1   The Head of Education and Quality Assurance and the Policy Manager presented the report, which provided an update on the revision of the Standards for Education. In developing the revised standards, the team had reflected on the present standards, initial and further stakeholder discussions and feedback, and how this activity was aligned to the broader work of the GDC including the professionalism agenda. The draft revised standards and draft consultation document would be presented to the Council in September 2024.

9.2   The Council **discussed** the following:

a.   It was vital that the Standards were fit for purpose and accessible for each of the diverse registrant groups. It was important to reflect on the role and status of technology (including in dental nurse education) and the issue of digital poverty in some communities was also highlighted.

b.   In relation to the organisation's regulatory remit, the Council discussed its levers for affecting change in respect of inclusive admissions processes.

c.   Support regarding the well-being of trainees, trainers and providers was welcomed.

d.   The international registration dimension was highlighted, and it was noted that links had been made with the Association of Dental Education in Europe.

e.   The Council queried how the GDC is keeping in step with standards for specialty education and was informed that revision of the specialty curricular was completed last year, which was a valuable learning exercise. Review of the standards for specialty education was on a plan in the CCP, subject to resources and timing.

f.   The GDC was undertaking a thematic review of dental nurse training. A survey had been shared with awarding organisations, from which key themes had been identified and would be discussed with stakeholders.

9.3   The Council **noted** the update.

10.   Specialist List Assessed Applications – update and approval to consult on changes to regulations

10.1   The Policy Manager and Policy and Project Officer explained that over the last 18 months changes had been implemented to the Specialist List Assessed Applications (SLAA) process which had brought the assessment of assessed applications under the GDC's direct operational control. This had resulted in the elimination of the backlog of applications. As the next step in the work to improve the process, it was proposed to consult on changes to the application routes which had been the cause of concern.

10.2   The first of the proposed amendments to the Regulations was to replace the current academic and research route with a more general assessment route for the 11 specialties over which the GDC had full control. The other two specialties were subject to EU-derived legislative requirements. This change was designed to address an identified issue that applicants struggled to demonstrate equivalence to the Certificate of Completion in Specialist Training (CCST) through research. The new route would be supported by guidance materials that would assist applicants in identifying suitable evidence to demonstrate equivalence.

10.3   Secondly, it was proposed to amend the Regulations to add an additional application route for those who had gained specialist training within the UK, but not through the CCST approach (which required NHS funding and was limited to a certain number of places). This was aimed at improving equality of access to the specialist lists.

10.4   Additionally, the opportunity had been taken to make provision for the recognition of specialist qualifications where the GDC was required to do so by the terms of trade agreements concluded between the UK and other countries. The GDC proposed to consult on this approach for 10 weeks, starting in July 2024.

10.5   The Council **discussed** the following:

    a.   The Council noted the success of the relevant teams in clearing the backlog of applications and endorsed the proposed approach to consulting on changing the Regulations.

    b.   It was queried whether the use of the Intercollegiate Specialty Fellowship Examination had been considered, and it was noted that there was not sufficient capacity in the Royal Colleges to provide access to these exams and examination alone did not demonstrate competency in this sphere.

    c.   The unusual position in respect of oral and maxillofacial surgeons was discussed and the Council noted the previously issued guidance as to when dual registration was or was not required.

    d.   Overall, the proposals were welcomed as removing an anomaly and addressing a longstanding problem. Given that the proposals were for relatively minor enabling amendments, it was queried whether consultation was necessary. The Interim Executive Director, Legal and Governance confirmed that there was no statutory requirement to consult, but it was suggested to the Council that there were policy reasons why consultation was proposed in this case. The timing of the consultation period was discussed and agreed as ten weeks, as per the proposal.

    e.   The Council noted that there would be value in considering scenarios where the GDC must and should consult on changes, and where there was value in acting in a more expeditious fashion if there was no express requirement or policy imperative for consulting.

    f.   The Council **noted** the update and **approved** the consultation document for publication.

The Policy Manager and Policy and Project Officer left the meeting.

11.   Any Other Business

11.1   The Executive Director, Regulation reported to the Council that there had been an error in the booking window opening for the Overseas Registration Exam which had resulted in 84 candidates booking on in error. Apologies had been made, refunds had been issued and the teams were working quickly to resolve the problem quickly.

12.   Chair of FPC and Senior Independent Council Member (SICM) Appointments

Ilona Blue and Simon Morrow withdrew from the meeting.

12.1   The Chair of Council presented the paper recommending that the Council approved the appointments of Simon Morrow as the Senior Independent Council Member (SICM) and Ilona Blue as the Chair of the Finance and Performance Committee.

12.2   It was commented that, where the paper referred to not pre-empting a Privy Council decision, this same point should apply to the Council in respect of recommending candidates for appointment.

12.3   The Council **approved** the recommendation. Accordingly:

  a.   Ilona Blue was appointed to the Chair of FPC from 1 October 2024 to 31 March 2026.

  b.   Simon Morrow was appointed to the Senior Independent Council Member post from 1 October 2024 to 30 September 2025.

13.   Date of Next Meetings

13.1   The Council **noted** the date of the next meetings.

The meeting closed at 12.10pm.

General Dental Council

Minutes of the Meeting of the
General Dental Council
held at 13:00pm on Friday 21 June 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	
Serbjit Kaur 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:

Samantha Bache	Associate Director, Finance
Rebecca Cooper	Associate Director, Policy & Research
Krishangi Dahiya	Policy and Projects Officer
Rachael Gilleard	Interim Deputy Head of Governance (Secretary)
Kelly Marsh	Policy Manager
Jenny McLaughlin	Policy Manager
Joanne Rewcastle	Associate Director, Communications and Engagement
Katie Spears	Interim Senior Counsel and Associate Director, Legal

Apologies

None

1. Welcome and apologies for absence

1.1   The Chair welcomed everyone to the meeting.

2. Declaration of interests

2.1   The following declarations of interest were received:

    a.   <u>Correspondence item C2, DB Pension Scheme Consultation Outcome report</u> - from two staff members. It was noted that neither individual had access to the report.

3. Approval of Minutes of Previous Meeting

3.1   The full minutes of the closed meeting held on 5 April 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   No decisions had been taken since the last meeting to report to the closed Council meeting.

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

6.1   The minutes of the following non-statutory Committees were **noted** by the Council:

    a.   The Audit and Risk Committee (ARC) meeting on 22 May 2024. The Committee received a report on progression of new FTP cases. The Committee acknowledged the progress made but expressed concern at the older cases. This matter had also been considered from a performance perspective by the Finance and Performance Committee (FPC).

    b.   Due to the tight turnaround between the Committee meetings and the Council papers upload date, the following minutes would be circulated to the Council once approved by the Committees:

        ▪   The meeting of the FPC on 5 June 2024.

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

    c.   There were no minutes from the Remuneration and Nomination Committee, which would next meet on 27 June.

6.2   The Council **noted** the updates.

7. Chief Executive's Report

7.1   The Chief Executive provided a verbal update to the Council, highlighting his initial observations and identifying priorities, based on internal and external meetings and activity to date.

7.2   He had identified key priorities through initial engagement and planned to work with the Executive and leadership teams to develop plans for addressing these areas, including in the areas of people, culture and staff engagement; external engagement and partnerships; equality, diversity and inclusion and customer experience; strategy; governance; fitness to practice; efficiency; digitisation and legislation.

7.3   The Chief Executive also felt that more could be 'unlocked' from the organisation to help it fulfil its potential. There would need to be a focus on projects that would really 'shift the dial' in respect of the organisation's objectives. Evaluation of this opportunity would be assisted by a review and clearer articulation of the prioritised programme of work.

7.4   The Council welcomed the Chief Executive's observations.

7.5   The Chief Executive also provided a written update in respect of his induction, provisional registration and applications for registration, FTP case progression, the Dental Professionals Hearings Service, data access issues, a current legal case and the change and culture programme.

7.6   The Council **noted** the verbal update and report.

8.   International Registration – Approval of Call for Evidence Report for Publication and Approval of Scope and Prioritisation of Policy Development

8.1   The Associate Director, Policy and Research, Policy Managers and Policy and Projects Officer presented the report, highlighting that over the last year the GDC had developed and consulted on a new set of rules governing registration processes for internationally qualified dental professionals. The long-term objective of this work was to create a comprehensive framework of robust pathways for entry to the GDC registers for internationally qualified dental professionals.

8.2   Three strands of work were presented, and the Council was asked to approve the call for evidence report for publication, approve the scope and prioritisation of policy development on international registration and provide views and direction on the development of a refugee policy.

8.3   In respect of the report on the Call for Evidence, the report was helpful. Subject to minor drafting points, the Council **approved** the publication of the report.

8.4   In respect of the refugee policy, the report highlighted the issues to be considered in relation to a policy objective to ensure that qualified dentists and dental care professionals (DCPs) could join the GDC's registers without facing unnecessary barriers connected to their refugee status. Other healthcare regulators had policies addressing this issue in place.

8.5   The Council **agreed** that a refugee policy should be further developed with an assessment of the resources required to implement it and its relative priority in relation to other initiatives.

8.6   In respect of the scope and prioritisation of policy development, the Council noted that provisional registration was one part of the programme to develop a comprehensive framework for international registration, and other elements in that programme also needed to be addressed. The work required was a combination of developing new routes to registration and enhancement of existing elements. The report set out a proposed prioritisation of the work for the Council's consideration.

8.7   The Executive Director, Strategy commented that the team's work on provisional registration had been in response to the Department of Health and Social Care consultation and draft legislation, published in February 2024, setting out proposals to introduce a power for the GDC to provisionally register overseas qualified dentists. The work that the team had been planning for was to achieve a regulatory framework within which provisional registration could operate. The report did not advocate for a particular model for provisional registration but set it against other streams of work in this area. It was acknowledged that the total activity identified was unmanageable within current

resourcing levels, and that the approach to provisional registration would impact the deliverability of other activity.

8.8   The Council **noted** the scope and potential prioritisation of work in this area but, given the uncertainty around provisional registration, noted that it was premature to form a conclusion as to which elements should be prioritised or deprioritised at this stage.

The Associate Director, Policy and Research, Policy Managers and Policy and Projects Officer left the meeting.

9.   Strategic Risk Register and Risk Appetite

9.1   The Associate Director, Finance presented the Strategic Risk Register (SRR) and the annual review and update of risk appetite, highlighting that:

    a.   The SRR had previously been presented to Council after risk appetite had been set, however it was felt helpful for the Council to see both together, to assess whether updates to the Strategic Risk Register were in keeping with risk appetite.

    b.   Following discussion by the ELT and ARC, changes were proposed to the risk appetite levels for finance, value for money and people, recruitment and retention.

    c.   Following recent ARC meetings, the SRR had been overhauled, but the risks facing the GDC had not significantly changed.

    d.   A risk horizon scanning session had been undertaken with the ELT, the outcomes of which had been incorporated into the update.

9.2   The Council **discussed** the following:

    a.   The Chair of the ARC reported that a lot of work had been done to elevate risks to make them more strategic and the current iteration of the SRR was a significant improvement. The Committee had tested whether there was appropriate escalation and relegation of risks and had been assured on this point. The Committee intended to return to the question of risk tolerance, but this was not considered a barrier to addressing risk appetite at this point. Consequently, it was suggested that the risk appetite was approved, noting that further work would be ongoing.

    b.   The Chair of the FPC confirmed that when the Costed Corporate Plan proposals were reviewed, they were tested against strategic objectives and whether they helped to address strategic risks which were out of appetite. The Chair of FPC was content with the proposal for the finance risk appetite, in the context of the various controls in place.

    c.   References in the report to risk appetite as 'adverse' should read 'averse'.

    d.   The development of the SRR was welcomed.

9.3   The Council **noted** the Strategic Risk Register and **approved** the updated risk appetite.

10.   Review of Reserves Policy

10.1   The Associate Director, Finance presented the report on the review of the Reserves Policy, explaining that when the Reserves Policy was approved in 2023, there was a commitment to revisit the policy to complete a more substantive review. The results of the review and the proposed revised Reserves Policy had been discussed by the FPC.

10.2   The Council **discussed** the following:

a.   The Council heard that the FPC supported the proposed range, target level of reserves, that these should be expressed in months and the proposed change to making financial provisions. Items would be treated as provisions if they were highly likely to crystallise and a business case was in preparation. Access to reserves required Council approval and access to financial provisions would have the same gatekeeping arrangement.

b.   It was observed that consistent use of metrics (months being the preferred approach) would be helpful in any communication with Registrants.

10.4   The Council **approved** the Reserves Policy.

11.   External Auditor Appointment

11.1   The Associate Director, Finance presented the report recommending the appointment of the independent external auditor, which had been discussed by the ARC.

11.2   The changes proposed were a result of the revisions in the auditing standard.

11.3   The Chair of the ARC explained that the Committee had tested the proposal and concluded that there was no alternative viable option.

11.4   The Council **approved** the appointment of The National Audit Office as the independent external auditor (tier 1).

12.   Any Other Business

12.1   The Chair reminded the Council and the ELT that the original objective of reporting from Committees was to demonstrate in public that Committees were seeking and receiving the assurance that they required, and it was correct that the Council should receive the full minutes of Committee meetings in private session. The balance of reporting was generally considered to be right and there was the opportunity for Members to raise issues or concerns in either session.

13.   Date of next meeting

13.1   The Council **noted** the date of the next meetings.

The meeting closed at 15:45pm.

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	This item is on the agenda for the RemNom meeting on 16 October 2024.	Suggest complete once presented to RemNom
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 (by 5/10/24). Sample testing is planned with Education Quality Assurance Associates in October 2024.	Live

Decisions Log – PUBLIC Council – 27 September 2024

Date decision taken	Decision taken by	Agenda Item	Purpose	Outcome
11 July 2024	Council	**Annual Report and Accounts**	To approve the GDC Annual Report and Accounts 2023.	The Council approved the GDC Annual Report and Accounts 2023.
24 July 2024	Council	**Independent Governance Associates**	To approve the appointment of an Independent Remuneration and Nomination Committee Member and a Registrant SPC Member.	The Council approved the appointment of an Independent Remuneration and Nomination Committee Member and a Registrant SPC Member.
18 September 2024	Council	**Board Charter**	To agree to adopt the proposed Board Charter.	The Council agree to adopt the Board Charter.

Audit and Risk Committee (ARC) Assurance Report

Since the last formal Council meeting, the ARC has met twice, on 1 July and 18 September 2024.

At the meeting on 1 July 2024 the Committee:

- Received an update on any impacts to the Annual Report and Accounts (ARA) 2023 from the Somerville v Nursing and Midwifery Council judgment.
- Discussed and noted the legal advice received and the impact on disclosure and approved a small number of text changes to the final draft of the ARA 2023.

At the meeting on 18 September 2024 the Committee:

- Welcomed Ian Vaughan, Interim Head of Governance as an observer and Tom Whiting the Chief Executive to his first meeting of ARC since taking up his position.
- Received a verbal update from the Chief Executive and Registrar on several areas including the following:
    i. Internal and external engagement activity
    ii. Ongoing work in relation to staff reward and organisational values
    iii. A detailed discussion by the ELT on horizon scanning and strategic risks. This will be further discussed with the Committee in due course.

Future reporting by the CEO will include a written report.

- Received an update on proposals for a review of IT services to be carried out internally and to inform the broader review which is scheduled for 2025. This had been discussed by the Finance and Performance Committee (FPC) including the next steps arising from the internal light touch review of IT services. The FPC had suggested it be brought to ARC's attention given its risk remit. The Committee will be receiving a deep dive on *IT functions and risks* at its next meeting.
- Scrutinised the Strategic Risk Register (SRR) and the Board Assurance Framework. The Committee was pleased to note the ELT's review of the strategic risks and that the intention was, the SRR would be aligned to the Strategic Plan. The Committee asked that consideration be given to the use of 'risk tolerance' rather than 'risk appetite' as a descriptor. The Committee looks forward to seeing the detail of the new strategic risks of which some headline areas were provided to the Committee.
- Discussed a paper on the presentation of the Annual Report and Accounts (ARA) 2024, based on a staff review of the work to deliver the 2023 ARA. The ARC highlighted concerns that they had circulated about the process, content and audience. It was agreed that the Committee should review fewer 'draft' versions of

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the document, to ensure greater efficiency and robustness of scrutiny. The Committee discussed various proposals to mitigate against challenges experienced this year and agreed that that the Council at its October meeting should be presented with recommendations to meet the various questions that had been raised in preparation for the 2024 ARA.

- Noted the internal audit progress report and requested that further information was to be provided on the status of overdue management actions in relation to GDPR governance and EDI, which should remain within the RSM reporting framework. Particular concern was raised at the lack of progress being reported by the internal audit team in relation to EDI especially in the context of what is known to be an escalating interest in this dimension by the PSA.

- Noted that RSM had provided a substantial assurance opinion on the Key Financial Controls audit and a reasonable assurance opinion on the External Communications audit. RSM were keen to make clear that while External Communications had suggested resource as being an issue in dealing with recommendations, they were not making recommendations as to resource and none were being suggested by ARC. This was clearly a management issue for the GDC executive.

- Noted the status of the implementation of internal audit recommendations and was disappointed at the continued delay of the management action on the EDI gap analysis. More broadly, the Committee discussed that implementation dates should reflect realistic feasible dates.

- Noted the findings of the In-House Internal Audit report on the Data Security Incident review within the Dental Professionals Hearings Service, which provided a partial assurance opinion.

- Observed that the continuing level of DSIs is an ongoing concern particularly in the context of lack of progress on information governance audit recommendations.

- Noted the update on significant legal developments.

- Discussed the assurance provided by the Deep Dive into Fitness to Practise Case Progression, and the approach to managing timeliness of cases. The Committee provided observations on current risks and was encouraged to hear that these are being managed closely. Responses to questions by the executive were clear and open and reflected a clear grip on the various issues. The Committee also discussed future stages of assurance, to include the scalability and resilience of the function.

- The Committee will in due course receive the terms of reference of the board effectiveness review and are expecting to be observed in that context at its November meeting in Birmingham.

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Finance and Performance Committee Assurance Report

The FPC has met twice since the last meeting of Council, on the 16 July via MS Teams and on 13 September.

16 July 2024 (Single-issue)

1. The Committee held a single-issue meeting to discuss the Costed Corporate Plan (CCP) and Budget Setting 2025-2027, Round 2.

2. The Committee was pleased with the presented draft, noting the different approach and amount of movement since the first round.

3. The Committee reviewed and provided direction on the, then, current iteration of the CCP, making a number of comments and recommending amendments to be incorporated into subsequent versions.

13 September 2024

The Committee held a substantive meeting on 13 September to discuss:

1. Organisational Performance Reporting (Q2)
2. Regulation - Operational update
3. Strategy Directorate - Interim performance report 2024
4. Review of Financial Delegated Authority
5. CCP and Budget Setting 2025-2027 – First final draft
6. IT Services Review
7. Optimisation of GDC Estates

1.   Organisational Performance Reporting

1.1.   The Committee received a verbal update on Q2 performance including Operational Delivery, CCP Portfolio Delivery, Workforce and People and OD and a Financial Summary.

1.2.   The Committee noted that there had been a rise in sickness absence and heard that work the Organisational Development partners were addressing this on an individual and organisation-wide basis.

1.3.   The Committee requested that a cross-functional approach was taken to addressing the issues and also that the matter was referred to the Renumeration and Nomination Committee, to receive further analysis and information. The Committee asked to be kept informed of the issue.

1.4.   The Committee was pleased to see an improvement in the operational performance Key Performance Indicators (KPIs).

1.5.   The Committee discussed surplus, income and in-year controls. The Committee requested the CCP narrative reflect that the expenditure was on track and the team has been quick to respond to income changes across the organisation.

2.   Regulation – Operational Update

2.1.   The Committee received the Regulation Operational Update which provided an update on the work of Regulation across the directorate with a focus on the key operational challenges.

2.2.   The Committee heard that the Dental Complaints Service (DCS) had received an increase in concerns however this was currently being managed and would be kept under review between the incoming FPC Chair and Executive Director, Regulation to determine next steps and whether further exploration was required.

2.3.   Following discussion of Fitness to Practice (FtP) with the Audit and Risk Committee later in September, the Committee requested that it receive an updated summary of FtP cases over 51 weeks old at its next meeting.

2.4.   The Committee was pleased with the work across the directorate and noted that the content and format of future reporting would be considered by the incoming Chair

3.   Strategy Directorate Interim Performance Report

3.1.   The Committee received an overview of the performance of the Strategy Directorate in the first half of 2024.

3.2.   The Committee discussed recruitment challenges and was informed that the market and quality of candidates had improved, and the team was currently working with People Services to streamline the recruitment process.

3.3.   The team would be working through some older and yet to be reviewed policies and is logging queries and questions in relation to proposed legislative changes to ensure the organisation was as prepared as possible to respond to these.

3.4.   The Committee encouraged more Council member involvement in engagement events, to make best use of their skills and expertise.

4.   Review of Financial Delegated Authority

4.1.   The Committee received a review of proposed changes to the financial delegated authority 2025.

4.2.   The Committee heard that the purpose of the proposed changes was to create further agility and to ensure most effective use of governance mechanisms.

4.3.   The Committee did not support the proposed rationale for changing the existing delegations and requested the paper be reviewed for presentation at the next meeting with some examples and supporting narrative, with a view to recommending it for approval to the Council in October.

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

5.1.   The Committee received the first final draft of the CCP 2025-2027 which incorporated comments from the Committee, ELT and Accounting Officer Advice.

5.2.   The Committee discussed and explored five areas in detail:

1.   *The amount that the Organisation is trying to do*

2.   *Financial sustainability*

3.   *Reserves*

4.   *Provisional registration*

5.   *The draft paper for the Council*

5.3.   The Chief Executive acknowledged that the plan was ambitious, and although it was not the case that there was no risk to deliverability, the plan was not considered to be unachievable.

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5.4. The Committee discussed the routes to sustainability, efficiency targets, and reducing reserves (shown as above target in the draft) and encouraged the Executive to expand on other potential efficiency savings, as well as the risks and opportunities.

5.5. The Committee discussed Provisional Registration as set out in the draft, but noted there was not currently an approved business case and that it was speculative in that there was no indication from the new government that it would proceed with the previous administration's proposals. Committee noted that the financial provision made was still large and would cover the preparatory and not the operational stage of such a scheme. Committee requested that Provisional Registration be treated as a ring-fenced overlay on the CCP covered by a call on reserves should it subsequently crystallise.

5.6. The Committee made a series of specific comments and amendments for the final version of the report to be presented to Council. The Committee was invited to provide any further comments by correspondence.

5.7. The Committee acknowledged that staff had taken on board the lessons learned from last year's CCP process, noting that Committee members' comments had largely been addressed and the process had run smoothy.

5.8. Subject to the comments made, the Committee was content with current shape of the plan and endorsed the current draft of the CCP 2025-27 portfolio, budget and workforce plans to be presented for initial review by the Council.

6.   IT Services Review

6.1. The Committee received light touch review and plans for the IT function, including recruitment of a Cyber Security Manager and a remediation plan. The Committee noted that the paper was helpful and thorough.

6.2. The Committee suggested it may be beneficial for Council Members to receive training on information and cyber security.

6.3. The Committee observed that the subject was linked to the remit of the Audit and Risk Committee (ARC), and it was agreed that the ARC would be informed of the discussion at its meeting on 18 September.

7.   Optimisation of GDC Estates

7.1. The Committee received an update on the Optimisation of the GDC Estates Project and discussed the content of the report. Subject to amendments to reflect comments made, the Committee agreed that the paper could be presented to the Council.

8.   Forward Plan

8.1. It was agreed that at its next meeting, the Committee would receive the People and Organisational Development (POD) Programme Update for noting, which was due to be presented to the Remuneration and Nomination Committee in October.

9.   Any other business

9.1. Reflecting that this was his last FPC meeting, the Chief Executive, Committee members and staff thanked the FPC Chair for his eight-year service to the organisation.

9.2.   The next Committee meeting will be held on **14 October 2024** in Wimpole Street and
         will be chaired by the incoming FPC Chair- Ilona Blue.

Terry Babbs

Chair of the Finance and Performance Committee

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Remuneration and Nomination Committee Assurance Report

Since the last Council meeting, the Committee has met once on 27 June 2024. At the meeting the Committee discussed the following:

- Council Member and Independent Governance Associate (IGA) Induction Process

  The Committee received an update on the recruitment processes for the appointment of a new lay Member of Council, a new IGA Member of the Remuneration and Nomination Committee (RemNom), and a new registrant Member of the Statutory Panellists Assurance Committee (SPC). It was noted that there had been a good selection of high calibre candidates for shortlisting.

  The Committee discussed the induction processes for the new Members and noted that the induction was comprehensive and of good quality.

- Council Member Appointments Process 2025

  The Committee scrutinised and approved the Council Member Appointments Process for 2025.

- Council Member Reappointments Process 2025

  The Committee scrutinised and approved the Council Member Reappointment Process for 2025.

- Independent Governance Associates Reappointment Process 2025

  The Committee scrutinised and approved the IGA recruitment process for 2025.

- Update on Workforce Development Plan

  An update was provided on the Workforce Development Plan in respect of the five key priorities for 2024 which included onboarding and induction processes, a new learning management system, Performance Development Reviews, the learning offer, and mandatory training. It was highlighted that there was a 95% completion rate for objective-setting and an 84% completion rate for Personal Development Plans. The Committee heard that the new learning management system, Connect, had gone live at the end of March 2024.

- Total Reward Update – Pay, Grading and Benefits Framework

  The Committee noted and discussed the proposals for Total Reward in respect of the pay, grading and benefits framework, and provided advice on the proposals relating to pay ranges and regional pay.

- Somerville v Nursing and Midwifery Council (NMC) Employment Tribunal Judgment

  The Committee received a paper on the expected impact on the GDC from the judgment and the required next steps in respect of reporting, planning for financial risk, and the future remuneration policy for the relevant Associate groups. A further update will be provided to the RemNom meeting in October 2024, or earlier if required.

- Decisions Taken by Correspondence

  The Committee noted the decisions that had been taken via correspondence since it last met. The Committee had:

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a. Noted updates on the recruitment processes for the Chief Executive, Lay Council Member, Independent Member of the RemNom and the Registrant Member of the Statutory Panellists Assurance Committee.

b. Noted the 2024 pay awards for the Executive Directors and Chief Executive Officer and Registrar.

c. Noted the approach to remuneration for the Interim Executive Director, Legal and Governance.

d. Received for information the Remuneration Report for the ARA 2023.

Anne Heal, Chair of the Remuneration and Nomination Committee.

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Statutory Panellists Assurance Committee (SPC) Assurance Report to the Council

1. The SPC met on 5 September and was delighted to be joined by the incoming Registrant member Sarah Ramage, who was observing the meeting ahead of her appointment to the Committee on 1 October 2024.

2. The Committee received an operational update from the Chief Executive including details of his external engagement and visits.

3. There continue to be informal conversations between SPC members, the SPC Chair and the Executive about the implementation of SPC's priorities. This will now also include meetings with the Chief Executive and the Head of Dental Professional Hearing Service (DPHS) and Dental Complaints Service (DCS).

4. The Committee is planning a workshop at its next meeting in November on case management improvements.

DPHS Registrant and Witness Support

5. The Committee received an overview of the support currently provided by DPHS for registrants and witnesses. The Participant Support Officer joined the meeting and provided a detailed description of the role, which has a strong focus on staff training, communication between the teams and identifying from an early stage the type of additional support required for witnesses and registrants. The Committee noted it was very beneficial having the Participant Support Officer attend the recent training events. Work on improving witness and registrant support will continue. The chair of SPC and the Head of DPHS and DCS will attend the witness support service at the Royal Courts of Justice to see if there is anything which we can adopt.

DPHS Operational Update Recruitment Update

6. The Committee received an overview of the DPHS performance and operational updates for Q2 2024. The Committee was pleased to hear about the progression of CRM improvements, which were at the final stages before going live.

Appointment and reappointment of panellists, chairs and advisors

7. The Committee **approved** the following proposals:
    a. Reappointment of 45 panellists for a second term of five years.
    b. Extension of 17 chairs, due to demit office in July 2025, for a further two years.
    c. Appointment of three chairs to join the candidate pool.
    d. Appointment of four Professional Advisers to assist panellists on Registration Appeals.

Learning, Development and Performance Update

8. Over the last couple of months SPC members had observed training sessions for panellists and legal advisers. The Committee will also be invited to attend the 2025 sessions.

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9.   Later in the year the team will run a new training session for 'would be' chairs, whose experience has largely been of remote hearings. The session will focus on in-person and the public speaking elements of hearings.

Quality Assurance Reports

10.   The Committee heard of the cases considered by Quality Assurance Group/Decisions Scrutiny Group this quarter, and the Professional Standards Authority feedback on Fitness to Practice decisions, including registrant appeal decisions.

Ross Cranston

Chair of the Statutory Panellists Assurance Committee

Revision of Standards for Education

Executive Director	Stefan Czerniawski, Executive Director Strategy
Author(s)	Manjula Das, Head of Education Quality Assurance Elena Scherbatykh, Policy Manager Alice Santos, Policy and Projects Officer
Type of business	For approval
Purpose	To seek approval from Council to publish the updated Standards for Education for consultation, following the completion of their revision since the last update provided in June 2024. The Standards are issued as part of the GDC's general concern to promote high standards of education in all aspects of dentistry under section 1(2)(a) of the Dentists Act and the GDC's statutory role in assuring the standard of pre-registration education and training under sections 8-12A and 36D of the Act.
Issue	The GDC is reviewing the Standards for Education. Since the last update given to Council in June 2024, we have revised the Standards using internal and external feedback and now seek approval to publish the revised Standards for Education for consultation.
Recommendation	Council is asked to: • Comment on and approve the draft consultation • note the developments since the last meeting.

1.   Background

1.1   Under section 1(2)(a) of the Dentists Act, the GDC has a general concern to promote high standards of education in all aspects of dentistry and, under sections 8-12A and 36D of the Act, a statutory role in assuring the standard of pre-registration education and training.

1.2   Under Standard Eight of the Professional Standards Authority (PSA), the GDC must maintain up-to-date standards for education and training which are kept under review and prioritise patient and service user care and safety.

1.3   Our requirements for pre-registration training of dental professionals are articulated in two key documents:

- The Standards for Education – these set out the GDC's focus on education and training for all programmes leading to registration for dentists and dental care professionals.

- Learning outcomes and behaviours – these set out the knowledge, skills and behaviours that must be held or demonstrated for registration for each registrant group. They have been revised and published in 2023 and will take effect from September 2025 replacing the 2015 version of Preparing for Practice.

1.4   The review of Standards follows the review of learning outcomes and behaviours. It also updates the Standards which have not been revised since 2015, to reflect the developments in dentistry,

in the GDC's strategic priorities, the demographic changes, and the changes in the healthcare ecosystem over the past decade.

1.5   The Council approved the suggested approach to reviewing and updating the Standards in December 2023 and received an update on the progress of the review in June 2024. Further to internal and external feedback, we have revised the Standards (Appendix 2), and the Council is invited to review and approve this for consultation (Appendix 3). The Equality Impact Assessment will be published alongside it (Appendix 4).

1.6   This paper highlights the key changes between the current and the proposed new Standard and accompanying rationale.

2.   Key changes between current and proposed new Standards

2.1   To revise the Standards, we looked at the quality assurance activity outcomes from the last eight years, sought feedback from the internal Education Quality Assurance (EQA) team and a select group of Education Associates (EAs) from all professional groups. We held high level discussions with key stakeholders from a range of professions and from this drew together areas that are working well, areas that are challenging and potential new areas to explore and include. In March 2024 we tested the potential new areas with a wide group of stakeholders, including education providers, awarding organisations, professional bodies, students, new registrants, diversity groups and Chief Dental Officers.

2.2   In the June 2024 Council update we set out the feedback we had received from external stakeholders from the March 2024 engagement workshops. Stakeholders told us that the current structure of Standards and requirements was effective, that some requirements contained more than one element and needed breaking up, and that the GDC should clarify which requirements are relevant to different providers. They agreed to the addition of requirements covering five proposed areas: student and staff wellbeing, admissions, monitoring of behaviours, technological advances, and differential attainment.

2.3   We used that feedback to update the structure and add new requirements, in consultation with the EQA team and several EAs with extensive experience of reviewing evidence against the current Standards and expertise in further and higher professional education.

2.4   The new Standards will retain the existing structure and current content (Appendix 1 for current standards and Appendix 2 for draft of revised Standards for Education) consisting of several requirements, grouped under Standards, but with the following changes:

   a.   The current requirements have been kept and in some cases were subject to refinement (Appendix 1 and 2). In terms of structure, the number of requirements remains at 21. Out of the 21 requirements set within the draft revised Standards for Education, 12 of these cover the same areas as the current requirements of the Standards, 5 of these requirements are new, and 4 relate solely to assessment providers.

   b.   The contents of the 12 existing requirements are not new. They have been reduced from 21 to 12 as some requirements have been broken down, and their wording has been updated to reduce ambiguity, provide clarity and make it easier for education providers to demonstrate how to meet them. For example, requirement 1 of the current Standards for Education has been broken down into two clearer requirements in the proposed draft:

Current Standard 1, Requirement 1	Students must provide patient care only when they have demonstrated adequate knowledge and skills. For clinical procedures, the student should be assessed as competent in the relevant skills at the levels required in the pre-clinical environments prior to treating patients

Proposed Standard 1, Requirement 1	Students must provide care only when they have demonstrated adequate knowledge and skills.
Proposed Standard 1, Requirement 2	Students should be assessed as competent in the relevant skills at the levels required in the pre-clinical environments prior to treating patients.

c. We have introduced a small number of descriptors under the requirements, which will help providers to better understand what the GDC will be looking for when assessing against each requirement. For example, requirement 2: Providers must have a patient consent process' has two descriptors: 'Providers must inform patients that their treatment may be carried out by a student' and 'Providers must ensure that patients who are being cared for by a student give informed and valid consent and are aware that they may withdraw their consent at any time'. To ensure that there is consistency in decision making (i.e. if the requirement is met, partially met or not met), the EQA team will draw together internal guidance to ensure consistency in decision making, which will be reviewed periodically, as well as the usual calibration meetings.

d. We have some providers who solely deliver assessments, and the current requirements are not suitable for their needs, therefore we have included an additional standard (4) to address this.

2.5   Five new requirements and several new descriptors have been added for the quality assurance of providers in the five new areas:

a. "**Staff and student wellbeing**" is addressed by the new requirement 9 under Standard 2: Providers must offer student support throughout the student journey. The descriptors for this requirement include: 'Providers must have processes to support student wellbeing.'

b. It is important that the Standards address the needs of all those involved in education and training. Therefore, as well as evidence from providers to support student wellbeing, we also want to ensure that there are processes and systems in place to support staff and providers themselves. This is reflected in 9.5: "Providers must support trainers and assessors with the necessary training for their roles, including support of their well-being."

c. "**Admissions**" are addressed by the new requirement 12 under Standard 2: Providers must ensure that the programme is inclusive, transparent and treats applicants fairly. The descriptors for this requirement are: 'Providers must demonstrate that their admissions process is fair, inclusive, and transparent' and 'Providers must identify barriers prior to and throughout the programme that may disproportionately impact marginalised groups and take actions to address them.'

d. "**Monitoring of behaviours**" is addressed by three new requirements. Requirement 6 under Standard 1 says: 'Providers must implement rigorous processes to ensure students exhibit the professionalism required for a regulated profession'. Requirement 7 under Standard 2 says: 'Providers must ensure that the programme delivers the GDC learning outcomes and demonstrate the expected behaviours of a safe practitioner'. Requirement 8 under Standard 2 says: 'Providers must ensure that assessments are fair and appropriate to assess the GDC learning outcomes and monitor the behaviours expected of a safe practitioner.'

e. "**Technological advances**" are addressed by a new descriptor under requirement 16: 'Providers must have a robust process for standard setting.' One of the descriptors supporting it says: 'Providers must ensure that trainers and assessors have appropriate and up-to-date working knowledge of developments within dentistry, technology and education'.

      f.   "**Differential attainment**" is addressed by a new descriptor under requirement 17: 'Providers must have robust assessment strategies.' One of the descriptors supporting it says: 'Providers must collect and analyse assessment results against the diversity of the student demographics and take necessary action to address any discrepancies.'

2.6   During the stakeholder engagement sessions in March 2024, several stakeholders expressed the view that anything related to admissions should be left to education providers to determine and manage. We think it is right for the regulator to request such information that providers should be collecting, analysing and utilising and therefore added a new requirement that the focus is on a 'fair, inclusive and transparent' admissions process.

2.7   Further to internal and external feedback that the structure of the Standards was focussed too much on dentistry programmes, we want to ensure that after this revision, the Standards can be used effectively to quality assure all providers. There will be one set of standards and requirements, and we will clarify with providers which are relevant to them, with specific examples of evidence they can provide to support. The final published standards will include this information, but we are not consulting on the supporting evidence section in the draft revised Standards.

2.8   Clarity about their applicability to different groups of students, trainees and providers will be provided by a bespoke list of examples of evidence which providers can share with us to support compliance with our Standards. This approach was welcomed by providers who engaged with us.

2.9   We will not consult on differential evidence at this time but will work with education providers and the GDC team to develop them over the next few months. This is to ensure that respondents focus on the Standards and the requirements and if they are set at the necessary level and include all the relevant areas.

3.   Public Consultation on the review of the Standards for Education for Consultation

3.1   We now seek approval from Council to launch a 12-week public consultation on the proposed changes to the Standards for Education.

3.2   The draft consultation document (Appendix 3) describes why we have reviewed the Standards and who was involved in their review and explains what we propose to change about their structure and contents.

3.3   This consultation is a valuable exercise to gain insight into the impact of the changes on providers, students and members of the public.

3.4   We have conducted an Equality Impact Assessment (EqIA) of the proposed changes to the Standards (Appendix 4) and ask respondents to review it and consider any other impacts of the changes on equality and diversity of students, staff and members of the public.

3.5   A communications plan will be drafted to promote this consultation externally. Out of courtesy we will also share the consultation directly with all stakeholders who were invited to attend the March 2024 engagement sessions. The consultation will be published on our website.

4.   Legal, policy and national considerations

4.1   The revision of the Standards for Education must align with the revised Learning Outcomes and the new Safe Practitioner Framework, including how aspects of professionalism and behaviours are monitored. In the development of the Standards, we have worked closely with policy colleagues who developed the Safe Practitioner Framework and included relevant questions to explore regarding the monitoring of behaviours at the stakeholder events in March.

4.2   Following this review, we will need to review the Student Professionalism and Fitness to Practise guidance that was published in 2017, to ensure that they align with the revised Standards for Education as well as wider developments around professionalism and fitness to practice.

4.3   During the development of the draft consultation, we have worked closely with policy colleagues to ensure that the revised Standards for Education align to the work we are doing to develop the Principles of Professionalism, and the updated Scope of Practice guidance.

4.4   In the revision, we have sought to embed relevant aspects of the EDI strategy to bring this to life throughout quality assurance processes. We think that the revised Standards bring a real opportunity to ensure that the EDI Strategy is practically embedded and demonstrated by providers.

4.5   To note the EQA team is currently carrying out a thematic review in dental nurse training and some of the learnings and feedback from the stakeholder engagement will be included in this work.

5.   Equality, diversity and privacy considerations

5.1   We have conducted a Data Protection Impact Assessment (Appendix 5) which was signed off by Information Governance. No privacy concerns were identified.

5.2   An Equality Impact Assessment (EqIA) (Appendix 4) was produced for the review of the Standards for Education at the early stages of the project. We did not identify any negative impacts of the revised Standards for Education on groups with protected characteristics.

5.3   We expect the updated Standards to have positive or neutral impact on students, staff and members of the public with certain protected characteristics, by the addition of new requirements on providers to improve equality, diversity and inclusivity of their admissions policies to focus on widening participation, and to start addressing differential attainment. Further information can be found on the EqIA (Appendix 4).

5.4   The EqIA has been approved by the Head of OD and Inclusion to ensure compliance with the EDI approach of the GDC. Fortunately, the policy officer supporting the revision of the Standards also has been fully involved in the development of the GDC's EDI strategy.

6.   Risk considerations

6.1   We need to ensure that in the revision of the Standards, we are working within our regulatory remit. We tested the appetite of Council when we brought proposals in December 2023 of potential new areas to explore and include in the revision, before having wider discussions with stakeholders in the March events. We are confident that with the proposed revision, we are working within our regulatory and statutory remit.

6.2   The standards are a key tool for us to quality assure education providers to ensure that new graduates and thus registrants are safe practitioners upon successful completion. We have specifically included a requirement for providers to state that they will only graduate individuals who they believe, and have evidence to support, will be safe practitioners upon graduation.

7.   Resource considerations and CCP

7.1   This project relates to EMT priority 6.2: Improve core operations reinforce the rigour of Standards for Education and assessment for admission to the register and is a project on the CCP. Table 1 (under 9) shows the main milestone achieved to date and Table 2 (under 10) shows a brief outline of the project's main forthcoming milestones.

7.2   This CCP project is being led by the Head of EQA and supported by individuals from a range of teams including Education Quality Assurance, Policy, Research, Communications and Project

Management Office. We have regular meetings to aid planning, review progress and next steps and identify and mitigate and risks or challenges.

7.3   As with all CCP projects, project status and progress will be monitored and reported to SLT monthly, should the project report in exception then a root cause analysis will be prepared and submitted with the monthly update.

7.4   The main expense related to the round table discussion events in March 2024 which totalled £7,100. The other main expense will be the payment of Education Associate time and expertise to inform our developments which is anticipated to be about £4k. This sits within the EQA budget. We will carry out meetings in house and by Teams to minimise unnecessary expenditure. We have a cost code for all finances.

8.   Monitoring and review

8.1   The consultation responses will be carefully considered and used, where appropriate, to finalise the Standards for Education.

8.2   There will be a separate project to embed the new Standards, working closely with education providers in 2025 onwards.

8.3   The EQA team will monitor and review the impact and effectiveness of the new Standards through annual review of the process, where we seek internal and external feedback and reporting in the review of education.

9.   Development, consultation, and decision trail

Table 1: Activities and decisions to date.

Timescale	Activity
June-July 2023	Preparation and planning, including development of PID and the team
August 2023	High level interviews with key stakeholders
September 2023	Workshop with Education Associates to identify what is working well, areas which could be improved and new areas to potentially be included
December 2023	Council paper to discuss proposed changes in the Standards for Education, including new areas for potential inclusion, stakeholder events, and next steps towards consultation
March 2024	Stakeholder engagement sessions with education providers and student representatives and other key groups/individuals.
June 2024	Council Paper to note feedback from stakeholder engagement sessions and update on the next steps towards consultation.
July 2024	Draft the revised Standards for Education and respective consultation paper.

10.   Next steps and communications

10.1   Subject to Council approving our 12-week public consultation, the next steps for this review are set out in the table below.

Table 2: Outline of project forthcoming milestones.

Timescale	Activity
September 2024	Council to discuss and if content, to approve Standards for consultation
Q4 2024 - Q1 2025	Consultation period of 12 weeks
Q1 2025	Analysis of consultation responses and revision of Standards as necessary
Q2/3 2025	Outcome report and revised Standards for Education taken to Council for approval for publication

10.2 There will be a separate project looking into the implementation of the new Standards and their review, which will be developed in 2025.

Appendices

1. Current Standards for Education
2. Draft of revised Standards for Education
3. Consultation document
4. Equality Impact Assessment (EqIA) for consultation
5. Data Protection Impact Assessment (DPIA) for consultation

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03 September 2024

General
Dental
Council

Standards for Education

**Standards and requirements
for providers**

May 2015

Contents

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General Dental Council Standards for Education

The Standards for Education and the requirements that underpin these apply to all UK programmes leading to registration with the General Dental Council (GDC). They cover programmes in dentistry, dental hygiene, dental nursing, dental technology, dental therapy, clinical dental technology and orthodontic therapy[1].

The Standards cover three areas the GDC expects providers to meet in order for training programmes to be accepted for registration. These areas are:

- **Patient protection**
- **Quality evaluation and review**
- **Student assessment**

The following table contains the Standards and associated requirements, accompanied by examples of appropriate types of evidence that the GDC expects to be produced by a provider to demonstrate that a requirement is being met. A provider must make available appropriate evidence for each requirement. Examples of the evidence that the GDC expects to be provided is set out for transparency and clarity for all parties. The Standards for Education are designed to demonstrate a 'right touch' approach and ensure that clear expectations are communicated to providers.

Further guidance on the documents that providers need to complete and the evidence that should be presented to the GDC at different stages of the process is contained in the following documents:

- GDC Quality Assurance Process: Guidance for Providers (versions are available for DCP and BDS providers)
- New Programme Submissions
- Pre-inspection questionnaire
- GDC Standards mapping table
- GDC Learning outcomes mapping table

Providers should decide which documents to use as evidence to demonstrate each requirement under the Standards. If a provider produces similar evidence for other purposes, the GDC will seek to use this to minimise the administrative burden on providers. It may be possible for a provider to use a particular document as evidence across a number of requirements.

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[1] This is the second version of the GDC Standards for Education and will be used as the basis for all GDC quality assurance activity from the 2015/16 academic year. It replaces the first version of the Standards, which was published in September 2012. Requirements relating to equality and diversity are now integrated across the Standards for Education, rather than forming a separate standard.

Standard 1   Protecting patients

Providers must be aware of their duty to protect the public. Providers must ensure that patient safety is paramount and care of patients is of an appropriate standard. Any risk to the safety of patients and their care by students must be minimised.

Requirements	Examples of Evidence
1 **Students must provide patient care only when they have demonstrated adequate knowledge and skills. For clinical procedures, the student should be assessed as competent in the relevant skills at the levels required in the pre-clinical environments prior to treating patients.**	Relevant policy and procedures; timetable of assessments; details of clinical and technical 'gateway' assessments; student sign off records; student progression statistics and reasons for not progressing; student portfolio; self-assessment forms; handbooks; student evaluation and reflection documentation
2 **Providers must have systems in place to inform patients that they may be treated by students and the possible implications of this. Patient agreement to treatment by a student must be obtained and recorded prior to treatment commencing.**	Policy on communicating treatment by students to patients across all clinical areas; evidence of student training in this area; examples of leaflets, letters and consent forms for patients; notices in the clinical environment; examples of recorded consent across departments
3 **Students must only provide patient care in an environment which is safe and appropriate. The provider must comply with relevant legislation and requirements regarding patient care, including equality and diversity, wherever treatment takes place.**	Policies on clinical and workplace safety and equality and diversity issues; governance and/or systems regulator reports for clinical locations; audit reports; availability and accessibility of literature on clinical governance and health and safety requirements; incident logs and actions taken; minutes of relevant committee meetings; availability and accessibility of discrimination and equality policy to staff and students; records of complaints received and how they have been addressed
4 **When providing patient care and services, providers must ensure that students are supervised appropriately according to the activity and the student's stage of development.**	Policy and procedures for supervision of students; staff to student ratios across departments/clinics; records showing who is supervising each clinic

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Requirements	Examples of evidence
5 Supervisors must be appropriately qualified and trained. This should include training in equality and diversity legislation relevant for the role. Clinical supervisors must have appropriate general or specialist registration with a UK regulatory body.	Relevant policy and procedures; records and content of supervisor training and induction, including equality and diversity training; evidence of registration including UK registration number(s), qualifications and training; timetable showing supervisor allocation
6 Providers must ensure that students and all those involved in the delivery of education and training are aware of their obligation to raise concerns if they identify any risks to patient safety and the need for candour when things go wrong. Providers should publish policies so that it is clear to all parties how concerns should be raised and how these concerns will be acted upon. Providers must support those who do raise concerns and provide assurance that staff and students will not be penalised for doing so.	Relevant policy and procedures including demonstration of support provided for those who raise concerns; student and staff training regarding candour and raising concerns; communication mechanisms; records of concerns raised and actions taken; surveys of staff and students; action plan relating to recommendations of the Francis Report
7 Systems must be in place to identify and record issues that may affect patient safety. Should a patient safety issue arise, appropriate action must be taken by the provider and where necessary the relevant regulatory body should be notified.	Policies outlining systems in place; process maps; incident logs and records of actions taken; reporting and recording systems for serious untoward incidents; minutes from relevant internal meetings; evidence of notification of regulatory body
8 Providers must have a student fitness to practise policy and apply it as required. The content and significance of the student fitness to practise procedures must be conveyed to students and aligned to GDC Student Fitness to Practise Guidance. Staff involved in the delivery of the programme should be familiar with the GDC Student Fitness to Practise Guidance. Providers must also ensure the GDC's Standards for the Dental Team are embedded within student training.	Student fitness to practise policy and procedures including thresholds for each stage; method of communication to staff and students; details of student fitness to practise cases; documentation showing where Standards for the Dental Team is embedded within the training

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Standard 2   Quality evaluation and review of the programme

The provider must have in place effective policy and procedures for the monitoring and review of the programme

Requirements	Examples of Evidence
9 **The provider must have a framework in place that details how it manages the quality of the programme which includes making appropriate changes to ensure the curriculum continues to map across to the latest GDC learning outcomes and adapts to changing legislation and external guidance. There must be a clear statement about where responsibility lies for this function.**	Relevant policy, procedures and documentation supporting quality management of the programme; review policy and timeline; use of multisource feedback including patient feedback; changes to the programme submitted to the GDC where relevant
10 **Any concerns identified through the operation of the quality management framework, including internal and external reports relating to quality, must be addressed as soon as possible and the GDC notified of serious threats to students achieving the learning outcomes.**	Relevant policy and procedures including escalation process; whistleblowing policy; minutes from committee(s) responsible for programme review; audit reports; resulting amendments made to policy and procedures of the programme; risk log with solutions and actions taken; evidence of past notifications to the GDC; reports received and actions taken
11 **Programmes must be subject to rigorous internal and external quality assurance procedures. External quality assurance should include the use of external examiners, who should be familiar with the GDC learning outcomes and their context and QAA guidelines should be followed where applicable. Patient and/or customer feedback must be collected and used to inform programme development.**	Relevant policy and procedures; information on external review bodies e.g. QAA, Ofqual; information about external examiners and verifiers; internal verification/quality assurance reports; details of external examiners; minutes of external examiner meetings; external examiner role profile; details of methods of obtaining patient/customer feedback; feedback forms and details of actions taken
12 **The provider must have effective systems in place to quality assure placements where students deliver treatment to ensure that patient care and student assessment across all locations meets these Standards. The quality assurance systems should include the regular collection of student and patient feedback relating to placements.**	Relevant policy and procedures relating to the quality assurance of placements and the gathering of feedback; feedback from staff, patients and students; audit reports; monitoring reports from the provider and from placement providers

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Standard 3   Student assessment

Assessment must be reliable and valid. The choice of assessment method must be appropriate to demonstrate achievement of the GDC learning outcomes. Assessors must be fit to perform the assessment task

	Requirements	**Examples of Evidence**
13	**To award the qualification, providers must be assured that students have demonstrated attainment across the full range of learning outcomes, and that they are fit to practise at the level of a safe beginner. Evidence must be provided that demonstrates this assurance, which should be supported by a coherent approach to the principles of assessment referred to in these standards.**	Assessment strategy for the programme(s); assessment timetable; assessment records/central recording system; assessment mapping document; student portfolio; student progression policy and procedures; student progression statistics; exit strategy; minutes of progression boards including 'sign-up' and/or 'sign-off' decision meetings; blueprint demonstrating the links between assessments and learning outcomes
14	**The provider must have in place effective management systems to plan, monitor and centrally record the assessment of students, including the monitoring of clinical and/or technical experience, throughout the programme against each of the learning outcomes.**	Central recording and monitoring system; relevant policy and procedures including those relating to setting assessments; external examiner reports; records of student clinical and/or technical experience; minutes of assessment planning and progression meetings; blueprint demonstrating the links between assessments and learning outcomes
15	**Students must have exposure to an appropriate breadth of patients and procedures and should undertake each activity relating to patient care on sufficient occasions to enable them to develop the skills and the level of competency to achieve the relevant learning outcomes.**	Relevant policy and procedures; summary of individual students' clinical experience; central recording system; clinical treatment records; assessment records; competency sign off policy and procedures; student portfolio; policy relating to the use of transferrable skills and evidence of related discussions
16	**Providers must demonstrate that assessments are fit for purpose and deliver results which are valid and reliable. The methods of assessment used must be appropriate to the learning outcomes, in line with current and best practice and be routinely monitored, quality assured and developed.**	Mapping and description of assessments; remit and minutes of responsible groups or committees; internal programme review process; access to assessments used on a programme; external examiner feedback; internal and external reviews; psychometric analysis of assessments

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17	**Assessment must utilise feedback collected from a variety of sources, which should include other members of the dental team, peers, patients and/or customers.**	Relevant policy and procedures; feedback forms or equivalent for patients and colleagues for individual students; patient/peer/customer comments; relevant assessment records; patient guidance/systems for giving feedback; records showing continuous assessment
18	**The provider must support students to improve their performance by providing regular feedback and by encouraging students to reflect on their practice.**	Student portfolio; relevant training in reflection and receiving feedback; evidence of reflection; evidence of mentoring sessions and feedback; relevant policy and procedures
19	**Examiners/assessors must have appropriate skills, experience and training to undertake the task of assessment, including appropriate general or specialist registration with a UK regulatory body. Examiners/ assessors should have received training in equality and diversity relevant for their role.**	List of assessors/examiners showing qualifications and registration details; evidence of training specific to the assessment of students and relevant experience; recruitment and appointment policy and procedures; assessor calibration and recalibration training; external examiner/verifier reports
20	**Providers must ask external examiners to report on the extent to which assessment processes are rigorous, set at the correct standard, ensure equity of treatment for students and have been fairly conducted. The responsibilities of the external examiners must be clearly documented.**	External examiners reports; records showing responses to external examiner input and any actions taken; documentation, training and guidance provided to external examiners; external examiner role profile
21	**Assessment must be fair and undertaken against clear criteria. The standard expected of students in each area to be assessed must be clear and students and staff involved in assessment must be aware of this standard. An appropriate standard setting process must be employed for summative assessments.**	Marking/assessment criteria and guidance for staff and students including for continuous assessments; relevant policy and procedures including managing bias; standard setting procedures; evidence of the range of assessors used in setting the standard; arrangements for failed candidates; appeals process; student and staff handbooks; evidence of the communication mechanisms used; records of assessment review meetings

Description of terms used

Assessment

There are many references to 'assessment' in the GDC documents 'Preparing for Practice', 'The First Five Years', 'Developing the Dental Team' and 'Standards for Education'. Assessment is the process or exercises which measure and record a student's progress towards achieving the learning outcomes necessary for completion of their programme and registration as a dental professional.

Assessment means those forms of assessment which enable staff involved in the delivery of a programme to form an opinion of student performance. A wide variety of assessment methods are commonly used and these might include continuous assessments, student portfolio, case presentations, written exercises, research exercises, peer feedback etc., as well as summative end of module/year/programme examinations. Assessments should have clear criteria for success and examiners and assessors should be properly trained and briefed to carry out assessments. Each individual learning outcome does not necessarily require its own assessment; one assessment may cover several learning outcomes and some learning outcomes will be assessed many times in many different ways throughout a training programme. A provider should be able to demonstrate to the GDC how a student has achieved the learning outcomes throughout the duration of the programme. A central system that records student performance would be expected to provide evidence of how successful students have been assessed in the relevant learning outcomes.

Safe Beginner, Independent Practice

Preparing for Practice defines the terms 'safe beginner' and 'independent practice'.

External Examiners

These are usually experienced GDC registrants who are not affiliated with the provider. There may be situations where there are exceptions to this, where external examiners are affiliated to the awarding body, but not the organisation delivering the programme. The term includes all external assessors and verifiers. Some programmes will use external examiners who are not registered with the GDC. This is acceptable if the external examiner is appropriately qualified for the section of the programme they will be assessing.

Equality and Diversity

In England, Wales and Scotland, the Equality Act 2010 places responsibilities on further and higher education institutions not to discriminate against, harass or victimise:

- prospective students
- students at the institution
- in some limited circumstances, former students and
- disabled people who are not students at the institution but who hold or have applied for qualifications conferred by the institution.

Institutions may also have responsibilities as employers, bodies that carry out public functions and as service providers.

The Equality Act protects students from discrimination and harassment based on 'protected characteristics'. The protected characteristics for the further and higher education institutions provisions are age, disability, gender reassignment, pregnancy and maternity, race, sex, religion or belief and sexual orientation.

Being married or in a civil partnership is not a protected characteristic for the further and higher education institutions provisions.

The law that applies in Northern Ireland is different from that cited above. Individuals in Northern Ireland are protected against discrimination on the grounds of age, disability, race, religious belief, political opinion, sex or sexual orientation.

All institutions, where ever they are based, have a responsibility to know what their equality and diversity responsibilities are and to comply with them.

Patients

A patient means any individual treated by students and includes other students if treated by their colleagues.

Placements

Placements are all places where a student will work clinically outside the provider's main clinic(s), or vocationally in the workplace and away from the central education institution.

Programme

A programme is the entire qualification that leads to registration. This incorporates the taught course and assessments and includes the final assessment.

Provider

A provider is the organisation or organisations who are responsible for delivery of the programme and assessment. If the awarding body is not the same as the organisation responsible for the delivery of the programme, this will not make a difference to the approach of the GDC as all providers will be treated as one organisation. It is the responsibility of the lead organisation to liaise with the GDC and to obtain information from other organisations involved when information is requested.

Staff

This means all staff involved with the quality management, delivery and assessment of the programme.

Students

This means all students enrolled on the programme.

Supervisors

Supervisors are those responsible for students working clinically or overseeing practical work.

Appendix 2 – draft revised Standards for Education

General Dental Council Standards for Education

The Standards for Education (referred to below as "Standards") and their associated requirements apply to all UK programmes leading to registration with the General Dental Council (GDC). They cover programmes in dentistry, dental hygiene, dental nursing, dental technology, dental therapy, clinical dental technology, and orthodontic therapy. [1]

The Standards are split into four areas that the GDC expects providers to meet for training programmes to be approved and to lead students and trainees into professional registration. These areas are:

- Patient protection and safety
- Student development and support
- Quality assurance of the programmes
- Examination and assessment

This following tables detail the four Standards and respective requirements.

We have broken down the guidance for different professional groups, so that we are explicit with the expectations of how they can demonstrate that a requirement is met.

A provider must make available appropriate evidence for each requirement.

Examples of the evidence that the GDC expects to be provided is set out for transparency and clarity for all parties. The Standards for Education are designed to demonstrate a 'right touch' approach and ensure that clear expectations are communicated to providers.

Providers should decide which documents to use as evidence to demonstrate each requirement under the Standards. If a provider produces similar evidence for other purposes, the GDC will seek to use this to minimise the administrative burden on providers. It may be possible for a provider to use a particular document as evidence across a number of requirements.

Further guidance on the documents that providers need to complete and the evidence that should be presented to the GDC at different stages of the process is contained in the following documents:
- GDC Quality Assurance Process: Guidance for Providers (versions are available for DCP and BDS providers)
- New Programme Submissions
- Pre-inspection questionnaire
- GDC Standards mapping table
- GDC Learning outcomes mapping table.

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[1] This is the third version of the GDC Standards for Education and it will be effective from the 2025/26 academic year. This 2025 version replaces the one published in 2015.

Standards 1-3 are applicable to education providers and awarding organisations.

Standard 1 - Providers must demonstrate their duty to protect the public. Providers must ensure that patient safety on the programme is paramount, and care of patients is of an appropriate standard. Providers must ensure that any risk to the safety of patients and their care by students be minimised.

1. Providers must be assured that the students possess the skill and knowledge to undertake routine clinical and technical procedures.
1.1. Providers must ensure that students are assessed as competent in the relevant skills at the levels required in the pre-clinical environments prior to working with patients.
1.2. Providers must ensure that students take an evidence-based approach to clinical / technical practice.
2. Providers must have a patient consent process.
2.1. Providers must inform patients that their treatment may be carried out by a student.
2.2. Providers must ensure that patients who are being cared for by a student give informed and valid consent and are aware that they may withdraw that consent at any time.
3. Providers must ensure that students only provide patient care in an environment which is safe and appropriate.
3.1. Providers must comply with relevant legislation and guidance regarding patient care.
3.2. Providers must comply with relevant legislation and guidance regarding equality and diversity and inclusivity.
3.3. Providers must ensure that any work placements are safe and appropriate for students and patients.
4. Providers must ensure there is a process in place for the supervision of students.
4.1. Providers must ensure that students are supervised according to the activity and the student's stage of development.
4.2. Providers must ensure that supervisors are registered with the GDC.
4.3. Providers must ensure that supervisors are appropriately trained.
5. Providers must ensure there are robust processes in place for raising and addressing concerns and patient safety issues.
5.1. Providers must demonstrate that all parties are aware of how to raise concerns.
5.2. Providers must support staff and students who identify and raise concerns.
5.3. Providers must identify and record issues that may affect patient safety.
5.4. Providers must act on concerns and patient safety issues promptly and appropriately.
5.5. Providers must have a process to enable learning from concerns and patient safety issues for continuous process improvement.
6. Providers must implement rigorous processes to ensure students exhibit the professionalism required for a regulated profession.
6.1. Providers must ensure that the GDC's Standards and guidance framework is embedded within student training.

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6.2 Providers must have a student fitness to practise policy and can demonstrate that all parties understand and appropriately use the policy.

Standard 2 - Providers must have an effective, fair, inclusive, and supportive learning environment for the student's development into a safe practitioner.

7. Providers must ensure that the programme delivers the GDC learning outcomes and demonstrate the expected behaviours of a safe practitioner.
7.1. Providers must have systems to deliver the learning outcomes and demonstrate the expected behaviours of a safe practitioner.
7.2. Providers must ensure that students have exposure to an appropriate breadth of patients and procedures to develop the knowledge, skills, competences, and behaviours to demonstrate the learning outcomes and behaviours.
7.3 Providers must adapt their curricula in line with the latest GDC learning outcomes and expected professional behaviours.
7.4. Providers must adapt their curricula in line with the relevant laws and regulations.
8. Providers must ensure that assessments are fair and appropriate to assess the GDC learning outcomes and monitor the behaviours expected of a safe practitioner.
8.1. Providers must plan, monitor, and centrally record the assessment of students for each learning outcome and behaviour.
8.2 Providers must ensure that behaviours that do not meet the required standard are recorded, and action taken to address this.
8.3. Providers must use feedback from multiple sources as part of student assessment.
9. Providers must offer students support throughout the student journey.
9.1. Providers must provide regular feedback on student development and progress.
9.2. Providers must ensure that students reflect on their behaviours, practice, and development.
9.3. Providers must have processes to support student wellbeing.
9.4. Providers must identify students who require remedial support and provide it as necessary.
10. Providers must ensure that students are clear of what is expected of them.
10.1. Providers must educate students about the professional expectations of them, including behaviours, and what it means to be part of a regulated profession.
10.2. Providers must ensure that students understand the programme's requirements and the expectations of them.
11. Providers must only award students a qualification if evidence indicates that they are demonstrating the expected behaviours and have met all the learning outcomes.
12. Providers must ensure that the programme is inclusive, transparent and treats applicants fairly.
12.1. Providers must demonstrate that their admissions process is fair, inclusive, and transparent.
12.2. Providers must identify barriers prior to and throughout the programme that may disproportionately impact marginalised group and take actions to address them.
13. Providers must ensure that the programme is appropriately assessed.

3

13.1. Providers must ensure that examiners and assessors have the appropriate skills, experience, and training to undertake the task of assessment, including appropriate registration with the GDC.
13.2. Providers must inform students and staff involved in assessment of the assessment expectations.
13.3. Providers must demonstrate that their assessment are fair, inclusive, and transparent.

Standard 3 - Providers must have in place effective policies and procedures for the monitoring and review of the programme

14. The provider must have a quality assurance framework in place to manage the quality of the programme.
14.1. Providers must address any concerns identified through the quality assurance framework.
14.2. Providers must keep auditable records of serious threats to students completing the programme.
14.3. Providers must use feedback to inform and improve programme development.
15. The provider must subject programmes to independent external scrutiny by an appropriate individual.
15.1. Programmes must have external, impartial quality assurance to ensure that assessments are fair, rigorous, set at the correct standard, and ensure equity of treatment for all students.
15.2. Providers must clearly document the recruitment, training, and responsibilities of the external individuals.
16. Providers must have a robust process for standard setting.
16.1. Providers must ensure that staff involved in assessment are aware of the standard expected of students and the necessary calibration is carried out.
16.2. Providers must ensure that trainers and assessors have appropriate and up to date working knowledge of developments within dentistry, technology and education.
16.3. Providers must use/have an appropriate standard setting process for summative assessments.
17. Providers must have robust assessment strategies.
17.1. Providers must demonstrate that assessments are fit for purpose, valid and reliable.
17.2. Providers must use methods of assessment appropriate to the learning outcome(s).
17.3. Providers must collect and analyse assessment results against the diversity of the student demographics and take necessary action to address any discrepancies.
17.4. Providers must ensure that assessment is fair and undertaken against clear criteria.

The following Standard 4 only applies to examination providers. They do not have to demonstrate compliance with standards 1-3.

Standard 4 - Quality evaluation and review of the examination: the provider must have in place effective policy and procedures for the monitoring and review of the examination leading to the award of a membership qualification.

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18. Examination providers must have a quality framework in place.
18.1 Assessment is designed to demonstrate student competences against the GDC's Safe Practitioner Learning Outcomes and behaviours.
18.2. There must be a clear statement about where responsibility lies for this quality function.
18.3. Any concerns identified through the operation of this quality framework, including internal and external reports relating to quality, must be addressed as soon as possible.
18.4. Threats to the quality of the assessment must be reported to the GDC
18.5. Examination providers must be able to demonstrate that students can meet all the Learning Outcomes and behaviours before graduation
18.6. External quality assurance must include the use of external examiners, who must be familiar with the GDC learning outcomes.
18.7. Internal and external assessors must be utilised to facilitate the examination process and have demonstrable knowledge of GDC approved curriculum/latest learning outcomes.
18.8. Proposed changes to procedures approved by the GDC must be submitted and agreed via the GDC's Modification Process.
19. Assessment must be fair and undertaken against approved criteria.
19.1. The standard expected of students in each area to be assessed must be clear and staff involved in assessment must be aware of this standard.
19.2. A clear standard setting process must be employed and regularly reviewed to ensure ongoing effectiveness.
19.3. Providers must use/have an appropriate standard setting process for summative assessments.
19.4. To award the qualification, providers must be assured that students have demonstrated attainment across the full range of learning outcomes, and that they are fit to practise at the level of a safe practitioner
19.5. Students may only gain entry to the examination once they have demonstrated they meet the agreed criteria.
19.6. Providers must collect and analyse examination results against the diversity of the student demographics and take necessary action to address any discrepancies.
20. Examination providers must demonstrate that assessments are fit for purpose and deliver results which are valid and reliable.
20.1. The methods of assessment used must be appropriate to the learning outcomes, in line with current and best practice
20.2. Assessments must be routinely monitored, quality assured and developed to ensure they capture up to date and best practice.
20.3. Assessments must undergo regular systemic review to support high standard clinical questioning.
20.4. Students must be aware of the standard that is expected of them.
20.5. Examination Providers must routinely develop, refine, monitor and quality manage against clearly outlined and approved criteria.
20.6. Examiners must have appropriate skills, experience and training to undertake the task of assessment, including registration with a regulatory body.

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20.7. Examination Providers must ensure that trainers and assessors have appropriate and up to date working knowledge of developments within dentistry and education.
20.8. Providers must ensure that staff involved in the examination are aware of the standard expected of students and the necessary calibration is carried out.
21. Examination providers must document external examiners' reports on the extent to which examination processes are rigorous, set at the correct standard, ensure equity of treatment for students and have been fairly conducted.
21.1. Auditable records must be kept of all External Examiner reports and recommendations including subsequent action taken by the examination provider.
21.2. External Examiners must have demonstrable knowledge, skills, experience and be registered in the examination type they are reporting on.

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GDC consultation

Consultation on the review of the Standards for Education

Dated: Day Month 2024

Consultation on the review of the Standards for Education

Overview

The General Dental Council (GDC) is reviewing the Standards for Education which set out the requirements expected of all pre-registration programmes that lead to registration with the GDC. These Standards are the framework of our quality assurance processes.

This review will include changing the structure, simplifying the requirements, and adding new areas that are relevant to dental education and training. This consultation asks for views on our proposals to this change.

The Standards were first published in 2012 and have not been revised since 2015. After conducting an initial information gathering exercise, we concluded that there were several changes we needed to make for the Standards for Education to remain relevant and up to date against all impactful developments that happened in dentistry and the wider healthcare ecosystem over the last decade.

Following the initial internal scoping, we engaged with several stakeholders to attain their views on our findings. We received feedback that we needed to simplify the standards, to tailor them to the different professions, and to step away from an outdated and dentist-centric approach, as well as to introduce new areas for quality assurance. There will be one set of standards and requirements, and we will make it clear to providers which are relevant to them and include examples of evidence that they can use in support. This consultation focuses on the full list of standards and requirements and the breakdown by professional group. The accompanying evidence is outside this consultation.

The review of the Standards follows the recently completed development of the new Safe Practitioner framework of expectations for pre-registration training and education in the UK. It was published in November 2023, and we are currently working with education providers on its implementation.

We invite everyone with an interest in dental education, training, quality assurance and regulation to share their views.

About this consultation

This consultation survey has 11 questions, which start on page 5. We would encourage all respondents to read the information in the consultation before answering the questions.

This consultation is structured in three different sections:

> Section 1: Why are we reviewing the Standards for Education?
>
> Section 2: The revision of the current Standards for Education and our proposals
>
> Section 3: Considering impacts on different groups

A copy of the current Standards can be found on our website.

Consultation period and deadline for responses

This 12-week consultation exercise opened on xxxxxxxx. The closing date is xxxxxx

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Ways to respond

Please respond to this discussion document by using the [online survey link]

You can also submit your response by email. Please include the name of the consultation in the subject line of your email to stakeholder@gdc-uk.org.

For details of how your data will be processed and stored, please see our Privacy Notice. Information held by the GDC is subject to Freedom of Information requests, so please do not provide any information you would not want disclosed.

Responding to your views

The GDC will respond to views raised during the consultation by producing a consultation outcome report. The report will be published on the GDC website.

Contact us

If you have any questions or queries about this consultation, please email: stakeholder@gdc-uk.org. Phone: 020 7167 6330

About your response

Summary and direct quotes of individual response may be included in our consultation outcome report, and responses from organisations may be attributed to them. Copies of individual responses without attribution and of organisational responses with attributions may also be subject to publication following a Freedom of Information (FOI) request.

We ask for contact details from those responding to the consultation on behalf of an only for the purposes of asking questions about your response. The need to do this is rare. The names and personal contact details of those responding will not be included in our outcome report and will not be published as part of a FOI release.

At the end of this survey, we will ask you to tell us a bit about you by completing an anonymised survey. This information will not be connected to your responses to this consultation. We will use the data you provide us for overall analysis and insight into the fairness and inclusivity of our processes. Providing this data is extremely helpful, and we would like to encourage you to complete this step.

You can find out more about how we collect, store, and process information in our Privacy Notice.

Analysis

We will use descriptive statistics to analyse the closed questions, including sub-group analysis if appropriate. Responses to the open questions will be analysed thematically to identify key areas of interest. When analysing and reporting on the data we will consider whether responses are from an individual or an organisation.

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Why are we reviewing the Standards for Education?

Background

1. The GDC's role in setting Standards for Education
    1.1. We have a statutory duty to assure the standard of pre-registration education and training.
    1.2. We do this by setting the Standards for Education, the learning outcomes and quality assuring (including inspections and monitoring) compliance.
    1.3. We use the Standards for Education for the following purposes:
        a. To set out the requirements expected of all pre-registration programmes that lead to registration with the GDC
        b. As the framework of our quality assurance processes
        c. To assess and approve all new pre-registration dentist and dental care professional programmes which lead to a registrable qualification.
        d. To carry out annual monitoring and inspections of education providers to ensure that they meet our requirements.
        e. To assess programme modifications.
    1.4. While proposing changes to the Standards for Education we will continue to prioritise patient safety and promote high standards of education for the dental team.
    1.5. We have recently reviewed the learning outcomes and now must review the Standards for Education to reflect the changes.
    1.6. The review of the Standards for Education is also an opportunity to bring this document up to date and reflect important changes in the GDC's strategic direction, in dentistry, demographics and the wider healthcare ecosystem and will affect dental training and education.
    1.7. The impactful developments that happened since the last update and hold significant influence on the GDC and its approach to regulation include:
        a. The GDC's increased focus on education and upstream initiatives as expressed in our document Shifting the Balance[1] ;
        b. The broadening of diversity of groups entering the profession and the changing demographics of the population they will care for;
        c. Diversification of work patterns and the changing skills mix in dental teams;
        d. Fast paced and continuous technological developments such as greater use of machine learning and artificial intelligence in training and in practice;
        e. Increased attention to and understanding of the extent and of impact of training and practice on wellbeing and mental health of student and trainees, and dental professionals[2] [3];

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[1] Published in January 2017, it sets our ambition to change the way we regulate by moving towards a more supportive model of regulation that focuses on preventing harm to patients and supporting public confidence in the dental profession, rather than responding to the consequences of when things go wrong.

[2] Smyth Zahra, F., Pearson, J. and Piper, K. (2023) 'The Clinical Humanities & Wellbeing programme' - sustainable healthcare education for an era of uncertainty', International Review of Psychiatry, 35(7–8), pp. 636–644. doi: 10.1080/09540261.2023.2262026.

[3] A Research commissioned by the GDC, "Mental Health and Wellbeing in Dentistry: A Rapid Evidence Assessment" has also evidenced existing mental health and wellbeing challenges amongst the dental professions, which further highlights the need to address this issue as early as possible within the profession.

f. Significant expansion in the number of dentist and dental hygiene and therapy training numbers in the medium to long term in England[4], and the resulting increase in the number of new courses and course modifications to assure.

1.8. The review of the Standards for Education allows the GDC to address these changes while producing robust and adaptable standards.

1.9. We want the revised Standards for Education to be clear for providers to comply with, while being flexible to respond to any future developments within the regulatory and educational landscape.

1.10. We want the revised Standards for Education to be suitable for the needs of the all professional groups that we regulate (the present are rather dentistry-centric).

The revision of the current Standards for Education and our proposals

2. The planning of the review of the Standards for Education is being conducted in an iterative manner, allowing the GDC to progressively narrow down the areas for improvement.

2.1. We analysed the last ten years of inspection reports of education providers and gathered feedback from the Education Quality Assurance team (EQA). EQA team is responsible for all education and training quality assurance activity including inspections of providers. We then discussed the findings with a team of education associates. The discussion highlighted the need for potential new areas to explore and include within the Standards for Education.

2.2. We conducted a further information gathering exercise aimed at assessing the strengths and challenges of the present Standards, as well as scoping and exploring new areas which the GDC might want to consider including as part of the revision. At this stage, the following areas were identified for further exploration:
   a. Admission to dental education and training.
   b. Training and assessment.
   c. Support for students and trainees.
   d. Professionalism, behaviours, and attitudes.

2.3. In parallel, we met with other regulators, namely the General Medical Council (GMC), General Optical Council (GOC), and the Health and Care Professions Council (HCPC) to learn from sharing common experiences, challenges and successes. They are all at different stages of the project life cycle of similar work within their Education and Quality Assurance functions. We will continue these conversations which are mutually beneficial.

2.4. The GDC organised several stakeholder engagement sessions to test the potential inclusion of these areas further and to inform the development of the draft consultation. They took place in our London and Birmingham officers on 5 March and 12 March 2024[5].

2.5. The key points from the stakeholder discussions on the structure of the Standards for Education included:

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[4] The NHS Long-term Workforce plan published in 2023 set out plans to increase dentist and dental hygiene and therapy places by up to 40% by 2031/32 NHS England » NHS Long Term Workforce Plan

[5] We invited all education providers in the United Kingdom and invited the British Dental Students' Association (BDSA) to send student representatives from the four nations. Attendees included Chief Dental Officers, education, and training providers, awarded postgraduate representatives including Foundation and Vocational leads, the British Dental Association (BDA), foundation trainees, clinical fellows and students, and representatives from diversity groups in dentistry. We counted with 86 attendees over the two days. A presentation was given of the aims of the revision. Most of the day consisted of round table discussion facilitated by GDC staff, with time for wider discussions and questions and answer sessions.

a. The way the current standards are written is complex and needs refinement. For example, some requirements are too long and comprise different elements. These need to be broken down and simplified. Specific requirements are needed for providers that are solely assessment focussed.

b. Most of the current standards were still relevant; but some areas required further clarification and new areas needed adding.

c. The revised standards should be applicable for all professional groups as many participants considered the 2015 iteration was disproportionately focussed on dentistry education providers.

2.6 The main discussion points on areas for inclusion were:

a. Setting specific requirements relating to admissions and recruitment to improve fairness and equity, to ensure education providers reflect upon their admission processes and review them, if necessary, to make them more accessible to a wide range of students.

b. Requesting evidence on how behaviours can be monitored to start building our base of understanding and be able to share good practice more widely.

c. Ensuring pastoral care and wellbeing support is available for clinical and academic staff and education providers, as well as students and trainees.

d. Ensuring trainers and education providers keep up to date with technological developments so they can teach students about it effectively, to ensure that they are suitably equipped for practice.

e. Addressing differential attainment by setting a standard for education providers to, at a minimum, show they are collecting this evidence, analysing it, and addressing it, as necessary.

2.7 The key changes between the current and proposed new Standards are (please see the current standards and the draft of revised Standards for Education to compare them and understand the differences):

a. The new Standards will keep their current structure and content consisting of several requirements, grouped under Standards.

b. The number of requirements remains at 21. Out of the 21 requirements set within the draft revised Standards for Education, 12 of these cover the same areas as the current requirements of the Standards, 5 of these requirements are new, and 4 relate solely to assessment providers.

c. The contents of the 12 existing requirements are not new. They have been reduced from 21 to 12 as some requirements have been broken down or distilled into one, and their wording has been updated to reduce ambiguity, provide clarity and make it easier for education providers to demonstrate how to meet them.

d. We have introduced a small number of descriptors under the requirements, which will help providers to better understand what the GDC will be looking for when assessing against each requirement. For example, requirement 2: Providers must have a patient consent process' has two descriptors: 'Providers must inform patients that their treatment may be carried out by a student' and 'Providers must ensure that patients who are being cared for by a student give informed and valid consent and are aware that they may withdraw their consent at any time'. To ensure that there is consistency in decision making (i.e. if the requirement is met, partially met or not met), the EQA team will draw together internal guidance to ensure consistency in decision making, which will be reviewed periodically, as well as the usual calibration meetings.

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e. We have some providers who solely deliver assessments, and the current requirements are not suitable for their needs, therefore we have included an additional standard (4) to address this.

3. **Consultation questions**

In this section, we will ask you several question about the proposed changes to the Standards for Education. Please read the proposed draft Standards for Education in Appendix 2. Further to internal and external stakeholder feedback, proposed structural changes include:

3.1. Retaining the current structure which includes several overarching Standards, each supported by several requirements that must be followed by education providers. Adding a new element of 'criteria' which sits under each requirement and give greater clarity about what the GDC is expecting.

Question 1: Do you agree or disagree with the proposal to keep the structure based on a small number of Standards, each supported by several requirements, each explained by a small set of criteria? [1-5, 1 being strongly agree and 5 being strongly disagree]

Please explain your answer. [open text box]

3.2. Making it easier for providers to understand and meet requirements, by breaking requirements down and including criteria requirements.

Question 2: Do you agree or disagree with breaking down the current requirements into several shorter ones? [1-5, 1 being strongly agree and 5 being strongly disagree]

Please explain your answer. [open text box]

3.3. Retaining requirements that are appropriate, breaking them down for clarity, and adding new requirements.

Question 3: Do you agree or disagree with the proposed requirements for Standard 1 – Patient Protection [1-5, 1 being strongly agree and 5 being strongly disagree]

Please explain your answer. [open text box]

Question 4; Do you agree or disagree with the requirements for Standard 2 – Students Journey [1-5, 1 being strongly agree and 5 being strongly disagree]

Please explain your answer. [open text box]

Question 5: Do you agree or disagree with the requirements for Standard 3 – Provider Governance [1-5, 1 being strongly agree and 5 being strongly disagree]

Please explain your answer. [open text box]

3.4. We have added an additional standard (standard 4) which will only apply to assessment and examination providers.

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Question 6: Do you agree or disagree with the requirements for Standard 4 which is applicable specifically for assessment providers? [1-5, 1 being strongly agree and 5 being strongly disagree]

Please explain your answer. [open text box]

3.5.   There will be a single set of Standards. At the bottom we have indicated which requirements apply to which dental professional groups and examination providers.

3.6.   Once the revised Standards have been finalised following this consultation, we will work with education providers, awarding organisations and examination providers to agree examples of evidence that can be used to demonstrate compliance. We are not consulting on supporting evidence in this consultation.

Question 7: Do you agree or disagree that presenting requirements in this way makes clear which of them apply to which dental professional group and examination providers? [1-5, 1 being strongly agree and 5 being strongly disagree]

Please explain your answer. [open text box]

3.7.   We want the revised Standards for Education to be appropriate for modern dentistry. For this reason, we have added new requirements and criteria.

Question 8: Do you agree or disagree that it is relevant to add the following areas to the requirements?

Behaviours – see Standard 1, requirement 6; Standard 2, requirement 7; Standard 2, requirement 8. [Yes/No]

Wellbeing – see Standard 2, requirement 9. [Yes/No]

Differential attainment - see Standard 2, Requirement 3. [Yes/No]

Admissions - see Standard 3, requirement 12, criterion: 'Providers must collect and analyse assessment results against the diversity of the student demographics and take necessary action to address any discrepancies**' [Yes/No]**

Technology - see Standard 3, requirement 16, criterion 'Providers must ensure that trainers and assessors have appropriate and up-to-date working knowledge of developments within dentistry, technology and education' **[Yes/No]**

Please explain your answers. [open text box]

3.7 We have set out the aims and the process of the revision and the changes to the we propose to make.

Question 9: Are there any other aspects of the Standards for Education that you think should be considered within this review? [open text box]

Considering impacts on different groups

We aim to foster inclusion, promote diversity and further eliminate discrimination in line with our Equality Diversity and Inclusion Strategy.

In this section we would like you to consider whether the draft Standards, or the way in which they are being reviewed and updated, as described above, are inclusive and diverse

and have the potential to enhance and promote the outcomes for students, trainees, educators, and patients with certain protected characteristics.

We have completed an Equality Impact Assessment (EqIA) for the proposed changes of the Standards for Education and potential impacts of their review. You can read this EqIA on <mark>Link.</mark>

Question 10: Please tell us about any impacts you think the proposed changes to the Standards for Education may have on students, trainees, staff and members of the public with protected characteristics, or any other aspect of equality, diversity and inclusion? [open text box]

Question 11: Are you responding to the consultation as an individual or on behalf of an organisation? [Response options: Individual / On behalf of an organisation]

> **11.1 [only appears if click for 'on behalf of an organisation'] Please provide the name of the organisation you're representing, and a contact email address or phone number (on the rare occasion, we will need some further information about your response)**

> **1.2 [only appears if click for 'as an individual''] How would you describe yourself?**

> **[Multiple/single choice:**

> - **UK registered dental professional**
> - **Education or training provider**
> - **Professional body**
> - **NHS**
> - **Dental patient or member of the public**
> - **Regulator**
> - **Training or studying to join the GDC register**
> - **Other]**

EDI monitoring

Please tell us a bit about you by completing an anonymised survey. This information will not be connected to your responses to this consultation. We will use the data you provide us for overall analysis and insight into the fairness and inclusivity of our processes.

Providing this data is extremely helpful, and we would like to encourage you to complete this step. You can access the EDI monitoring survey by visiting [link to EDI screening question].

If you require this EDI monitoring survey in an alternative form, please email stakeholder@gdc-uk.org.

Appendix 1: consultation questions

Question 1: Do you agree or disagree with the proposal to keep the structure based on a small number of Standards, each supported by several requirements, each explained by a small set of criteria? [1-5 1 being strongly agree and 5 being strongly disagree]. Please explain your answer [open text box]

Question 2: Do you agree or disagree with breaking down the current requirements into several shorter ones? [1-5 1 being strongly agree and 5 being strongly disagree]. Please explain your answer [open text box]

Question 3: Do you agree or disagree with the proposed requirements for Standard 1 – Patient Protection [1-5 1 being strongly agree and 5 being strongly disagree]. Please explain your answer [open text box]

Question 4: Do you agree or disagree with the requirements for Standard 2 – Students Journey [1-5 1 being strongly agree and 5 being strongly disagree]. Please explain your answer. [open text box]

Question 5: Do you agree or disagree with the requirements for Standard 3 – Provider Governance [1-5 1 being strongly agree and 5 being strongly disagree]. Please explain your answer [open text box]

Question 6: Do you agree or disagree with the requirements for Standard 4, specifically for assessment providers? [1-5 1 being strongly agree and 5 being strongly disagree]. Please explain your answer [open text box].

Question 7: Do you agree or disagree that adding this new column helps you understand the requirements that apply to your organisation? [1-5 1 being strongly agree and 5 being strongly disagree]. Please explain your answer [open text box]

Question 8: Do you agree or disagree that it is relevant to add the following areas to the requirements? Please explain your answers [open text box]

- **Behaviours** – see Standard 1, requirement 6; Standard 2, requirement 7; Standard 2, requirement 8 [Yes/No]
- **Wellbeing** – see Standard 2, requirement 9 [Yes/No]
- **Differential attainment** - see Standard 2, Requirement 3 [Yes/No]
- **Admissions** - see Standard 3, requirement 12, criterion: 'Providers must collect and analyse assessment results against the diversity of the student demographics and take necessary action to address any discrepancies' [Yes/No]
- **Technology** - see Standard 3, requirement 16, criterion 'Providers must ensure that trainers and assessors have appropriate and up-to-date working knowledge of developments within dentistry, technology and education' [Yes/No]

Question 9: Are there any other aspects of the Standards for Education that you think should be considered within this review? [open text box]

Question 10: Please tell us about any impacts you think the proposed changes to the Standards for Education may have regarding the protected characteristics, or any other aspect of equality, diversity and inclusion? [open text box]

Question 11: Are you responding to the consultation as an individual or on behalf of an organisation? [Response options: Individual / On behalf of an organisation]]

11.1 [only appears if click for 'on behalf of an organisation'] Please provide the name of the organisation you're representing, and a contact email address or phone number (on the rare occasion, we will need some further information about your response)

11.2 [only appears if click for 'as an individual'] How would you describe yourself??

[Multiple/single choice:

- UK registered dental professional
- Education or training provider
- Professional body
- NHS
- Dental patient or member of the public
- Regulator
- Training or studying to join the GDC register
- Other]

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Appendix 4 - Equality Impact Assessment (EqIA)

Part 1 – Project Details and Approval

Project Name		Business Sponsor	
Revise the standards for education		Stefan Czerniawski - Executive Director, Strategy	

Author		Start Date	Finish Date
Hassan Hussain - Project Manager		April 2023	Dec 2024 (Proposed finish date Q4 2025, to be approved)

Project ID	Version Number	Business Lead	Strategic Objective
BUS-000206	V1.0	Manjula Das - Head of Education and Quality Assurance	1 - Career-long upstream regulation that upholds standards for safe dental professional practice and conduct.

Approval from sponsor or sponsoring group				
Name	Title	Department	Date of sign off	Version
Stefan Czerniawski	Executive Director, Strategy			V1.0

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

Distribution List				
Name	Title	Department	Date	Version
Manjula Das	Head of Education and Quality Assurance	Education and Quality Assurance	08/07/2024	V0.1, V0.2, V0.3 V1.0
Katherine McGirr	Head of Right Touch Regulation	Policy & Research	14/11/2023	V0.1, V0.2
Alice Santos	Policy and Projects Officer	Policy & Research	03/07/2024	V0.2, V0.3
Elena Scherbatykh	Policy Manager	Policy & Research	08/07/2024	V0.3

Version History		
Revision Date	Version	Summary of Changes
20/06/2023	V0.1	Initial draft of EIA form, with neutral and positive impact to protected characteristic.
14/11/2023	V0.2	After OD review, further information provided to each protected characteristic with all changing to positive impact.
03/07/2024	V0.3	Public consultation was added to each protected characteristic.

Part 2 – Further information

Project description	The Standards for Education were last published in May 2015 and it is timely for them to be revised to ensure the education standards remain fit for present and future purpose and include any new aspects and focus that have developed since 2015 in the dental profession.
	Consideration will be given to a range of areas including: GDC's policy ambition/development, professionalism, equality, diversity and inclusion expectations, technological and clinical developments, and tone of voice inclusion.
Project high level aims	Project Aims • To gain GDC direction on the proposed aspects to be included in the revised Standards for Education. • To review and update of the GDC's Standards for Education, through stakeholder engagement. • To consult and engage with stakeholders on initial iterations of the revised Standards for Education. • To obtain ELT and Council approval. • To update and publish the education standards by Q4 2025.
Who is impacted by this project? (Consider teams and groups)	EQA / Policy / Research / Communication & Engagement / Associates / Partners (Education providers / Equivalent partner regulators)

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**
Age	Positive Impact	**EDI Strategy** - Exploring the implementation of certain aspects of the GDC's EDI Strategy as part of the GDC's commitment to work collaboratively with partners to address inequalities, underrepresentation and disadvantages of certain groups to increase diversity within dentistry. **Reasonable adjustments** - Age will be explored in relation to Differential Attainment to understand if education is fair to all groups, and allowing the GDC to check if providers are taking the necessary measures to tackle this issue. The revision of the Standards for Education will also allow the GDC to check that providers are able to ensure that students are being assessed correctly and provided with diverse learning to accommodate reasonable adjustments they may need due to their protected characteristics, which should enable students and trainees from all backgrounds to achieve their learning outcomes. **Widening participation -** To promote widening participation, we will set standards and quality assurance measures, supporting education providers in establishing clear processes. This will address inequalities, reduce underrepresentation and increasing diversity within the dentistry from the early stages of education. **Public consultation -** this project will include a public consultation. This provides an opportunity for stakeholders to give feedback on the proposed changes to the Standards for Education.			

		The consultation will be available for 12-weeks, online. Responders will be able to choose whether they want to submit their responses through 2 different formats: a) online survey; b) email. Allowing for increased accessibility.			
		The consultation document is written in plain English, and the main target audience is expected to be education providers (organisations) as these are the ones expected to be affected by the changes we are proposing. Due to this specificity, we do not foresee any adverse impacts on groups with protected characteristics.			
		The consultation will also include at least one question regarding the importance of EDI.			
Disability	Positive Impact	**EDI Strategy** - Exploring the implementation of certain aspects of the GDC's EDI Strategy as part of the GDC's commitment to work collaboratively with partners to address inequalities, underrepresentation and disadvantages of certain groups to increase diversity within dentistry.			
		Accessibility - New website design with the revised Standards for Education will increase accessibility for people with disabilities and the general public.			
		Reasonable adjustments - Disability will be explored in relation to Differential Attainment to understand if education is fair to all groups, and allowing the GDC to check if providers are taking the necessary measures to tackle this issue. The revision of the Standards for Education will also allow the GDC to check that providers are able to ensure that students are being assessed correctly and provided with diverse learning to accommodate reasonable adjustments they may need due to their protected characteristics, which should enable students and trainees from all backgrounds to achieve their learning outcomes.			
		Widening participation - To promote widening participation, we will set standards and quality assurance measures, supporting education providers in establishing clear processes. This will address inequalities, reduce			

			underrepresentation and increasing diversity within the dentistry from the early stages of education.			
			Admission - By incorporating the revised standards, we hope to empower education providers to demonstrate their commitment to fair and inclusive admissions. The Revised Standards for Education will emphasise education providers' responsibility to demonstrate efforts in EDI for all applicant groups. This approach ensures that admission processes and recruitment done by the providers aligns with our standards and encourages providers to adopt transparent and proactive measure to tackle EDI issues.			
			Public consultation - this project will include a public consultation. This provides an opportunity for stakeholders to give feedback on the proposed changes to the Standards for Education.			
			The consultation will be available for 12-weeks, online. Responders will be able to choose whether they want to submit their responses through 2 different formats: a) online survey; b) email. Allowing for increased accessibility.			
			The consultation document is written in plain English, and the main target audience is expected to be education providers (organisations) as these are the ones expected to be affected by the changes we are proposing. Due to this specificity, we do not foresee any adverse impacts on groups with protected characteristics.			
			The consultation will also include at least one question regarding the importance of EDI.			

| Gender Reassignment | Positive Impact | **EDI Strategy** - Exploring the implementation of certain aspects of the GDC's EDI Strategy as part of the GDC's commitment to work collaboratively with partners to address inequalities, underrepresentation and disadvantages of certain groups to increase diversity within dentistry.

Reasonable adjustments - Gender will be explored in relation to Differential Attainment to understand if education is fair to all groups, and allowing the GDC to check if providers are taking the necessary measures to tackle this issue. The revision of the Standards for Education will also allow the GDC to check that providers are able to ensure that students are being assessed correctly and provided with diverse learning to accommodate reasonable adjustments they may need due to their protected characteristics, which should enable students and trainees from all backgrounds to achieve their learning outcomes.

Widening participation - To promote widening participation, we will set standards and quality assurance measures, supporting education providers in establishing clear processes. This will address inequalities, reduce underrepresentation and increasing diversity within the dentistry from the early stages of education.

Admission - By incorporating the revised standards, we hope to empower education providers to demonstrate their commitment to fair and inclusive admissions. The revised standards will emphasise education providers' responsibility to demonstrate efforts in EDI for all applicant groups. This approach ensures that admission processes and recruitment done by the providers aligns with our standards and encourages providers to adopt transparent and proactive measure to tackle EDI issues.

Public consultation - this project will include a public consultation. This provides an opportunity for stakeholders to give feedback on the proposed changes to the Standards for Education. | | | |

		The consultation will be available for 12-weeks, online. Responders will be able to choose whether they want to submit their responses through 2 different formats: a) online survey; b) email. Allowing for increased accessibility.			
		The consultation document is written in plain English, and the main target audience is expected to be education providers (organisations) as these are the ones expected to be affected by the changes we are proposing. Due to this specificity, we do not foresee any adverse impacts on groups with protected characteristics.			
		The consultation will also include at least one question regarding the importance of EDI.			
Marriage and Civil Partnership	Positive impact	**EDI Strategy** - Exploring the implementation of certain aspects of the GDC's EDI Strategy as part of the GDC's commitment to work collaboratively with partners to address inequalities, underrepresentation, and disadvantages of certain groups to increase diversity within dentistry.			
		Reasonable adjustments - Marriage and Civil Partnership will be explored in relation to Differential Attainment to understand if education is fair to all groups, and allowing the GDC to check if providers are taking the necessary measures to tackle this issue. The revision of the Standards for Education will also allow the GDC to check that providers are able to ensure that students are being assessed correctly and provided with diverse learning to accommodate reasonable adjustments they may need due to their protected characteristics, which should enable students and trainees from all backgrounds to achieve their learning outcomes.			
		Widening participation - To promote widening participation, we will set standards and quality assurance measures, supporting education providers in establishing clear processes. This will address inequalities, reduce underrepresentation and increasing diversity within the dentistry from the early stages of education.			
		Admission - By incorporating the revised standards, we hope to empower education providers to demonstrate their commitment to fair and inclusive			

		admissions. The revised standards will emphasise education providers' responsibility to demonstrate efforts in EDI for all applicant groups. This approach ensures that admission processes and recruitment done by the providers aligns with our standards and encourages providers to adopt transparent and proactive measure to tackle EDI issues. **Public consultation -** this project will include a public consultation. This provides an opportunity for stakeholders to give feedback on the proposed changes to the Standards for Education. The consultation will be available for 12-weeks, online. Responders will be able to choose whether they want to submit their responses through 2 different formats: a) online survey; b) email. Allowing for increased accessibility. The consultation document is written in plain English, and the main target audience is expected to be education providers (organisations) as these are the ones expected to be affected by the changes we are proposing. Due to this specificity, we do not foresee any adverse impacts on groups with protected characteristics. The consultation will also include at least one question regarding the importance of EDI.			
Pregnancy and Maternity	Positive Impact	**EDI Strategy** - Exploring the implementation of certain aspects of the GDC's EDI Strategy as part of the GDC's commitment to work collaboratively with partners to address inequalities, underrepresentation and disadvantages of certain groups to increase diversity within dentistry. **Reasonable adjustments** - Pregnancy, Maternity and Paternity will be explored in relation to Differential Attainment to understand if education is fair to all groups, and allowing the GDC to check if providers are taking the necessary measures to tackle this issue. The revision of the Standards for Education will also allow the GDC to check that providers are able to ensure that students are being assessed correctly and provided with diverse learning to accommodate reasonable adjustments they may need due to their protected characteristics, which should			

			enable students and trainees from all backgrounds to achieve their learning outcomes.			
			Widening participation - To promote widening participation, we will set standards and quality assurance measures, supporting education providers in establishing clear processes. This will address inequalities, reduce underrepresentation and increasing diversity within the dentistry from the early stages of education.			
			Admission - By incorporating the revised standards, we hope to empower education providers to demonstrate their commitment to fair and inclusive admissions. Admission. The Revised Standards for Education will emphasise education providers' responsibility to demonstrate efforts in EDI for all applicant groups. This approach ensures that admission processes and recruitment done by the providers aligns with our standards and encourages providers to adopt transparent and proactive measure to tackle EDI issues.			
			Public consultation - this project will include a public consultation. This provides an opportunity for stakeholders to give feedback on the proposed changes to the Standards for Education.			
			The consultation will be available for 12-weeks, online. Responders will be able to choose whether they want to submit their responses through 2 different formats: a) online survey; b) email. Allowing for increased accessibility.			
			The consultation document is written in plain English, and the main target audience is expected to be education providers (organisations) as these are the ones expected to be affected by the changes we are proposing. Due to this specificity, we do not foresee any adverse impacts on groups with protected characteristics.			
			The consultation will also include at least one question regarding the importance of EDI.			

| Race | Positive Impact | **EDI Strategy** - Exploring the implementation of certain aspects of the GDC's EDI Strategy as part of the GDC's commitment to work collaboratively with partners to address inequalities, underrepresentation and disadvantages of certain groups to increase diversity within dentistry.

Reasonable adjustments - Race will be explored in relation to Differential Attainment to understand if education is fair to all groups, and allowing the GDC to check if providers are taking the necessary measures to tackle this issue. The revision of the Standards for Education will also allow the GDC to check that providers are able to ensure that students are being assessed correctly and provided with diverse learning to accommodate reasonable adjustments they may need due to their protected characteristics, which should enable students and trainees from all backgrounds to achieve their learning outcomes.

Widening participation - To promote widening participation, we will set standards and quality assurance measures, supporting education providers in establishing clear processes. This will address inequalities, reduce underrepresentation and increasing diversity within the dentistry from the early stages of education.

Admission - By incorporating the revised standards, we hope to empower education providers to demonstrate their commitment to fair and inclusive admissions. The Revised Standards for Education will emphasise education providers' responsibility to demonstrate efforts in EDI for all applicant groups. This approach ensures that admission processes and recruitment done by the providers aligns with our standards and encourages providers to adopt transparent and proactive measure to tackle EDI issues.

Public consultation - this project will include a public consultation. This provides an opportunity for stakeholders to give feedback on the proposed changes to the Standards for Education. | | | |

		The consultation will be available for 12-weeks, online. Responders will be able to choose whether they want to submit their responses through 2 different formats: a) online survey; b) email. Allowing for increased accessibility.			
		The consultation document is written in plain English, and the main target audience is expected to be education providers (organisations) as these are the ones expected to be affected by the changes we are proposing. Due to this specificity, we do not foresee any adverse impacts on groups with protected characteristics.			
		The consultation will also include at least one question regarding the importance of EDI.			
Religion or Belief	Positive Impact	**EDI Strategy** - Exploring the implementation of certain aspects of the GDC's EDI Strategy as part of the GDC's commitment to work collaboratively with partners to address inequalities, underrepresentation and disadvantages of certain groups to increase diversity within dentistry.			
		Reasonable adjustments - Religion or Belief will be explored in relation to Differential Attainment to understand if education is fair to all groups, and allowing the GDC to check if providers are taking the necessary measures to tackle this issue. The revision of the Standards for Education will also allow the GDC to check that providers are able to ensure that students are being assessed correctly and provided with diverse learning to accommodate reasonable adjustments they may need due to their protected characteristics, which should enable students and trainees from all backgrounds to achieve their learning outcomes.			
		Widening participation - To promote widening participation, we will set standards and quality assurance measures, supporting education providers in establishing clear processes. This will address inequalities, reduce underrepresentation and increasing diversity within the dentistry from the early stages of education.			

		Admission - By incorporating the revised standards, we hope to empower education providers to demonstrate their commitment to fair and inclusive admissions. The revised standards will emphasise education providers' responsibility to demonstrate efforts in EDI for all applicant groups. This approach ensures that admission processes and recruitment done by the providers aligns with our standards and encourages providers to adopt transparent and proactive measure to tackle EDI issues. **Public consultation -** this project will include a public consultation. This provides an opportunity for stakeholders to give feedback on the proposed changes to the Standards for Education. The consultation will be available for 12-weeks, online. Responders will be able to choose whether they want to submit their responses through 2 different formats: a) online survey; b) email. Allowing for increased accessibility. The consultation document is written in plain English, and the main target audience is expected to be education providers (organisations) as these are the ones expected to be affected by the changes we are proposing. Due to this specificity, we do not foresee any adverse impacts on groups with protected characteristics. The consultation will also include at least one question regarding the importance of EDI.			
Sex	Positive Impact	**EDI Strategy** - Exploring the implementation of certain aspects of the GDC's EDI Strategy as part of the GDC's commitment to work collaboratively with partners to address inequalities, underrepresentation and disadvantages of certain groups to increase diversity within dentistry. **Reasonable adjustments** - Sex will be explored in relation to Differential Attainment to understand if education is fair to all groups, and allowing the GDC to check if providers are taking the necessary measures to tackle this issue. The revision of the Standards for Education will also allow the GDC to ensure that students are being assessed correctly and provided with diverse learning to accommodate reasonable adjustments they may need due to their protected			

			characteristics, which should enable students and trainees from all backgrounds to achieve their learning outcomes.			
			Widening participation - To promote widening participation, we will set standards and quality assurance measures, supporting education providers in establishing clear processes. This will address inequalities, reduce underrepresentation and increasing diversity within the dentistry from the early stages of education.			
			Admission - By incorporating the revised standards, we hope to empower education providers to demonstrate their commitment to fair and inclusive admissions. The revised standards will emphasise education providers' responsibility to demonstrate efforts in EDI for all applicant groups. This approach ensures that admission processes and recruitment done by the providers aligns with our standards and encourages providers to adopt transparent and proactive measure to tackle EDI issues.			
			Public consultation - this project will include a public consultation. This provides an opportunity for stakeholders to give feedback on the proposed changes to the Standards for Education.			
			The consultation will be available for 12-weeks, online. Responders will be able to choose whether they want to submit their responses through 2 different formats: a) online survey; b) email. Allowing for increased accessibility.			
			The consultation document is written in plain English, and the main target audience is expected to be education providers (organisations) as these are the ones expected to be affected by the changes we are proposing. Due to this specificity, we do not foresee any adverse impacts on groups with protected characteristics.			
			The consultation will also include at least one question regarding the importance of EDI.			

| Sexual Orientation | Positive Impact | **EDI Strategy** - Exploring the implementation of certain aspects of the GDC's EDI Strategy as part of the GDC's commitment to work collaboratively with partners to address inequalities, underrepresentation and disadvantages of certain groups to increase diversity within dentistry.

Reasonable adjustments - Sexual Orientation will be explored in relation to Differential Attainment to understand if education is fair to all groups, and allowing the GDC to check if providers are taking the necessary measures to tackle this issue. The revision of the Standards for Education will also allow the GDC to ensure that students are being assessed correctly and provided with diverse learning to accommodate reasonable adjustments they may need due to their protected characteristics, which should enable students and trainees from all backgrounds to achieve their learning outcomes.

Widening participation - To promote widening participation, we will set standards and quality assurance measures, supporting education providers in establishing clear processes. This will address inequalities, reduce underrepresentation and increasing diversity within the dentistry from the early stages of education.

Admission - By incorporating the revised standards, we hope to empower education providers to demonstrate their commitment to fair and inclusive admissions. The Revised Standards for Education will emphasise education providers' responsibility to demonstrate efforts in EDI for all applicant groups. This approach ensures that admission processes and recruitment done by the providers aligns with our standards and encourages providers to adopt transparent and proactive measure to tackle EDI issues.

Public consultation - this project will include a public consultation. This provides an opportunity for stakeholders to give feedback on the proposed changes to the Standards for Education. | | | |

		The consultation will be available for 12-weeks, online. Responders will be able to choose whether they want to submit their responses through 2 different formats: a) online survey; b) email. Allowing for increased accessibility.			
		The consultation document is written in plain English, and the main target audience is expected to be education providers (organisations) as these are the ones expected to be affected by the changes we are proposing. Due to this specificity, we do not foresee any adverse impacts on groups with protected characteristics.			
		The consultation will also include at least one question regarding the importance of EDI.			

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)*

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

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.

	Advice from experts	x
	Demographic profiles	

What additional evidence are you going to gather? *(Please put an "X" next to any that apply)*	Existing consultation results	
	Existing user data	
	External verification e.g. expert views of people/organisations representing equality group(s)	x
	National best practice information e.g. PSA, CQC reports	
	New consultation with a specific equality group(s)	
	Research reports	
	Relevant staff group expertise	x
Other (please state)		
If you have any additional comments please add them here.	We will share the consultation with specific group eg GLADD, seeking their input.	

Part 7 – Sign off

Completed by Corporate Projects Team	
Name and job title:	Hassan Hussain, Project Manager
Date of completion:	10/07/2024
Completed by Organisational Development	
Signed off and approved for publication by Organisational Development:	*Richard French-Lowe*
Organisational Development Sign off date:	*11/07/24*
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**.**

Appendix 2 – Further information and FAQ's

Why do we complete Equality Impact Assessments?

We have a legal duty (under the Equality Act 2010) to show that we have identified and considered the impacts and potential impacts of our activities on all people with 'protected characteristics'.

This applies to policies, services, projects, and our employees. The level of detail of this consideration will depend on what you are assessing, who it might affect, those groups vulnerability, and how serious any potential impacts might be. We use the EIA template in Appendix 1 to complete this process and evidence our consideration.

The following are the duties in the Equality Act 2010. You must give 'due regard' to the need to:

- **Avoid, reduce or minimise negative impact** if you identify unlawful discrimination, including victimisation and harassment, you must stop the action and take advice immediately.
- **Promote equality of opportunity.** This means the need to:
  - Remove or minimise disadvantages suffered by equality groups
  - Take steps to meet the needs of equality groups
  - Encourage equality groups to participate
  - Consider if there is a need to treat disabled people differently, including more favourable treatment where necessary
- **Foster good relations between people who share a protected characteristic and those who do not.** This means:
  - Tackle prejudice
  - Promote understanding

What is an Equality Impact Assessment (EIA)?

An Equality Impact Assessment (EIA) is a mechanism that supports managers to analyse all our work (this could be a policy, procedure, project, service or strategy) in relation to how it impacts on various groups of people.

The processes involved in undertaking an EIA should not be looked on as an end in itself. The overall aim of the assessment is to promote equality of opportunity and thus the outcomes and improvements from the assessment are central. Good EIA will lead to actions which can either be implemented immediately or will need to be carried forward – unless there is evidence that there is no negative impact on any groups.

An EIA is a tool, not a burden! Carrying out an Equality Impact Assessment should help understand how to deliver best practice.

Where do EIAs come from?

Regulators have a legal responsibility to assess their activities under Equality legislation.

The Equality Act 2010 consolidates existing legislation on gender, race, disability, sexual orientation, religion or belief and age and brings together over 116 separate

pieces of legislation into a single Act. It strengthens the law to tackle discrimination and inequality. The 9 main pieces of legislation that have merged under the Act are:

- The Equal Pay Act 1970
- The Sex Discrimination Act 1975
- The Race Relations Act 1976
- The Disability Discrimination Act 1976
- The Employment Equality (Religion or Belief) Regulations 2003
- The Employment Equality (Sexual Orientation) Regulations 2003
- The Employment Equality (Age) Regulations 2006
- The Equality Act 2006, Part 2
- The Equality Act (Sexual Orientation) Regulations 2007

What are the aims of an EIA?

- To assess how particular policy, service or project will affect different groups of people, based on the following protected characteristics:
    - Age
    - Disability
    - Gender Reassignment
    - Marriage and Civil Partnership
    - Pregnancy and Maternity
    - Race
    - Religion or Belief
    - Sex
    - Sexual Orientation

- To identify any negative impact.
- To identify alternative approaches, which might mitigate any negative impact and help bring about greater equality in our services and regulatory function.
- To help manage and improve our relations between different groups of people.
- To help to improve our services and the overall patient experience.

What are Protected Characteristics / Equality Groups?

By Protected Characteristics we mean groups of people who may experience forms of discrimination, whether or not the discrimination is intentional.

The Equality Act provides individuals/groups of people with protection from discrimination based on a range of protected characteristics. These are:

- **Age:** People of all ages
- **Disability:** A person is disabled if they have a physical or mental impairment which has a substantial and long-term adverse effect on their ability to carry out normal day-to-day activities. The definition includes: sensory impairments, impairments with fluctuating or recurring effects, progressive, organ specific, developmental, learning difficulties, mental health conditions and mental illnesses, produced by

injury to the body or brain. Persons with cancer, multiple sclerosis or HIV infection are all now deemed to be disabled persons.

- **Gender Reassignment:** In the Act a transgender person is someone who proposes to, starts or has completed a process to change his or her gender. A person does not need to be under medical supervision to be protected.
- **Marriage and Civil Partnership:** Only in relation to due regard to the need to eliminate discrimination.
- **Pregnancy and Maternity:** Protection is during pregnancy and any statutory maternity leave to which the woman is entitled.
- **Religion or Belief:** Religion includes any religion with a clear structure and belief system. Belief means any religious or philosophical belief. The Act also covers lack of religion or belief.
- **Sex/Gender:** Both men and women are covered under the Act.
- **Sexual Orientation:** The Act protects bisexual, gay, heterosexual and lesbian people.
- **Race:** This includes ethnic or national origins, colour or nationality, and includes refugees and migrants and Gypsies and Travellers.

Public Sector Equality Duty

The following principles explain what we must do to fulfil our duties under the Equality Act:

- **Knowledge:** everyone working for the GDC must be aware of our equality duties and apply them appropriately in their work.
- **Timeliness:** the duty applies at the time of considering policy options and/or before a final decision is taken – not afterwards.
- **Real Consideration:** the duty must be an integral and rigorous part of your decision-making and influence the process.
- **Sufficient Information:** you must assess what information you have and what is needed to give proper consideration.
- **No delegation:** GDC is responsible for ensuring that any contracted services which provide services on our behalf can comply with the duty, are required in contracts to comply with it, and do comply in practice. It is a duty that cannot be delegated.
- **Review:** the equality duty is a continuing duty. It applies when a policy is developed/agreed, and when it is implemented/reviewed.
- **Proper Record Keeping:** to show that we have fulfilled our duties we must keep records of the process and the impacts identified.

Note: Undertaking an EIA in itself does not meet the requirements of the equality duty. All the requirements above must be fulfilled or the EIA (and any decision based on it) may be open to challenge. Properly used, an EIA can be a tool to help us comply with our equality duty and as a record to demonstrate that we have done so.

Appendix 5

<u>**DPIA Screening Questions**</u>

(for departments other than research)

Data Protection Impact Assessments are required for activities or projects where our use of personal data might affect the rights of the individuals concerned and put them at risk. This form provides a record of our decision whether a full DPIA is required.

More information can be found in the [GDC DPIA policy](#).

Name: Alice Santos, Elena Scherbatykh, and Manjula Das

Department: Policy and Research, Education and Quality Assurance

Project Name: Standards for Education review

1. **Please describe your project**

   What problem does the project aim to solve? What is the anticipated outcome?

The Standards for Education are almost a decade old. Since its last review, several internal and external events have shaped dental education and training and the way the GDC approaches regulation. We are proposing to review the Standards for Education to keep up with modern dentistry and regulatory developments.

At the early stages of this review, we conducted an information gathering exercise and the findings were shared with a group of independent associates for further exploration and testing. Later, we conducted a larger stakeholder engagement piece and the wider feedback from these sessions demonstrated that a review is welcomed and timely.

We used the feedback from the stakeholder engagement to refine our proposals and now begin preparing to consult formally on the review of the Standards for Education.

In summary, the formal consultation will focus on the proposals of the Review of the Standards for Education. This review will introduce changes to the structure of the standards and add new areas for inclusion. The Standards for Education review does not introduce any new requirements for providers to data sharing or handling. Providers will continue to have to share evidence with the GDC to demonstrate meeting the requirements set within the Standards for Education. As part of the preparation for this, we will produce the consultation document and complete DPIA.

The consultation will be a public consultation that will be open for 12 weeks. It will be published on the GDC website, and anyone will be able to respond. We will highlight it to registrants in our monthly newsletters, and will contact providers when it opens.

We may ask for email addresses, only from those responding on behalf of an organisation, to clarify responses received during the consultation. This will be optional and not linked to any EDI data.

We have also completed an EqIA for this project which considers the consultation element of the work.

We will inform participants of how we intend to use the information, store it and how long we will retain the data for. Anonymised response data will be kept for six years in line with the GDC's retention policy. We will delete email addresses once we have finalised the outcome response and no longer need them. The Policy team overseeing this work, Elena Scherbatykh (Policy Manager) and Alice Santos (Policy and Projects Officer) will be responsible for appropriately maintaining and analysing the data collected during this consultation exercise.

2. **If this project aims to achieve a new way of carrying out an existing function, has a DPIA already been completed?** Yes

3. **Is it likely that any personal data will be hosted or shared outside of the GDC?** Please specify any known third parties.

Jisc.

4. **Are you working with an external supplier?** Please email ILASenquiries@gdc-uk.org if you are working with an external supplier, so that we can ensure the correct contract or agreement is put in place.

No.

5. **Will the project do any of the following?** (Yes/No)

   a. Make a change to the nature, scope, context or purposes of our processing of personal data? No
   b. use systematic and extensive profiling or automated decision-making to make significant decisions about people? No
   c. process special-category data or criminal-offence data on a large scale? No

   Special-category data is personal data revealing racial or ethnic origin; political opinions; religious or philosophical beliefs; trade union membership; genetic data; biometric data (where used for identification purposes); or that concerning health; a person's sex life; their sexual orientation.

   d. systematically monitor a publicly accessible place on a large scale? No
   e. use innovative technology? No

f.   use profiling, automated decision-making or special category data to help make decisions on someone's access to a service, opportunity or benefit? <u>No</u>
g.   carry out profiling on a large scale? <u>No</u>
h.   process biometric or genetic data ? <u>No</u>
i.   combine, compare or match data from multiple sources? <u>No</u>
j.   process personal data without informing the individuals concerned? <u>No</u>
k.   process personal data in a way that involves tracking individuals' online or offline location or behaviour? <u>No</u>
l.   process children's personal data for profiling or automated decision-making or for marketing purposes, or offer online services directly to them? <u>No</u>
m. process personal data that could result in a risk of physical harm in the event of a security breach? <u>No</u>

Legal Basis

Under section 1(2)(a) of the Dentists Act, the GDC has a general concern to promote high standards of education in all aspects of dentistry and, under sections 8-12A and 36D of the Act, a statutory role in assuring the standard of pre-registration education and training. The processing is therefore carried out under Article 6 (1) (e): processing is necessary for the performance of a task carried out in the public interest.

IG Comments and signoff

As part of its statutory responsibilities over dental education, the GDC should ensure that professional standards are kept up to date and reflect the needs of the profession and public. It is good practice that any update includes a consultation with relevant stakeholders and we are entitled to publicise it to those already receiving relevant information from us. To have used contact data we hold to carry out the consultation would in fact be consistent with the purpose for which the data was gathered. However, we are reducing the processing by publishing the consultation on the website, mentioning it in existing monthly newsletters to registrants and amplifying it to providers.

The proposed consultation will not gather email addresses from private individuals and responses will not be connected with any identifying information. There is a small chance that free text comments may produce data that could identify an individual, however such data will not be shared beyond the Policy team. Data will be kept in line with the retention schedule and managed appropriately in the Policy team's secure repository. Transparency information will be carried as part of the consultation documentation.

Given the above considerations, we believe a full assessment is not necessary. However, should the consultation lead to further research, it is likely another DPIA screening exercise should be carried out.

Signed: Katharine Schopflin

Date: 23/7/2024

Departmental signoff

Signed: Stefan Czerniawski

Date: 08/08/2024

People and Culture Programme Update

Executive Director	Gurvinder Soomal, Chief Operating Officer
Author(s)	Lee Avery, Associate Director, People and Organisational Development Richard Bloomfield, Head of Programme & Portfolio Delivery
Type of business	For noting
Purpose	This paper is to provide the Council with an update on progress, since the last Council update on 21 June 2024, for the People and Culture Programme.
Issue	To provide an update on progress to the Council of the People and Culture Programme.
Recommendation	The Council are asked to note the update on progress of the People and Culture Programme and to agree the proposed reporting schedule.

1. **Overview**

1.1 The People and Organisational Development (POD) team continues to progress the Total Reward and Workforce Development projects along with the Culture and Values work.

1.2 The POD workplan for the programme and business as usual has been reviewed and refreshed. The POD team continues to review the priorities into a sensible delivery plan with available and appropriate resource and will continue to review this against the emerging priorities of the CCP 2025-27 plan.

1.3 The Executive Leadership Team (ELT) and the Finance and Performance Committee (FPC) agreed in July 2024, to rename the Change programme to the People and Culture programme within planning for the CCP 2025-27. The revised scope of the People and Culture programme is:

   a. Total Reward project

   o To ensure the GDC has a fit for purpose and fit for the future pay and reward framework that supports recruitment and retention of appropriately skilled employees.

   b. Workforce Development project

   o To deliver a workforce development plan that will support the GDC to recruit and retain a motivated, committed, skilled and professional workforce, who share the ambition of delivering services in the public interest.

   c. Culture and Values

   o The current focus of this project is to evaluate the suitability of the GDCs proposed values and launch them appropriately into the organisation. The wider scope is yet to be determined.

1.4 It was also agreed by the ELT that the Optimisation of GDC Estates project is to be moved from this programme to form part of a separate package of work relating to effectiveness within the CCP 2025-27 plan. Any people and organisational development implications will then be scoped and confirmed as a package of work within the project, at the appropriate time.

1.5   The programme will hold a review with the new CEO in October, to review progress of the projects and direction of travel in line with the agreed CCP priorities. In the meantime, the CEO has been fully briefed on the focus of the programme and the immediate activities.

1.6   The Internal Communications team is collaborating with all key stakeholders to understand and plan the communications and engagement requirements for the programme. The current approach is to provide communications and engagement direction to each project/work stream individually and where needed create the communications and engagement strategy for each. Individual plans will align and complement the broader work and narrative of the Internal Communications and Engagement function, who are supporting a wide range of projects and business as usual (BAU) as well as the holistic Internal Communications and Engagement strategy being developed for the GDC. Updates on individual project/ workstream communications activity and approaches so far are included further in this paper.

1.7   Work has begun on a narrative and understanding of organisational benefits of the People and Culture programme and how this links to the wider CCP. This work will continue through to October. The programme is intended to contribute towards the GDC being able to

   a.   Be competitive as an employer in terms of offering attractive pay and benefits

   b.   Improve the attraction of new to career and experienced professionals, provide development and support the retention of talent

   c.   Support Improved employee wellbeing and reduce sickness levels

   d.   Increase levels of colleague engagement and realise the benefits associated with being a highly engaged workforce

   e.   Provide training and development which supports colleagues to be more effective in delivering their roles and progressing their careers

   f.   Be an inclusive employer with a diverse workforce representative of the communities it serves.

   g.   Have a culture of performance and recognition, with consistent behaviours demonstrated by leaders, managers and colleagues and a positive employee experience

2.   Progress updates

Total Reward

2.1   Following the workshops in quarters 1 and 2 of 2024, the proposal for the staff Pay, Grading, and Benefits were considered by the Remuneration and Nomination (RemNom) Committee in June. The feedback from the Committee is being considered and will feed into the next stage of development. The RemNom Committee will scrutinise the proposals as part of the next phase.

2.2   Following multiple planning sessions internally, and a resource review workshop as part of the planning process for the next round of the CCP, the timeline and project plan for the delivery of the next stage of the project has been re-worked and now extends into 2025 to ensure sufficient time and resources to effectively deliver the project.

2.3   The POD teams are currently committed to delivering a demanding range of requirements (both projects and BAU) over the next year. To enable the successful delivery of the Total Reward project outcomes as planned in 2025, support and resource will be provided by the consultants supporting this project.

2.4   In order to support the development, design and delivery of the staff pay and grading proposals during the next phase of the project, the supplier who supported during the first phases of the project, is being re-contracted to support the GDC. We have put in place an interim agreement to enable the work to commence.

2.5   During quarter 4 of 2024, the key priorities will be to finalise the proposals for the staff pay and grading. There will also be a focus on delivering changes to the benefits package, once agreed by the ELT.

2.6   The Internal Communications and Engagement team is due to get a deep dive update on the workstream to create the communications and engagement approach for the full suite of changes planned. Launch and implementation will be staged over a period of time, and the communications activity will support that through a clear change story, key colleague milestones identified, as well as key internal audiences and channels used to ensure the right messages or engagement activity is well planned.

Workforce Development

2.7   The POD team has completed a major review of the learning and development for the final two quarters of the year and has profiled interventions for manager development, learning and development, wellbeing, and Equality, Diversity and Inclusion (EDI).

2.8   The Internal Communications and Engagement team continues to partner with the project lead and the OD Team to ensure timely and targeted communications on Performance Development Reviews (PDR), learning and development opportunities and wellbeing. A new channel has been created – a monthly update to all people managers to keep them up to date with the latest news, guidance, and policies to help them in their role as People Managers. The first issue had a spotlight on PDR and the new all-colleague learning offer launched by the OD team to offer everyone on-demand and live events.

2.9   PDRs have continued to be rolled out and the focus is now very much on supporting mid-year reviews. Communications via the intranet and email included reminding managers and colleagues to have monthly 121 meetings, and that we take a balanced approach to 121 conversations which focus on progress against delivering objectives, training, and development needs, supporting career progression, and well-being. Our People Partners are also proactive in supporting the continued PDR roll out.

2.10   The OD team continues to develop and progress the learning offer. Additional e-learning training offers went live in July and August. These courses provide new, on-demand learnings that are available to all. The OD team are also developing learning interventions relating to EDI, Well-being, and management for delivery in the remainder of the year.

2.11   Previously part of multiple learning management systems, all compliance (statutory/mandatory) training has now been moved under a separate 'Compliance Learning' workstream. Work is continuing to review all content (with subject owners) and suitable e-learning packages for roll-out in Q4 2024 via the Connect:Learning system.

2.12   The team continues to roll out the re-designed induction training. This full day focusses on the GDC core functions presented by guest speakers from across the GDC including a member of the ELT/Senior Management Team (SMT). Feedback from attendees continues to be positive. Dates for both sites have been published to the year end.

Leadership and Management Development

2.13   We are developing and progressing interventions covering Leadership, Management Essentials and Managing the GDC Way (manager induction). We have put together a design group including colleagues from across the wider GDC to support the design of the managing essentials and manager induction elements.

2.14   The ELT commenced their leadership development programme on the 14/15 August. We are now planning for the programme to commence with SMT in September. The programme is issues

based and uses facilitated development to address the dilemmas facing the GDC's leadership to develop and progress a high performing team and organisation. The programme will run for the next 15 months.

2.15   The Management Essentials programme is targeted on supporting the development of people managers across the GDC. Its themes include, manage self, manage teams/others, manage change, and manage results. Three tenders were received and were evaluated, and contract discussions are underway with a potential provider. In early October we expect to start the design work.

2.16   Managing the GDC Way. The focus is to equip people managers with the basic knowledge and skills they need to manage and develop our people the GDC way. The Manager Induction training is currently in design. We will run a test process of the content with the design group. We will recommend to ELT that all newly appointed and existing managers go through the training as a re-set. We will launch this by mid-October 2024 latest.

2.17   We have also recently introduced the new people manager communications channel. This provides a regular written update to all people managers, and we will be enhancing this with regular briefing sessions around specific policies and processes to support the continuous development of our people managers.

2.18   The POD team will provide an overview of the action plan for the Employee Engagement Survey to the RemNom Committee as requested.

Culture and Values

2.19   Our current focus is to evaluate the GDC's proposed values internally with colleagues and to do a desk top review of them against external stakeholder feedback.

2.20   As part of the wider colleague engagement and review, a series of GDC interactive colleague values workshops were held, with 14 workshops completed in July.

2.21   Due to demand, a further four workshops were released offering 378 available spaces with the final workshop held on 4 September. These have been well received with positive feedback.

2.22   Values drop-in sessions were also held with the GDC's People Partners and Wellbeing experts.

2.23   The Change Team will analyse the collective feedback of colleagues in regard to the proposed values and will share the feedback with ELT, and then to Council, with recommendations to agree the final iteration of the Values prior to launch in November.

2.24   The Organisational Development and Internal Communications and Engagement teams are discussing the development of a behaviour framework along with inclusion of the refreshed values in the Performance Development Review process, Induction, Manager Essentials training and Managing the GDC Way (manager induction).

2.25   The action to consider ways in which to share the GDC values with Associates were undertaken throughout September 2024.

2.26   Internal Communications are proactively supporting the values review with regular communications on the intranet advertising workshops, messages to leadership teams, endorsement from the CEO and ELT (both in weekly all-colleague leadership messaging and recording a CEO vlog to play at the start of each workshop). The communications and engagement plan is evolving to support pre-launch, launch and embed phases. The feedback from the Values workshops will also drive a set of campaigns to be delivered through the project.

2.27   The wider culture project has not yet been initiated and we will not have a view of this until we have baselined the outputs from the Values Workshops. We anticipate that the further scope for the wider culture work will emerge through the refined set of CCP priorities.

3.   Legal, policy and national considerations

3.1   Legal and policy advice will be sought in respect to any proposed changes to ensure GDC comply with its legal obligations and our statutory functions.

4.   Equality, diversity, and privacy considerations

4.1   The Head of Organisational Development and Wellbeing and the Head of Information Governance and Data Protection have been and will be consulted as part of the completion and ongoing review of the impact assessments required for the overall People and Culture Programme, and also for the deliverables of the component projects. This is to ensure alignment with the GDC's Equality, Diversity and Inclusion and Data Protection approaches.

4.2   An Equality Impact Assessment (EIA) will be commenced and updated through the Total Reward project. It will be considered a live document and updated as the decisions and directions are made. In the first instance an EIA for pay and another for benefits will be undertaken to understand our baseline. Once the recommendations for changes to Pay and Grading have been agreed, the external consultants Dearden HR will support in assessing these impacts on various demographics. As and when new proposals/initiatives are suggested, these will be assessed on their own merit. This approach should help to screen for proposals which could have a clear and significant negative impact.

5.   Risk considerations

5.1   A risk management approach including the regular logging, review, and reporting of has been set up across the programme and its component projects. The key areas of risk across the programme are outlined below along with an update on the mitigations.

5.2   Resource capacity shortfall especially POD

    a.   The POD team is focussed on delivering a varied and demanding agenda of delivering this programme and its related projects, People and OD BAU services and improvement projects and supporting wider teams with aspects of the CCP.

    b.   Since January's brown paper exercise the POD leadership team has regularly been reviewing progress, priorities and managing capacity challenges by sequencing. The latest review being in July. There is CEO recognition that the delivery plan needs to be further slimmed down and the team will do this aligned with the CEOs priorities and the emerging CCP priorities for 2025-27.

    c.   The pressing need for change management and internal communications expertise and resource has been resolved. Our new colleagues are making a valuable contribution to progressing the People and Culture programme and wider demands as per the update above.

    d.   We have appointed an Interim OD partner utilising headcount underspend on a fixed term contract basis until 31/12/2024. This has been necessary due to recent resource challenges within the OD team.

5.3   Lack of GDC buy-in and engagement to the change.

    a.   The Internal Communications team is collaborating with all key stakeholders to understand and plan the communications and engagement requirements for the programme. The current approach is to provide communications and engagement direction to each project/ work stream individually and where needed create the communications and engagement strategy for each. Individual plans will align and complement the broader work and narrative of the Internal Communications and Engagement function, who are supporting a wide range of projects and BAU as well as

the holistic Internal Communications and Engagement strategy being developed for the GDC.

5.4 Emergent and unplanned higher priority/ legislative/ legal/ external changes impacting the delivery of the People and Culture programme.

    a. The POD team is currently working through a number of Employee Relations related matters which require time and resource to progress. It is important that BAU is managed as effectively as programme delivery.

    b. The team is also considering the potential impact of a recent Employment Tribunal ruling (not against the GDC) that may have a potential impact on many employers including the GDC. This includes understanding the resource implications to complete this work and manage it moving forwards.

    c. Any emergent and unplanned change impacting on POD resources and plans will lead to an immediate review of priorities, sequencing, and resource requirements. Feedback from such a review will be escalated for consideration and impact assessment against the CCP portfolio.

5.5 There is also a risk of extension to the current programme end date of December 2025 from the Cultural Change work, of which the scope and subsequent timelines are in the process of being defined. Although, the GDC should understand that the development and progression of culture is an ongoing process beyond project timelines.

6. Resource considerations and CCP

6.1 The management approaches, controls and mitigations agreed for the programme will be undertaken within the programme and respective projects using the resources and costs identified and approved via the formal business case approval process. This will include the ongoing review of interdependencies across the programme and potential impacts across the wider CCP.

7. Monitoring and review

7.1 The delivery monitoring and governance will be performed by the People and Culture Programme board, with all proposals and business cases escalated to the ELT Board for governance and approval through to the appropriate delegations.

7.2 Progress reporting forms part of the standard CCP Portfolio reporting cycle to the ELT monthly and with the Finance and Performance Committee quarterly. The Remuneration and Nomination Committee receives regular updates in respect of the Total Reward and Workforce Development projects.

7.3 To help provide the Council with a more effective and efficient reporting process for the People and Culture programme and the EDI strategy work, the following is proposed for the Council's review and agreement.

    a. Propose bi-annual updates to the Council on the overall People and Culture programme, to be alternated with bi-annual updates on the EDI strategy, as outlined below:

        o Programme – September 2024

        o EDI strategy – December 2024

        o Programme – February 2025

        o EDI strategy – June 2025

        o Programme – September 2025

        o EDI strategy – October 2025 (last meeting of the calendar year)

b.   Decisions on specific issues to be taken to the relevant Committee and the Council as necessary and in addition.

8.   Development, consultation, and decision trail

8.1   A progress update paper for the programme was submitted to the Council for noting at its meeting on 21 June 2024.

9.   Next steps and communications

9.1   Subject to the Council's agreement to the reporting proposal in paragraph 7.3, the next update on progress will be provided to the Council at its meeting in February 2025.

Appendices

- None

Lee Avery, Associate Director, People and Organisational Development
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Richard Bloomfield, Head of Programme & Portfolio Delivery
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17 September 2024

Non-Statutory Committee Appointments 2024 - 2025

Executive Director	Clare Paget, Executive Director, Legal and Governance
Author(s)	Lord Harris, Chair of Council Ian Vaughan, Head of Governance
Type of business	For approval
Purpose	Proposal for appointments to the Finance and Performance Committee and the Remuneration and Nomination Committee.
Issue	To present the Council with the proposed Committee memberships for the non-statutory Committees.
Recommendation	The Council is asked to **approve** the recommendations and make the proposed appointments.

1.   Committee appointments and recruitment

1.1   The General Dental Council Standing Orders for the Conduct of Business for the Council and Committees 2022 ('the Standing Orders') provides that the Chair of Council will, at a public Council meeting, propose appointments of the Members and Chairs to the non-statutory Committees of the Council. This will take place after there has been an assessment of the competencies for those roles.

1.2   The Standing Orders provides that the non-statutory Committees shall be constituted of:

- A Chair and at least two Council Members: of whom at least one must be a registrant Council Member and one must be a lay council member.

- If a non-statutory Committee so decides, with the approval of the Council, an independent external Member.

1.3   In June 2024, the Council approved a new Senior Independent Council Member (SICM) (Simon Morrow) and a new Chair of the Finance and Performance Committee (FPC) (Ilona Blue) to replace Terry Babbs who will be leaving Council and his roles as SICM and Chair of the FPC on 30 September 2024. Reshard Auladin will replace Terry Babbs as a lay council member on 1 October 2024.

1.4   Ann Brown, the independent member of the Remuneration and Nomination Committee (RemNom), will leave her role on 2 October 2024. On 24 July 2024, the Council approved the appointment of Jane Slatter as the new Independent Member of RemNom for an initial period of four years. Jane Slatter will commence her role on the 3 October 2024.

1.5   The current membership of the non-statutory Committees (September 2024) is as follows:

   a.   **Audit and Risk Committee**

Name of Member	Member Type
Sheila Kumar (Chair)	Lay Member
Laura Simons	Lay Member
Serbjit Kaur	Registrant Member
Simon Morrow	Registrant Member

Liz Butler	Independent Member

b. **FPC**

Name of Member	Member Type
Terry Babbs (Chair)	Lay Member
Ilona Blue	Lay Member
Anne Heal	Lay Member
Donald Burden	Registrant Member

c. **RemNom**

Name of Member	Member Type
Anne Heal (Chair)	Lay Member
Angie Heilmann	Registrant Member
Mike Lewis	Registrant Member
Timea Milovecz	Registrant Member
Ann Brown	Independent Member

1.6   During the Council Member appraisals, which took place in July and August 2024, Council Members were invited to state their Committee preferences to aid discussions with the Chair. As part of the appraisals, Council Members were given the opportunity to reflect on their skills and experience and their contributions to the various Committees. Council Members considered their skills and experience remain appropriate for their existing Committees for the 2024 - 2025 period.

1.7   The Chair of Council and Committee Chairs have considered the proposed approach for the composition of the non-statutory Committees and reflected on the following areas:

   a.   The upcoming changes to the membership of the Council and subsequent impact on the composition and stability of the membership of the Committees.

   b.   The generic competencies required by members to set on each Committee and the appraisals of Council members.

   c.   The time commitment required to prepare and attend meetings of the non-statutory committees, alongside advertised expectations about time commitments and the best use of Council Members' time as a resource.

   d.   Ensuring a balance of registrant and lay members across the Committees.

   e.   Discussions with individuals about their preferences and ability to commit the time required for the roles.

   f.   Ensuring stability in Committee membership to safeguard the assurance framework that is in place.

1.8   It is proposed that the membership of the non-statutory Committees is accordingly comprised as set out in **Appendix 1**.

1.9   In summary, it is proposed that:

   a.   Reshard Auladin joins the FPC as a Lay Member.

   b.   Jane Slatter joins RemNom as an Independent Member.

1.10   These proposals would meet the requirements of the Standing Orders. Ordinarily appointments are made for two years, to allow for stability and consistency on the Committees. It is proposed

that these appointments are made for two years, with the ability to review in a year's time, should the Chair or Council deem it appropriate.

1.11 Recruitment plans for 2025 have been considered by RemNom. The GDC will be recruiting two lay Council Members in 2025 and the critical nature of these appointments to maintain the ongoing stability and performance of the Council has been noted.

1.12 The Council is asked to approve the proposals and appoint the Council Member and the Independent Member to the Committees as outlined in **Appendix 1**.

1.13 The Council is asked **to approve** the proposal to appoint Reshard Auladin to the role of Lay Member of the FPC from 1 October 2024 and appoint Jane Slatter as Independent (external) Member of RemNom from 3 October 2024.

2. Legal, policy and national considerations

2.1 The proposals set out in this paper are line with the Standing Orders and the legislative framework.

3. Equality, diversity and privacy considerations

3.1 An assessment of diversity of skills and experience has been undertaken as part of the assessment of Committee appointments.

4. Monitoring and review

4.1 It is proposed that the Committee memberships are reviewed in September 2025.

5. Development, consultation and decision trail

5.1 The Chair of Council has discussed these proposals with the governance team and key stakeholders, including the Committee Chairs and the Chief Executive. Council Members were subject to an appraisal process which took place over the summer months.

6. Next steps and communications

6.1 Subject to the approval of the Committee memberships letters will be issued to Members confirming their appointments.

Appendices

1. Proposed table of Members and Chairs of the non-statutory Committees of Council.

Lord Harris, Chair of Council

Ian Vaughan, Head of Governance
04 September 2024

<div align="right">**Appendix 1**</div>

Table of Members and Chairs of the Non-Statutory Committees from 3 October 2024

Committee	Chair	Council Members
Audit and Risk Committee	Sheila Kumar (lay)	Simon Morrow (registrant) Laura Simons (lay) Serbjit Kaur (registrant) Liz Butler (independent member)
Finance and Performance Committee	Ilona Blue (lay)	Donald Burden (registrant) Anne Heal (lay) *Reshard Auladin (lay)
Remuneration and Nomination Committee	Anne Heal (lay)	Angie Heilmann (registrant) Mike Lewis (registrant) Timea Milovecz (registrant) *Jane Slatter (independent member)

*_New Members_

External Communications and Engagement: Quarterly Review and Insights Q2 2024

Executive Director	Stefan Czerniawski, Executive Director, Strategy
Author(s)	Joanne Rewcastle, Associate Director, Communications and Engagement
Type of business	For noting
Purpose	To share the external communication priorities and approach in Q2 2024, engagement with dental professionals, stakeholders and the public, our challenges, lessons learned and the 2024 Q3 external communications and engagement priorities.
Issue	The review provides a quarterly overview of the external communications and engagement activity.
Recommendation	The Council is asked **to note** the priorities and approach.

1. Background

1.1 In April 2022, the Council approved the external Communications and Engagement Strategy and endorsed the activities identified as deliverable within current resources as the basis for implementing the strategy.

1.2 In April 2023, the Council received a review of the first year of the strategy. During this review, the Associate Director, Communications and Engagement suggested a more regular update, by way of a quarterly overview of the team's activity and learning.

1.3 This paper is the fourth quarterly review of the team's external communication and engagement activity covering the second quarter of 2024, for Council to note.

2. Legal, policy and national considerations

2.1 All external communication and engagement priorities that are associated with legal or policy risks are agreed through collaboration with the relevant expertise in each area.

2.2 Stakeholders in each of the four nations are engaged by the GDC through established contacts.

3. Equality, diversity and privacy considerations

3.1 Equality and diversity considerations are considered in all external communications and engagement, by ensuring that key messages are accessible and inclusive and targeting audiences that represent the diverse registrant base.

4. Risk considerations

4.1 Communications are designed to anticipate and mitigate reputational risks to the GDC.

5. Resource considerations and CCP

5.1 The activity is within existing capacity and capability.

6.   Monitoring and review

6.1   Plans are monitored at a weekly team meeting, a monthly deep dive into the plan and communication priorities and a monthly review of the priorities with Heads of Policy and Research.

6.2   Priorities are shared with the Chair at monthly one-to-ones.

7.   Development, consultation and decision trail

7.1   The team has contributed to developing the review.

8.   Next steps and communications

8.1   Subsequent quarterly reports will be available for Council throughout 2024.

Lead Author:

Joanne Rewcastle, Associate Director, Communications and Engagement

Appendix 1: External Communications and Engagement Quarterly Review and Insights Q2 2024

External Communications and Engagement Quarterly Review and Insights

Q2: April to June 2024

Contents

1.   Introduction

This report provides a summary of the communication and engagement priorities from April to June 2024, describing how we communicated them and the outcomes.

The nature of our engagement with dental professionals, stakeholders and the public is also provided, together with a summary of new and emerging issues that appeared during this period, some of our challenges and the lessons learned.

The report concludes with a summary of the external engagement priorities for Q3 2024.

2.   Communication and engagement priorities

The main themes for our external communication and engagement were providing a GDC presence through stands and speakers at a range of external industry events, introducing our stakeholders and the sector to Tom Whiting as CEO, and managing the impact of the General Election.

During this quarter, we also engaged with dental professionals and stakeholders on specific topics listed in each section below.

The GDC's event programme

We attend or lead different types of events to achieve different outcomes and there were a significant number in this quarter, which is why they are highlighted here. As this is the first time this topic has been covered in depth in this report, some explanatory information about the GDC's event programme is provided. There are broadly three types of event:

a) Large-scale industry events with a wide variety of attendees – we usually provide a GDC stand and sometimes provide a speaker from the GDC too.
b) Sector-specific events organised by specific groups with a narrower range of attendees – we provide speakers from the GDC and usually also attend the event. We are sometimes leading on organising some elements of the event, as the regulator of a specific group.
c) Events that the GDC manages, ranging from the large-scale Dental Leadership Network to smaller scale stakeholder workshops on specific topics.

Large-scale industry or sector events provide a valuable way for the GDC to be visible, engaging and provide information to dental professionals and stakeholders. We attended a range of events in this quarter. Some events involve a GDC stand with representatives from Fitness to Practise and Registration teams, where we can answer and respond to practical queries about these regulatory processes, at a generic and personal level.

GDC representatives on the stand are representing the organisation and are therefore briefed about recent announcements, key messages and the GDC's position on timely topics. Representatives also receive queries on a very wide range of topics, and are confident at saying where we might not know the answer, which we can then take away to provide information at a later date.

At industry events where we have a GDC stand, it is also an opportunity to meet stakeholder organisations who are also present, and we also use the event to arrange productive meetings and build positive relationships.

We often also provide a speaker from the GDC, on request, to speak on a particular topic.

For sector-specific events, often those led by a specific profession or organisation, we provide a number of speakers from the GDC, who present on topics that stakeholders have an interest in, while also

sharing key messages about the GDC's priorities and answering questions from attendees. We can also be asked to coordinate attendance from various regulators.

In this quarter, we attended or managed events as follows:

- 12 April: BDA LDC (Local Dental Committee) event, Scotland. Gordon Matheson (Head of Scottish Affairs) and Stefan Czerniawski (ED, Strategy) both spoke in person, explaining the GDC's engagement in Scotland and also our purpose and priorities.
- 25/26 April: NHS Education Scotland conference. Gordon Matheson and Manjula Das (Head of EQA) attended this virtual event, speaking about the GDC's engagement in Scotland and the work to revise the education standards.
- 17/18 May: Dentistry Show, Birmingham. The GDC had a very active and busy stand, taking queries throughout both days. Kirsten Bottrell (Policy Manager) presented on professionalism in the British Association of Dental Nurses (BADN) theatre. Joanne Rewcastle (AD, Comms and Engagement) presented on international registration in the International Dental Organisation theatre.
- 11-13 June: Scottish Parliament cross-regulatory stand in the garden lobby. Gordon Matheson and Joanne Rewcastle attended the stand, engaging with cross-party MSPs, understanding their interests and explaining the role of the regulator, along with GMC, NMC and GPharmaC
- 12 June: Dental Leadership Network. The theme was Health and wellbeing leadership in the dental team. Tom Whiting closed the event.
- 31 May/ 1 June: Scottish Dental Show. The GDC managed a stand, joined by Mike Lewis, taking questions form attendees throughout the two days, and meeting stakeholders.

Outcomes

- Stakeholders and dental professionals and those not yet registered who qualified outside the UK heard key messages about the GDC's role and priorities, as well as specific topics including four nation engagement, international registration, professionalism and education quality assurance.
- Stakeholders and dental professionals experienced the human face of the GDC and engaged on a personal level.
- We were able to respond immediately and in person to complex and difficult issues, including international registration and the impact of FtP on mental health and wellbeing.

Introducing the CEO to stakeholders and the sector

Tom Whiting joined on 3 June and the GDC's key messages helped to manage expectations about Tom's role and priorities and demonstrate his interests and experience. We also wanted to show that Tom is open to listening, meeting stakeholders and dental professionals and understanding the issues, as someone who stakeholders can work with.

The CEO's initial engagement programme included stakeholder meetings and the Dental Leadership Network:

- 3 June: announcing Tom's arrival as Chief Executive and Registrar
- 11 June: Tom met the four Chief Dental Officers
- June/July: Tom met Chief Executives from the BDA, Association of Dental Groups (ADG), National Examining Board for Dental Nurses (NEBDN), PSA and other healthcare regulators.
- 12 June: At the Dental Leadership Network, Tom met stakeholders and made the closing remarks at the event, which we published online and released to trade media. Tom was also filmed on camera, as was Theresa Thorpe, and we released a series of short video soundbites over the forthcoming weeks.

We are also building a new engagement programme for Tom to visit a variety of dental settings, to meet dental professionals firsthand and understand more about where and how they work. The programme

starts in August and includes visits to an NHS and private practice, specialist practice, dental laboratory, community dental services and a dental hospital.

We have also arranged for Tom to speak at a number of future events, including a parliamentary event hosted by the Association of Dental Groups (11 September), the Cross-regulatory conference in Scotland (6 November) and the HEIW conference in Wales (22 November). We will arrange further visits to dental settings around these conference dates.

Impact of the General Election

A significant amount of unplanned activity was required to respond to the announcement of the general election and evaluate and make decisions on the GDC's external activity during the pre-election period.

The pre-election period is a time of heightened sensitivity for public sector communications. The GDC is not part of government and is not subject to the rules which govern the civil service and the wider network of public bodies which are directly accountable to the government. Nevertheless, we are an organisation which is very much part of the wider public sector and it is important that we do not do or say anything that could call into question our political impartiality.

More than in any previous election, there was the potential for dentistry to be an issue on which political parties may have chosen to campaign, and so the need for us to think carefully about all our external engagement and communication was further heightened.

The reputational risk is that it would give the impression that we do not understand the political context in which we operate or the impact of dentistry on the electorate, which would undermine confidence in the ability of the GDC to be politically impartial. Activity included:

- We assessed all external communications and engagement activities and recommended and approach, agreed by the Executive Director, Strategy.
- We provided lines to take to CAIT and all GDC staff attending stakeholder engagement meetings or events, in the event of questions about the impact of the general election on the GDC.
- We assessed 19 external communication or engagement activities for risk. We delayed publishing one item (public research) until post-election, and modified our key messages and approach to the remaining 18 items appropriately.

Outcome:

- The GDC's normal external communications and engagement continued with minimal change or reduction in impact.
- The GDC was not seen or accused of being politically naïve or unprepared.

3. Engaging dental professionals

Engagement with dental professionals via the monthly newsletter remained above 50% of recipients, with an average of 54.48% of the register opening it, which is consistent with the previous quarter. The average click-through rate fell to 3.1% from 8.8% last quarter, although consistent with Q4 2023. We will do more to evaluate this, but for context an average click through rate of 2-3% is the industry standard.

In one sense, we know that we generate more trade media pieces than a year ago, so registrants may have already seen the item elsewhere, and therefore no longer feel the need to dig deeper into items in the newsletter. We have also done work to make newsletter items more succinct and complete, which may give registrants the information they need without needing to click through.

Month	Open rate	Click-through rate
April 2024	54.82%	3.7%

Month	Open rate	Click-through rate
May 2024	54.69%	3.5%
June 2024	53.94%	2.1%
Q2 Mean	**54.48%**	**3.1%**

There were 73 trade media articles driven by proactive media releases, an increase of 17 compared to the previous quarter. Media campaigns included the Dental Leadership Network and new legislation that will enable dental hygienists and therapists to supply and administer specific prescription-only medicines under exemption.

The editors of *Dentistry.co.uk*, *Dental Review News* and *The Dentist* attended the DLN, resulting in post-event blanket coverage.

A new report revealing mixed perceptions of the GDC among early career dental professionals secured seven pieces of media coverage.

Trade publications including *The Probe* and *The Dentist* reported that we had opened the renewal period for DCP's and *Dental Nursing* published a myth-busting guest blog which we worked on with the Dental Professionals Alliance, about CPD and annual renewal for DCPs. Tom Whiting's arrival as the new CEO and the launch of the new EDI strategy also received widespread coverage.

We published two blog posts aimed at improving understanding of the fitness to practise process and what the GDC expects in terms of record keeping. These were both well received by the professions.

Notable highlights:

- Extension of the FtP initial enquiries pilot – 7 May
- Equality, diversity and inclusion strategy – 30 May
- Renewal period for DCPs opened – 10 June
- Welcoming the change to dental care delivery for dental hygienists and therapists – 26 June

4.   Engaging stakeholders

The GDC held 63 stakeholder meetings in this quarter, down from 91 in the same quarter last year, as a result of fewer stakeholder meetings and particularly cross-regulatory meetings during the pre-election period.

We engaged with 1,647 students through the student engagement programme and 117 new dental professionals through the New to UK Practice webinars.

Notable highlights:

- Research findings into the impact of FtP and role of support – 23 April
- Costed Corporate Plan – 30 April
- Our response to the DHSC provisional registration consultation – 16 May
- ORE tender opened, for suppliers from 2025 – 13 May
- 2023 fitness to practise and registration statistical reports – 29 May
- Further, location-based, data about the working patterns of dentists – 31 May
- Research on early career dental professionals' views and experience of the regulator – 20 June

Dental Leadership Network (June) – the theme was leadership in mental health and wellbeing and the role of dental leaders in promoting health and wellbeing within the profession.

The event gathered experts to share insights and strategies for fostering a supportive and inclusive work environment.

Speakers included Safiyyah Yacoobali and Sophia Morris from the Diversity in Dentistry Action Group (DDAG) on the importance of creating a culture of belonging and inclusion in the dental workplace.

Zain Hameed, Dental Core Trainee 2, Community and Special Care Dentistry at Barts Health NHS Trust, discussed managing a chronic health condition in dentistry. Dr Mahrukh Khwaja, Founder of Mind Ninja, delved into resilience strategies, highlighting both team and individual interventions, and shared data from the NHS Midlands pilot resilience programme.

A panel discussion on mental health wellness in the workplace was facilitated by Catherine Rutland, Clinical Director at Simply Health with speakers from BADT, MDDUS and Theresa Thorpe, ED, Regulation.

Colin MacKenzie, GDC Head of Nations and Engagement, moderated a discussion focused on the link between a healthy dental team and exceptional patient care. Panellists included Portman Dentex Dental Care, Community Dental Services CIC, LDCs, and NHS England.

Stakeholder organisation	Number of engagements
Education	17
NHS	5
Government	15
Professional body	6
Healthcare regulators	8
Dental corporate	2
Cross-profession engagement	2
Indemnifiers	3
Trade Union	1
New registrants	3
Patient advocacy	1

Nation	Number of engagements
UK-wide	13
Scotland	20
Wales	6
England	23
Northern Ireland	3

110

5. Engaging patients and the public

The priority for this quarter was building understanding of the working pattern data with workforce planners in the NHS and private sector, as a way to inform discussions about access to NHS dentistry.

6. New or emerging issues arising in this period

The General Election is a new issue in this period and is reported above.

We explained the [outcome of a Court of Appeal judgment on the interpretation of top-up fees](#).

7. Challenges

The extended time period to produce the Annual Report and Accounts had a severe impact on capacity as the people involved were allocated to other priorities, particularly the GDC's event programme.

The General Election created additional planning and reorganisation of several communication and engagement activities.

8. Lessons learned

This quarter continued to demonstrate that there is very little capacity available to enable the GDC to manage large volumes of key messages across different topics or respond to new and emerging issues of scale.

The team has some single points of failure where a very small number of senior people are critical to leadership and delivery of activities that have the greatest reputational risk for the GDC. This means that we are resourcing the most high-risk external communications and engagement activities at risk.

9. Looking ahead: Q3 2024 priorities and key events

July:

- Change to publication of IOC determinations
- Annual Report and Accounts
- Specialist List Application process (SLAA) consultation on improved process
- Research into the public's experience of dentistry
- International registration call for evidence published

August

- DCP annual renewal campaign and encouraging working pattern data
- ORE suppliers for 2025
- Updated voluntary removal guidance
- CEO visit: dental laboratory
- New to UK Practice webinars for overseas qualified registrants – year two
- Student engagement in Scotland starts

September

- Dentists working pattern further location analysis
- Revised Scope of Practice guidance
- International registration evidence published
- Consultation on practice committee guidance
- CEO visits: mixed NHS/private practice, dental hygienist-led practise, specialist clinic
- CEO attends a parliamentary event hosted by the ADG
- BDIA members conference – Theresa Thorpe and Colin MacKenzie are speaking

- CEO meets the Cabinet Secretary for Health, Scotland
- International Dental Organisation event – Stefan Czerniawski is speaking